

NHS Orkney Board

26 October 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:

At least one third of the whole number of members, including at least two members who are not employees of a Board.

Orkney NHS Board

There will be an online meeting of **Orkney NHS Board** on **Thursday 26 October 2023** at **10:00am**

Meghan McEwen
Chair

Patient Story
Ageing Well

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 24 August 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	OHB2324-56	To <u>reflect</u> on progress and <u>share</u> key messaging
7	Corporate Risk Register	Chief Executive	OHB2324-57	To <u>review</u> the corporate risks and seek assurance on mitigation actions
8	Governance			
8.1	Senior Leadership Team Chair's reports	Chief Executive	OHB2324-58	To <u>seek assurance</u> from the report

Item	Topic	Lead Person	Paper Number	Purpose
8.2	IJB Membership	Corporate Services Manager	OHB2324-59	To <u>approve</u> the amendment to voting membership
8.3	NHS Orkney Improvement and Action Plans – governance proposals	Planning, Performance and Risk Manager	OHB2324-60	To <u>consider</u> the Register and <u>note</u> next steps
9	Strategy			
9.1	Annual Delivery Plan: Quarter 1 and 2 update	Chief Executive	OHB2324-61	To <u>review</u> and <u>approve</u> prior to submission to the Scottish Government
9.2	Quarter 2 - Plan on a Page	Chief Executive	OHB2324-62	To <u>seek assurance</u> and <u>approve</u> the Plan
9.3	Clinical Strategy Delivery Plan	Director of Public Health	OHB2324-63	To <u>seek assurance</u> around delivery of agreed priorities
9.4	Anchor Strategic Plan	Director of Public Health	OHB2324-64	To <u>approve</u> the Anchor Strategic Plan for submission to the Scottish Government
10	Clinical Quality and Safety			
10.1	Healthcare Associated Infection Reporting Template	Director of Nursing, Midwifery, AHP and Acute	OHB2324-65	To <u>review</u> progress and compliance and be <u>alerted</u> to any exception reporting
10.2	Joint Clinical and Care Governance Committee Chair's assurance report	Joint Clinical and Care Governance Committee Vice Chair	OHB2324-66	To <u>seek assurance</u> from the report
10.3	Area Clinical Forum Chair's assurance report	N/A	OHB2324-67	To <u>seek assurance</u> from the report
10.4	National Audiology Independent Review – NHS	Director of Nursing, Midwifery, AHP	OHB2324-68	To <u>note</u> the review and <u>take assurance</u> from the NHS Orkney's response

Item	Topic	Lead Person	Paper Number	Purpose
	Orkney's response and action plan	and Acute		and action plan
10.5	Lucy Letby - NHS Orkney Response	Chief Executive	OHB2324-69	To <u>take assurance</u> from the report and <u>approve</u> NHS Orkney's response
10.6	Mental Welfare Commission Report action plan	Chief Officer	OHB2324-70	To <u>take assurance</u> from the report and <u>approve</u> the action plan
11	Population Health			
11.1	Quarter 2 - Public Health Workplan	Director of Public Health	OHB2324-71	To <u>receive an update</u> on key public health activity in Quarter 2 2023/24
12	Person Centred			
12.1	Planning with People	Chief Executive	OHB2324-73	To <u>update</u> the Board on implementation of the new Planning with People Guidance
13	Workforce			
13.1	Equality and Diversity Mainstreaming Report 2023	Interim Director of People and Culture	OHB2324-74	To <u>approve</u> the report for publication on the recommendation of the Staff Governance Committee
13.2	Staff Governance Committee Chair's assurance report	Staff Governance Committee Chair	OHB2324-75	To <u>seek assurance</u> from the report
14	Organisational Performance			
14.1	Financial Performance Report	Director of Finance	OHB2324-76	To <u>review</u> the in year financial position
14.2	Integrated Performance Report	Chief Executive	OHB2324-77	To <u>scrutinise</u> the report and <u>seek assurance</u> on delivery

Item	Topic	Lead Person	Paper Number	Purpose
14.3	Finance and Performance Committee Chair's assurance report	Finance and Performance Committee Chair	OHB2324-78	To <u>seek assurance</u> from the report
15	Risk and Assurance			
15.1	Audit and Risk Committee Chair's assurance report	Audit and Risk Committee Chair	OHB2324-79	To <u>seek assurance</u> from the report
16	Any other competent business	Chair	Verbal	
17	Minutes			
	<ul style="list-style-type: none"> • Senior Leadership Team • Joint Clinical and Care Governance • Area Clinical Forum • Staff Governance • Finance and Performance • Audit and Risk 	Chair		To <u>adopt</u> the approved minutes
18	Items for Information			
18.1	Key Documentation Issued*	Chair		To <u>receive</u> a list of key legislation issued since last Board meeting
18.2	Board Reporting Schedule 2023/24*	Chair		To <u>note</u> the timetables
18.3	Record of Attendance*	Chair		To <u>note</u> attendance record

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 24 August 2023**
at **11:30am**

Present

Davie Campbell, Vice Chair
 Laura Skaife-Knight, Chief Executive
 Mark Doyle, Director of Finance
 Rona Gold, Non-Executive Board Member
 Steven Johnston, 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

In Attendance

Steven Brown, Chief Officer, Integration Joint Board
 Lorraine Hall, Interim Director of Human Resources
 Sara Lewis, Acting Director of Public Health
 Steven Phillips, Head of People and Culture
 Rachel Ratter, Senior Corporate Services Officer (minute taker)
 Monique Sterrenburg, Interim Deputy Medical Director
 Carrie Somerville, Planning, Performance and Risk Manager
 Emma West, Corporate Services Manager

B56 Welcome and Apologies

Apologies were received from D Creasey, I Grieve, S Heddle, M Henry, M McEwen, and L Wilson.

D Campbell Chaired the meeting.

B57 Declarations of interests

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

B58 Minutes of previous meetings held on 22 June 2023

The minute of the meeting held on 22 June 2023 was accepted as an accurate record of the meeting and was approved.

B59 Matters Arising

No matters arising we raised.

B60 Board Action Log

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

B61 Board Chair and Chief Executive Report to Board – OHB2324-33

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

In response to staff feedback, five key areas of organisational focus to further improve staff engagement and experience had been identified. Further investment towards improved and strengthened staff health, wellbeing and recognition had been agreed following a successful NHS Orkney Endowment bid.

The CEO and Board Chair recognised the 75th year anniversary of the NHS and gave thanks to the outstanding service provided by NHS Orkney.

The Board were advised that during July 2023, Orkneys progress and 'significant inroads' to improve Audiology services for adults and children were praised by Catherine Ross, the Chief Scientific Officer for the Scottish Government. Visits had taken place from the Mental Health Welfare Commission between 31 May and 2 June 2023. Findings and recommendations had been provided were due to be published on the 16 August 2023.

Decision / Conclusion

The Board thanked the Chief Executive and Chair for their timely and clear report.

B62 CEO 100-day Report - OHB2324 – 34

The Chief Executive presented the report summarising her experiences and insights since taking up post on 3 April 2023.

Three recommendations were highlighted based on the need to prioritise people and to identify ways to meaningfully reconnect with patients, local community and staff.

The Board were advised that an appropriate governance process would be implemented to track progress, building upon existing reporting and monitoring systems.

The Board thanked the Chief Executive for her accessible, clear, and transparent report and agreed the published report would be shared with key partners and stakeholders, Scottish Government colleagues, online and through social media platforms.

Decision / Conclusion

The Board approved the 100 day report.

Annual Accounts

B63 NHS Orkney Annual Accounts for year ended 31 March 2023 – Restricted Distribution – OHB2324-35

The Board were asked to consider and adopt the Annual Accounts for 2022/23 as recommended by the Audit and Risk Committee. J Taylor, Chair of the Audit and Risk Committee confirmed that the accounts had been considered in detail by the committee and recommended for Board approval.

It was noted that the accounts would not be made a public document until later in the year once they had been laid before parliament and authority to publish was received.

The Vice Chair gave thanks to the Finance team and all those involved in the production of the Annual Accounts.

Decision / Conclusion

The Board approved the NHS Orkney Annual Accounts for 2022/23 as recommended by the Audit and Risk Committee.

B64 NHS Orkney 2022/23 Annual Audit Report from External Auditor – Restricted distribution – OHB2324-36

Rashpal Khangura, Audit Director, KPMG presented the NHS Orkney Annual Audit Report 2022/23, which had been considered in detail by the Audit and Risk Committee. Members were advised that the conclusion of the audit opinion on the 2022/23 Annual Accounts was unmodified and that the accounts and financial statements were a true and fair representation. The following were highlighted to members of the Board:

- Materiality level had not changed therefore KPMG were in a position to offer a clean audit opinion, subject to the signed recommendations
- The audit plan included several significant risks however, there were no issues impacting the opinion
- The parts of the Remuneration report that were required to be audited were all found to be materially accurate
- The Board had effective internal processes in place to follow up the National Fraud Initiative matches that had been identified
- The new Code of Audit Practice had refreshed the areas used to define the wider audit scope.
- The report included weaknesses regarding financial management and financial sustainability however recognised the significant change period throughout the Board and considered a number of changes had been made to NHS Orkney's arrangements.

R Khangura thanked the Finance team for their support and assistance throughout the process.

Decision / Conclusion

The Board noted and approved the report as recommended by the Audit and Risk Committee.

R Khangura and M Moore withdrew from the meeting

Governance

B65 Corporate Risk Register – OHB2324-35

The Chief Executive presented the report which highlighted that there were 12 active risks on the corporate risk register and there were no new risks added or any movement to risk ratings.

The Board discussed and agreed the importance of risk and encouraged all Governance Committees to scrutinise and question risks aligned with registers.

Decision / Conclusion

The Board noted the update provided and the current mitigation of risks highlighted.

B66 Senior Leadership Team – Chair’s reports and approved minutes – OHB2324-36

The Chief Executive advised that in response to staff feedback, the new Senior Leadership Team (SLT) had launched on the 1 July 2023. The Committee were responsible for the delivery and effective monitoring of the Board’s progress against the strategic objectives as outlined within the Plan on a Page.

An extended SLT meeting would take place quarterly for the wider leadership community of NHS Orkney, including heads of service to ensure colleagues had an understanding and oversight on key issues and to focus on strategic processes.

The new Chairs assurance report had been trialled and feedback was welcomed prior to further dissemination to governance committees and the wider organisation.

Decision / Conclusion

The Board agreed to introduce the new Chairs assurance report throughout the organisation and welcomed the concise report, seeking assurance around items raised and discussed, recognising positive engagement and the evolving agenda. Approved minutes would continue to be included.

Strategy**B67 Annual Delivery Plan – OHB2324-37**

The Chief Executive presented the report advising that following receipt of guidance issued to Territorial Health Boards in February 2023 outlining the requirements for the 2023/24 Annual Delivery Plan and the 2023/2026 Medium-Term Plan, NHS Orkney had made significant progress developing both documents following extensive engagement with the Senior Leadership Team, wider stakeholders of NHS Orkney and input from the Scottish Government.

The Vice Chair gave thanks to all involved for the comprehensive report.

Decision / Conclusion

The Board approved the final version of the Annual Delivery Plan, noting the formal feedback received from Scottish Government.

B68 Plan on a Page Quarter 1 progress report – OHB2324-38

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.

The Board were advised that each strategic objective aligned to the Plan on a Page had an executive lead, and each priority area was underpinned by clear actions and deliverables. Progress against actions would be monitored on a quarterly basis via the Senior Leadership Team and the Board, feedback was welcomed to enhance reporting.

There was one red RAG-rated action where insufficient progress had been made and therefore currently no assurance. This was the first action under Quality and Safety strategic objective, which related to ensuring meaningful patient feedback mechanisms were in place.

Decision / Conclusion

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

Clinical Quality and Safety**B69 Healthcare Associated Infection Reporting Template – OHB2324-39**

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:

- The domestic teams and Estates/RFM had maintained an outstanding level of cleanliness within care settings
- Bare below the elbows was an ongoing challenge however there had been improvements with hand hygiene, achieving a score of 94%

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.

B70 Infection Prevention and Control Annual Report – OHB2324-40

The Director of Nursing, Midwifery, AHP's and Acute presented the annual report including progress against targets and work undertaken during 2022-23, giving thanks to the Infection, Prevention and Control team for producing the report and maintaining standards.

Although 2022-23 had been positive, the team were faced with challenges in regard to staffing and the de-escalation of Covid measures. It was highlighted that there had been zero site infections for procedures throughout the year.

S Johnston informed the Board that the report had been presented to the Joint Clinical Governance Committee where it was agreed that the positives in the report outweighed the concerns and members recognised the progress made and acknowledged the hard work of the team.

Decision / Conclusion

The Chief Executive commended the hard work carried out by the Infection, Prevention and Control team and requested a letter to be sent to the team on behalf of the Board.

B71 Duty of Candour Annual Report 2022/23 – OHB2324-41

The Interim Deputy Medical Director presented the report advising one event occurred where the Duty of Candour thresholds was applied, with a further three reviews were yet to conclude from 1 April 2022 to 31 March 2023.

J Taylor asked how change had been embedded through lessons learned and was assured that a process was in place including the Quality Forum, weekly reporting and the introduction of mortality and mobility meetings to improve patient care and provide professional learning.

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.

Decision / Conclusion

The Board took assurance from the report and approved the next steps to be taken from the learning.

B72 Joint Clinical and Care Governance Committee Chairs report and minutes from meetings held on 4 April 2023 – OHB2324-42

The 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 4 July 2023:

- Members received the Speech and Language Therapy Report and noted the concerns raised and took assurance and optimism from the work and proactive approach in exploring options to mitigate the risks and challenged highlighted. It was agreed that there would be future reporting of progress to the Joint Clinical and Care Governance Committee.
- Members received and approved a proposal that the NHS Orkney Ethical Advice and Support Group should be stood down, on the condition that links were maintained with the NHS Grampian group through the NHS Orkney Medical Director.
- Members welcomed the first six monthly assurance report, recognising the challenges faced across NHS Orkney Care homes and the impact of the 100 % occupancy rates and the wider service impacts along with staffing difficulties due to absence and recruitment challenges were highlighted and explored.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 4 April 2023.

B73 Area Clinical Forum Chairs report and minutes from meetings held on 5 May 2023 – OHB2324-43

The Chair of the Area Clinical Forum, provided a verbal update due to timings of meetings highlighting that there were no items to be escalated to the Board.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting held on the 5 May 2023.

Population Health

B74 Anchor Strategy Development – OHB2324-43

The Acting Director of Public Health presented the paper advising that as part of the annual delivery plan guidance, boards were asked to share their approach to developing an Anchors strategic plan.

Locally, a timetable had been created and key work commenced. Public Health Scotland had also published an Anchors Framework to help support development.

Decision / Conclusion

The Board noted the approach and timeline for developing the strategic plan.

B75 Public Health quarter 1 report – OHB2324-45

The Acting Director of Public Health presented the report which gave an update on key public health activity undertaken in Quarter 1 of 2023/24 and highlighted the following:

- Wastewater samples showed the COVID-19 positivity detections fluctuated with a spike in July 2023
- Following Hepatitis B core antibody (anti-HBc) screening, none from NHS Orkney were identified that required testing within the first two batches of recipients
- The Autumn Vaccination (Flu and COVID-19) Programme started on the 4 September.
- Actions were in place to address the issue of the potential resurgence of measles and meningococcal diseases
- The No Cervix Exclusion audit had commenced in April 2023 and was progressing well

Decision / Conclusion

The Board noted the information provided.

B76 Orkney Partnership Board Report and minutes from the meeting held on 14 March 2023 – OHB2324-45

Board members discussed how they would prefer to remain engaged and connected to work of the Orkney Partnership Board, including improved reporting and agenda settings. Suggested areas were the cost of living crisis, links between poverty and poor health outcomes and ensure key clinical engagement takes place.

Decision / Conclusion

The Board discussed areas of improvement and better engagement with the Orkney Partnership Board

Person Centred**B77 Patient Experience future reporting proposal – OHB2324-46**

The Interim Deputy Medical Director presented the report around how NHS Orkney would make improvements to capture and report the experience of patients to ensure

a holistic approach was taken.

The Chief Executive welcomed the report and informed the Board that due to the recent departure of the Medical Director, this would not be completed in October as planned but would be progressed.

S Johnston welcomed the report expressing that additional components to the patient experience report would be beneficial.

Decision / Conclusion

The Board approved the future reporting of patient experience metrics as described in the paper. It was agreed to start every Board meeting with a patient experience story.

B78 Patient Experience Annual Report – OHB2324-47

The Interim Deputy Medical Director presented the report, prior to submission to the Scottish Government, as part of the annual requirements of the Complaints Handling Policy and Procedure.

Complaints continued to increase yearly, in particular Early Resolution complaints, where more emphasis was being made at contacting patients quickly and responding in a timely manner.

It was acknowledged that positive compliments were not always captured however, cards, flowers and cakes were provided to the wards from patients, family and friends.

Decision / Conclusion

The Board approved the report for onward submission and agreed care was required whilst handling complaints, understanding the issue and providing a clear answer to the correct question.

Workforce

B79 Staff Governance Acton Plan – OHB2324-48

The Interim Director of Human Resources presented the report sharing the Staff Governance Action Plan for 2023-2024 which detailed the agreed activities to be undertaken to support the delivery of the Staff Governance Standard.

The report was presented to the Staff Governance Committee on the 23 August 2023 as a reviewed documentation from the version approved in June 2023, as revised and aligned to the Plan on a Page. The committee approved the action plan noting updates and requested an additional column on prioritisation and timescales which would be included in the next iteration in November, improvements were progressing in all areas and also against the Plan On a Page.

Decision / Conclusion

The Board took assurance from the performance against the 2022/23 plan and priority areas for 2023/24.

B80 iMatter results and next steps - OHB2324-49

The Head of People and Culture presented the paper which demonstrated the progress made in relation to NHS Orkney's 2023 iMatter cycle, identifying any significant changes and points to note.

The employee engagement score had, for the second year in a row, increased by 2% and were aligned to the five pillars of Staff Governance where the weighted index value had increased by 1 to 2% points.

The report highlighted several areas of achievement, as well as some areas that required attention.

The Chief Executive thanked the team for their hard work and the fantastic leadership demonstrated throughout.

Decision / Conclusion

The Board welcomed the report and noted the information provided, encouraging all staff to continue momentum and monitor progress against action plans.

Organisational Performance

B81 Financial Performance Report – OHB2324-50

The Director of Finance presented the report which provided an analysis of the financial position for the period up to 31 July 2023. Information was provided relating to resource limits, actual expenditure, and variance against plan.

The revenue position for the 4 months reflected an overspend of £1.924m and there was an anticipated outturn of £5.860m overspend as highlighted in the financial recovery plan and caveated by several assumptions as detailed in the report.

It was highlighted that plans to deliver the anticipated savings of £3.7m for 2023/24 were monitored and progressed through the Financial Sustainability Office and the Grip and Control Board. To date, the organisation was currently tracking £0.810m of the £1.5m of recurring savings and £1.659m of the £2.2m of non-recurring savings. An update on the current progress, anticipated savings and future plans would be taken to the Grip and Control Board on 21 August 2023.

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 sign off and extension to agency staff contracts and highlighted the demand for additional staff across Inpatients and isles services. There had been a reduction in the number of agency staff employed and this would further reduce once substantive posts had been appointed to.

Decision / Conclusion

The Board noted the content of the month 4 Financial Performance Report, and the expected achievement of the three targets against Revenue Resource Limit, Capital Resource Limit and Cash at yearend.

B82 Financial Improvement Report - OHB2324-51

The Director of Finance presented the report to provide an update of actions taken against the financial recovery plan.

The financial position had significantly deteriorated to a £5.8m forecast overspend at year - end, which was an adverse movement of £2.7m against the financial recovery plan, approved by the Board in March 2023, and reported a forecast outturn of £3.1m overspend.

Actions to address the financial position included confirm and challenge sessions held with Directors, Grip and Control Board, the Financial Sustainability Workplan and regular meetings between the finance team and budget managers.

The Chief Executive informed Board members that the Senior Leadership Team meeting on 4 September 2023 would be utilised to consider and action some of the more difficult discussions to turn the situation around leaving no stone unturned. It was noted that all decision making would be undertaken within a safety and quality context.

Decision / Conclusion

The Board reviewed the report and sought assurance on the actions being taken.

B83 Performance Management Report – OHB2324-52

The Chief Executive presented the report providing a summary of performance since the previous Board meeting in June 2023.

The four-hour emergency access standard performance had improved in June 2023. The development of a winter plan for Orkney was well-advanced following engagement with staff and partners and a system plan was in development and performance against the 18-weeks Referral to Treatment standard had improved. The two specialties where improvements were needed, with plans being worked through in conjunction with other centres in Scotland, were Ophthalmology and Rheumatology.

Performance against the 31-day cancer standard remained consistently strong at 100% however, an area of improvement was the 62-day cancer standard.

The number of delayed discharges continued to face challenges which impacted NHS Orkney's ability to deliver timely care to emergency patients and timely discharge.

There was a deterioration in performance against the Treatment Time Guarantee for inpatients (that patients will not wait longer than 12-weeks), with performance at 54.4% in June 2023 compared to 62% in May 2023.

The Vice Chair highlighted that the information demonstrated that the access to CAMHS had increased which was a positive movement.

Decision / Conclusion

The Board reviewed the report and took assurance from the information provided.

B84 Proposal for Integrated Performance Report – OHB2324-53

The Chief Executive presented the report providing an overview of the proposed new-style report, including how it would support enhanced reporting around delivery and performance.

Decision / Conclusion

The Board commended and approved the new-style report and proposed next steps.

B85 Chairs Report Finance and Performance Committee and minutes of meetings held on the 25 May 2023 – OHB2324-54

The Chair of the Finance and Performance Committee presented the report from the meeting held on the 27 July 2023. The report highlighted the following:

- Members shared concerns around the presentation, consistency, relevance and sorting of the risks aligned to the Finance and Performance Committee. It was agreed the risks would be reviewed prior to the next meeting
- A summary of the financial position was provided and the mitigating processes which had been established to bring the financial performance back to plan
- The committee received a report detailing the timeline issues around the finalisation of the annual accounts. A full lessons learned exercise would be undertaken following the approval of the annual accounts by Board

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 25 May 2023.

Risk and Assurance

B86 Chairs Report Audit and Risk Committee and minute of meeting held on 30 May 2023 – OHB2324-55

The Chair of the Audit and Risk Committee presented the report from the meeting held on the 22 June 2023, highlighting the non-receipt of the ISA 260 Audit Report from External Auditors resulting in the accounts meeting being postponed and the final accounts being presented to the Audit and Risk Committee on the 24 August seeking a recommendation of Board approval.

Following receipt of the Internal Audit Plan, it was agreed that changes were required to reflect consultations that had taken place with other governance committees and the need for the plan to better align with the organisations priorities. It was therefore agreed that the plan would be revised to reflect these matters, for presentation and approval at the next Audit and Risk committee meeting.

Decision / Conclusion

The Board noted the update provided and adopted the approved minutes from the meeting on the 30 May 2023.

B87 Any other competent business

Annual Review 2023

NHS Orkney were notified that the Cabinet Secretary had agreed proposals for the territorial health board annual reviews in 2023 which were to return to a pre - pandemic format. NHS Orkney had not been selected for a Ministerial review this year and as such arrangements were in place to conduct a review in line with the guidance.

The planning process was underway including initial conversations with the Area Clinical Forum and Area Partnership forum Chairs with a provisional date in early November. This would be a public event which aimed to maximise engagement and input from a wide range of patients, carers and their representatives and ensuring participation from isles communities.

A commitment had been given that all territorial Boards will receive at least one ministerial annual review before 2026.

Items for noting

B88 Key Documentation issued

Members noted the key legislation issued.

B89 Board Reporting timetables 2023/24

Members noted the dates of future meetings.

B90 Record of attendance

Members noted the record of attendance.

NHS Orkney Board Action Log Updated 19 October 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
03-2022/23	<u>Patient Experience</u> Report around wider elements of patient feedback, consultation, and experience to be provided	Board Meeting 25 Aug 22	December 2022 February 2023 April 2023 June 2023 August 2023	Medical Director/Director of Nursing and Acute	COMPLETE
01-2023/24	<u>Plan on a Page</u> Quarterly reporting to Board on actions	Board Meeting 27 April 23	August 2023	Chief Executive	COMPLETE
03-2023/24	<u>Planning with People</u> Next steps to be articulated to Board	Board meeting 22 June 2023	October 2023	Chief Executive	ON AGENDA
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	October 2023	Director of Finance/Audit and Risk Committee Chair	ON AGENDA
05-2023/24	<u>Clinical Strategy</u> Six monthly reporting	Board meeting 22 June 2023	October 2023	Medical Director	ON AGENDA

*Completed actions deleted after being noted at following meeting

NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 26 October 2023
Title:	Board Chair and Chief Executive Report to Board
Responsible Executive/Non-Executive:	Meghan McEwen, Board Chair and Laura Skaife-Knight
Report Author:	Meghan McEwen, Board Chair, and Laura Skaife-Knight, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

2 Report summary

2.1 Situation

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

- Operational performance summary
- Listening to and responding to feedback from Team Orkney
- Creating a Speak Up Culture – Speak Up Week
- Many congratulations Olivia Jones – Scottish Health Awards
- CEO and Chair diaries – including meetings with external stakeholders and partners – and visits and speakers
- Recruitment updates
- Annual Review – 9 November 2023

2.2 Background

2.2.1 Operational performance summary

Our four-hour emergency access standard performance improved at the end of August 2023 at 93.8% against the national 95% standard (compared to 92.17% for NHS Orkney at the end of July 2023). NHS Orkney is a top three performing Health Board in Scotland for this national standard, which is an important indicator of quality and experience.

Our performance against the 18-week Referral to Treatment standard has improved also in this period – at 84% (against the 90% national standard) compared to 79.6% in July 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 is focused.

A total of 227 patients were waiting for diagnostic tests/scans at the end of August 2023 (compared to 266 patients in July 2023). 72 patients have been waiting over six weeks, compared to 85 patients in July 2023. Patients waiting for MRI scans has reduced significantly from 62 in July 2023 to 16 in August 2023 due to the visiting MRI mobile scanner 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), however, for the 62-day standard at 33.3% (which is one patient for context) (95% standard), this remains an area where improvement is needed for NHS Orkney with a plan in place to do so.

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 August 2023 we had 1,397 outpatients in total on our waiting lists for appointments (1,429 at the end of July 2023). 733 patients have been waiting over 12-weeks for an appointment, an increase compared to the 695 waiting over 12-weeks at the end of July 2023. Our performance against the 12-week standard is disappointingly at 47.5%, and this is a further deterioration compared to the 51.4% performance at the end of July 2023.

We have also seen a deterioration in our performance against the Treatment Time Guarantee for inpatients (that patients will not wait longer than 12-weeks), with 186 waiting more than 12 weeks out of 359 total patients waiting. The end of July 2023 showed a similar picture with 182 breaching 12-weeks out of 367 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. Both the CEO and Chair were in attendance at this review meeting.

From October 2023 (as we will discuss later on the public agenda), we have 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.

2.2.2 Evidence that we are listening to and responding to feedback from Team Orkney

Earlier this year, we committed to five new organisational priorities in response to feedback from Team Orkney, including the latest iMatter survey results, and we are making good progress to evidence we are taking forward work in each of these important spaces, as follows:

1. **Staff health and wellbeing** – thanks to support from the Endowment Fund, we have commenced a two-year trial of a new Employee Assistance Service, which includes mental health first aid and psychological support for staff, as well as legal and financial support for our staff. We held a two-day Staff Health and Wellbeing event at the end of September 2023 which was very positively received and included lots of stalls and information and talks, including about menopause awareness and mindfulness support, led by NHS Orkney and a range of partners. We have launched our flu and COVID Autumn vaccination programme and encourage everyone to get protected and stay safe. Finally, we are recruiting a new Wellbeing Co-ordinator to support the delivery of our staff Health and Wellbeing programme, again, thanks to support from our Endowment Fund.
2. **Valuing and recognising staff** – with input and engagement from our staff and in partnership with our staffside/union colleagues, we have designed new categories and an approach to go with this, and will in November 2023 launch the Team Orkney Awards in partnership with The Orcadian.
3. **Involving staff in decision-making** – Senior Leadership Team, which is held twice monthly, is a new decision-making forum and is ensuring more timely, clinically-led decisions. Early October 2023, we held our first extended Senior Leadership Team meeting, attended by circa 35 senior leaders from across NHS Orkney, to own, set the agenda and drive decision-making in the organisation. The meeting was energising, with evidence that colleagues are up for change and a different way of working which is much-needed, as we respond to new challenges in the new world and system we are now operating in. The review of operational governance which will put staff voices front and centre is underway and will be concluded in December 2023.
4. **Listening to and acting on staff feedback** – lots of monthly forums are now in place so that staff can share their feedback, concerns and ideas with us. This includes regular drop-in sessions with the CEO, staff briefing sessions with the CEO and Executive Team and dedicated briefing sessions on a range of subjects/issues. Over the last period this includes dedicated staff briefing sessions on the launch of the CEO's 100-day Report, three dedicated briefing sessions with the CEO and Head of Improvement and Engagement on proposed changes to the Clinical Support Building so that we can make the area a better work environment for staff (in response to feedback) and two drop-in sessions with the CEO and Confidential Contacts as part of Speak Up Week (see below).
5. **Leading with kindness and living our values** - we continue to have a real focus on values and behaviours and 'how' we do things, including how we treat each other, recognising that we have more to do here and need to be much more consistent. At the heart of this is a focus on leading with kindness and

demonstrating visible and authentic leadership, starting with our Executive Team and senior leadership community, recognising the importance of role-modelling.

2.2.3 Creating a Speak Up Culture – Speak Up Week

At NHS Orkney, we are absolutely determined to create a culture where staff feel safe and confident speaking up, knowing that concerns will be taken seriously and that feedback will be acted upon – importantly, leading to changes and safety improvements where this is necessary.

The tragic Lucy Letby case has shone a light on the importance of listening and acting and allows NHS Orkney – along with every other Health Board – to re-examine and provide an honest assessment of what more we need to do to further strengthen our work in this important area. See the Board paper later on the agenda on Lucy Letby and the NHS Orkney response for more information.

There are lots of ways in which staff can share their concerns and speak up at NHS Orkney – ranging from immediate line managers, our two Confidential Contacts, Trade Unions, reporting on Datix, the Independent National Whistleblowing Officer, to members of the Executive Team, or to our CEO who is the Executive Lead for Whistleblowing or our Whistleblowing Champion and Non-Executive, Jason Taylor.

Throughout Speak Up Week (2-6 October 2023) we promoted these routes via our internal communications routes, with a series of videos from colleagues and drop-in sessions led by our CEO and Confidential Contacts.

At the end of Speak Up Week, our CEO took part in a national webinar chaired by Niki Maclean (Scottish Public Services Ombudsman - SPSO - Director), with Dr Scott Jamieson (a General Practitioner in the NHS Tayside area), Kirstie MacDonald (Whistleblowing Champion at NHS Fife). The discussion showed the importance of how leaders and managers listen to people, as well as the need for strong and visible leadership on whistleblowing from the top of all NHS organisations. Our CEO emphasised the need for listening and acting on feedback to be an everyday activity, not just for an annual Speak Up Week, and for staff to have access to informal and formal options to speak up. The discussion also focused on the importance of closing the loop on concerns quickly, to ease any distress for everyone involved and make changes quickly, which we know remains an area where there is more work to do here at NHS Orkney.

Further information and a summary of the activity during this week nationally, which NHS Orkney contributed to, is available here: <https://www.spsso.org.uk/news-and-media/speak-week-2023-the-week-review>

2.2.4 Congratulations to Olivia Jones – Scottish Health Awards

We are absolutely delighted that one of our midwives – Olivia Jones – has been named a finalist in the Midwife Category for this year's Scottish Health Awards. What a fabulous achievement – we are incredibly proud of you Olivia. We are rooting for Olivia and have our fingers crossed for her for the finals which will be held on 2 November 2023 at a special awards ceremony in Edinburgh. Our CEO and Chair personally visited Olivia

earlier this month to congratulate her on behalf of the Board on this outstanding achievement.

2.2.5 Chair and CEO diaries – including meetings with external stakeholders and partners – and visits and speakers

Chair Diary

Our Chair attended the NHS Scotland Board Chairs Away Days at the Golden Jubilee. The sessions were organised around key themes and challenges facing the NHS including: finance, workforce, public health, and sustainability. Key ministers and civil servants attended, the outcome of the discussions will form the workplan for the group and our engagement with Scottish Government in the next year.

Our Chair was elected as the Chair of the North of Scotland Chairs and Chief Executive Group. Cabinet Secretary Michael Matheson has spoken about the importance of regional working as a key tool in delivering better, safer, and more resilient services. This group meets regularly to discuss how best to work together in the North. The next planned meeting is in December 2023.

Continued conversations are taking place with CEO and Council Leader of Orkney Islands Council. These conversations provide opportunities for good and open communication.

There was an Orkney Partnership Board meeting on 26 October 2023. The agenda included an update about first responder service in the isles and ferry replacement provision.

Our Chair observed the Performance Review Meeting with Scottish Government colleagues.

The National Care Service subgroup meetings with CEOs and Chair representation took place in mid-October 2023.

Our Chair has also met with a number of colleagues to hear more about the lived experiences of colleagues with protected characteristics including LGBT+ colleagues, and BAME staff.

Our Chair attended the Westray Conference which was facilitated by the Westray Development Trust. She was asked to speak as NHS Board Chair in a workshop session on Health and Care needs in Westray. Equity of access for our ferry linked communities, and effective and sustainable recruitment were a theme, as well as access to dentistry and optometry.

There is continued work taking place around the Annual Review including meetings with Isles Wellbeing Co-ordinators, Voluntary Action Orkney staff, and a Patient Engagement session.

CEO's Diary

During June and July 2023, our CEO visited a number of teams and departments to listen to

feedback, hear what's going well and discuss areas for improvement, including: our Consultant Psychiatrists, IT Team, Switchboard and the Children's Health Service Team who are based at the Peedie Sea Centre, the School Health Team and the team of Clinical Nurse Specialists.

Our Chair and CEO arranged an informal engagement session with our Consultant and locum Consultant colleagues to listen to feedback and help to further strengthen relationships.

Our CEO had her second meeting with Trustees from the Orkney Heart Support Group to discuss how we can further improve our cardiac service for our patients by listening to and acting on patient feedback.

The CEO attended and gave opening talks at an excellent Leadership Forum Day – held jointly by Orkney Islands Council and NHS Orkney – at the end of September 2023 for Team Managers and Senior Managers. Professor Veronica Hope Hailey, inaugural Dean and professor of Bristol Business School who is renowned for her research on trust, trustworthy leadership and organisational change, joined the joint leadership community for the day in Orkney to share her experiences and to work with our teams in Orkney to prepare us to lead in the new world in which we are now operating by leading a series of workshops for our teams as keynote speaker and facilitator.

We were delighted to welcome Professor Brian Dolan to run a virtual leadership session for Team Orkney in September 2023 which focused on valuing patients' time, the hidden pandemics of deconditioning and loneliness and what we can do about them, incivility and its consequences, why culture is about heads, hearts and hands and the power of stories. Brian originated the global social movement #EndPJparalysis to encourage patients to get up, dressed and moving to reduce their risk of deconditioning while in hospital (www.endpjparalysis.org). In 2018, he was voted one of the 20 most influential people in the 70-year history of the UK's National Health Service and in the Queen's 2019 New Year's Honours List, Brian was awarded an OBE in the 'For Services to Nursing and Emergency Care'.

We were also pleased to welcome to NHS Orkney the Scottish Veterans Commissioner, Susie Hamilton, in September 2023, to share the work we are doing in this important space. This meeting was joined by the CEO, Director of Nursing, AHPs, Midwifery and Chief Officer for Acute Services and our People and Culture Manager as well as veterans and armed forces personnel who are known to be working across Team Orkney.

Our CEO and Chief Officer spent a day on Westray in August 2023 meeting staff at the Westray Surgery, members of the local community and colleagues from the Westray Development Trust. A few weeks later our CEO spent the day with the team at the Hoy and Wells Health Centre, again meeting patients and members of the local community, to understand further what it is like to live and work on the isles, and to ensure we build strengthened relationships and open lines of communication. The next CEO visit is to Sanday on 31 October 2023.

2.2.6 Recruitment update

We had a strong response to our recruitment exercise for our substantive Medical Director and Director of People and Culture with both interviews w/c 9 October 2023. Members of Team Orkney, partners and Board members are involved in the process – recognising the importance of getting these appointments right.

In the meantime, we are pleased to welcome Linda McGovern, who joined us early October 2023 as our Interim Director of People and Culture. Linda brings to Team Orkney vast experience and experience, including experience of working for a remote and rural health Board having been Interim Director of Workforce at NHS Western Isles previously. Linda is currently Director of Workforce at The State Hospitals Board for Scotland and joins us secondment on a full-time basis until our new substantive Director of People and Culture commences in post. Thank you to Lorraine Hall, who has superbly supported us as Interim Director of HR over the last three years for the important contributions she has made.

We are also pleased to welcome to Team Orkney Dr Malcolm Metcalfe, currently Deputy Medical Director and Consultant Cardiologist at NHS Grampian, who joined us in September 2023 as our Interim Medical Director for a period of six months, bringing over three decades of experience to Orkney, including around the patient safety and quality agenda, from which we will benefit from greatly in the weeks and months to come. Malcolm will support NHS Orkney in a part-time capacity and will, like Linda, work 50% of his time on-site to ensure visible leadership.

After a competitive recruitment exercise, we are delighted to announce that Steven Johnston has been appointed as the new Director of Dentistry. Steven brings with him significant experience and skills having worked for many years in Orkney. Steven will be taking over responsibilities from Jay Wragg, who has served us admirably in the role for many years. We are currently in the process of determining a transition plan to ensure a smooth handover. The date of the official changeover will be confirmed in due course.

2.2.7 Annual Review

Our patients, local community, partners and staff are welcome to join us at our Annual Review meeting.

Annual Reviews give you the opportunity to hear about how NHS Orkney is performing, our priorities, challenges and response to these, and plans for the coming year.

NHS Orkney's Annual Review is taking place on 9 November 2023, 6-7.30pm via Microsoft Teams.

The review is an opportunity for members of the public to hear and ask questions about the Board's performance in 2022/23 and future plans. The session will include a presentation from our Chair, Meghan McEwan, followed by an open question and answer session.

More information is available on our website at: www.ohb.scot.nhs.uk

2.3 Recommendation

- Awareness – For information only.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Corporate Risk Register
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Planning, Performance & Risk Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Local policy

This aligns to the following 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 and overview of risk management across NHS Orkney.

This paper links to the following priority areas of the Board.

- Workforce
- Culture
- Quality and Safety
- Systems and Governance
- Sustainability

2.2 Background

NHS Orkney's Risk Management Strategy forms part of a wider framework for corporate governance and internal control as set out in the Code of Corporate Governance.

NHS Orkney have adopted a 3-tier risk management system which allows for escalation and de-escalation of risk as appropriate to take account of changes in our operating environment and organisational landscape with the Risk Management Forum playing an active role in this process.

The Corporate Risk Register is owned by the Chief Executive, who, in conjunction with the Executive Directors and members of the Board, ensure that strategic risks which would influence the 'business' aspects of managing the organisation are recognised and addressed. These risks may derive from:

- Recognition of threats to the corporate objectives
- Risks to the organisation's key investment and improvement projects
- Key risks arising from the need to comply with external standards
- Significant risks escalated from Directorates.

2.3 Assessment

The Risk Management Strategy provides strategic direction for risk management within NHS Orkney and highlights that our risk management goal is to make decisions where the benefits and risks are analysed and considered equally. Our supporting documentation lays out a clear methodology for the assessment and scoring of risk and this approach remains active throughout the organisation.

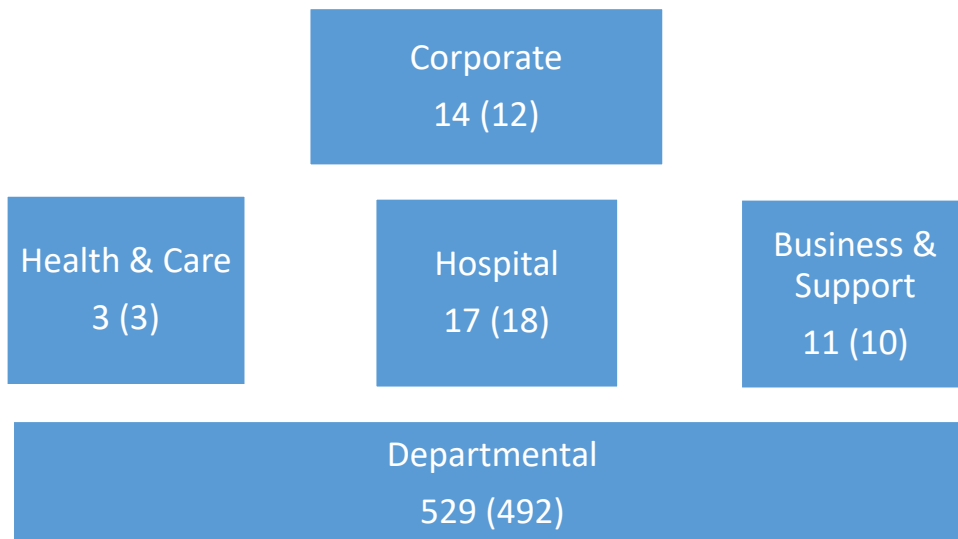
Engagement in the identification, assessment, review, and management of risks is improving, though there is much to do across the organisation to raise awareness of risk management and mitigation and ensure effective processes are in place.

A review of Risk Management and a complete refresh of our current risk register is underway, and discussions have taken place with the Executive Leads through the Corporate Leadership Team meeting in relation to the Corporate Risk register. Meetings will be held with each of the Executive Directors to review the Tier 1 and Tier 2 risks which they own. The outcomes of these discussions will be taken to the Risk Management Forum and Senior Leadership Team ahead of updating the relevant Committees and Board in

November/December 2023, when a refreshed risk register will be available to review. As part of this exercise, we will be reviewing how we present risks to each Board Committee, working with the relevant Executive Lead and Committee Chair.

The next stage of this exercise will be to seek external support and expertise to produce a new approach to risk management at NHS Orkney, alongside the development of a new Board Assurance Framework and Corporate Strategy (April 2024).

In the meantime, monthly reporting of all Tier 1 and 2 risks is provided to the Senior Leadership Team for review and discussion and Figure 1 below summarises the active risk position across the organisation’s 3 tier risk register structure as of the end of September 2023, with the July 2023 position provided in brackets for reference. All Tier 1 and Tier 2 risks have been aligned to Governance Committees and updates are shared through Risk and Assurance reports.



As can be seen from the above summary the majority of risks are being managed and held at a departmental level, with 47 active Tier 3 risk registers in place. Risks at this level tend to be relatively fluid and identification and assessment of new risks is encouraged, as good management practice. Proactive risk assessment and regular review of departmental risk registers is supporting the prioritisation of responses and ensuring resources are being directed to address areas of most concern and active risk management and regular review ensure that risks which are no longer manageable at that level are escalated and considered by the Risk Management Forum and de-escalation occurs in line with agreed operating procedures.

The Corporate Risk Register is provided within Appendix 1, with 14 active risks on the Corporate Risk Register with each of them owned by a member of the Executive Team.

Table 1 below provides a summary of risk exposure across each of the Tier 1 and Tier 2 risk registers in September 2023 and Table 2 provides the July 2023 reported position for reference. As can be seen there has been a slight increase in risk exposure at a corporate level as a result of the new risks.

Risk Exposure – Tables 1 & 2:

**September
2023**

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	106	38	0	164	29.71%
Health & Care	25	15	9	0	49	8.87%
Hospital	0	189	19	0	208	37.68%
Business & Support	20	78	33	0	131	23.73%
TOTAL EXPOSURE	65	388	99	0	552	100%
% of Total	11.77%	70.28%	17.9%	0%		

July 2023

Current Risk Exposure (Total Score)	Very High	High	Medium	Low Total	Total	% of Total
Corporate	20	90	30	0	140	25.6%
Health & Care	25	15	9	0	49	9.0%
Hospital	45	177	19	0	241	44.1%
Business & Support	20	63	33	0	116	21.2%
TOTAL EXPOSURE	100	344	91	0	546	100%
% of Total	20.1%	63.2%	16.7%	0%		

2.3.1 Quality/ Patient Care

There are currently 4 corporate risks aligned to the Joint Clinical and Care Governance committee which are being reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

2.3.2 Workforce

There are currently 2 corporate risks aligned to the Staff Governance committee which are reported at each Committee meeting and there are no new risks in this area to highlight for this reporting period.

2.3.3 Financial

There are currently 7 corporate risks aligned to the Finance and Performance Committee which are reported at each Committee meeting and there are no new risks in this area to highlight this reporting period.

The highest level of corporate risk relates to Risk No 510 which is in relation to the financial position, there is considerable improvement work ongoing with regards to this

organisation's position, which is reported through the Finance and Performance Committee.

2.3.4 Risk Assessment/Management

The Audit and Risk Committee provide oversight to ensure there is a visible and robust process of risk management within NHS Orkney which provides assurance, to the Board, staff, patients and public that management, clinicians and staff are working together to deliver improved outcomes.

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 1 corporate risk in relation to climate change and sustainability that is aligned to the Joint Clinical and Care Governance committee, current mitigations being undertaken support NHSO's commitment to removing fossil fuels from within their Estate. Discussions to take place with Director of Finance regarding structure of committee to ensure that correct clinical representation and participation can be achieved.

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

There are no consultation requirements related to this paper. However, engagement in risk management is supported by the Risk Management Forum which meets regularly with the purpose of:

- Bringing together risk handlers and owners to share best practice and learning.
- Embedding the Board's Risk Management Approach 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

- Reviewed and approved by Senior Leadership Team meeting 17 October 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Corporate Risk Register.

Senior Leadership Team Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Board Meeting: 26 October 2023
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:	Senior Leadership Team	
Presented By:	Laura Skaife-Knight	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 1 August 2023		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> Digital dictation replacement solution identified – recognising the risks of delays and to handling with primary care if a local solution is not procured and implemented at pace. A lessons learnt document to return to SLT in due course for wider sharing. The Board's financial position remains cause for concern, with SLT committed to leading recovery, with a paper to return to the 22 August 2023 meeting with further actions that will be taken for decision by SLT to slow our spend and change our 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 	<ol style="list-style-type: none"> Data quality review commenced 27 July 2023
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> Quarter One Plan on a Page 2023/24 – clear line of sight of progress versus Quarter One agreed actions and areas where improvement and greater focus are necessary CEO 100-day Report 	<ol style="list-style-type: none"> Changes to Infection Prevention and Control Statutory and Mandatory Training requirements agreed to ensure staff are kept up to date with IP&C practice, to keep themselves and patients safe. It was agreed that all Scottish Infection Prevention & Control Education Pathway by staff group will be undertaken every 2 years with the refresher only undertaken yearly CEO 100-day Report approved Digital Dictation solution approved at a cost of £63K in year 1 which is an additional cost pressure in 2023/24 plus £18.5K in year 2
Comments on Effectiveness of the Meeting	

- Pace of meeting much better and better sized agenda, allowing for more discussion
- To issue update and summary of meeting to extended SLT ahead of sending wider staff comms to keep colleagues better briefed

Senior Leadership Team Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Board Meeting: 26 October 2023
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:		
Presented By:	Laura Skaife-Knight	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 22 August 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Financial performance at the end of Month 4 shows NHS Orkney is significantly adrift of plan with a £1.9m overspend. SLT on 4 September 2023 will be focussed on financial improvement and the decisions that are needed in order to recover the position and close the gap Concerns about Significant Adverse Event Review (SAER) handling, notably: <ul style="list-style-type: none"> timeliness of action plans and follow through reoccurrence of the same themes the effectiveness of Quality Forum absence of learning Two external reviews have been commissioned by the CEO in order to inform improvement (1) Emergency Department – quality of care and (2) paediatric model of care 	<ul style="list-style-type: none"> Integrated Board Report under development Two external reviews commissioned (as opposite)
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Medium-Term Plan on track for submission to Scottish Government Data Quality review by Public Health Scotland underway and interim update provided 	<ul style="list-style-type: none"> 4 September 2023 SLT to be dedicated to Financial Improvement Draft Medium-Term Plan approved SAER Report – Discussed recommendations fully approved.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> SLT is improving each meeting re: input from members and discussion SAERs – visibility at SLT is helpful – moving forward Quality Forum to take a bigger role and high level themes to come to SLT/escalation points 	

Senior Leadership Team Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Board Meeting: 26 October 2023
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:		
Presented By:	Laura Skaife-Knight, Chief Executive	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 4 September 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> NHS Orkney is £1.9m overspent at Month 4 of 2023/24 and is forecasting a £5.8m overspend by year-end based on current run rate (compared to the £3.1m overspend in the financial plan). Strengthened actions are required to ensure the organisation gets back on track and as close to the £3.1m forecast SLT has agreed 6 of the 8 proposed Financial Improvement schemes – each scheme will be appropriately assessed re: quality and safety, however, there will be fall-out and implications to each scheme, that will be detailed in the paper to Board, that need to be considered along with risk appetite. 	<ol style="list-style-type: none"> Quality Impact Assessments on agreed schemes is underway Working Group being set up to take forward the Accommodation scheme recommendations A review of historical arrangements to take place re: accommodation, along with a review of arrangements for management of accommodation on the outer isles and the associated budget, with primary care currently taking the lead on the outer isles, and Estates and Facilities leading on accommodation on the mainland Head of Estates and Facilities to lead the further work on the staff travel freeze, including a detailed review of spend, a standardised approach, a matrix to inform decision-making and a policy to ensure good governance Further work to be done on a proposal to reduce overtime and excess hours, as opposed to implementing a blanket freeze
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> Clear plans to take forward the six schemes opposite Strong engagement and ownership from Senior Leadership Team and wider teams to contribute to Financial Improvement papers/proposed schemes Clear next steps and ownership agreed for each scheme, as well as wider communications and engagement now needed 	<ol style="list-style-type: none"> E-payslips - agreed Community prescribing - agreed Accommodation – agreed (with some further work to do re: the detail) Staff travel freeze – agreed in part with some caveats (Head of Estates and Facilities to take the lead) Locum and Agency - agreed Vacancy freeze – not supported at this time (further work to do) Overtime and excess hours freeze – not supported at this time (further work to do) Annual leave and carry forward - agreed

Comments on Effectiveness of the Meeting

1. Good to have a single item agenda to focus on financial improvement
2. Good to have such comprehensive papers ahead of the meeting to ensure good governance and discussions at today's meeting

Senior Leadership Team Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Senior Leadership Team	Date of Meeting: 18 September 2023
Prepared By:	Laura Skaife-Knight, Chief Executive	
Approved By:		
Presented By:		
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Senior Leadership Team at its meeting on 18 September 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. New Corporate Risk added to Risk Register related to Data Quality with a score of 16. 2. SBAR re: Echocardiography – despite knowing for circa 18-months about the retirement of a sole physiologist (echocardiographer), the organisation goes into October 2023 with a potential gap in service provision and without a long-term sustainable model for this service, which was an avoidable position, from which we must learn. SLT did not approve the preferred option of appointing an experienced Band 8A Cardiac Physiologist, after discussion. It was agreed that all of the options for the model of service with a focus on the future sustainability of this service need to be fully considered ahead of a paper returning to SLT. 	<ol style="list-style-type: none"> 1. Data Quality external review by Public Health Scotland on track to conclude at the end of October 2023 and to be presented to SLT in November and the Board in December 2023.
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. Draft Anchor Strategy Plan in place, with engagement underway. 2. Urgent and Unscheduled Care Improvement Plan in place, Target Operating Model agreed for unscheduled care performance by all Health Board CEOs and winter plan in place – following engagement with staff. 3. First extended SLT to take place on 4 October, and agenda agreed, which includes: launching the winter plan for NHS Orkney and the Escalation Plan for The Balfour, and financial improvement. 	<ol style="list-style-type: none"> 1. Agreed, consistent with the Information Commissioner's Office guidance, the position regarding WhatsApp and other instant messaging applications, notably that: <ul style="list-style-type: none"> - MS Teams will be the only approved messaging communication to conduct business or clinical communications and only Near Me should be used for clinical contacts/appointments - WhatsApp should not be used for any business or clinical communication by NHS Orkney staff - NHS Orkney will prevent downloading of WhatsApp on mobile devices - NHS Orkney will not use WhatsApp or any other instant messaging applications to communicate with patients/citizens - Should SLT approve WhatsApp for any clinical or business purpose then licenses for WhatsApp for Business should be purchased

	<ul style="list-style-type: none">- Use of any technology which shares personal data must be added to the Records of Processing Activity and not used until suitable assurance documentation as per the IG Policy has been approved.2. A new business case template was approved for use, for consistency across the organisation. It was agreed that training would be provided by the FSO to support the template's use across the organisation
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Comments on Effectiveness of the Meeting

1. The meeting was run hybrid and the sound quality was poor for those dialling in
2. Good to have three colleagues observing the meeting, including a new starter who earlier in the day attended induction

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Integration Joint Board Membership
Responsible Non-Executive:	Meghan McEwen Board Chair
Report Author:	Emma West, Corporate Services Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

Report summary

2.1 Situation

The Board are asked to consider and approve the appointment of Steven Johnston as a Non-Executive voting member of the Integration Joint Board.

2.2 Background

The Board are required to approve any amendments to the Non Executive voting membership of the Integration Joint Board. To strengthen the integrated governance approach and better facilitate direct reporting arrangements it is proposed that the Chair of Joint Clinical and Care Governance Committee becomes a voting member of the Integration Joint Board.

Membership of the Integration Joint Board is governed by the Integration Scheme and standing orders and allows for voting membership to comprise of three elected members of the Local Authority, appointed by the Council, and three Non Executive Board members, appointed by the Board.

The appointment of the Chair of the Joint Clinical and Care Governance Committee as a voting member would require a current member to step down and the current Chair of the JCCGC to be appointed by name rather than position held.

It is proposed that Steven Johnston, as Chair of the Joint Clinical and Care Governance Committee, is appointed as a voting member of the Integration Joint Board and Meghan McEwen steps down from this role, to comply with the legislation and number of voting positions available to the Board.

2.3 Assessment

The Membership of the Integration Joint Board is reviewed every two years as stated in the Scheme of Integration.

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

If approved Non Executive voting members for NHS Orkney would be as below, no amendments to non-voting membership are proposed at this time.

- Issy Grieve (Vice Chair)
- Davie Campbell
- Steven Johnston

2.3.1 Financial

There are no resource implications arising directly due to making appointments to the voting positions on the IJB.

2.3.2 Route to the Meeting

The Integration Joint Board appointment is a matter for Board approval and has been brought directly to the Board.

The Terms of Reference for the Joint Clinical and Care Governance Committee will be reviewed and updated at the November development session, to reflect this change if approved by Board.

2.4 Recommendation

- **Decision** – To approve the appointment of Steven Johnston to the Integration Joint Board

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Main Improvement Plans and Action Plans: Governance and oversight arrangements
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Planning, Performance and Risk Manager

1 Purpose

This is presented to Board for:

- Awareness and approval

This report relates to a:

- Annual Operation Plan
- Emerging issue
- 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

It was identified by the Chief Executive that there is currently no single list/document which captures holistically all main Strategies, Action Plans, and Improvement Plans for NHS Orkney.

2.2 Background

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

The register proposes governance routes for each Strategy, Improvement Plan and Action Plan and on agreement of SLT (17 October 2023), the Planning, Performance and Risk Manager will work with the Corporate Services Manager to ensure these are built into governance cycles for regular reporting so that progress and oversight can 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.

2.3 Assessment

The register has been split into Board Strategies, Action Plans, and Improvement Plans. There are currently 66 entries: 13 Strategies, 46 Action Plans and 8 Improvement Plans.

The register was shared with SLT on 17 October 2023 and members were asked to consider those plans captured and which require SLT and Board-level attention (including Board Committee oversight) as a next step and frequency of oversight.

It was agreed (as above) that the Executive Leads would agree with Non-Executive Directors/Governance Committee Chairs which plans should come forward and the frequency for such updates.

2.3.1 Quality/ Patient Care

25 of the Improvement Plans have been aligned to Quality and Safety Strategic Priority. Through the single list for all Strategic Plans, progress against each plan will be reported through SLT and relevant Governance Committees. This will ensure that plans which have been produced are delivered as agreed within the proposed timescales. Where there are obstacles to success this can be addressed in a timely manner to ensure quality and safe patient care, with improved patient outcomes/experience.

2.3.2 Workforce

5 of the Improvement Plans have been aligned to Workforce Strategic Priority. There are 22 which align to Culture. These include programmes of work such as the UNICEF Baby Friendly Standard for which the Board has a Gold Accreditation, which could help colleagues to feel valued for the role they play and also to help attract colleagues.

2.3.3 Financial

There are 2 Improvement Plans aligned to the Sustainability Strategic Priority which look to address and support efficiencies.

2.3.4 Risk Assessment/Management

To ensure effective reporting, it is crucial those plans which required Senior Leadership and Board level oversight are highlighted.

2.3.5 Climate Change Sustainability

There is 1 Improvement Plan aligned to Sustainability Priority in relation to Climate Emergency and Sustainability linked to the Delivery Plan, this includes areas such as the decarbonisation of fleet, achieving waste targets, reducing medical gas emissions, adopting Green Theatre Programme.

2.3.6 Communication, involvement, engagement and consultation

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

- This information has been gathered through engagement with Executive Leads and their wider teams.

2.3.7 Route to the Meeting

Senior Leadership Team – 17 October 2023 (where the paper was approved)

2.4 Recommendation

- Discussion and approval – Members are asked to **consider** the Register and **note** next steps.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Strategic Plan Register

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Annual Delivery Plan: Quarter 1 and 2 update
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Planning, Performance and Risk Manager

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Orkney is accountable for the monitoring of the Annual Delivery Plan plans and managing associated risks. To ensure appropriate scrutiny and assurance regarding planning arrangements, the attached document provides updates received from each of the action leads. This plan will be shared with Senior Leadership Team, Finance and Performance Committee and the Board on a quarterly cycle. This aligns with the reporting rhythm for monitoring and measuring progress against corporate priorities for the year.

The Annual Delivery Plan (ADP2) Appendix 1 is a standard template for Health Board submissions to the Scottish Government and provides updates for both Quarter 1 and 2 for NHS Orkney against each of the actions and deliverables within the Annual Delivery Plan. A meeting will take place in November 2023 as part of the Annual Delivery Plan review process with colleagues from Scottish Government.

2.2 Background


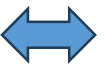



The Executive Leads have reviewed and updated progress in relation to all Quarter 1 and Quarter 2 milestones. Updates also capture any changes to risks or issues which may impact on the delivery of the objective.






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

2.3 Assessment






The key deliverables captured within the Annual Delivery Plan have been mapped so that the activity can be summarised both in terms of the 10 Drivers for Recovery set by the Scottish Government and also those local agreed Strategic Priorities (as described in the NHS Orkney 2023/24 Plan on a Page). Performance against each of the Drivers for Recovery and Strategic Priorities has been allocated a RAG status by the Executive Lead, to indicate if progress against the action has improved, stayed the same or worsened.

Deliverables linked to 10 Drivers for Recovery

Primary and Community Care Q1 – 100% Green Q2 – 100% Amber	3	
Mental Health Q1 – 100% Green Q2 – 100% Green	1	
Urgent and Unscheduled Care Q1 – 14% Amber, 71% Green and 14% Red Q2 – 43% Amber, 47% Green	7	
Planned Care Q1 – 100% Green Q2 – 100% Amber	1	
Cancer Care Q1 – 100% Amber Q1 – 100% Amber	1	

Climate Q1 – 100% Green Q2 – 100% Green	1	
Health Inequalities Q1 – 17% Amber, 83% Green Q2 – 25% Amber, 75% Green	12	
Innovation Adoption Q1 – 67% Amber, 17% Green, 17% Red Q2 – 33.3% Amber, 33.3% Green, 33.3% Red	6	
Workforce Q1 – 50% Amber, 50% Green Q2 – 56% Amber, 44% Green	16	
Digital Q1 – 100% Green Q2 – 100% Amber	1	

Deliverables mapped to the NHS Orkney Strategic Priorities

Culture Q1 – 17% Amber, 83% Green Q2 – 50% Amber, 50% Green	6	
Quality & Safety Q1 – 35% Amber, 53% Green, 12% Red Q2 – 47% Amber, 47% Green, 6% Red	17	
Systems & Governance Q1 – 45% Amber, 55% Green Q2 – 64% Amber, 36% Green	11	
Sustainability Q1 – 16% Amber, 84% Green Q2 – 66% Green, 17% Amber, 17% Red	6	
Workforce Q1 – 44% Amber, 56% Green, Q2 – 44% Amber, 56% Green,	9	

2.3.1 Quality/ Patient Care

16 deliverables within the ADP have been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

2.3.2 Workforce

9 deliverables within the ADP have been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

2.3.3 Financial

The Financial Recovery Plan is captured within the Sustainability deliverables of the ADP.

2.3.4 Risk Assessment/Management

Risk Management controls are in place to support delivery and will be reported through Quarterly reporting to Senior Leadership Team, Finance and Performance Committee and to Board.

2.3.5 Equality and Diversity, including health inequalities

NHS Orkney seeks to address health inequalities through effective performance management.

2.3.6 Climate Change Sustainability

1 deliverable within the ADP has been linked to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

2.3.7 Other impacts

No other impacts to report at this stage.

2.3.8 Communication, involvement, engagement and consultation

The Board carried out its duties to involve and engage external stakeholders where appropriate with the production of the ADP:

- Executive Directors provided updates against each of the actions aligned to the Annual Delivery Plan.

2.3.9 Route to the Meeting

- Senior Leadership Team reviewed and approved on 17 October 2023

2.4 Recommendation

- **Decision** – To **review** and **approve** prior to submission to the Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, ADP NHS Orkney 2023/24 Quarter 1 and 2 submission

NHS Orkney

Meeting:	NHS Orkney Health Board
Meeting date:	Thursday, 26 October 2023
Title:	Plan on a Page – Quarter 2 Progress Report
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville, Planning, Performance and Risk Manager

1 Purpose

This is presented to the 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 provide a progress update against each of the actions aligned to the Strategic Priorities for the organisation as part of the 2023/24 Plan on a Page and to highlight any risks or issues which could impact on delivery against of the action/s.

The Board is asked to discuss the update, note the areas where positive progress has been made and the areas where greater focus is needed, and strengthened actions are needed to further improve performance.

Please find attached in Appendix 1 a presentation summarising progress against the strategic objectives in Quarter 2 at a glance, as an improvement on reporting from Quarter 1, as well as the full details in Appendix 2.

2.2 Background

The Plan on a Page describes the Board's five main strategic objectives. Each strategic objective has an Executive Lead and each priority area is underpinned by clear actions and deliverables (which where possible are measurable). Progress against these actions is monitored on a quarterly basis via Senior Leadership Team and the Board. This is the second quarterly update, and as such further feedback is welcomed so that we can continue to develop and refine this reporting over time.

2.3 Assessment

Strategic objectives:

1. Workforce – Executive Lead: Interim Director of People and Culture
2. Culture – Executive Lead: CEO
3. Quality and Safety – Executive Lead: Interim Medical Director
4. Systems and Governance – Executive lead: CEO
5. Sustainability – Executive Lead: Director of Finance

The table below summarises by strategic objective progress for Quarter Two by action and RAG ratings, with Quarter 1 total for comparison.

	Green	Amber	Red
Workforce	3 (3)	4 (4)	0 (0)
Culture	2 (3)	2 (1)	0 (0)
Quality & Safety	3 (2)	2 (3)	1 (1)
Systems & Governance	2 (1)	4 (5)	0 (0)
Sustainability	2 (2)	0 (1)	1 (0)
Total	12 (11)	12 (14)	2 (1)

There are two red RAG-rated actions which highlights that insufficient progress has been made and there is risk that the action will be achieved within the 12-month period. The first action was reported through Quarter 1 as at risk and is reported under Quality and Safety strategic objective and relates to ensuring meaningful patient feedback mechanisms are in place which demonstrate that we listen, act, and learn. The second is in relation to progress reported in relation to the multi-year financial recovery plan and the ownership across the organisation to ensure successful delivery of the action.

2.3.1 Quality/ Patient Care

6 actions in the Plan on a Page align to Quality and Safety within the NHS Orkney Strategic Priorities for 2023/24.

2.3.2 Workforce

11 actions in the Plan on a Page align to Workforce and Culture within the NHS Orkney Strategic Priorities for 2023/24.

2.3.3 Financial

2 actions in the Plan on Page align to Sustainability within the NHS Orkney strategic priorities for 2023/24 and are in relation to the Financial Recovery Plan.

2.3.4 Risk Assessment/Management

Risk and issues have been identified against each action, and controls are detailed.

2.3.5 Equality and Diversity, including health inequalities

NHS Orkney seeks to address health inequalities through effective performance management.

2.3.6 Climate Change Sustainability

1 action in the Plan on Page align to Sustainability within the NHS Orkney strategic priorities for 2023/24 and are in relation to Climate Change.

2.3.7 Other impacts

No other impacts to report at this stage.

2.3.8 Communication, involvement, engagement, and consultation

Executive Directors provided updates against each of the actions aligned to the strategic priorities.

After the Board a summary of how we're doing will be shared internally (with staff) and externally with our patients, local community and partners.

2.3.9 Route to the Meeting

This report has been prepared for the NHS Orkney Board meeting on 26 October 2023. Moving forward, consistent with the Annual Delivery Plan progress reports, it will routinely go through Senior Leadership Team for approval ahead of coming onward to Board.

2.4 Recommendation

- **Awareness** – For Members' **review** the report and **seek assurance**.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Plan on a Page 2023/24 – Quarter 2 position summary
- Appendix 2 – Plan on a Page full action tracker for Quarter Two 2023/24



Strategic Priorities 2023/24

Plan on a Page –

Quarter 2 Update

Workforce

Workforce is at the heart of NHS Orkney and our local community. Now more than ever we face profound challenges, and we must take steps to retain the great staff we have through strengthened support and development options whilst attracting the best people to join us.

Action	Executive Lead	Q2 Update
<p>Acknowledge the range of pressures our workforce face personally and professionally and maximise support for them through a range of actions.</p>	<p>Interim Director of People and Culture</p>	<ul style="list-style-type: none"> • Successful Endowment Fund bid to strengthen Staff Health and Wellbeing Programme, including a new Employee Assistance Programme, a new Wellbeing Co-ordinator role and a new Reward and Recognition Programme been to APF and Staff Governance Committee and fully approved • Stress Survey Tool provided to NHS Orkney and this process is being supported by Public Health. Survey will be open from 13 November to 23 December • Bid developed and presented to Endowments Committee 20 July - approved • Wellbeing event underway w/c 25 September • Out to recruit for Wellbeing Co-ordinator post. Employee Assistance Programme launched 26 September • Team Orkney Awards planning underway via Wellbeing Committee • Interim Director of People and Culture raised at CLT on 26 September that colleagues on the Wellbeing Committee need to be more participative and engaged in delivery
<p>Invest in leadership and staff development.</p>	<p>Interim Director of People and Culture</p>	<ul style="list-style-type: none"> • Leadership Forum with Orkney Islands Council (Sept 2023) for service managers and senior teams • Summer 2023 - Quality Improvement training for a cohort of staff • Commencement of quarterly leadership talks - starting with Brian Dolan webinar • Capacity ensured to look at programme and align to relevant bandings. Draft framework December 2023. • Bespoke training to be procured to deliver training linked to budget. • Joint Leadership Session with OIC 27th September

Action	Executive Lead	Q2 Update
Use the Healthcare Staffing Act to enhance and shape our actions in relation to staffing.	Director of Nursing, Midwifery, AHPs and Chief Officer for Acute (DoNMAHP)	<ul style="list-style-type: none"> • Programme Board continues to meet • Links to eRoster implementation to ensure key benefits from system can be aligned to compliance with Act
Support teams to review their roles, responsibilities and engage with others to promote shared learning and collaboration.	Interim Director of People and Culture	<ul style="list-style-type: none"> • Personal objectives for Executive Team agreed (including shared objectives) with final objectives to be approved in November 2023 following returns to work • Strengthened focus on multi-disciplinary team learning and working • Clarity with Senior Leadership Team and extended Senior Leadership Team about leadership responsibilities, roles and expectations re: behaviours, accountability and ownership of issues
Use the Workforce Plan to support succession planning.	Interim Director of People and Culture	<ul style="list-style-type: none"> • Executive Team session on succession planning completed • Establishment review under way • Proposed succession planning process going to Staff Governance Committee November 2023 • Continued support for graduate apprenticeships planning with Herriot Watt University for 2024 to provide local education delivery model
Explore how to strengthen our induction and orientation process.	Interim Director of People and Culture	<ul style="list-style-type: none"> • CEO attends every monthly staff induction to welcome new starters and share key messages about: strategic objectives, vision, values and ways we listen/staff can raise concerns and keep informed/get involved • Evaluation of corporate induction and now looking at induction at local departmental level and for locum, consultant and manager level.
Build on learning from Covid, ensure wellbeing and resilience is central to our decision-making processes.	Interim Director of People and Culture	<ul style="list-style-type: none"> • New strengthened health and wellbeing programme for staff - including new Employee Assistance Programme • Successful staff health and wellbeing 2-day event, with support from partners • 5 organisational priorities communicated and shared across the organisation in responsible to iMatter and wider staff feedback. Departments are undertaking their action plan activities. • iMatter action planning has increased significantly from 2022. • New communication calendar of wellbeing and engagement being launched • Appointment of new Wellbeing Co-Ordinator underway.

Culture

Improving our Culture is at the heart of how we continue to develop as an organisation. It will help us to secure the future that places the needs of those we care for central to how we act, by listening to our users, empowering staff to act, making decisions in a fair and open way, valuing high quality care and building a sustainable future

Action	Executive Lead	Q2 Update
Using the key engagement forums such as Area Partnership Forum, agree how we will enhance communication internally (across) and outside our organisation.	Chief Executive	<ul style="list-style-type: none"> 100-day plan launched/published, and positively received (October 2023 output report and governance agreed thereafter) Further strengthened internal communications via staff briefings, CEO blogs and columns, CEO listening events Strengthened engagement and communication via APF, including seeking APF feedback on: 100-day report, five organisational priorities in response to iMatter results, staff briefings and approach/areas of focus
Ensure our Clinical Strategy informs our strategic decision-making process.	Interim Medical Director	<ul style="list-style-type: none"> Delivery Plan progress to come to October 2023 Board and 6-monthly thereafter
Explore development opportunities for staff to support enhanced communication skills.	Interim Director of People and Culture	<ul style="list-style-type: none"> Capacity ensured to look at programme and align to relevant bandings. Draft framework December 2023 Training to be procured to deliver training linked to budget. Joint Leadership Session with Orkney Islands Council 27 September iMatter action plan updates to be regularly reported to Staff Governance Committee
Work to ensure governance work is visible and meaningful to staff.	Chief Executive	<ul style="list-style-type: none"> New Senior Leadership Team meeting launched July 2023 (fortnightly meetings to ensure faster and clinically led decision-making in response to staff feedback) After every SLT an all staff communications is issued summarising key discussion points, areas for concern and key work underway Extended SLT met for the first time in October 2023 - to focus on taking forward strategic matters, with a focus on winter and escalation plans and transformational ideas re: financial improvement. Board development programme with Royal College of Physicians Edinburgh continues with development on new Board Assurance Framework to commence in the next quarter

Quality and Safety

Quality and Safety is critical to ensure we are delivering the best for those who need our care. Focusing on the experience of our patients and the outcomes they achieve will build confidence that we are delivering the highest quality care for our local community

Action	Executive Lead	Q2 Update
Use latest guidance to ensure meaningful patient feedback mechanisms are in place which demonstrate that we listen, act, and learn.	Interim Medical Director	<ul style="list-style-type: none"> Paper to Board in August 2023 with new approach to patient experience reporting agreed New Interim Medical Director commenced in post September 2023 who will lead on Clinical Governance Care Opinion in place
Empower staff to make changes to improve care.	Interim Medical Director/ DoNMAHP	<ul style="list-style-type: none"> Wider engagement with Medical and Clinical colleagues to support system challenges for example Pain Service Review Improvement project in place in Physiotherapy
Support staff to learn when things don't go as planned.	Interim Medical Director	<ul style="list-style-type: none"> Increase in the number of individuals trained as SAER investigators. This means that staff are supported appropriately through the investigation process
Continue to embed the Serious Adverse Events and learning from incidents process.	Interim Medical Director	<ul style="list-style-type: none"> Continued to embed system developed in Quarter 1
Explore where single points of failure exist what can practically be done to address these.	Interim Medical Director	<ul style="list-style-type: none"> Review of clinical pathways and SLAs continued to identify and support Fragile Service review Information being gathered via weekly waiting times meeting
Ensure learning from the HSE visit is acted on and risk management is firmly embedded with visible leadership present in all teams.	Interim Medical Director/ Interim Director of People and Culture	<ul style="list-style-type: none"> Review of Tier 1 and Tier 2 Risk Registers undertaken by Chief Executive and Planning, Performance and Risk Manager.

Systems and Governance

Systems and Governance supports everyone working in the organisation to know the way we work is aligned to our values, is fair and that decisions made will be consistent.

Action	Executive Lead	Q2 RAG
Continue our focus on strengthening governance processes across NHS Orkney services.	Chief Executive	<ul style="list-style-type: none"> New Senior Leadership Team started meeting in June 2023 to ensure faster and more clinically-led decision-making RCPE Board Development work progressing with further sessions on Clinical Governance, Board Assurance and projects to take this work forward
Empower staff to make decisions in a collaborative, open and transparent way.	Chief Executive	<ul style="list-style-type: none"> iMatter results show NHS Orkney is an outlier for this question nationally and that there is more to be done. Efforts are being made to better involve staff in decision-making and the second area where we need to improve is staff having confidence that when they feedback or speak up that changes and improvements will happen. Proactive work is underway in both areas to make the required improvements.
Learning from Covid remains a priority, ensuring we are mindful of the wider impact on health and wellbeing across our community.	Chief Executive	<ul style="list-style-type: none"> QI training session for NHSO staff/leaders Local improvement project in place - being led by the Physiotherapy Team
Services must not make patients suffer because we do not wish to change, we need to share information, collaborate, and ensure an effective flow across organisational boundaries.	Chief Executive	<ul style="list-style-type: none"> Data sharing protocol approved by all partners, including NHS Orkney New Anchor Strategy drafted, following engagement with staff and partners Strengthened approach to listening to and responding to patient and local community feedback - including BAME, LGBTQ+ and young people in Orkney
Build on the communication successes to grow our impact.	Chief Executive	<ul style="list-style-type: none"> Monthly meetings with Editor of The Orcadian and monthly touchpoint with Liam McArthur MSP for Orkney. Quarterly meetings with the Leader and CEO of Orkney Islands Council and CEO and Chair of NHS Orkney.
Strengthen training for leaders and managers to allow decision-making to take place at an appropriate level.	Interim Director of People and Culture	<ul style="list-style-type: none"> QI training session for staff held (Summer 2023) Joint Leadership Forum for Orkney Islands Council and NHSO (September 2023) Leadership session with Brian Dolan (endPjparalysis) - September 2023

Sustainability

Sustainability has to be a goal that we strive for, not only environmentally but also financially and from a workforce perspective. NHS Orkney has profound challenges that will require consistent and multi-year efforts to achieve sustainability.

Action	Executive Lead	Q2 RAG
Support the organisation to achieve a sustainable future by using the Clinical Strategy, Workforce plan and Financial Sustainability Plans to inform and shape our decisions.	Director of Finance	<ul style="list-style-type: none"> • Draft documentation has been started to describe the benefits of a Planning Hub approach (Terms of Reference, key stakeholders and planning cycle) to be shared with SLT for approval • Annual Delivery Plan submitted to SG – and awaiting formal feedback letter • Engagement sessions completed for Medium-Term Plan and draft being produced
Use Net Zero as a driver for change in our models of care.	Director of Finance	<ul style="list-style-type: none"> • Head of Estates and Facilities has provided Finance and Performance Committee updates in relation to Decarbonisation Project (Net Zero). • Deputy Head of Estates and Facilities invited to join Planning Hub, to ensure that Sustainability/Net Zero is captured in planning. • Meetings continue in relation to Green Theatres project.
Continue the progress of the multi-year financial recovery plan by getting ownership across the organisation.	Director of Finance	<ul style="list-style-type: none"> • The FSO team continues to provide support to the Executive Sponsors to progress those projects which have been identified and will support delivery of the financial recovery plan • Senior Leadership Team and Board both met in September to approve 6 out of 8 additional schemes in response to the worsening financial position which is currently forecast at £5.9m • Grip and Control Board continues to meet to check, challenge and foster savings opportunities across the Board.

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Clinical Strategy Delivery Plan update
Responsible Executive/Non-Executive:	Monique Sterrenburg, Interim Deputy Medical Director
Report Author:	Louise Wilson, Stephen Brown, Samantha Thomas

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operation Plan

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 the Board with a summary of progress against the underpinning Clinical Strategy objectives (2022-2027) and share the delivery plan for the strategy

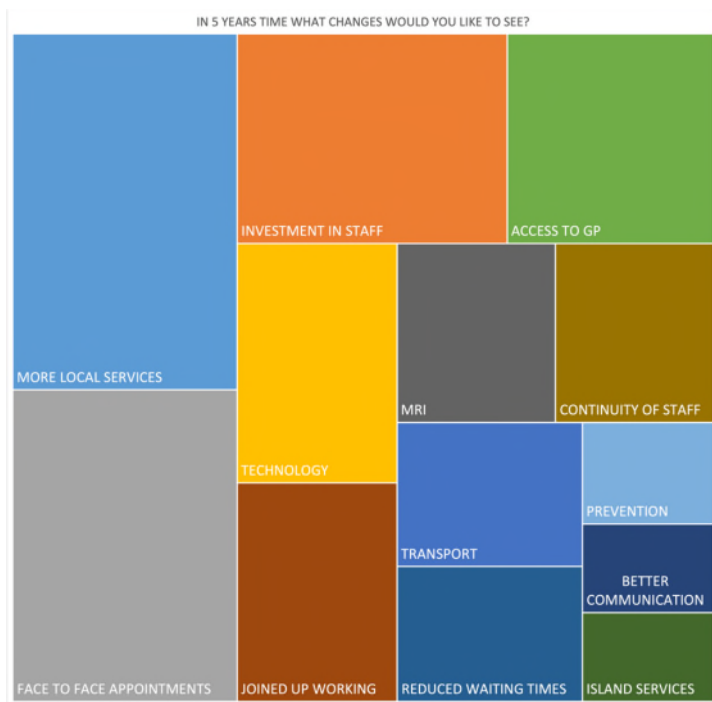
2.2 Background

The Clinical Strategy sets out our ambition of how our clinical teams and services will develop and grow to meet the needs of the people of Orkney over the next five years. It was developed in consultation with our community and staff and with extensive input from our clinicians.

The Clinical Strategy explains the Model of Care which is central to our vision, how we have used this to develop a strategy focused on four key clinical areas and how specific key services will develop to support this. The areas of focus are:

- Improving health and well being of people in Orkney
- Children and young people
- Mental health
- Supporting independence for people living with long-term conditions.

The diagram below represents the changes in the ways of working that our local community asked for when we asked for their feedback. The size of the block represents how often it was mentioned and therefore how important this is to our patients and local community.



The staff survey asked which factors we should consider that are specific to our Board. Three broad categories were described in the responses:

- Staff (small clinical teams and the need to be generalists and specialists)
- Isolation
- Relationship with NHS Grampian and NHS Shetland

How we need to change:

- Reduce health inequalities
- Prevention and early intervention
- Improve care and supporting independence

2.3 Assessment

We have previously agreed to report progress against the Clinical Strategy on a six-monthly basis. This paper is the first such update and summarises our progress against each of the three main priority areas as set out above.

In summary see Appendix 1 – presentation for full details with

- green for areas of improvement
- amber for some improvement
- red for no improvement.

And appendix 2 for overview where we are on track and have made progress on and therefore the Board can be assured, and the areas where there is more to do.

With regard to next steps, recognising this is the first update to the Board, we will:

1. Look at clear KPIs and metrics for progress updates moving forward
2. Review our Clinical Strategy ahead of 2024/25 as we prepare to develop a new Corporate Strategy to ensure alignment and to ensure it is fit for purpose for the future taking into account the local, regional and national context
3. Bring a further Delivery Plan update to the Board in six-months' time (February 2024 Board)
4. Consider how we share our progress against the Delivery Plan with our patients, local community and staff via regular communications updates

Feedback is welcomed from Board members on this report.

2.3.1 Quality/ Patient Care

Summary of the areas of success and areas requiring further improvement are in the attached appendix number 2.

2.3.2 Communication, involvement, engagement and consultation

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

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

- Stakeholder/Group Name, date written as 1 January 2019
- Stakeholder/Group Name, date written as 1 January 2019

2.3.3 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.

- SLT 17/10/2023 for awareness

2.4 Recommendation

The Board is asked to note 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 have not achieved.

The next update will be for Quarters 3 and 4 at the Board meeting in February 2024.

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Update Q3 delivery plan for clinical strategy
- Appendix No 2, PowerPoint slides with progress per area



DELIVERY PLAN CLINICAL STRATEGY 2022-2027

Q1&Q2 Update

Board meeting 27th October 2023



CLINICAL PRIORITY 1 - IMPROVING THE HEALTH AND WELLBEING OF THE POPULATION OF ORKNEY

Areas we have seen improvement:

- **Inequalities:**
 - Cost of Living Plan received by APF and ACF and implementation commenced
 - IJB funding approved for Wellbeing Co-ordinators to continue beyond October 2023
- **Smoking:**
 - Training completed for smoking cessation specialist staff to support women through pregnancy.
- **Healthy weight:**
 - Additional member of staff trained to deliver MAP

Areas where there is more to do:

- **Inequalities:**
 - Contributing through participation in the Cost-of-Living CPP delivery group
 - Monitoring is undertaken by the NHS Orkney Board Screening Coordinator through attendance at National Board Screening Coordinator Groups and local and regional governance groups for the programmes. Actions to address issues are agreed through the meetings
 - First three islands (Papa Westray, Eday and North Ronaldsay) will have plans developed and actioned by March 2024
 - Development of action plan for screening inequalities for people with LD and have experienced intimate partner violence. Evidence to be collated and reported.
- **Alcohol:**
 - Ensure that those with lived and living experience of alcohol and drug issues who wish to have their voices heard can do so in a meaningful way.
 - Commission services that are appropriate for the needs of the local population and remove barriers to treatment by piloting other treatment models including assertive outreach.
- **Smoking:**
 - Plan for cessation in development. Begin planning for Prevention and Protection elements of plan.
 - Communications planning for smoking comms completed. Full plan for completion later in year.
- **Healthy weight:**
 - Implementation plan for 23/24 accepted by SG and work started to implement this. Control it (diabetes/ed) has begun delivery
- **Physical activity:**
 - Assessment of physical activity pilot
 - Contribute to the development of the physical activity strategy

CLINICAL PRIORITY 2 - CHILDREN AND YOUNG PEOPLE

Areas we have seen improvement:

- Waiting times for Child and Adolescent Mental Health Service reduced.
- Children's Services Plan is approved and published.
- Children's Health Services Plan is developed and approved.
- Waiting times for assessment and treatment reduced, new SALT in post.
- Embed a new Neuro-developmental assessment pathway.

Areas where there is more to do:

- Contributing to national work through attendance at the Scottish Child Health Management Group
- Ongoing monitoring of uptake, actions will be agreed at the Vaccination Management Group
- Approve Service Plan and publish Plan on websites.
- Engage with services to develop a refreshed Service Plan following Service Manager commencing in post.
- SLA discussion in progress, to review delivery of community and acute based services
- Ensure that families affected by a loved one's alcohol or drug use have access to support and can be involved in their loved one's treatment and support where appropriate, (Getting it Right for Children, Young People and Families).



CLINICAL PRIORITY 3 - MENTAL HEALTH

Areas we have seen improvement:

- Suicide Prevention Plan Published
- Psychiatric Liaison Service established.
- Number of days lost from Community Mental Health Services as a result of staffing the mental health transfer bed are reduced.
- Number of individuals using the mental health transfer bed is reduced
- Embedded Suicide Prevention approach, development of tiered training approach for delivery in Orkney relating to KSF for MH improvement, self-harm and suicide prevention across levels.

Areas where there is more to do :

○ **Mental Health:**

- Psychiatric Liaison Service model developed, IJB approval sought
- Further develop a holistic and rights-based approach to recovery focussed practice.
- Develop CMHN support to provide enhanced capacity for primary care access for people with mild to moderate mental health problems, working in partnership with GP practices.
- Develop effective approaches to supporting prevention and self-management of mental health needs, enabling individuals to become self-reliant and resilient.
- Improve awareness of mental wellbeing and mental health conditions across all communities, including early years, education, the workplace/employers, social and community settings and at home.
- Map current services and available resources, in conjunction with all partners, enabling identification of new opportunities and more effective use of available resources.
- Include representation from mental health providers to the Carers Strategy Group to ensure the needs of carers who's caring responsibilities are in relation to a personal with mental health needs are represented.

○ **Medication Assisted Treatment:**

- We will complete the full ORT prescribing guidelines.
- We will review our internal pathway between ED and ODAT
- We will record offer of naloxone training and take-home naloxone will be added to our prescribing guidelines when complete.
- We will set up process to complete experiential data.
- We have been selected as a pilot for Trauma based care which will help progress access to addictions clinical psychology.
- GPWSI continue to work with PC to develop further interaction. Atm,PC unable to offer a shared MAT service.



CLINICAL PRIORITY 4 - SUPPORTING INDEPENDENCE FOR PEOPLE LIVING WITH LONG-TERM CONDITIONS

Areas we have seen improvement::

- Provision of Winter vaccinations in line with national policy and targets.
- Screening uptake targets reached for early cancer detection
- Reduction in rate of falls in older people population.
- The percentage of telecare users who have switched to digital from analogue is increased.
- Unmet need hours of Care at Home provision are reduced.
- Number of service users receiving care at home support is increased.

Areas of improvement:

- Plan for smoking cessation in development following options appraisal. Begin to plan for additional elements which are protection and prevention. Implementing type 2 Diabetes framework through multiagency steering group, which includes ensuring core data set is recorded
- Meet with GP Sub-Committee to scope CTAC service which can be delivered within current financial envelope. Meeting has taken place; current financial envelope will not allow for delivery of equitable CTAC for all of population



NHS Orkney

Meeting:	NHS Orkney Board Meeting
Meeting date:	Thursday, 26 October 2023
Title:	NHS Orkney Anchor Strategic Plan
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Louise Wilson, Director of Public Health, Hannah Casey Public Health Manager

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Annual Operation Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the annual delivery plan health boards were asked to produce an Anchor Strategic Plan. This plan has been created to dovetail wherever possible with work being undertaken through the annual or medium-term plan. NHS Orkney as an anchor institution can contribute to the local community beyond the delivery of health care.

2.2 Background

The NHS has promoted the concept of Anchor Institutions and where possible the NHS Orkney plan has aligned with community wealth building, which is considered in the Orkney Community Planning Partnership.

2.3 Assessment

The plan has been developed using national guidance and best practice. A local assessment with a range of individuals has been undertaken to gauge where we need to focus activity most. A baseline dataset is being considered by Scottish Government and will be incorporated when available.

2.3.1 Quality/ Patient Care

Taking an anchor approach will benefit the population.

2.3.2 Workforce

Elements of the plan support staff health and wellbeing.

2.3.3 Financial

Aspects of procurement are considered in the plan, and the opportunity for increasing our sustainability. There are no specific costs identified.

2.3.4 Risk Assessment/Management

No specific risk assessment has been undertaken. Where possible actions reflect those already committed to by the board.

2.3.5 Equality and Diversity, including health inequalities

Anchor plans support the Fairer Scotland Duty and focus on gaining additional value for the community from the Board's activities. An impact assessment has not been completed.

2.3.6 Climate Change Sustainability

A section of the plan addresses broad sustainability issues.

2.3.7 Communication, involvement, engagement, and consultation

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

- Highlighted at the Sustainable Delivery Group of the CPP that work was underway on the plan

2.3.8 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.

- Scottish Government guidance circulated 22 June 2023
- Presented to Sustainability Steering Group 12 July 2023
- Senior Leadership Team 18 September 2023
- Senior Leadership Team 17 October 2023

2.4 Recommendation

The Board is asked to **APPROVE** the final submission

- **Approval-** For final approval

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 NHS Orkney Anchor Strategy Plan



NHS Orkney Strategic Anchor Plan 2023-2027



Contents

NHS Orkney as an anchor institution	3
Context – where are we now?	6
Strategic intent – where do we want to be?	10
Strategic actions – how will we deliver the strategic intent?	11
Metrics	17
Governance and Reporting	18
References	20

NHS Orkney as an Anchor Institution

NHS Orkney aims to improve health and reduce health inequalities. As a health board we are able to have a wide influence on our local community by the actions we take to achieve those aims.

We live in a world where there is over-pressure on natural resources, climate change and current economic development is challenged to balance sustainable economies whilst also recognises the importance of ensuring population wellbeing. Economic models which take this into account are becoming more popular (Raworth 2017).

This is reflected in the internationally developed United Nations (UN) Sustainable Development Goals, published in 2015 <https://sdgs.un.org/goals>.



The National Performance Framework is Scotland's way of localising the Sustainable Development Goals <https://nationalperformance.gov.scot/what-it>.



Scotland's National Strategy for Economic Transformation (2022) sets out the Scottish Government's approach to this challenge and the development of a well-being economy.

Community Wealth Building (EDAS, 2023) is a practical, place-based approach to local economic development which retains and redirects more wealth into the local economy; aiming to improve economic opportunities, empower communities and create environmentally sustainable local economies. The five key pillars address spending, workforce, land and property, inclusive ownership and finance.

Anchor organisations, which are organisations with a significant presence and stake in the local community, are key to advancing and enabling Community Wealth Building (EDAS, 2023).

There are five ways in which NHS organisations act as anchor institutions identified by The Health Foundation (2019) and these have influenced other anchor guidance. NHS Orkney can act as an anchor institute through:



Employment: - NHS Orkney can act to improve access to employment opportunities within Orkney and support the health and wellbeing of its staff through good employment conditions and by providing positive working environments (PHS, 2023 and The Health Foundation, 2019).



Procurement and Commissioning: - NHS Orkney procuring and commissioning more local goods and services can have an important economic impact. Purchasing decisions can also produce wider

social benefits (The Health Foundation, 2019).



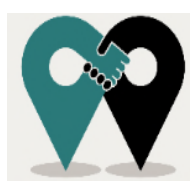
Capital and estates (Environment, Sustainability and Assets):-

NHS Orkney can use its physical assets to support broader social, economic and environmental aims as well as provide opportunities for community social interactions (The Health Foundation, 2019).



Service design and delivery (including environmental impact):-

NHS Orkney must take action to support responsible consumption and waste reduction. NHS Orkney can reduce inequalities through design and delivery of core service to reach and benefit disadvantaged communities (PHS, 2023 and The Health Foundation, 2019).

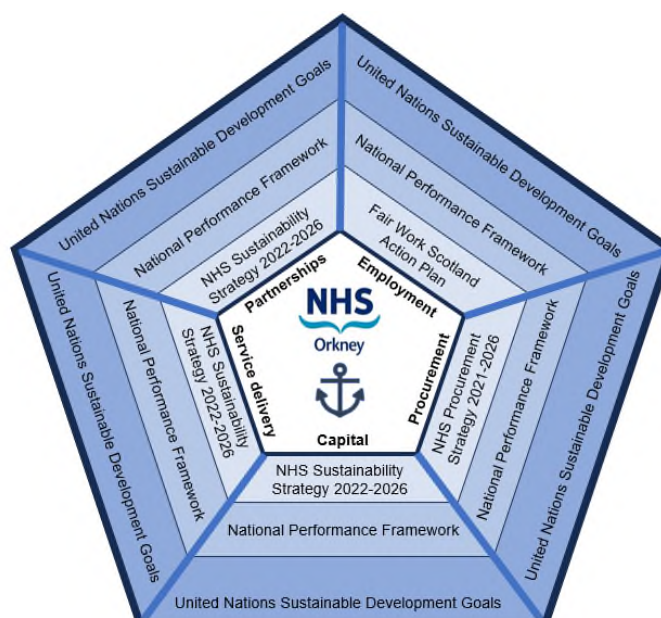


Working in partnership (to become an exemplar anchor institute):-

NHS Orkney can accelerate progress to community benefit from anchor institutions by working collaboratively with other NHS organisations and other anchor organisations in our local area (The Health Foundation, 2019).

Implementation of strategic action relating to NHS Orkney as an anchor organisation will support the organisation to contribute to the wider driving policies at a national and international level within these five key areas as demonstrated in the Figure below.

Figure 1: Policy links to NHS anchor five key areas.



Strategic action to improve NHS Orkney’s ability as an anchor organisation will contribute to NHS Orkney’s aims which are:

- To Optimise Health
- To Optimise Care
- To Optimise Cost

Context – Where are we now?

NHS Orkney commits in the 'Plan on a Page 2023/24', that sustainability must be a goal to strive for, not only environmentally but also financially and from a workforce perspective. NHS Orkney recognises that there are profound challenges that will require consistent and multi-year efforts to achieve sustainability. Some of these challenges may include the limits of control that NHS Orkney holds over some anchor elements such as procurement, which relies on national level procedures. Another is staff recruitment where there are challenges within a remote island board exacerbated by the pressures on the organisation and staff post COVID-19 pandemic and in the current financial pressures. However, NHS Orkney has some opportunities in relation to becoming an exemplar anchor organisation as it is already a community based and community focussed organisation which has a new healthcare facility and resource to de-carbonise activities in place.

To understand the current position in NHS Orkney as an anchor organisation, a questionnaire from the 'Harnessing the Power of Anchor Institutions: A Progression Framework for Scottish Organisations (2023)' was distributed to key staff in relevant areas. The results were used to give a general overview of NHS Orkney's performance against the five ways in which an NHS organisation can act as an anchor institution.



Employment

The questionnaire results from the employment section of 'Harnessing the Power of Anchor Institutions', suggested that in relation to recruitment there are opportunities to further develop use of workforce data, demographics, and recruitment methods to proactively provide equality of opportunity and maximise scope for local people to secure good jobs including those from underrepresented or disadvantaged groups. The results suggested that NHS Orkney works positively with apprenticeships, offering and has an ethos of investment in the future workforce including the promotion of work experience. Additionally, NHS Orkney is suggested to have embedded flexible working across the organisation. In relation to pay, the results indicate that NHS Orkney provides a standard package in place which includes local and national non-pay benefits as well as providing money/welfare advice availability to all staff, when required. There are perhaps opportunities to develop further proactive promotion of money and welfare advice to lower-paid staff and explore other innovative approaches. NHS Orkney is not accredited by Living wage Scotland but is acknowledged in the questionnaire as paying the Real Living Wage. NHS Orkney's commitment to lower-paid staff reaching their potential was demonstrated in the questionnaire in relation to training, development and fair work principles; however it was clear this may benefit from a more structured approach.

9.4.1

The average results from each area are shown below:

Area (under Employment section)	Average score (1-4, 1 is least performing, 4 is most performing)
Workforce data	2
Recruitment data	3
Pay	3
Lower paid staff reaching their potential	3
Supporting mental and physical health	3
Working with other local employers and employability partners	3
Overall for Employment section	3



Procurement and commissioning

In the area of procurement and spending, NHS Orkney is reported to annually analyse local spend using consistent methodology. In addition to this, NHS Orkney is identified as making efforts to enable and engage local suppliers in their supply chains although it is identified that there could be innovative opportunities to further develop this further.

Delivering social value to the community, employees and the environment through procurement is supported by NHS Orkney. This includes clear community benefit goals and communication of social value requirements in contract information however, it is identified that a more systematic application of this would be beneficial.

The average results from each area are shown below:

Area (under Procurement and Commissioning section)	Average score (1-4, 1 is least performing, 4 is most performing)
Procurement and spending	3
Value for community, employees and the environment	3
Procurement of new infrastructure in ways to deliver social value	3
Overall for Procurement and Commissioning section	3



Capital and estates (Environment, Sustainability and Assets)

NHS Orkney is identified as having implemented credible and effective approaches that reduce emissions with significant environmental policies, actions and monitoring in place including actions to reduce waste and pollution. It was noted that some plans are in the process of implementation. NHS Orkney has an electric vehicle fleet as well as implementing incentives to encourage active travel such as bike parking and cycle to work schemes. The new build hospital, the Balfour employs building standards to enhance environmental performance.

The average results from each area are shown below:

Area (under Capital and Estates section)	Average score (1-4, 1 is least performing, 4 is most performing)
Adopting stretching environmental policies, targets and management systems	3
Energy, resource use, waste and pollution	2
Transport and the built and natural environment	3
Maximising community use and engagement for land, buildings and other assets	3
Overall for Capital and Estates section	3



Service design and delivery (including environmental impact)

Through the survey, it was noted that NHS Orkney has a commitment to designing and delivering services that reach and benefit disadvantaged or marginalised communities. This is achieved through understanding of our community and application to service design by embedding joint working. Further work to ensure meaningful engagement with both community and staff to explore innovative opportunities may be beneficial. In addition to the wider community, NHS Orkney has built links with local schools, colleges and universities and has some support mechanisms for local business to support development.

9.4.1

The average results from each area are shown below:

Area (under Service Design and Delivery section)	Average score (1-4, 1 is least performing, 4 is most performing)
Services that reach and benefit disadvantaged or marginalised communities	3
Partnership working	3
Supporting local communities	3
Overall for Service Design and Delivery section	3



Working in partnership (to become an exemplar anchor institute)

NHS Orkney was considered to have some corporate leadership commitment to application of anchor principles in decision making across corporate leadership, however this was considered an area in which a more embedded approach would be beneficial. Building stronger connections with partners, both in the community and peer partners, to support collaboration and learning could be beneficial to champion NHS Orkney as a lead, influencer and partner to embed benefit to the community as an anchor institution.

Area (under Working in Partnership section)	Average score (1-4, 1 is least performing, 4 is most performing)
Embedding of inclusive 'anchor actions' and 'thinking' into organisational leadership	2
Acting as a 'champion' for anchor collaboration with other organisations	2
Overall for Working in Partnership section	2

Strategic Intent – Where do we want to be?

NHS Orkney recognises the key role it can play as an anchor institution. Being clear on our strategic intent will enable staff to work together, and with partners on a collaborative vision. The strategic intent encompasses the five ways in which an NHS organisation can act as an anchor institution as set out below.



NHS Orkney will provide fair work and employment opportunities through:

- Recruitment
- Providing fair pay and conditions
- Providing opportunities for training, development and progression
- Making physical and mental wellbeing of staff a priority
- Partnering with other local organisations (PHS, 2023)



NHS Orkney will increase social value within its procurement processes through:

- Developing local supply chains
- Including social value considerations in all contracts (PHS, 2023)



NHS Orkney will have a positive impact on the environment through:

- Adopting stretching policies, processes, targets and management systems
- Enhancing impacts relating to transport and the built and the natural environment
- Designing and managing land, buildings and other assets to maximise local and community benefits (PHS, 2023)



NHS Orkney will design and deliver services to reduce inequalities and ill health through:

- Designing and delivering core services to reach and benefit disadvantaged communities
- Working with community organisations
- Contributing knowledge, resources, data and expertise to support the local economy, businesses and education (PHS, 2023)
- Use Net Zero as a driver for change in models of care (NHS Orkney Plan on a Page 2023/24).



NHS Orkney will become an exemplar anchor institution through:

- Committing to being an inclusive anchor institution (PHS, 2023)
- Using the Clinical Strategy, Workforce Plan and Financial Sustainability Plans to inform and shape decisions (NHS Orkney Plan on a Page 2023/24).

Strategic Actions – How will we deliver the strategic intent?

NHS Orkney will utilise its annual delivery plan and medium-term plan, along with the clinical strategy implementation to outline key actions that it will take which will help deliver on the anchor ambitions. These plans already are considered in our governance structure, being scrutinised by the board.

Key to delivery for the Orkney community will be continued working in partnership with other anchor institutions like Orkney Islands Council. The forum in which this will take place is our local Community Planning Partnership. The partnership in its 2023/30 plan (OCP 2023) has adopted the following priorities:

1. Sustainable development – supporting community wealth building and achieving Net Zero by 2030
2. Cost of Living Crisis – and tackling the underlying causes of poverty
3. Local equality – so residents in all parts of Orkney have equal opportunities.

The Community Planning Partnership and its themed priorities provide natural links to the local employability partnership and other anchor institutions. It also enables cross organisation discussion around a ‘prevention’ public health approach, contribute to community wealth building and address poverty including child poverty.



Commitment - NHS Orkney will provide fair work and employment opportunities.

The organisation will achieve this through completion of the following actions:

Recruitment

- 1) Introduce a planning hub that will incorporate workforce planning into the broader organisational planning cycle. This will ensure alignment and encourage a collaborative approach, including financial planning to develop in-year and medium-term annual delivery plans.
- 2) Develop a suite of workforce planning/succession planning training and roll out to complement the introduction of NHS Orkney’s planning cycle.
- 3) Continue to develop the NHS Orkney Workforce reporting to provide better data for area leads and provide a platform for data-informed workforce planning.
- 4) Continue expanding local recruitment engagement, developing an annual calendar of engagement events including schools, colleges, job centres and other maximum participation local events.
- 5) Continue to build the relationship with Herriot-Watt University and Orkney College to become the provider of choice for NHS Orkney Graduate

9.4.1

- apprenticeships, utilising the work and learn at home opportunity to provide hiring managers with an alternative approach to recruiting to certain posts.
- 6) Develop the profile of NHS Orkney on recruitment platforms and track its impact. Embed National JobTrain development tools to reach additional candidates across social media platforms.
 - 7) Enhance attraction of remote and rural roles through further promotion of all NHS benefits, including the health and wellbeing offering.
 - 8) Work with Orkney College to provide placements for access to nursing work with areas to provide Foundation apprenticeship opportunities.
 - 9) Trial pathways to Modern Apprenticeship opportunities to mitigate future workforce demands and ease supply pressures by providing a robust on the job learning route.
 - 10) Implement volunteering opportunities across the organisation, using the learning from other NHS Boards and local volunteering groups.
 - 11) Continue to participate in Supporting Armed Forces Employment (SAFE) Programme in partnership with NES to support NHS Orkney to become an employer of choice.
 - 12) Create and embed pathways for unrepresented groups in workforce development including supporting the diversification of the workforce.
 - 13) Embed national retire and return policies to ensure continuation of employment/flexible working opportunities whilst retaining expertise.

Providing fair pay and conditions

- 1) Invest in workforce development to support the delivery of Fair work first-Working in collaboration with the Local Employability Partnership (LEP).

Providing opportunities for training, development and progression

- 1) Ensure succession planning is embedded into service area development by developing tools to assist managers.
- 2) Undertake an organisational training needs analysis to identify the training requirement across the organisation to aid workforce analysis, succession planning and service delivery.
- 3) Develop management and Leadership opportunities across the organisation including a management induction programme.

Making physical and mental health of staff a priority

- 1) Increase understanding of organisational values, to support the development and implementation of NHS Orkney's culture and workforce plan.
- 2) Proactively promote money and welfare advice to lower-paid staff.

Partnering with other local organisations

9.4.1

- 1) Support the development of NHS Orkney as an Anchor institute, by continuing relationship building with our Local Employability Partnership and providing support to future task and finish groups established by the Scottish Government.

The fair work and employment opportunities strand of work will initially be prioritising the development of a suite of workforce/succession planning training. Additionally, trialling Modern Apprenticeship pathways and continuing to build the relationship with Further Education providers to become the provider of choice for NHS Orkney Graduate Apprenticeships will be a priority over the next three years.



Commitment - NHS Orkney will increase social value within its procurement processes.

The organisation will achieve this through completion of the following actions.

Developing local supply chains

- 1) Routinely monitor/analyse local spending.
- 2) Review and adapt internal procurement policies to increase spend with local/target populations where possible.

Including social value considerations in all contracts

- 1) Ensure social value and community benefit goals are given adequate weighting in all regulated procurements.
- 2) Embed anchor employment including Fair Work First and sustainability priorities into social value requirements in all regulated procurements.
- 3) Support the Community Benefits Portal.

The initial priority anchor work within Procurement has been that NHS Orkney Procurement and Public Health Departments are working in conjunction with Voluntary Action Orkney to set up Orkney participating in the Scottish Community Benefits Portal. The next steps for this work are to ensure adequate promotion of this following a soft launch with local stakeholders.



Commitment - NHS Orkney will have a positive impact on the environment.

The organisation will achieve this through completion of the following actions.

Adopting stretching policies, processes, targets and management systems

- 1) Work to continue to remove the use of nitrous oxide and the removal of the nitrous oxide in manifolds.
- 2) Develop emission reduction action plan in conjunction with Scottish Government.

9.4.1

- 3) Develop standardised waste categorisation guidelines to classify different types of waste consistently across all healthcare facilities. This will help in accurate data reporting and enable better waste management strategies.
- 4) Audits and Reviews: Perform regular audits and reviews of waste management processes to identify areas for improvement and to validate the accuracy of data collected. These audits will help in detecting any discrepancies and ensuring compliance with waste regulations.
- 5) Implement recycling and waste reduction initiatives across healthcare facilities. This will involve educating staff and patients about waste segregation and recycling programs to divert a significant portion of waste from landfills.
- 6) Invest in modern waste management infrastructure, including advanced waste disposal technologies that can safely handle clinical waste and minimize its impact on the environment.
- 7) Conduct comprehensive training sessions for healthcare staff involved in waste management to ensure they understand the importance of accurate data collection and how it aligns with national and local waste targets. Raising awareness among staff will encourage responsible waste disposal practices.
- 8) Implement a robust data collection and monitoring system to accurately track the generation, handling, and disposal of waste across all healthcare facilities within the Health Board. This system will be designed to capture data on various waste types, including clinical waste.

Enhancing impacts relating to transport and the built and natural environment

- 1) Additional EV charging points have been fitted throughout the NHS Orkney estate through grant funding.

Designing and management land, buildings and other assets to maximise local and community benefits

- 1) Work closely with local authorities to align waste management efforts and ensure a coordinated approach in meeting national waste targets.

NHS Orkney in relation to having a positive impact on the environment has already focussed, and is currently moving forward, on actions relating to waste as a priority.



Commitment - NHS Orkney will design and deliver services to reduce inequalities and ill health.

The organisation will achieve this through completion of the following actions.

Designing and delivering core services to reach and benefit disadvantaged communities

9.4.1

- 1) Work with local partners and PHS list teams in data gathering and needs assessments to understand local needs, issues and hard to reach groups and how this changes over time.
- 2) Work with partners (locally and nationally) on specific targeted projects to reduce inequalities in key areas e.g. screening and vaccination uptake.

Working with community organisations

- 1) Work with community planning partners to tackle poverty including child poverty and fuel poverty.
- 2) Develop the use of community engagement tools such as the National Standards for Community Engagement.

Contributing knowledge, resources, data and expertise to support the local economy, businesses and education

- 1) Work with community planning partners to develop strong connections with local businesses, third sector or community groups to help them innovate or otherwise support their success.

Use net zero as a driver for change in models of care

- 1) Implement NHS Orkney's clinical strategy.
- 2) Continue conversion of fleet to electric vehicles.
- 3) Decarbonise primary care buildings via Energy Efficiency Programme Board.
- 4) Develop Green Theatres action plan.

Within designing and delivering services to reduce inequalities and ill health, the initial priorities for delivery under this plan will include decarbonisation of Primary Care buildings, continuation of the programme to convert NHS Orkney's fleet to electric vehicles and to develop the Green Theatres action plan. Work with partners to tackle poverty, including child poverty will also be a key focus.



NHS Orkney will become an exemplar anchor institution.

The organisation will achieve this through completion of the following actions.

Committing to being an inclusive anchor institution

- 1) Work with the community planning partnership and the sustainable delivery group to create and develop strong place-based partnerships with other local organisations.
- 2) Work with the community planning partnership on local community wealth building plans.
- 3) Join partnership with other health anchors at multiple levels-place, system, region and nationally.

9.4.1

- 4) Support anchor work internally and build support including inclusion in NHS Orkney's mission and vision.

Using the Clinical Strategy, Workforce Plan and Financial Sustainability Plans to inform and shape decisions

- 1) Ensure commitment at senior level to use the Clinical Strategy, Workforce Plan and Financial Sustainability Plans to inform and shape decisions.

The priority area over the next three years for NHS Orkney in achieving the ambition to become an exemplar anchor institution will be to work with the Orkney community planning partnership to develop/foster strong place-based partnership with a focus on community wealth building.

Metrics

Scottish Government is working on a set of metrics to measure NHS Boards' performance as anchor institutions. These metrics are not currently released and will be used to measure our progress when available.

Governance and Reporting

This plan has been developed in a relatively short timeframe, from July 2023 till October 2023. However, activities to improve NHS Orkney's capability as an anchor within the community are ongoing within the organisation. Therefore, this plan has set out to engage staff across NHS Orkney to capture the areas of performance and areas which could benefit from further strategic level leadership. The plan will continue to evolve and be refined over time. This plan has been approved through governance procedures within NHS Orkney as shown in the approval timeline below.

Anchors Strategic Plan Timetable 2023/24

Lead Director	Director of Public Health
Author(s)	Planning, Performance and Risk Manager Public Health Manager
Date 2023	
22 June	SG Guidance circulated
12 July	Pack issued to Sustainability Steering Group members with Guidance regarding Anchors Strategic Plan, and Self-Assessment
20 July	Meet with Sustainability Steering Group to discuss SG Guidance and Self-Assessment to agree way forward, to include governance arrangements and key partnerships
21 July and 18 August	Self-Assessment questionnaire to be completed by services via Forms
21 August and 28 August	Review of responses and clarification meetings if required to be carried out
29 August and 8 September	Prepare Strategic Plan based on the baseline information, the governance arrangements and key partnerships as agreed via Sustainability Steering Group
19 September	Present Draft Anchor Strategic Plan to Senior Leadership Team (papers to be submitted 12 September) Further presentation to Senior Leadership Team in October
October	Present Anchor Strategic Plan to Board
27 October 2023	Submit plan to Scottish Government

9.4.1

The governance structure within NHS Orkney to monitor the implementation of this strategic plan is outlined as follows:

Executive lead	Director of Public Health
Governance committee	Board
NHS Orkney board reporting frequency	6 monthly

References

- EDAS (2023) Implementing Community Wealth Building: A Guide. [Community Wealth Building Scotland | EDAS](#)
- Fair Work Scotland Action Plan <https://www.gov.scot/publications/fair-work-action-plan-becoming-leading-fair-work-nation-2025/>
- National Performance Framework <https://nationalperformance.gov.scot/national-outcomes>
- NHS National Procurement Strategy 2021-2026 [NHS NSS National Procurement Strategy 2021 - 2026](#)
- NHS Orkney (2023) NHS Orkney Plan on a Page 2023/24 [https://www.ohb.scot.nhs.uk/plan-page#:~:text=The%20year%20ahead%20\(2023%2F24,of%20working%20at%20NHS%20Orkney.](https://www.ohb.scot.nhs.uk/plan-page#:~:text=The%20year%20ahead%20(2023%2F24,of%20working%20at%20NHS%20Orkney.)
- NHS Sustainability Strategy 2022-2026 <https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/>
- OCPP (2023) [orkney-community-plan-2023-30.pdf](#)
- PHS (2023) Harnessing the power of anchor institutions: a progression framework for Scottish organisations. Public health Scotland: Edinburgh.
- Raworth K. (2017) A Doughnut for the Anthropocene: humanity's compass in the 21st century. Comment. *The Lancet* 1(2):E48-E49. [A Doughnut for the Anthropocene: humanity's compass in the 21st century - The Lancet Planetary Health](#)
- Scotland's National Strategy for Economic Transformation (2022) <https://www.gov.scot/publications/scotlands-national-strategy-economic-transformation/>
- The Health Foundation (2019) Building healthier communities: the role of the NHS as an anchor institution. https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution?gclid=EAlaIQobChMIi5PZ1PqrgAMVz-rtCh2CWwnXEAAAYASAAEgKJ3_D_BwE
- The Health Foundation (2023) How strong is your anchor? A measurement toolkit for Health Anchors. [UCLP-health-anchor-measurement-toolkit-compressed.pdf \(pcdn.co\)](#)

9.4.1

United Nations Sustainable Development Goals

<https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Infection Prevention & Control HAIRT
Responsible Executive/Non-Executive:	Sam Thomas, Director of Nursing, Midwifery and Allied Health Professionals and Acute Services
Report Author:	Sarah Walker, Infection Control Manager

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 NHS Scotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

The Board are asked to note the information contained in the Healthcare Associated Infection Reporting Template (HAIRT) and note the progress

against nationally set HAI reduction targets, any incident reports or emerging issues.

Quarter 3 LDP figures are included within this HAIRT, however, the Board should be aware that investigations are still ongoing for one case to date.

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

In this quarter Escherichia Coli bacteraemia (ECB) cases have increased with the majority being hepatobiliary in nature, no commonalities can be identified within these and all are currently community cases.

The team continue to support Department Leads and deputies, etc., where dress code is not as per policy. The team also raising awareness across all groups that a bare-below-the-elbow requirement is mandatory for hand hygiene compliance in clinical areas. It is hoped that with the review, update and issue of the Dress Code Policy, will empower staff to have a “kind to remind” message for others within their area. IP&C quality assurance and ongoing support to secondary, primary and community care settings continues.

IP&C quality assurance and ongoing support to secondary, primary and community care settings continues.

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 Climate Change Sustainability

The IPCM and an IPCN have now been invited to be part of the NHS Orkney Sustainability Group. The IPCM also attended a national Sustainability webinar hosted by NES for the colleagues who have completed Quality Improvement courses through NES.

2.3.4 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.

3 List of appendices

The following appendices are included with this report:

- HAIRT Report



NHS Orkney

Infection Prevention & Control HAIRT Report

October 2023

Created By:

Sarah Walker

Infection Control Manager

Contents

Report Summary – 05

Staphylococcus aureus bacteraemia (SAB) – 06

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Domestics and Estates Environmental Scores – 09

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IP&C Covid Update, Care Home Support, Exception Reporting to SG – 13



2 Report Summary

2.1 Situation

Quarter 3 LDP figures are included within this HAIRT, however, the Board should be aware that investigations are still ongoing for one case to date.

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

In this quarter *Escherichia Coli* bacteraemia (ECB) cases have increased with the majority being hepatobiliary in nature, no commonalities can be identified within these and all are currently community cases.

The team continue to support Department Leads and deputies, etc., where dress code is not as per policy. The team also raising awareness across all groups that a bare below the elbow's requirement is mandatory for hand hygiene compliance in clinical areas. It is hoped that with the review, update and issue of the Dress Code Policy, will empower staff to have a "kind to remind" message for others within their area.

IP&C quality assurance and ongoing support to secondary, primary and community care settings continues.

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)

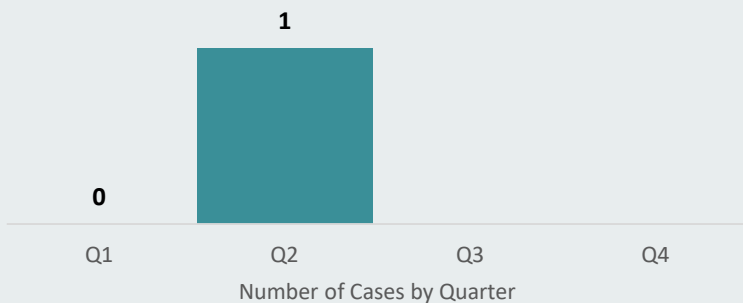
Surveillance is in combination with the Leading Clinician to identify the underlying cause and any risk factors. The LDP Standards is set for Orkney at 3 per year, with the expectation that the aim is to achieve **zero** where possible.

Currently, there is one SAB confirmed for Quarter 2, which was considered a community case. There are no cases to date for Quarter 3.

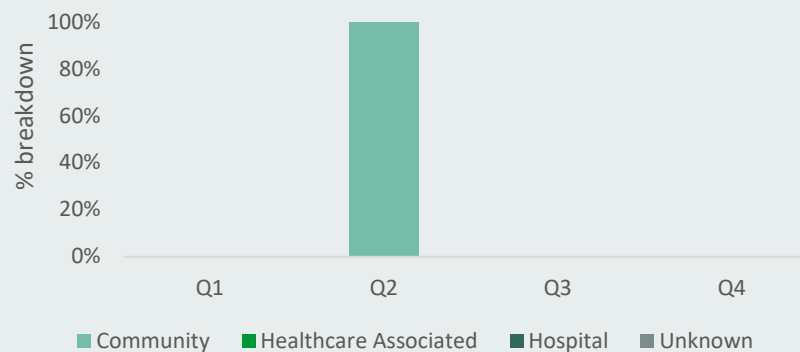
Dashboard

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

SAB numbers Jan - Dec 2023



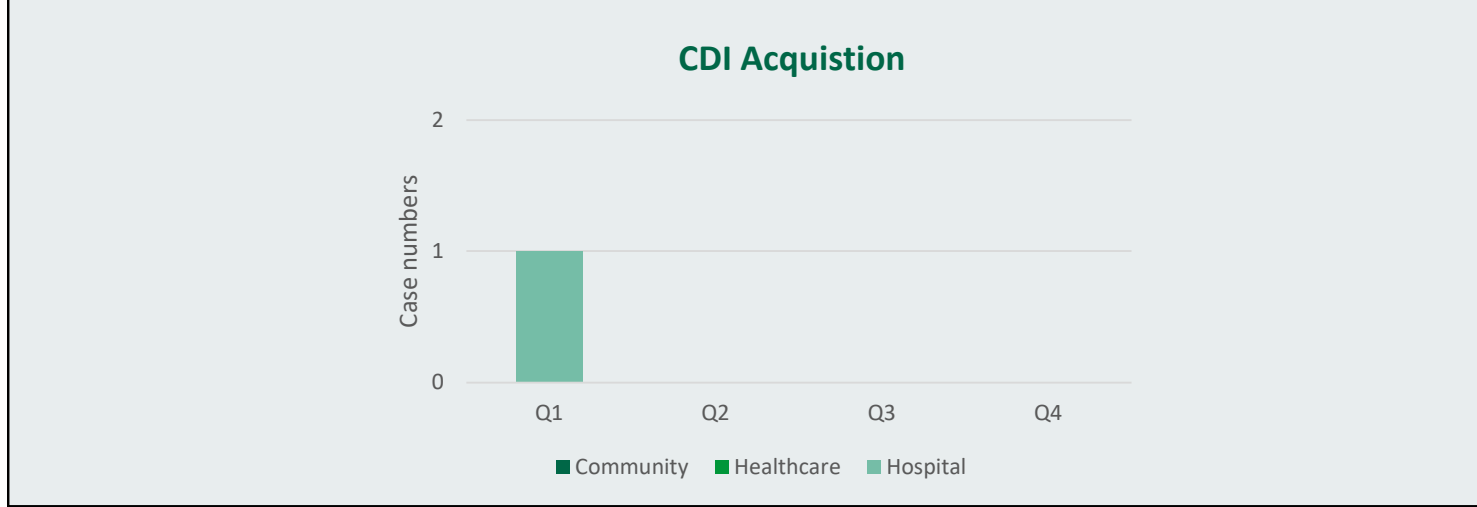
SAB Acquisition



Clostridiodes difficile Infection

Clostridiodes 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. To date for LDP Standard year 2023, one case has been attributed to hospital. Therefore, has received care in the preceding 12 weeks. Quarter 3 has seen a couple of cases of Clostridiodes difficile investigated which did not meet the case definition. Teaching sessions will be made available to clinicians.

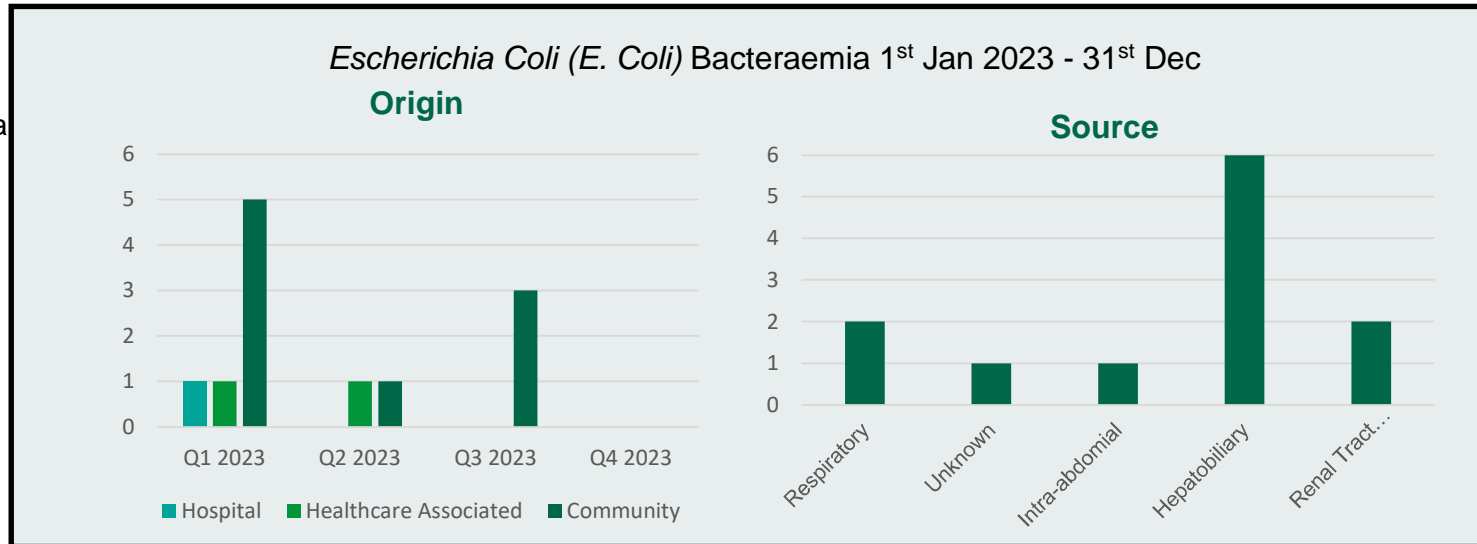
LDP Standard 1st Jan 2023 - 31st Dec 2023 for *Clostridiodes difficile* Infection – LDP Standard target 3



E. Coli Bacteraemia

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

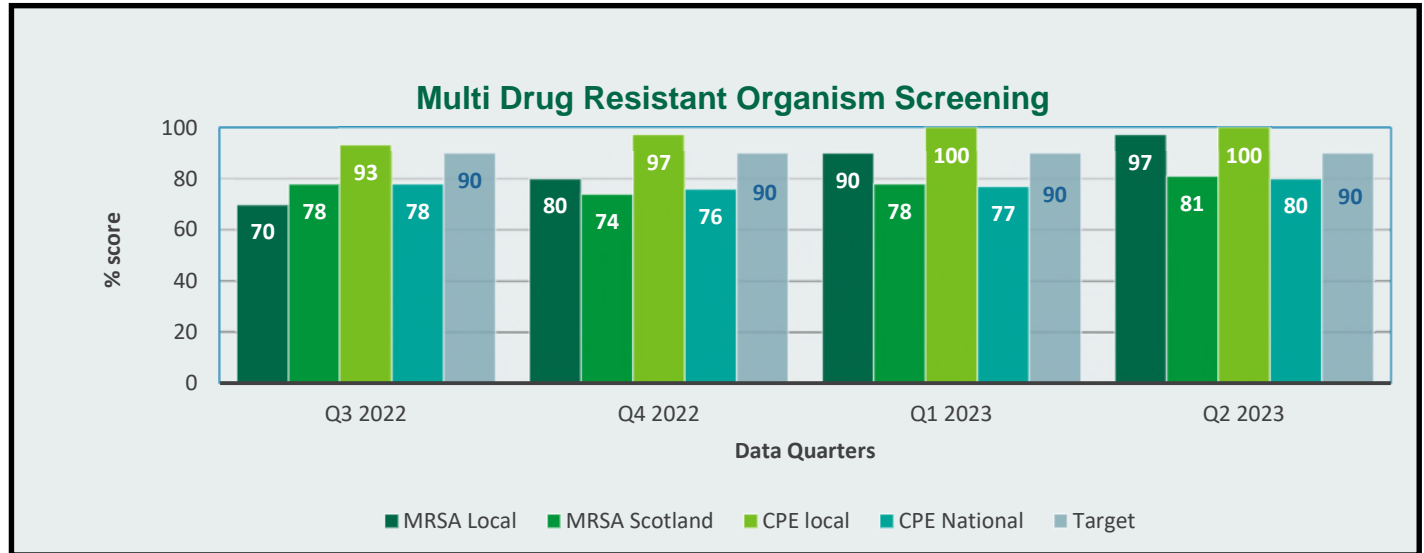
Quarter 3 has seen a slight increase in cases, and there is currently one case for Quarter 3 still under investigation and therefore not included in this HAIRT. Most cases are presenting with underlying hepatobiliary symptoms, but no commonalities can be identified.



Multi Drug Resistant Organism (MDRO) National Screening

An update to national data has been received since the last HAIRT, with data now available for Quarter 2. Local data collection has demonstrated ongoing improvement.

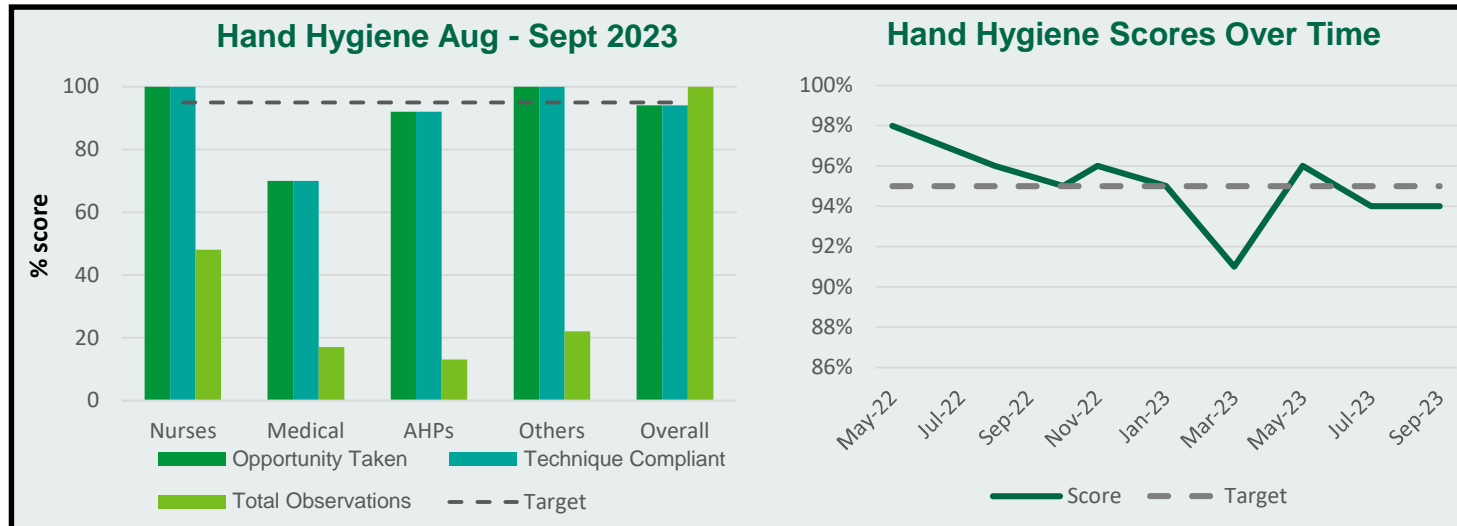
Screening target remains **90%**



Hand Hygiene

Bare below the elbows (BBE) is an ongoing challenge in clinical areas and reflects the audit results. The IP&C team raise this on a daily basis, both with the individuals and remind the Department Leads that staff need to be BBE when in the clinical areas and to support this on an ongoing basis.

So that staff are fully sighted on why dress code and bare below the elbows is important. Currently the hand hygiene score is 94%. A total of 100 observations were undertaken.

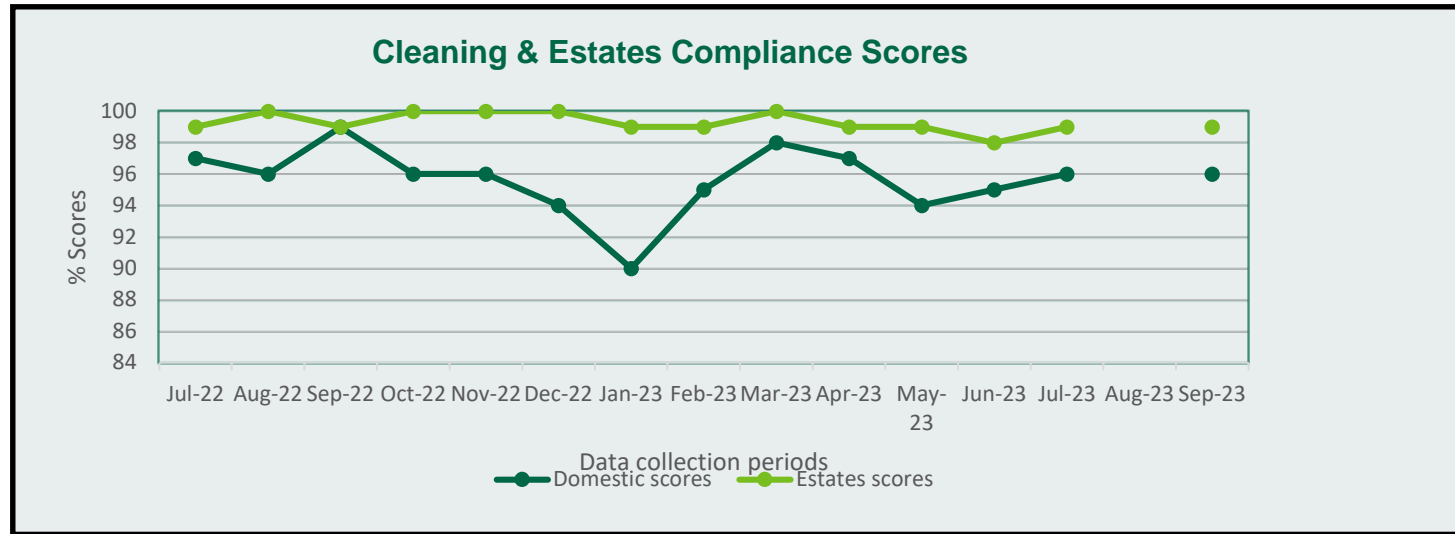


Local Domestic and Estates

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.

The National Domestic/Estates Monitoring tool had IT issues throughout August therefore there is no data available for this month.



National Domestic and Estates Environmental Scores

National data is now available for HFS Quarter 1 (April-June 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.

Quarter 1 2023-24 - Domestic and Estates Services

Non-Territorial Boards	Health Board & Zones	Domestic Result	Estates Result
	NHS Scottish Ambulance Service	96.7	95.1
	East Central Region	98.5	93.5
	North Region	96.2	94.8
	South East Region	99.1	98.4
	West Region North	96.2	94.8
	West Region South	96.2	95.8
	NHS State Hospital	96.8	99.5
	NHS Golden Jubilee	98.0	98.0
	NHS NSS – SNBTS	93.5	96.2

Health Board & Zones	Domestic Result	Estates Result
NHS Highland	94.6	98.2
A&B CHP	95.6	97.8
New Craigs	98.2	98.1
North and West Highland	95.1	94.2
Raigmore	93.4	99.8
South & Mid Highland	97.7	98.7

Health Board & Zones	Domestic Result	Estates Result
NHS Shetland	95.8	99.8

Health Board & Zones	Domestic Result	Estates Result
NHS Orkney	95.1	99.4

Health Board & Zones	Domestic Result	Estates Result
NHS Western Isles	95.7	99.0

Health Board & Zones	Domestic Result	Estates Result
NHS Grampian	93.2	93.0
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.0	94.2
Aberdeen Royal Infirmary	93.3	93.7
Aberdeenshire North & Moray Community	94.6	91.3
Aberdeenshire South & Aberdeen City	91.7	91.8
Dr Grays Hospital	93.9	92.5
Foresterhill Campus	93.5	92.0
Royal Cornhill Hospital	91.3	93.0
Woodend Hospital	92.0	92.8

Health Board & Zones	Domestic Result	Estates Result
NHS Forth Valley	95.3	93.4
Bells'dyke	94.6	85.2
Bo'ness	94.3	92.6
CCHC	95.1	96.1

Health Board & Zones	Domestic Result	Estates Result
NHS Tayside	95.4	99.2
Brechin-Montrose-Links	97.5	99.4
Kings Cross Community	97.7	97.3
Kingsway Care Centre	95.9	99.2

Falkirk Community Hospital	95.1	88.1
FV North Sector	95.4	94.9
FV South Sector	95.6	93.5
FVRH	95.5	94.2
SCH	94.4	95.1

Health Board & Zones	Domestic Result	Estates Result
NHS GGC	94.8	94.9
Admin Bases	95.9	99.8
Hospitals	94.8	94.4
East Dunbartonshire HSCP	95.9	96.4
East Renfrewshire HSCP	96.1	99.4
Glasgow City HSCP - North East Sector	94.3	98.9
Glasgow City HSCP - North West Sector	94.9	99.6
Glasgow City HSCP - South Sector	95.5	99.2
Inverclyde HSCP	94.3	93.2
Renfrewshire HSCP	96.3	99.5
West Dunbartonshire HSCP - Lemond	95.8	95.9
PFIs and SPS Services	88.9	99.3

Health Board & Zones	Domestic Result	Estates Result
NHS Lanarkshire	96.1	96.3
Helmies	97.0	97.9
Monklands	95.1	93.3
North	97.2	97.6
South	98.2	98.4
Wishaw	95.6	96.6

Health Board & Zones	Domestic Result	Estates Result
NHS Ayr and Arran	95.3	97.0
East	95.6	97.4
North	94.6	97.7
South	95.3	95.9

Health Board & Zones	Domestic Result	Estates Result
NHS Dumfries and Galloway	96.1	99.2
CRH	93.9	98.8
DGRI	96.1	99.3
PCOD East	95.7	98.9
PCOD West	97.0	99.3

Health Board & Zones	Domestic Result	Estates Result
NHS Borders	95.1	97.5
Borders General Hospital	95.1	97.2
Community	95.3	98.4
Mental Health	96.4	97.1
Non-Clinical	83.7	99.5

Nnewells Hospital	94.5	99.6
Perth Royal Infirmary	95.8	100.0
Perthshire Community Hospitals & H.C	97.5	100.0
Royal Victoria Hospital	97.2	99.9
Stracathro	96.8	99.7
Strathmartine-Dunrope	95.4	99.3
Whitehills-Arbroath-Kirriemuir-Cannouvie	95.3	92.7

Health Board & Zones	Domestic Result	Estates Result
NHS Fife	95.9	96.3
Central Fife	96.9	96.1
Lyrcbank Hospital	96.7	94.9
North East Fife	93.9	98.3
Queen Margaret Hospital	96.6	94.8
Stratheden	94.6	94.7
Victoria Hospital	95.9	97.2

Health Board & Zones	Domestic Result	Estates Result
NHS Lothian	95.9	97.3
East & Mid Lothian	97.1	97.2
Edinburgh Acute	96.0	95.8
Edinburgh Community	95.1	98.5
Edinburgh Royal Infirmary	96.3	98.0
External Contractors Sites	93.8	99.2
West Lothian	95.4	96.8

Compliance Key	less than 70%	between 70% - 90%	90% or higher
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Quality Assurance

The six monthly “green” quality assurance audits have recommenced with results fed back individually to Department Leads and their deputies following audit. The IPCM met with the Allied Health Professional Leads to address the shared space of Outpatient A, this is now in hand and will hopefully address governance gap, that has been seen in recent years.

Date of last full audit	Date of last mini audit	Patient Rooms	Maty LDRP Room	Patient Treatment Areas	Patient Bay	HDU Space	Waiting, Corridors, Toilets etc	Touch Down, Equip & Corridors etc	Clean Utility & Consumables	Dirty Utility & Waste Holds	Linen	Finishing Kitchens & Lounges	Clinical Practice	Changing Room	Staff Covid Questions	
19/04/2023	04/07/2023	94%						92%	82%	82%	100%	82%	95%			
20/04/2023	20/06/2023	98%						96%	82%	91%	100%	80%	89%			
27/04/2023	01/09/2023			85%			83%		92%	82%	100%		100%			
23/06/2023	01/06/2023			80%			86%		83%	91%			100%			
20/09/2023	28/06/2023	95%	100%				100%		100%	100%	100%	100%	93%			
25/05/2023	24/03/2023			92%			100%		92%	100%			100%			
26/04/2023	06/07/2023			96%			100%		100%	91%	100%		90%			
11/04/2023	20/07/2023				96%				100%	100%	94%	94%	100%			
21/09/2023	16/06/2023			98%			100%		100%	100%	100%		100%			
19/04/2023						92%										
14/10/2021																
28/04/2023	19/07/2023			100%			100%		100%	100%	100%	100%	90%			
27/04/2023	14/07/2023			100%			100%		92%	100%	100%	90%	87%			
		Patient Placement	Hand Hygiene	Respiratory Hygiene	PPE	Management of Care Equipment	Control of Environment	Safe Management of Linen	Management of Blood, Body Fluids	Safe Disposal of Waste	Occupational Exposure	Comm, Info & Education	Staff Covid Questions			
23/03/2023	23/06/2023	100%	100%	100%	100%	90%	83%	100%	100%	100%	100%	100%	100%			
		Environmental Cleaning	Patient Environment - Anaesthetic Rooms	Patient Environment - Operating Theatres	Patient Environment - Scrub Room	Patient Environment - Recovery Room	Patient Environment - Corridor	Patient Environment - Prep Room	Prep Room	Hand Hygiene	PPE	Asepsis & Blood & Body Fluid Management	Multi Purpose Room	Patient Equipment	Dirty Utilities & Waste Holds	Linen, Staff Changing and Storeroom
18/09/2023	29/12/2022	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	100%

IP&C Covid Update

A CMO letter has been issued as an advanced notice of changes to covid testing, in health and social care, from the 30th August onwards. Patient testing for discharge to a Care Home, where patients are symptomatic, where they are considered to be eligible for antiviral treatment or testing on the advice of the IP&C or Health Protection team continues. However, symptomatic testing for staff has now been paused. Staff with respiratory symptoms and are unwell and have a high temperature are being advised to stay at home and refer to the guidance on NHS Inform. This messaging will ensure that staff are vigilant of other respiratory viruses, not just Covid-19, that can be transmitted to others. The messaging has been shared across health and social care, with a collaborative approach to ensuring symptomatic staff testing was paused on the same day in the county.

Staff Vaccinations are currently being offered and the IP&C messaging has supported and promoted vaccination to support the pause in staff testing.

Care Home Support

The Care Home and Care at home support groups meet on as needed basis now, with catch ups scheduled for any changes in guidance so information can be shared, across services.

The IP&C team continue to do drop in support visits to care homes on a regular basis, answering questions and providing up to date information to staff.

Exception Reporting to Scottish Government

No further exception reports have required submission.

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

Title of Report:	Chair's Assurance report from the JCCGC	Date of Board Meeting: 26 October 2023
Prepared By:	Steven Johnston	
Approved By:	Steven Johnston	
Presented By:	Vice-Chair of JCCGC, Rona Gold	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the JCCGC at its meeting on 3 October 2023 .		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> The Interim Director of Public Health presented a report on Child Health Surveillance and although there were areas to celebrate (such as newborn screening, vaccine uptake, breastfeeding rates, pre-school vision screening rates, etc), the proportion of children having Child Health reviews carried out has dropped significantly since the outbreak of the Pandemic, with Health Visitor staffing cited as a key reason. The JCCGC were concerned about the potential for missed diagnoses or opportunities to intervene in a timely way. This matter is compounded by long waits for S&LT and OT. The Mental Welfare Commission recently conducted an inspection and an action plan to address the recommendations is due by 02/11/23. The aim is for this action plan to be submitted to SLT and onto Board for the October meeting if timings allow. 	<ul style="list-style-type: none"> DoNMAHP+Acute is leading on a review of Clinical Policies, and work to update out of date policies is well underway. Alignment with work in other parts of Scotland helped in identifying policies which were missing locally. A process is being embedded to ensure the policies do not lapse in the future. A refreshed report on the Risks aligned to JCCGC will come forward (as for other committees) following work between the CEO and the Planning, Performance and Risk Manager.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> A new Social Work and Social Care Governance Board has been set up with the first meeting in mid-November. This group will feed into JCCGC and from there, provide assurance to the Board and IJB. Members welcomed the new addition and provided guidance on the membership and remit. The first Care at Home Assurance report was welcomed by JCCGC. Despite significant staffing pressure, the number of hours of unmet need have 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. 	<ul style="list-style-type: none"> 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 2 hours. The refreshed Quality Forum would be key to this work.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> There were two papers withdrawn, two late papers and two verbal papers which the committee will seek to improve on in the future in order to allow proper scrutiny. Due to an unforeseen clash, the start of the meeting was delayed and ran over time. 	

Area Clinical Forum Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Area Clinical Forum (ACF)	Date of Board Meeting: 26 October 2023
Prepared By:	Steven Johnston	
Approved By:	Steven Johnston	
Presented By:	N/A	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the ACF at its meeting on 06 October 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> Following discussions at today's meeting, further clarity of the role of the ACF is required: a) ADC report that the committee is not aligned to NHS Regulations with concern about Board commitment and the value of the committee; b) The areas for focus set out by SG in the ACF section of Annual Review had not been previously communicated to the ACF (across Scotland, not just Orkney). If these are our priorities going forward, some direction would be welcomed. Sessions were held recently to consult on the use of space within CSB and the short notice provided for these, made it difficult for clinical staff with patient diaries to attend. However, the ACF did share the output of a session held on the topic in 2022. The ACF welcomed work to bring Clinical policies up to date at speed however suggested that policy development deadlines should take account of the advisory committee meetings to allow meaningful contribution. The informed consent policy was an example which needs time and careful consideration, as it is linked to SAER recommendations. The position of Vice-Chair remains vacant with no expressions of interest to date. The Chair has recently been appointed Director of Dentistry. 	<ol style="list-style-type: none"> After concerns raised previously, the ACF welcomed the Children's services manager recruitment and noted the interim arrangements Annual review preparations. ACF noted the S&LT concerns discussed at JCCGC and the commitment for improvement.
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> Centre for Workforce Supply (NES and SG) to assist with recruitment of medical workforce and being proactive in the future. 	<ol style="list-style-type: none"> Approved report for annual review, summarising the last year. Advisory committee/ACF Succession planning session to take place 03 November 2023
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> The meeting was quorate but did not have full attendance from members 	

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Independent Review into Audiology Services in Scotland – NHSO Review and Actions
Responsible Executive/Non-Executive:	Sam Thomas, Executive Director of Nursing, Midwifery, AHP's, and Chief Officer Acute
Report Author:	Sam Thomas

1 Purpose

This is presented to the Board for:

- Awareness

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

The Independent National Audiology Review was commissioned by the Cabinet Secretary for Health and Social Care, 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.

2.2 Background

In January 2022, the Cabinet Secretary for Health and Social Care announced that an Independent National Audiology Review would be established to examine hearing services provided to children and adults in Health Boards across Scotland and to make recommendations on improvements to services. The Cabinet Secretary commissioned the Review because of failings identified in standards of care provided by the NHS Lothian Paediatric Audiology Service. This followed an independent review by the British Academy of Audiology (BAA), which revealed significant failures in the care of 155 children.

The Review focused on key areas critical to the delivery of quality audiology care and outcomes for people living with hearing-related conditions. These areas were:

- Structure, governance, and leadership of services
- Education and training of audiology staff
- Quality assurance of services.

The Review identified a range of concerns in all the areas scrutinised. A combination of factors is responsible, but there has been a lack of profile, national oversight, accountability and clarity around Health Board-level clinical governance arrangements. There has also been an absence of national leadership, strategic planning, and workforce planning. In recent years there has been no quality assurance of services, despite the existence of national quality standards for paediatric and adult audiology services.

In addition, there is clear evidence of workforce shortages, limited access to undergraduate and postgraduate training programmes and few opportunities for continuing professional development (CPD) and skills maintenance and acquisition once in post. There are multiple, systemic problems within audiology services in NHS Scotland. Resolving these requires a whole-system approach. The wide-ranging recommendations in the report provide the foundation for improvements that will ensure high-quality, joined-up, patient-centred services.

Hearing loss has a significant impact on people at every stage of life: for infants and children, failure to identify it can have lifelong consequences for development of language, and for cognitive, emotional, educational, and social development. Early identification and effective management are essential to allow children to attain their full potential.

While there are very time-sensitive issues in terms of identification and management of hearing loss in infants and children, hearing loss in adults can have an enormous impact on life in general, and on quality of life in particular. It can affect ability to work, which has potential economic implications. It can impact on the ability to participate in and manage activities of daily living. Hearing loss can also have a huge adverse effect on socialisation, leading to social isolation. There is also growing evidence that in older adults, hearing loss increases the risk of developing cognitive decline and dementia with all the associated adverse health and socio-economic outcomes. The principles of seamless, integrated care across the patient pathway are equally applicable to adults.

Identification, assessment and management of hearing loss are therefore essential across the age spectrum. Audiology services play a key role in this, but do not work in isolation. They have important links to other healthcare services, education, employment and the third sector. They require an organisational structure and oversight to function effectively.

The organisation of audiology services in Scotland is complex, but can be described as follows:

- A combination of those provided locally by territorial Health Boards and those commissioned nationally by the National Services Division (NSD) of NHS National Services Scotland (NHSS) but provided by one Health Board for Scotland, Scottish Cochlear Implant Programme (SCIP).
- A national Universal Newborn Screening Programme (UNHS), also delivered by Health Boards
- A managed clinical network responsible for children and young people with hearing loss (there is currently no equivalent network for adults)

These elements have varying governance structures and different lines of reporting. In Scotland, there is no single body which either has an overview of all paediatric and adult audiology services, or responsibility for them.

Adult audiology services are delivered by 14 territorial Health Boards, and paediatric audiology services by 11 territorial Health Boards.

The Independent Review has identified a range of concerns in all the areas scrutinised. A combination of factors is responsible: lack of strategic and workforce planning, poor quality assurance of services and staff training, and an absence of national oversight and responsibility.

The Independent Review sets out 55 recommendations. The overarching aims across the findings and recommendations are:

- To reduce variation and ensure the delivery of safe, high-quality, patient-centred care across Scotland, with clear accountability.
- To build a sustainable pipeline of talent and ensure that patients are cared for by professionals with the right knowledge and specialist skills, within services with effective, skilled leadership.
- To ensure a culture of continuous improvement of quality and outcomes of care across the patient journey, with external assurance of patient safety, clinical effectiveness and patient experience.
- To ensure that national structures are in place to provide strategic oversight and assurance of audiology services.

2.3 Assessment

NHS Orkney has reviewed the recommendations considering the fragility of the service which is a single-handed system. NHSO does not have a team of Audiologists to review the recommendations in the report and some will not be applicable in a small system such as the one in NHSO. Every effort will be made to ensure that those applicable within NHSO are met, however, it will require support from Scottish Government and NHS Grampian who provide services under the current SLA to meet the objectives set. The tables below set out 18 recommendations with short/medium - and long-term actions for NHSO.

These actions were identified by the Deputy Director of Acute Services and NHSO Audiology.

Short Term Actions

Recommendation	Response
<p>Conduct a comprehensive workforce review with a particular focus on skill mix with reference to professional best practice guidance and linking in with professional bodies.</p>	<p><i>Orkney has a single-handed service; efforts are underway to recruit a second audiologist with complementary skills to expand the services offered on island. It may be possible to look at locum cover to alleviate pressure on the service.</i></p>
<p>Undertake a review of NHS Board internal governance arrangements to ensure strong accountability links for audiology reporting within NHS corporate and clinical and care governance structures.</p>	<p><i>Currently Audiology is line managed by the deputy director of acute services. Review will be undertaken to look at the current structure of professional reporting and engage with other island boards to explore a mutual support/governance structure that would include independent professional advice and governance.</i></p>
<p>Review the Audiology Heads of Service Group’s terms of reference to ensure alignment with local and national</p>	<p><i>Review to be undertaken with the lead Audiologist</i></p>

<p>guidance around NHS Scotland good governance.</p>	
<ul style="list-style-type: none"> • Patient Reported Experience Measures (PREMs). • Patient Reported Outcome Measures (PROMs). • Bone Anchored Hearing Aid (BAHA) provision/head population/year. • Continuing professional development /Head population/year. • Paediatric pathway indicators (for significant milestones in the diagnosis and management pathway). • Positive Predictive Value (PPV) measurement. • Multidisciplinary team working. • Aetiological investigation of children with permanent hearing loss. 	<p><i>As part of the governance review these will be formalised along with the patient experience team to ensure the data is captured and reported on a regular basis.</i></p>
<p>Establish a local service-level quality assurance and improvement plan which describes roles and responsibilities, resourcing, and reporting outputs. The plan should be updated regularly, reflecting outcomes of audit and performance against KPIs.</p>	<p><i>Plan to be written in conjunction with the Chief Audiologist and a regular review of the service will be submitted to the Quality Forum for noting and discussion. Any trends identified will be addressed on a quarterly basis.</i></p>

Medium/Long Term Actions

<p>Recommendation</p>	<p>Response</p>
<p>Review and formalise collaborative arrangements with neighbouring Health Boards to ensure sustainable service delivery for specialist audiology services.</p>	<p><i>Currently we have close, supportive links with NHS Grampian who support the audiology service and provide ENT services to the island. Formalisation of links with other island boards will be explored as part of the review process.</i></p>
<p>Use the most updated version of the Audiology Patient Management System to enable consistent data recording and reporting and ensure delivery of effective, high-quality patient care across all Boards.</p>	<p><i>The Audiology Patient Management System will be reviewed and any necessary changes to the current methods of reporting will be reviewed by the Technology Enabled Care Board, in conjunction with the e-Health team.</i></p>
<p>Design services based on demographics, geography and local needs ensuring that</p>	<p><i>The service currently works closely with local stakeholders to ensure the service</i></p>

<p>stakeholders are a key contributor to the process as per the Scottish Government's Scottish Approach to Service Design.</p>	<p><i>meets the needs of the community; however regular reviews will be undertaken of the service provision.</i></p>
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<p>Ensure recruitment panels for NHS leadership posts for audiology, as a healthcare science service, include external senior audiology and local healthcare science professionals.</p>	<p><i>This currently occurs in NHS Orkney</i></p>
<p>Ensure that advanced and ongoing leadership development of those in senior positions (healthcare science band 7 and above) is understood to be the norm and recorded as part of an individual's ongoing personal development utilising national programmes such as Leading to Change with the option to develop bespoke leadership development programmes if required.</p>	<p><i>Discussion with the Chief Audiologist will be initiated, and the development needs will be identified.</i></p>
<p>In line with the Health and Care (Staffing) (Scotland) Act 2019, ensure all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility, along with their other professional duties. They should have opportunity to engage and contribute with healthcare scientists in other disciplines to foster mutual support on matters related to the delivery of healthcare science services.</p>	<p><i>Orkney is a single-handed service; however efforts will be made to form links with other health care sciences in the board.</i></p>
<p>Posts requiring specialist skills must only be open to candidates formally qualified to the agreed national standard. Examples of such include existing specific UK-level healthcare science routes available such as the Scientist Training Programme and Higher Scientist Training Scheme. The BAA's Higher Training Scheme (HTS) modules are an industry-standard that could be adopted in Scotland with eligible staff registering to do HTS within 18 months and complete three years thereafter.</p>	<p><i>There are no specialist posts in NHS Orkney.</i></p>
<p>Staff in post should gain a qualification or equivalent recognition to demonstrate clinical competence in a specialty area. For example, the BAA's HTS modules currently provide a scheme to develop</p>	<p><i>Currently the case in NHS Orkney</i></p>

<p>competency and allow for competency assessment. It is recommended that the Scottish Government works with that professional body on capacity to throughput candidates and to develop local examiners in Scotland to assess competency.</p>	
<p>Establish a Core Training Register for safety-critical diagnostic testing performed by the team.</p>	<p><i>To be recorded for our single Audiologist.</i></p>
<p>Establish a Continuing Professional Development Champion or Training Officer in every department offering audiology services. The individual must practise evidence-based training and include external training as well as internal. It is advised that this is reflected in the relevant job description.</p>	<p><i>Not a post that is possible in Orkney given the single-handed nature of the service. Efforts will be made to work with NHS Grampian and the other island boards to access mutual training.</i></p>
<p>Ensure annual appraisals include regular review of an individual's competency and training record.</p>	<p><i>To be undertaken annually within the board, however, would require collaboration with other island boards for mutual professional support.</i></p>
<p>Ensure all services are connected to a network of trainers and verifiers to ensure uniformity of high standards of specialist skills and to provide evidence of training assurance to external auditors, thereby cementing a quality culture.</p>	<p><i>To be developed in conjunction with other boards.</i></p>
<p>Introduce an accountable post-holder in the audiology service to oversee and drive local quality improvement initiatives and ensure senior staff develop quality systems thinking awareness for themselves and their teams.</p>	<p><i>The service is currently single-handed, and this is undertaken by our Audiologist.</i></p>

A synopsis of NHSO current provision and challenges are set out below:

Currently we have 1 Audiologist, Band 7, who runs the entire service.

The service was set up in 2005 with 433 patients, as of 2020 this had risen to 1690 patients and staffing had remained static until 2020 when a new band 5 post was approved.

The Board have been to advert three times and have not been successful in recruiting anyone for the post (this is not unique to Orkney). Should further attempts at recruitment not be successful there are plans to introduce administrative support and an audiology technician post, which can include development opportunities locally.

Our Audiologist works with the Maternity on neonatal screening and there is some support with this from them. The Maternity unit are currently looking at employing a Maternity Assistant who will work on the current screening programmes, including neonatal hearing.

Orkney does not provide all services for Audiology, we do not undertake diagnostic ABR following UNHS referrals, this is done by NHS Grampian. We do not do any vestibular work; this is undertaken by NHS Grampian.

All appts for hearing aids are individual, 1st assessment 45mins, fitting/treatment appt 45 mins. Review appt 30mins, appts 1 and 2 always done face to face. Review can be done using remote-care technology, over the phone or face to face as the pt prefers. Face to face is always offered.

Neonatal diagnostic work is done in NHS Grampian. Aetiological investigations would be triggered either by their ENT or consultant paediatrician. Both specialists visit Orkney as peripartetic clinics and follow the children up. Specialist hearing aid work is undertaken by NHS Grampian on our behalf.

Two testers are in attendance for pre-school appointments. The 2nd tester is the local Teacher for the Hearing Impaired. If an issue is identified, she will discuss that with the family then, and can arrange home / nursery visits to advise others working with the child. She also liaises with the cochlear implant program for any children who are in their care.

Orkney does have a Childrens Hearing Services Working Group, the formation of this group and its membership was commended by the Chief Scientific Officer for SG.

Challenges:

Recruitment has 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.

The caseload for Audiology has quadrupled since the inception of the service in 2005.

The population accessing the services has increased by almost 70% since the inception of the service with a further 40% increase expected. This means that there needs to be an increase to over 100 review appointments per month to keep pace with the demand for reviews.

Present ongoing workload is increasing by at least 100 patients per year, but that realistically will be over 200 patients per year given the difference in referrals during the pandemic.

Referral rates for outpatient appointments have remained stable at around 300 patients per year, giving a year-on-year increase of 17% of the total case load. This includes patients from all age ranges as the service delivers hearing test for babies and children, balance tests as well as assessment for hearing loss.

In total just over 1200 appointments are offered currently each year, this does not include ENT appointments.

The requirement for appointments is based on the following:

1. Referrals for hearing aids require 3 appointments within 18 weeks for diagnosis and fitting of hearing aids.
2. 50 patients per calendar month for review of hearing aids.
3. 60 requiring support each month between review appointments.

As such just over 2200 appointments are required each year to maintain the service, allowing for the increase in the 65+ population the requirements for the service will only increase above this level.

There are two private providers who visit Orkney. These are Hidden Hearing and Inverness Hearing Services. There has also recently been a person set up private micro-suction services, Orkney Ear Health.

2.3.1 Quality/ Patient Care

The work undertaken will place focus on opportunities and solutions to mitigate risk to the Board and ensure the provision for patients and improved safe working practices.

2.3.2 Workforce

Pressures through increased demand for services and capacity have been identified. Recruitment to the vacant position remains the greatest challenge.

2.3.3 Financial

As we review the programmes that will be required to support development, we will further understand any financial implications or risk associated with the provision or delivery of audiology services.

2.3.4 Risk Assessment/Management

The Action Plan activities are defined to reduce/mitigate known organisational risks.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Climate Change Sustainability

Review of actions will capture opportunities to improve performance and reporting in relation to Climate Change Sustainability.

2.3.7 Other impacts

None noted at this time.

2.3.8 Communication, involvement, engagement, and consultation

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

2.3.9 Route to the Meeting

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

2.4 Recommendation

It is recommended that the Board Note the Action plan and activities contained and take assurance.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1, Independent Review into Audiology Services in Scotland



Independent Review of Audiology Services in Scotland

Review report and recommendations

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Abbreviations

ABR	Auditory Brainstem Response
AHCS	Academy for Healthcare Science
ASAG	Audiology Services Advisory Group
BAA	British Academy of Audiology
BAPA	British Association of Paediatricians in Audiology
BSA	British Society of Audiology
CPD	Continuing Professional Development
CNOD	Chief Nursing Officer Directorate
ENT	Ear, Nose and Throat
GCU	Glasgow Caledonian University
HCPC	Health and Care Professions Council
HINCYP	Hearing Impairment Network for Children and Young People
HIS	Healthcare Improvement Scotland
HTS	Higher Training Scheme
KPIs	Key Performance Indicators
MCN	Managed Clinical Network
NSD	National Services Division
NDCS	National Deaf Children's Society
NES	NHS Education Scotland
NSS	National Services Scotland
QMU	Queen Margaret University
RCCP	Registration Council for Clinical Physiologists
RNID	Royal National Institute for Deaf People
RTT	Referral To Treatment
SCIP	Scottish Cochlear Implant Programme
SLWG	Short Life Working Group
SSND	Scottish Strategic Network for Diagnostics
STP	Scientist Training Programme
UCAS	University and College Admissions Service
UKAS	United Kingdom Accreditation Service
UNHS	Universal Newborn Hearing Screening
VRA	Visual Reinforcement Audiometry
WTE	Whole-Time Equivalent

Foreword

This Independent National Audiology Review was commissioned by the Cabinet Secretary for Health and Social Care, 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. It has been a privilege to be involved in this process.

This Review and this Report represent the combined efforts of a large number of people and organisations. We would like to thank the patients and the public whose views have been central to our discussions, and the Health and Social Care Alliance who facilitated the engagement. The Review also benefitted from the commitment of audiologists, who shared their experience and also contributed information, with particular thanks due to those participating in the sampling audits. We are enormously grateful to all of the members of the Review group, Reference group and Sub-Groups. I would personally like to thank the Chairs of the Sub-Groups and Reference Group, Angela Bonomy, Adrian Carragher and Robert Farley and Vice Chair of the Review, John Day, who have worked tirelessly and given generously of their time and expertise. We are also very appreciative of the guidance and support provided by colleagues in the Scottish Government's Chief Nursing Officer Directorate throughout the Review process.

While the Review found examples of good practice, there are many areas ripe for improvement, and there is a huge appetite for change. We firmly believe that implementation of the Review recommendations is an opportunity which must be grasped, to ensure the development of sustainable, high quality Audiology services for everyone in Scotland.

Professor Jacqueline Taylor MBE
Independent Chair

Executive summary



Executive summary

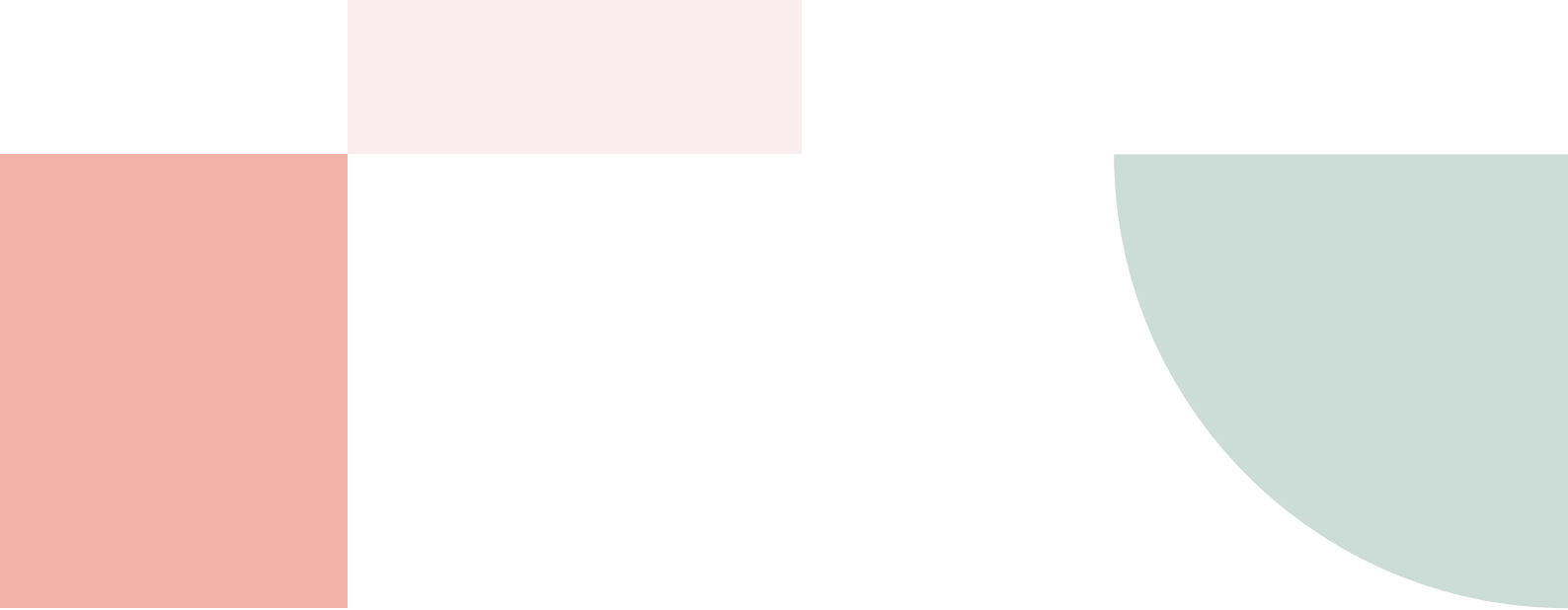
In January 2022, the Cabinet Secretary for Health and Social Care announced that an Independent National Audiology Review (the 'Review') would be established to examine hearing services provided to children and adults in Health Boards across Scotland and to make recommendations on improvements to services.

The Cabinet Secretary commissioned the Review because of failings identified in standards of care provided by the NHS Lothian Paediatric Audiology Service. This followed an independent review by the British Academy of Audiology (BAA), which revealed significant failures in the care of 155 children.

Membership of the National Audiology Review Group and its terms of reference are detailed on the Review website (1). The Review Group consisted of key stakeholders from across the clinical pathway. Patient views and experiences were central to the Review, and an extensive public engagement exercise was undertaken by the Health and Social Care Alliance Scotland (the 'ALLIANCE') (2).

The Review focused on key areas critical to the delivery of quality audiology care and outcomes for people living with hearing-related conditions. These areas were:

- structure, governance and leadership of services;
- education and training of audiology staff;
- quality assurance of services.



A range of methods was employed including questionnaires to Health Boards, assessment of some Key Performance Indicators (KPIs) and some patient-level sampling.

The Review identified a range of concerns in all the areas scrutinised. A combination of factors is responsible, but in particular there has been a lack of profile, national oversight, accountability and clarity around Health Board-level clinical governance arrangements. There has also been an absence of national leadership, strategic planning and workforce planning.

In recent years there has been no quality assurance of services, despite the existence of national quality standards for paediatric and adult audiology services. In addition, there is clear evidence of workforce shortages, limited access to undergraduate and postgraduate training programmes and few opportunities for continuing professional development (CPD) and skills maintenance and acquisition once in post.

There are multiple, systemic problems within audiology services in NHS Scotland. Resolving these requires a whole-system approach. The wide-ranging recommendations in this report provide the foundation for improvements that will ensure high-quality, joined-up, patient-centred services.

Implementation of the Review recommendations will require the establishment of an Implementation Board, with expertise from across the patient pathways and, most importantly, patients. The Implementation Board must report directly to the Scottish Government and have the necessary delegated authority and project management support to be effective.

We believe that the recommendations detailed in this report will not only improve the quality of audiology services in the short term, but also provide the structure, governance and leadership required to bring sustained improvement to services.

Introduction



Introduction

Hearing loss has a significant impact on people at every stage of life: for infants and children, failure to identify it can have lifelong consequences for development of language, and for cognitive, emotional, educational and social development. Early identification and effective management are essential to allow children to attain their full potential.

Every step of the care pathway must be effective, timely and coordinated. There is an international evidence base showing that newborn hearing screening, if followed up by timely and appropriate diagnostic assessment, medical and audiological management, and family support to aid communication development can significantly improve outcomes and opportunities for children with hearing loss. The importance of seamless transitions of care and effective multidisciplinary coordinated care are emphasised in international guidelines (3).

While there are very time-sensitive issues in terms of identification and management of hearing loss in infants and children, hearing loss in adults can have an enormous impact on life in general, and on quality of life in particular. It can affect ability to work, which has potential economic implications. It can impact on the ability to participate in and manage activities of daily living. Hearing loss can also have a huge adverse effect on socialisation, leading to social isolation. There is also growing evidence that in older adults, hearing loss increases the risk of developing cognitive decline and dementia (4), with all the associated adverse health and socio-economic outcomes. The principles of seamless, integrated care across the patient pathway are equally applicable to adults.

Identification, assessment and management of hearing loss are therefore essential across the age spectrum. Audiology services play a key role in this, but do not work in isolation. They have important links to other healthcare services, education, employment and the third sector. They require an organisational structure and oversight to function effectively.

During the course of this Review, we have learned that audiology services are historically lacking in profile. Audiology professionals feel strongly that they belong to a specialty that is poorly appreciated. At a time when NHS Scotland is facing unprecedented and unrelenting pressures, audiology must compete with other sectors for finite funding and resources.



Hearing loss is common; in fact, it is one of the most common disabilities in the UK. In 2015, Action on Hearing Loss estimated that there were 945,000 people with hearing loss in Scotland – one in six of the population (5).

The presence of hearing loss rises with age: it is estimated that 70% of over 70s have some degree of hearing loss. Given the demographic changes in our population the prevalence of hearing loss will have increased since 2015 and will continue to rise.

There are approximately 3,600 young people in Scotland with hearing loss: it is estimated that 1.1 children per 1,000 are born with permanent bilateral deafness and 0.6 per 1,000 are born with unilateral deafness (4).

The Scottish Government's See Hear Strategy (4) provides a strategic framework that applies to children and adults living with a sensory impairment in Scotland. The aims of the strategy include the seamless provision of assessment, care and support to children and adults with a sensory impairment; and the assurance that they should expect the same access to education, employment and leisure as everyone else.

In addition, the strategy states that children and young people with a sensory impairment should expect appropriate and timely intervention in the early years and for as long as is required; and that people with a sensory loss should be able to access information and be supported to live as independently as possible.

In 2015, Action on Hearing Loss estimated that there were **945,000 people** with hearing loss in Scotland – one in six of the population

It is estimated that **70% of over 70s** have some degree of hearing loss

There are approximately **3,600 young people in Scotland** with hearing loss

Driver for the Independent Review



Driver for the Independent Review

The Cabinet Secretary for Health and Social Care commissioned the Review because of failings identified in standards of care provided in the NHS Lothian paediatric audiology service. NHS Lothian Health Board commissioned the BAA review after the Scottish Public Services Ombudsman upheld a complaint by parents against the paediatric audiology service (6). This independent audit and governance review by the BAA identified a range of failures over a prolonged period caused by “a lack of scientific leadership, knowledge, reflection and enquiry in the presence of a lack of routine and robust quality assurance processes”.

Detailed scrutiny of the paediatric audiology caseload from 2009–2021 identified 155 children (15.7% of cases audited) as having “significant failures” in their care. The report made 36 recommendations to improve the paediatric audiology service in Lothian. The Health Board was placed at level 3 of the NHS Board Performance Escalation Framework.¹ As a result, NHS Lothian produced a consolidated action plan with clear timescales for implementation.

This National Audiology Review Group was tasked with making recommendations to improve both adult and paediatric audiology services in Scotland. Essentially, the Cabinet Secretary for Health and Social Care was seeking assurance that the failings identified in Lothian were due to a unique set of circumstances and that similar issues were not prevalent across Health Boards in Scotland.

¹ In January 2023, given the progress made with regards to the BAA recommendations, NHS Lothian was de-escalated to level 2 having provided sufficient assurance through evidence of significant progress against its plan, improved governance and culture, and sustainable changes.

Purpose and scope of the Review



Purpose and scope of the Review

The purpose of the National Review was to establish the current level of assurance within existing audiology services; to assess this within the scope of the Review; and to make recommendations to improve the assurance of audiology services within NHS Scotland. The full Terms of Reference of the Review can be found on the Review webpage (1).



The remit of the Review Group was to:

- review the current structure, governance and leadership of paediatric and adult audiology services;
- provide a quality assurance appraisal of services, surveying key elements of existing service provision, with a particular focus on issues impacting on patient outcomes;
- review existing quality assurance arrangements, making recommendations necessary to establish robust quality assurance processes, and to effect improvements in service quality, and outcomes for patients on a permanent basis;
- review current education and training and CPD provision;
- understand the lived experience of people living with hearing loss and their carers and families.

It was important that the Review took a pragmatic approach, made best use of current information and resources, avoided duplication of other workstreams and was mindful of ongoing work in this area including:

- the See Hear Strategy currently being taken forward by the Scottish Government;
- the Universal Newborn Hearing Screening (UNHS) programme;
- work undertaken by the Scottish Heads of Audiology Group, the Hearing Impairment Network for Children and Young People (HINCYP) and Diagnostics in Scotland Strategic Group (DiSSG) in consideration of any identified opportunities for improving audiology services;
- use of established and evidenced-based Quality Standards for Adult Rehabilitative Audiology and Paediatric Audiology Services;
- the Scottish Government Healthcare Science Education and Workforce Review and forthcoming Healthcare Science Strategy;
- recommendations proposed by the National Deaf Children's Society (NDCS) and any work undertaken by wider partners.



While the Review Group was well aware of the issues affecting audiology care in NHS Lothian and elsewhere, it also recognised that there is evidence of high quality in audiology services in Scotland, where service-user needs are identified and addressed in a timely, efficient and compassionate manner.

This is reflected in some of the comments from parents quoted in the ALLIANCE report (2). Here are some examples:

“ The staff were fantastic. Understandably my husband and I were in shock and very upset. The staff were so supportive and reassuring that my son would get all the help he needs to thrive...The audiologists are so caring and have really taken the time to get to know my son and his hearing loss.”

“ We have always, as a family, been fully supported and everyone involved in service provision has been outstanding. Overall, the quality of service has made a profoundly positive difference to our child’s life.”

By contrast, other parents had a far less positive experience and their comments indicate the scale of the challenges ahead:

“ I am more concerned about the two-year waiting times for children who are clearly deaf but have to wait to be assessed while their crucial opportunities for language development and perhaps even cochlear implants are missed.”

“ Given the length of time it took for my daughter to be diagnosed, I would imagine they are very much under pressure and in need of more staff.”

Structure and approach



Structure and approach

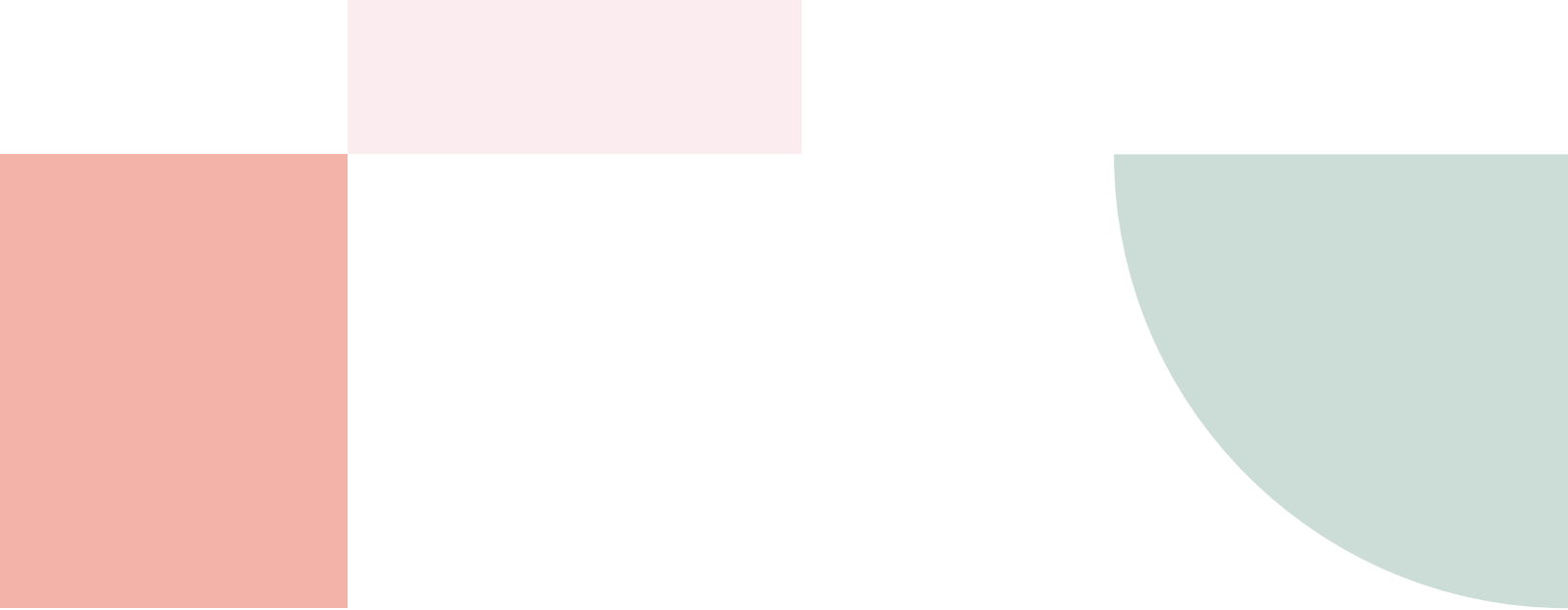
The Cabinet Secretary for Health and Social Care appointed Professor Jacqueline Taylor as Chair of the Independent Review, working alongside Mr John Day, Head of Audiology, Betsi Cadwaladr University Health Board, NHS Wales, as Vice Chair. Full membership of the Review Group is available on the Review website (1).

A Reference Group and three Sub-Groups were established to fulfil the Review Group's remit. The areas of focus for these were as follows.

- The Reference Group, chaired by Mrs Angela Bonomy, Chief Executive Officer, Sense Scotland, was tasked with ensuring stakeholder views were understood and properly considered during the Review; and that the recommendations captured the lived experience of people with sensory loss and their carers and families. A section providing detail on the role and work of the Reference Group can be found under People at the Centre, below.
- Structure, Governance and Leadership, chaired by Mr Adrian Carragher, Head of Audiology, NHS Ayrshire and Arran.
- Education and Training, chaired by Dr Robert Farley, Associate Director – Healthcare Science, NHS Education for Scotland;
- Quality Assurance, chaired by Mr John Day, Clinical Director of Audiology, Betsi Cadwaladr University Health Board, North Wales.

The Review Group's membership reflected key stakeholders across the clinical pathway, with expertise from a wide range of stakeholders including NHS audiologists, heads of service in audiology, NHS Education Scotland (NES), Newborn Hearing Screening Scotland, the Scottish Cochlear Implant Programme (SCIP), Hearing Impairment Network for Children and Young People (HINCYP), Healthcare Improvement Scotland (HIS), the British Academy of Audiology (BAA), the British Society of Audiology (BSA), National Services Scotland (NSS), the National Deaf Children's Society (NDCS), the Royal National Institute for Deaf People (RNID), the British Association of Paediatricians in Audiology (BAPA), and Sense Scotland. Secretariat support for the Review was provided by the Chief Nursing Officer Directorate (CNOD) in the Scottish Government.

The involvement of expertise from outside Scotland was essential to provide an external perspective. Conflict of interest guidance was produced and members invited to complete a declaration.



The core principle adopted throughout the Review was that of “learn, not blame”. It was essential to have wide stakeholder engagement and that, moving forward, all stakeholders should have joint responsibility for delivering change.

The Review Group met nine times every six to eight weeks, with the Sub-Groups and Reference Group meeting regularly between the Review Group meetings.

Sub-Group chairs provided regular updates at each Review Group meeting. Further details of methodology and the findings and recommendations from the individual Sub-Groups are described later in this report.

Recommendations, which were time sensitive, were produced as the Review progressed. Any concerns identified in terms of performance issues were escalated to for appropriate intervention with Health Boards.

Throughout the Review, we grappled with its scope and with the level of detail of enquiry. There were so many areas worthy of exploration and examination. The Review considered current models of service provision, investigating the structures, resources and quality assurance to deliver them. It has not explored or commented upon new models of service. While this is not an exhaustive review the approach we have taken is proportionate to the time and resources available to us.

We heard from all quarters of the importance of ensuring that systems and structures are put in place to ensure continuing improvement of services.

It is vital to emphasise that the Review report is absolutely not an end in itself; it is merely the first step of a process of change that will take time, resources and leadership to deliver.

The Review is not a needs assessment for audiology services in Scotland, nor is it a workforce plan, though there are references throughout the report to the importance of having sufficient staff with the requisite competencies and skills to provide safe, high-quality services. The independent sector was also felt to be beyond our scope and our focus is very much on current NHS provision.

People at the centre



People at the centre

Central to the Review was understanding the lived experience of patients, parents and carers, and the experience of other stakeholders using audiology services. The Reference Group, chaired by Angela Bonomy, Chief Executive Officer, Sense Scotland, was established to ensure that this experience was captured and fully represented at every stage. The membership of the Reference Group and its terms of reference can be found on the Review website (1).

The role of the Reference Group was to:

- provide advice and guidance to the Review Group on consultation methods;
- support, encourage and facilitate the participation of stakeholders in engaging with the Review;
- ensure the views of those who use audiology services are understood and taken into account by the Review Group;
- assist in the dissemination of information and communications to support the review processes.

Public engagement exercise



Public engagement exercise – survey of service users

The Reference Group's role in the Review was to provide the lived-experience perspective of those who use audiology services, as opposed to those who deliver them.

The Scottish Government CNOD commissioned the ALLIANCE to conduct the public and professional engagement work (2). Views were sought from patients, parents/carers, families, colleagues in health, education and social care, and third-sector organisations.

Many of the insights and asks of respondents flow through the work of the Quality Assurance, Education and Training, and Structure, Governance and Leadership Sub-Groups, and are addressed in the various recommendations included in this report. However, the Reference Group wished to highlight and emphasise the following points to ensure they are at the forefront of any future work;

- A patient-centred approach is crucial in audiology; audiology requires more than just clinical understanding.
- The “customer service” aspect of audiology manifests itself in: good communication skills; strong deaf awareness; empowering patients; encouraging self-management; quickly addressing and responding to needs; considering the social impact of hearing loss.
- When dealing with babies and children, it is crucial that parents/carers are believed in the first instance; i.e. assume a child has some form of hearing loss until proven otherwise. The same is true of young people and adults who can represent themselves.
- Collaboration and multidisciplinary working is key to good audiological outcomes. This collaboration may be with colleagues from education, social care, other healthcare professions or third-sector organisations.
- Audiology cannot and should not work in isolation. There are many policies, legislative requirements and pieces of work already underway which can apply to audiology or with which audiology can integrate.

Engagement with audiologists



Engagement with audiologists

Key points

A survey was conducted to gather the views of NHS Scotland audiologists on a number of key areas, including training, leadership and quality of care.

- Respondents felt training opportunities were limited by lack of funding, workplace pressure and staff shortages.
- Lack of national leadership was a key concern.
- Audiologists' views on the quality of services varied widely, with most commenting on a need for more staff.
- High-quality training and work-based learning were seen as priorities.
- A workshop for service leads revealed particular concerns about increasing workload and complexity of patients.

The Review was keen to hear the views of audiologists working in NHS Scotland. The BAA conducted engagement work with audiologists by means of an anonymous online survey (7) and a number of focus groups. We felt it was important that this work was undertaken independently, by a professional organisation for audiologists, to encourage them to speak openly.

While audiologists have been key members of the Review and its Sub-Groups, we were keen to seek the views and experiences of as wide a range of NHS audiology professionals as possible. It was important for the Review to receive their feedback and suggestions. The Review is grateful to the BAA for conducting this work.

The BAA survey, approved by the Review Group, included questions on training, leadership, career opportunities, raising concerns and quality of care. Workshops were also conducted to explore questions in more depth.

The response rate was approximately 25% of those currently working in bands 3 to 8 and the majority of respondents had been working in audiology for more than 10 years.

In terms of training and education, respondents reported that opportunities were mainly internal, with very limited external training due to lack of study-leave funding, service pressures and workforce shortages.

Audiologists felt that a lack of leadership nationally in the specialty, and within their own departments, was a key issue and that more effective succession planning was required.



Most respondents reported having very limited career development opportunities, and again those available were mainly in-house. Forty per cent of those who participated had never had an appraisal and those who had reported that it was largely a “tick-box exercise”.


There was a range of responses to questions about audiologists’ perceptions of the quality of their service, from “excellent” to “awful”, though respondents typically commented that staff were very caring and dedicated. In terms of suggested improvements, most respondents commented on the need for more staff, better training and, in some cases, better facilities and equipment.

The workshops delved more deeply into some of the themes outlined above. Participants reported that there had been significant changes in audiology service provision in the last decade. They voiced concerns about the withdrawal of undergraduate training programmes, lack of access to specialist training, increasing workload and complexity of patients, and little investment in service development.

They viewed the provision of high-quality training programmes and work-based learning options as a priority. In addition, they were keen to see the development of communication networks between professionals to build connections and share learning. Improved access to external training and funded study leave were viewed as important, along with opportunities for appropriate career development.

Similar themes were explored in a workshop for service leads to determine the experience of those in leadership roles. They were particularly concerned about increasing workload, increasing complexity of patients and widening of the scope of practice of audiologists without proportional increases in workforce or resourcing. They reported that the composition of the audiology workforce has changed, with fewer having BSc or master’s level qualifications. The withdrawal of BSc audiology programmes and lack of specialist training in broader healthcare science degrees were viewed as important issues. Services are struggling to recruit and retain qualified staff, and in paediatric audiology this is compounded by workforce shortages within speech and language therapy and teachers of the deaf.

There was a general perception that Health Boards lacked interest in audiology services and that there was a lack of support for service development. Service leads also identified the lack of national oversight by a national advisory structure as a key factor and one which should be rectified.

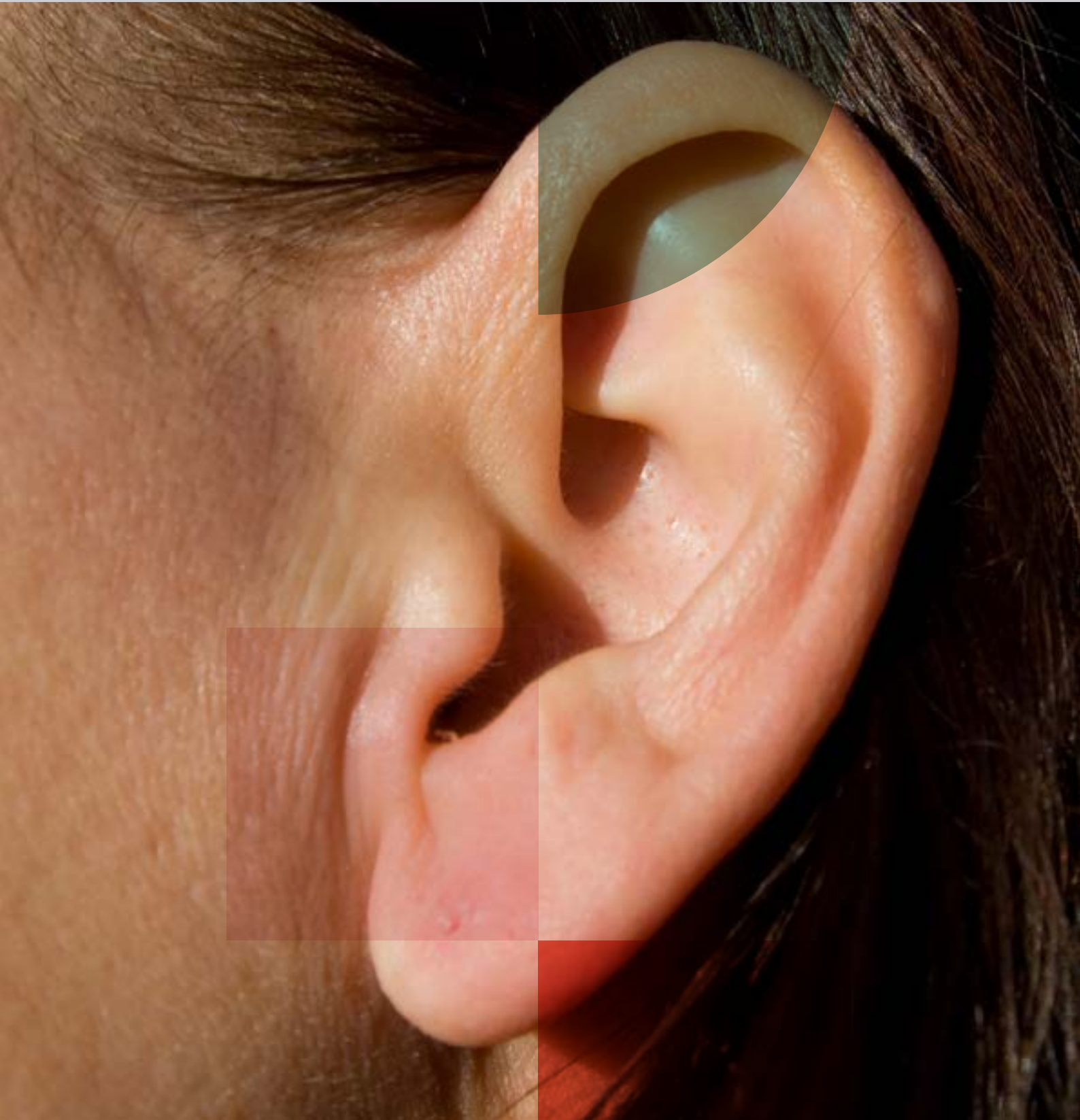


The views and suggestions of audiologists have been carefully considered in the development of our recommendations.

This quote from one audiologist is particularly poignant.

“ Much of audiology in Scotland is currently paralysed by an abject lack of vision, funding and leadership from the highest levels of government and health service management over the last decade. It is my assertion it has not been a favoured valued or prioritised profession. Lack of training of new audiologists, lack of promotion of our profession, and lack of planning for staffing levels has seriously impacted on succession and staffing levels. Budgetary limitations, both nationally and locally, have resulted in some services being run to breaking point. The number of highly skilled and qualified audiologists leaving the sector completely in the last few years represents a waste of talent, and an abject failure of vision and leadership from the highest levels of health service governance. Morale is at an all-time low, and unless positive change is forthcoming soon the ‘walk away’ will continue. The heads of service will have expressed their concerns over the years. But leadership from above is essential.”

History of audiology services in Scotland



History of audiology services in Scotland

Key points

- The landscape of audiology services in Scotland is complex.
- Audiologists have been at the forefront of developing national standards for both adult and paediatric services.
- Despite a number of initiatives over the past 20 years, there has been a gradual loss of focus, leadership and organisational structure in audiology services.
- Audit with external peer review of standards has been uncommon.

The landscape of audiology services in Scotland is complex. To understand the current position, it is important to be aware of the history of the evolution of services over the last 20 years.

In January 2003, the then Public Health Institute of Scotland published a Needs Assessment Report on NHS Audiology Services in Scotland (8,9). Recommendations included the need to develop quality standards for audiology services and the means to assess each service's ability to meet these standards.

A modernisation project was established to address the key recommendations, with supporting investment over four years to help provide quality digital hearing aid services to patients across Scotland. As part of this work a Scottish Government Audiology Services Advisory Group (ASAG) was established to monitor development of NHS audiology services in Scotland.

An audit of the modernisation process in Scotland using draft standards was commissioned in 2007 and conducted by the Medical Research Council Hearing and Communication Group, University of Manchester. About half of all Health Boards were delivering high-quality adult hearing services, while the remainder were struggling to meet the demands of a modernised service (10).

Although paediatric services, newborn hearing screening, assessment, diagnosis and hearing aid provision were provided, mostly in a joined-up, family-friendly manner in all the Scottish services, there was a concern that the current arrangements for paediatric services lacked sufficient medical, technical and scientific expertise in all areas, and a networked approach was suggested.

Audiologists in Scotland were at the forefront of developing standards. A multidisciplinary sub-group of ASAG developed Quality Standards for Adult Hearing Rehabilitation Services using the then NHS Quality Improvement Scotland standards development methodology (8). A multidisciplinary paediatric subgroup of ASAG then developed Quality Standards for Paediatric Audiology Services (9). The Quality Standards for Adult and Paediatric Audiology Services were formally launched in 2009.

To ensure the standards became embedded in operational practice, an audiology quality improvement Sub-Group of the ASAG was established to monitor trends and improvements across audiology services. The ASAG fully supported ongoing quality improvement across both adult and paediatric audiology services in NHS Scotland.

In December 2011, following a review of all Scottish Government groups and committees, the then Cabinet Secretary for Health and Sport decided that the ASAG would not continue to be Scottish Government-sponsored. It was subsequently agreed that the group should continue as an NHS operational group under the leadership of a chair and audiology modernisation project manager. However, the project manager post was suspended. The ASAG's disbandment and the loss of the project manager resource undoubtedly led to a loss of focus, leadership and national organisational structure for audiology services.

In 2015, the Scottish Government commissioned a scoping project to explore the current position in relation to paediatric audiology services and to consider and make recommendations for addressing ongoing issues of access and quality.

The project recommended a national managed clinical network for paediatric audiology, which would provide the required level of national leadership, structure, governance and accountability to achieve the necessary improvements, ensuring that every child was identified as soon as possible and had access to services that met NHS Scotland's Paediatric Audiology Quality Standards.

It was also recognised as an opportunity to maintain the benefits of the previous modernisation project.

The HINCYP was established in 2019 and launched in 2020. Its aim was to support services and families to achieve the best possible outcomes for children and young people in Scotland with bilateral, severe or profound hearing loss, through better access to high-quality specialist care and support. No similar network or body exists for adults.

It is clear that over the last 20 years there have been a number of initiatives that have attempted to improve audiology services for children and adults. They have been both intermittent and piecemeal. A sustained, sustainable and coordinated improvement programme has been lacking and is necessary.

Clinicians in Scotland played a pivotal role in the development of quality standards for audiology services, which have been adopted by NHS Wales.

It is both surprising and disappointing that although Scotland has been at the forefront of these developments, audit of services against these standards has never been mandated in Scotland and that external peer review of quality standards is extremely rare.

The next sections of this report describe the specific work conducted by the Review's Reference Group and three Sub-Groups and the recommendations which we believe will result in the necessary improvements to audiology services in Scotland. Information from the engagement exercises with the public and with audiologists has been carefully woven into our recommendations.

The recommendations are wide-ranging and cover: the structure, governance and leadership of services at Health Board and national level; education, training and professional development of audiology staff; and quality assurance of services. In addition, there are some very specific patient-focused and patient-driven recommendations.

Impact of the COVID-19 pandemic



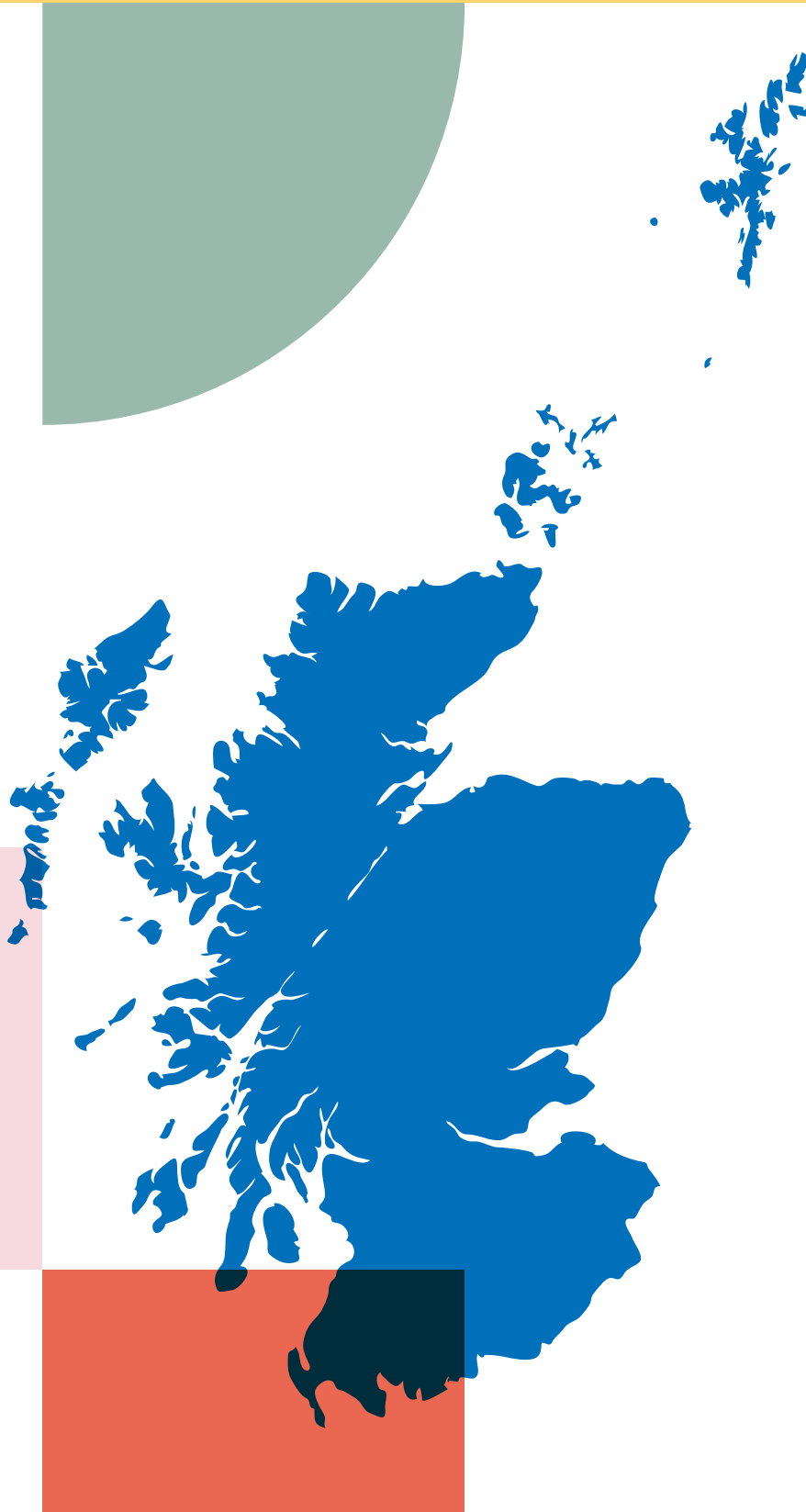
Impact of the COVID-19 pandemic

As with the wider NHS in Scotland the COVID 19 pandemic undoubtedly had an impact on audiology services, though quantifying the effect is not straight forward. Audiology service performance is measured as part of the 18 weeks Referral To Treatment standard.

Data from Public Health Scotland records only new outpatient appointments for consultant-led specialties and is difficult to interpret. It does not reflect the totality of activity within audiology services. We therefore have a limited view of the overall position.

More detailed information on waiting times is described in the quality assurance section as one of the KPIs measured.

National structure of audiology services



National structure of audiology services

Key points

- No single body has oversight of and responsibility for paediatric and adult audiology services in Scotland.
- Organisations involved in delivering audiology care have varying governance structures and different lines of reporting.
- Complex systems can have a detrimental effect on the quality of care.
- The Scottish Government Chief Scientific Officer provides professional leadership to more than 50 Healthcare Science specialties, including audiology.

As outlined in the Introduction, the approach taken and the structure of the Review were mirrored by the Sub-Group that looked at structure, governance and leadership. The findings from this Sub-Group are summarised in a separate section of this report.

The organisation of audiology services in Scotland is complex, but can be described as follows:

- a combination of those provided locally by territorial Health Boards and those commissioned nationally (by the National Services Division (NSD) of NHS National Services Scotland) but provided by one Health Board for Scotland (SCIP);
- a national Universal Newborn Screening Programme (UNHS), also delivered by Health Boards;
- a managed clinical network responsible for children and young people with hearing loss (there is currently no equivalent network for adults).

These elements have varying governance structures and different lines of reporting. In Scotland, there is no single body which either has an overview of all paediatric and adult audiology services, or responsibility for them. Complex systems like this can result in fragmentation of care, poor integration and coordination of services, and suboptimal transitions of care. As highlighted earlier, children and adults require patient pathways that are timely, effective and coordinated to achieve the best possible outcomes.

Adult audiology services are delivered by 14 territorial Health Boards, and paediatric audiology services by 11.

Universal Newborn Hearing Screening (UNHS) programme

The UNHS programme was rolled out in Scotland in 2005. Though a national screening programme, it is not commissioned nationally and delivery is the responsibility of each of the 14 Health Boards.

Pregnancy and newborn screening public health consultants are responsible for each Board's delivery of UNHS. Governance and quality assurance are provided by the lead clinician and senior programme manager (a role performed by NSD).

The national UNHS KPIs are reported quarterly and annually, and an annual national UNHS report covering all statistical data is reported via the National Screening Oversight Board, Scottish Screening Committee and, ultimately, to the Scottish Government.

There are clinical standards for pregnancy and newborn screening, which apply to all screening programmes. Healthcare Improvement Scotland has a mandatory role in external quality assurance of screening programmes, though to date UNHS standards have never been externally assessed.

In 2021 the Scottish Government requested that a national UNHS short life working group (SLWG) be established to explore the challenges facing the UNHS programme and make recommendations to ensure its ongoing delivery.

The SLWG reported in February 2021 (11), making a range of recommendations on screening protocols, equipment, workforce, training and CPD, quality assurance and clinical governance, and patient management systems.

Many of these themes are also reflected in the main Review findings. We fully endorse and recommend implementation of all the recommendations from the SLWG.

Scottish Cochlear Implant Programme (SCIP)

The SCIP, based at University Hospital Crosshouse, provides a national cochlear implant service for severe to profoundly deaf children and adults in Scotland.

NHS Ayrshire and Arran is commissioned by NSD to deliver this nationally designated service.

The requirements of the service are specified in a service-level agreement covering all aspects of service delivery including: inclusion criteria and activity levels; performance and clinical outcomes; quality and service improvements; governance and regulation; audit and clinical research; finance; workforce and forward-planning.

The service is required to submit data and reports to NSD at specified time intervals throughout the year. This includes submitting data on a monthly basis via the specialist services dashboard and submitting a comprehensive annual report. The annual report is extensive and covers a wide range of measures, including measures for giving assurance of service quality, effectiveness and performance.

NSD monitors these measures and reserves the right to request improvement plans where appropriate.

An annual performance review is also undertaken each year by NSD based on ongoing discussions and the service's annual report.

Hearing Impairment Network for Children and Young People (HINCYP)

HINCYP is a national managed clinical network (MCN) (12). Funding was approved in 2019 and the network was launched in 2020. A scoping project commissioned by the Scottish Government in 2015 concluded that “a national MCN would provide the level of national leadership, structure, governance and accountability to achieve improvements for approximately 700 children with permanent, severe childhood deafness, ensuring that every child is identified as soon as possible and has access to services that meet NHS Scotland Paediatric Audiology Quality Standards (2009)”. A copy of the report can be found on the Review webpage (1).

As a national MCN, HINCYP does not have delegated authority and is not empowered to direct NHS Boards to adopt improvements or developments identified through its work. Instead, it must achieve its aims through influence. Accountability for the quality of service provision remains the responsibility of the NHS Board where the service is delivered.

National MCNs deliver improvements through four main areas of work:

- clinical pathway development to reduce variation and ensure care is evidence based;
- education to improve capability and capacity;
- communication and engagement to involve and ensure stakeholder views inform service delivery;
- continuous quality improvement, including data gathering and reporting to assess service quality and inform service planning and delivery.

Since its launch, HINCYP has (13):

- developed a stakeholder communications and engagement strategy involving health, social care, education, the third sector and service users;
- established a mechanism whereby Local Record for Deaf Children data from two existing systems are extracted and submitted to the network on a quarterly basis (via NHS Health Boards), although standardisation of the collation of this data is a work in progress;
- progressed a learning needs analysis for professionals involved in the care of deaf children;
- begun conducting a service-mapping exercise for paediatric audiology;
- initiated a review of the nine paediatric audiology clinical standards that it plans to implement.

HINCYP has a clinical lead, a core group and a multidisciplinary stakeholder group. A diagram of the governance structure is shown in Figure 1.

Provides strategic direction for individual networks and links with national and regional planning structures

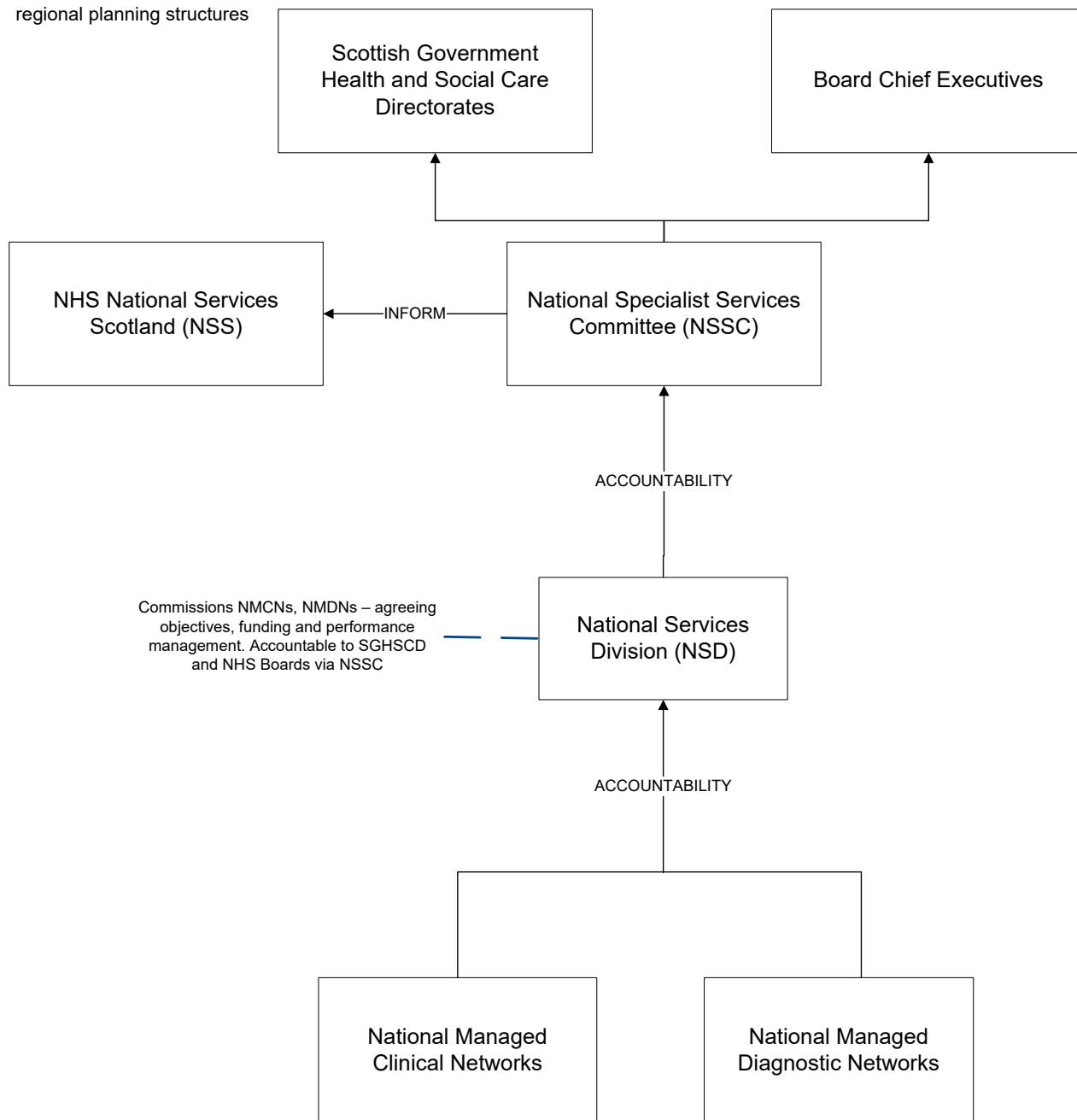


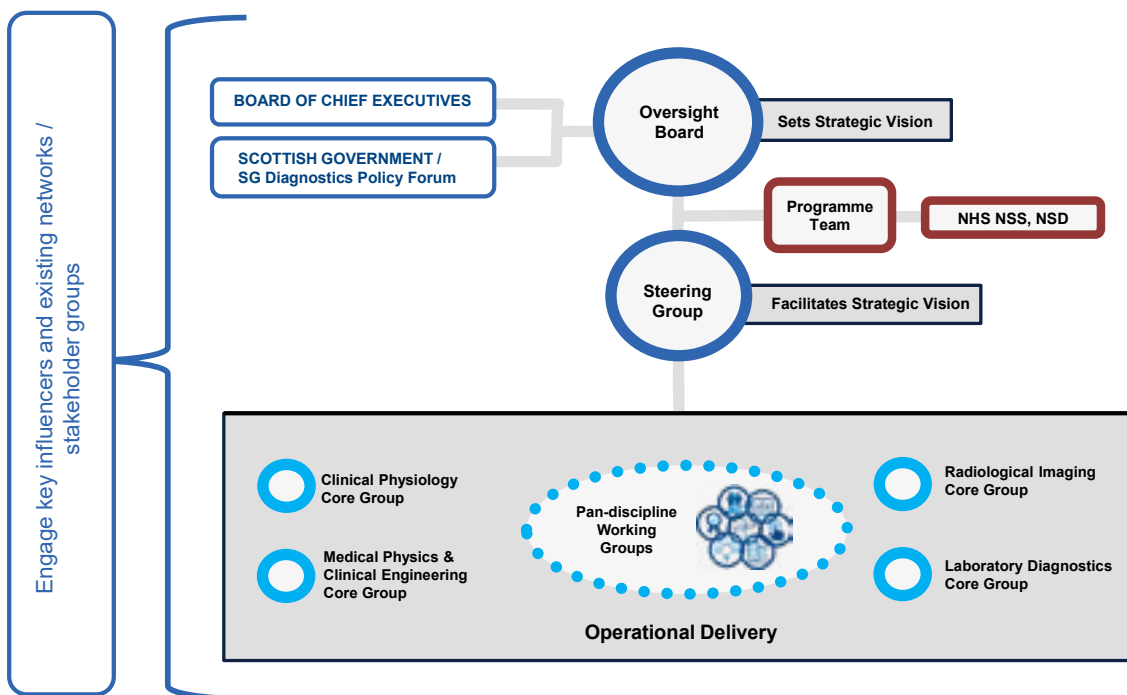
Figure 1: HINCYP governance structure

Source: NHS National Services Scotland - August 2023 (13)

Scottish Strategic Network for Diagnostics (SSND)

Audiology provides diagnostic, therapeutic and rehabilitative services. In the past few years strategic oversight for diagnostic services in Scotland (of which audiology is one) was provided by the Diagnostics in Scotland Strategic Group (DiSSG). After extensive stakeholder engagement, the Board of Chief Executives approved the establishment of the SSND to replace the DiSSG. As with all national strategic networks, the SSND works with partners to support a “Once for Scotland” approach to the planning, design, and delivery of integrated, holistic, person-centred diagnostics in Scotland (15). The structure covers imaging, laboratories, clinical physiology (including audiology), medical physics and clinical engineering. Figure 2 shows the SSND structure.

Scottish Strategic Network for Diagnostics (SSND) – Governance Structure



Last updated: July 2023

Figure 2: Scottish Strategic Network for Diagnostics (SSND) structure

Source: NHS National Services Scotland

Clinical Physiology Core Group

This is one of four core groups within the SSND and includes audiology. The core groups will support and monitor the delivery and progress of the workstream aims and objectives and will include workforce and education mapping. The visibility of audiology in a core group that has seven other physiology specialties gives the Review cause for concern.

The above section highlights the great complexity of “national” structures for components of the paediatric and adult audiology patient pathway. Such complexity results in lack of clarity, uncertainty about responsibilities, fragmentation of services and an absence of overall responsibility. This creates risk.

Health Board governance structures for audiology services are described later in this section.

HINCYP has brought together the key elements for children and young adults with hearing loss to provide a more joined-up approach. It has the potential to play a key role in implementing Review recommendations. Its main disadvantage is that it has no delegated authority. The new SSND is also likely to play a major role in implementation of recommendations.

NSD monitors the performance of UNHS, SCIP and HINCYP. Other important steps in the infant, paediatric and adult pathways are only monitored at Health Board level. There is no mandated audit of services against paediatric or adult quality standards and quality assurance processes, as detailed in the relevant section of this report, are poor.

Professional leadership for audiology is provided by the Scottish Government Chief Scientific Officer, who is responsible for more than 50 specialties. There is currently no professional advisory structure for audiology; nor is there any single body which has oversight of and responsibility for both paediatric and adult audiology services.

Sadly, until the NHS Lothian review, the visibility of audiology services both nationally and within Health Boards, was poor.

The next sections go into the detail of the work of the Review, exploring each of its key themes. There is a report from each of the three Sub-Groups that details their methodology and findings and lays out their conclusions.

Structure, Governance and Leadership Sub-Group



Structure, Governance and Leadership Sub-Group

Key points

- A survey gathered views of heads of service on the structure, governance and leadership of services.
- Services were generally traditional and hierarchical in structure.
- Some services were staffed by a single audiologist.
- There was considerable variation in staffing levels between services.
- The range of services provided was generally consistent.
- Concern was expressed about service visibility.
- Audiology appears to lack clear and established governance locally.
- Most heads of service maintain a clinical role, which is likely to impact on the time they have available to lead and manage.
- Some Boards have little knowledge of what their audiology service does but events in NHS Lothian have increased awareness of the need for oversight.

Introduction

Audiology services are delivered by all of NHS Scotland's 14 territorial Boards. In two Boards paediatric and adult services are separated. In addition, and due to a historical arrangement associated with the management of the service, Argyll and the Isles has been included as a separate service delivering audiology services in that geographical region, although it is formally part of NHS Highland.

Methodology

At the end of 2022, the Structure, Governance and Leadership Sub-Group sent the heads of service of Health Boards a questionnaire to gather information on those three themes. The questions can be found in Appendix A. The first section of the questionnaire focused on structure and the key findings are set out below.

Findings – structure

The structure of the service was, in the main, found to be fairly traditional and hierarchical. There was usually an identified head of service or, in some cases, a clinical lead as the most senior position, followed by deputy, departmental leads/chiefs and audiologists (practitioners), associate practitioners and assistant technical officers.

The use of the term “clinical lead” in some instances indicates that there is a lead clinician who also manages the service to an extent, with “head of service” reserved for a non-clinician/non-audiologist role occupying a senior management position. Heads of service are typically recognised as both lead clinician and operational manager of the service.

Figure 3 provides a typical example of the structure in a larger service. It is relevant to note that three of the services in Scotland are staffed by a single audiologist who is also the head of service and has few or no staff working with or for them.

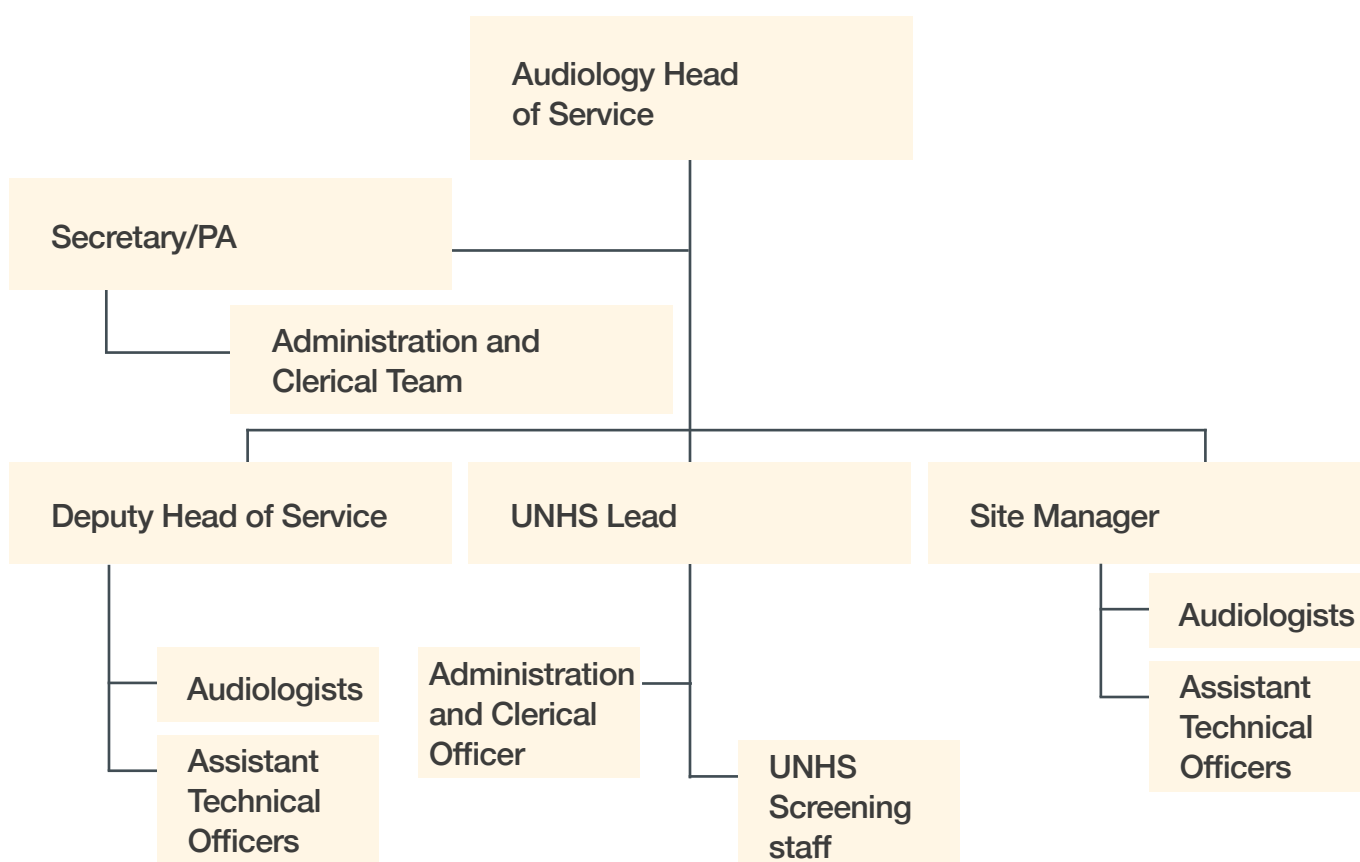
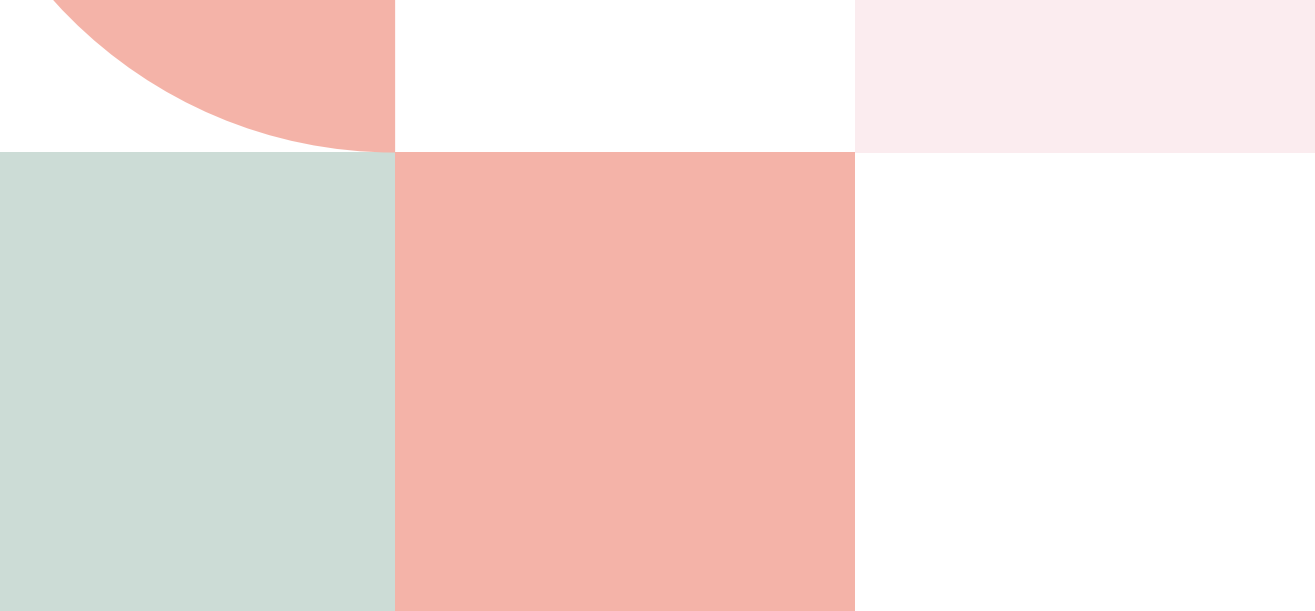


Figure 3: A typical structure for an audiology service within Health Boards

Responses to the questionnaire also provided a summary of the current workforce, including vacancies – the national vacancy rate for the service runs at about 10%. Appendix B summarises the workforce across Scotland. The appendix also includes a high-level workforce plan based on work from 2002 by the professional body for audio-vestibular physicians and updated by heads of service to reflect both the current status of professionals working in audiology (an amalgamation of technicians, therapists and scientists) and the grading system for NHS terms and conditions (Agenda for Change). Based on this model, the plan suggests that the workforce is currently at about 65% of that required for a safe and effective service.



There is considerable variation in staffing levels between services when a simple ratio of staff to patients is applied, which is illustrated at Appendix C. Currently the national ratio for patients to clinical and technical staff is 20,500 patients per whole-time equivalent (WTE) member of staff. With improved staffing to the level predicted by the workforce tool, this reduces to 13,200 patients per WTE member of staff.

Generally, there is consistency in the range of services provided. A notable variation is in the grade of staff carrying out some of the listed activities. This is particularly true for hearing-aid repairs, which range from band 3 assistant technical officers to band 8 practitioner staff.

Local staffing issues are the main reason for this; however, based on findings from the questionnaire, there would appear to be situations where workforce issues mean that staff at higher grades carry out the tasks of a lower grade. This results in a “skills waste” and can affect staff morale. Ensuring that staff work to their grade will also help in establishing a more accurate picture of the workforce required in terms of skill mix. This skill mix would use assistants and associates, as well as practitioner-level audiologists, potentially in greater numbers, subject to availability/ supply.

Responses to the questionnaire provided a picture of how services were organised at local level (Figure 4). The questionnaire asked for detail about where the service sits within the internal structure and, from a governance perspective, within the Health Board (Figure 5). At present, all services sit within the acute setting in each Health Board, although audiology can be found under a range of different directorates within acute services.

Several responses indicated that work was underway to look at the local structure and where audiology sat and that this was a direct response to the findings from the NHS Lothian BAA report on paediatric audiology. The review of structure was also directly linked to a concern that the clinical governance route for the service may not be clear and robust and that this should be properly established.

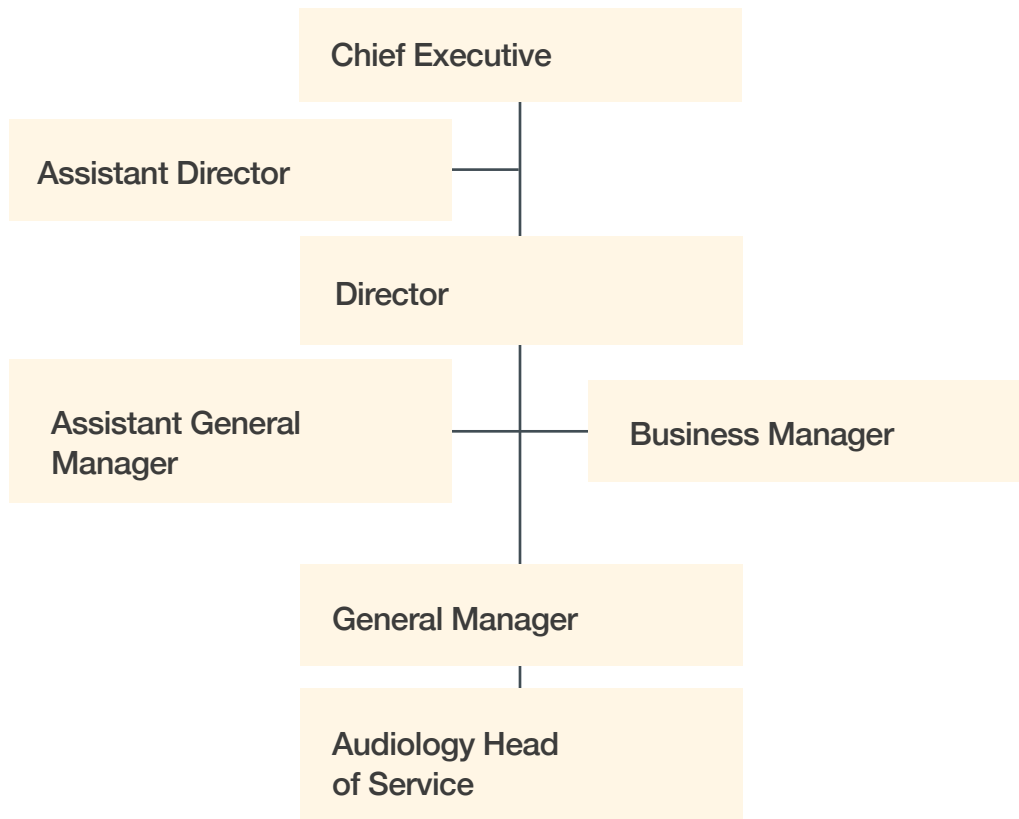


Figure 4: Internal governance structure for audiology services within Health Boards

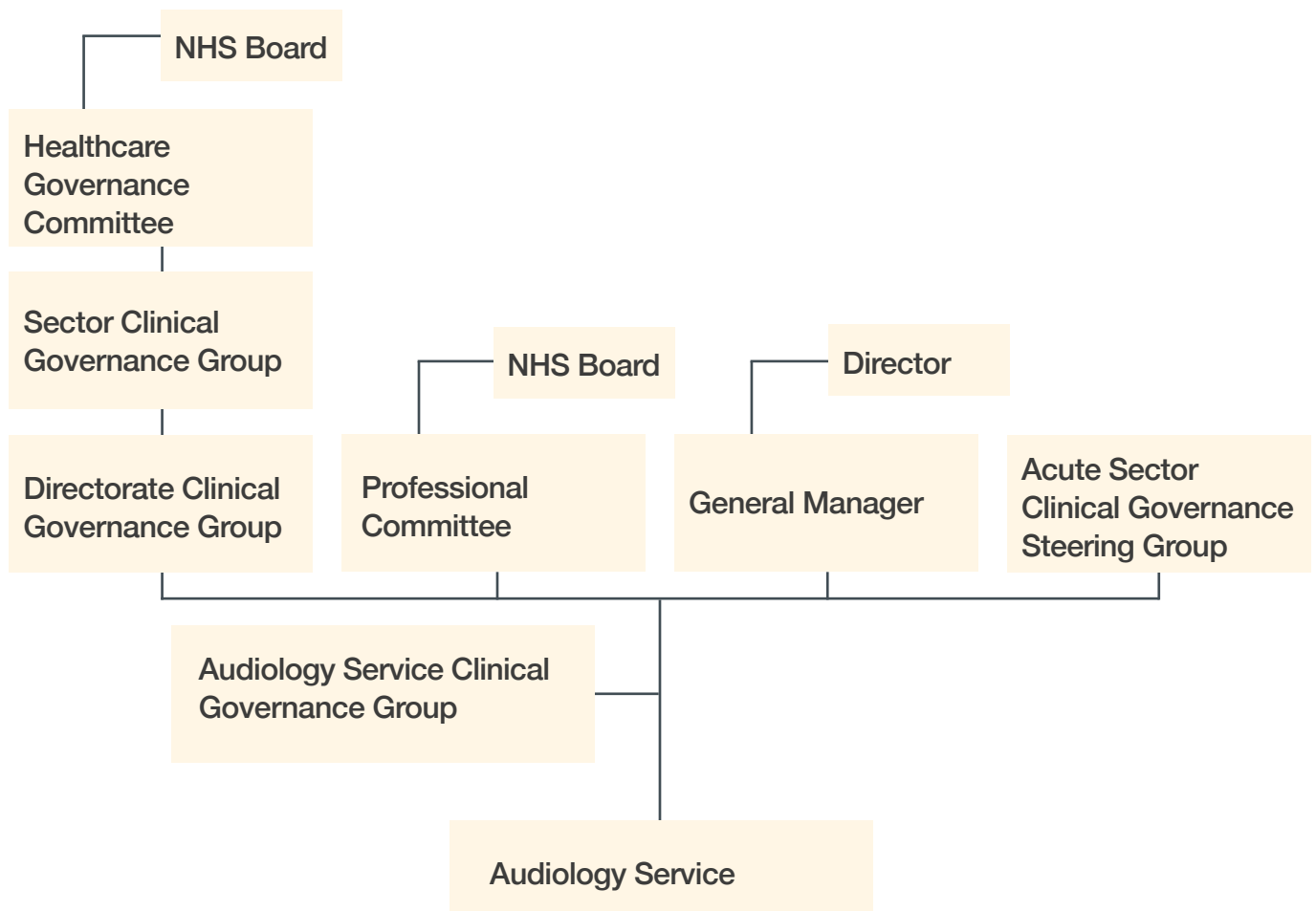


Figure 5: Audiology services reporting structure within Health Boards

Findings – governance

This section looks at the key findings from the survey responses to the questions about governance.

Responses show that heads of service are consistent in their concern around service visibility and where audiology sits within the Health Board. This in turn leaves a degree of uncertainty regarding the governance position of the service and how it fits with the governance structure of the Board. There is a clear lack of understanding of what good governance is and means, and a strong feeling that audiology has, to a degree, operated within its own bubble. It has not truly been accountable in the sense that it has not been properly connected to the formal governance structures within each Board.

Governance structure: Responses showed that governance as a whole is not clearly understood within the service itself; and while the heads of service have some understanding of its concept, it does not appear that the service currently benefits from clear and established governance within its local organisation. As a result, it should be expected that the governance processes of the organisation may not be adhered to. This is not due to a deliberate lack of compliance or effort on the part of the service. Rather, it appears to be related to the service growing and developing in isolation and not being part of the governance system. Nor is it being held to account by any form of regular assurance reports or measures, except when things go wrong.

Audiology has not traditionally presented as a high-risk area. This may explain the general lack of understanding and focus, and the less-than-clear processes that some services describe with regard to where they fit locally.


The national structures and their governance must also be considered and these are described earlier in the report.

Although not part of the scope of the Review, the service itself has been engaged in conversation with policy colleagues in the Scottish Government regarding an earlier government commitment to move audiology from the acute sector to the primary care sector. This should be borne in mind when considering implementation of the Review recommendations.

Budgetary and human resources issues: In most cases, budgetary and human resource management sit with the head of service with support from human resources and finance teams, and senior management where appropriate and necessary.

The breadth of people-management roles is wide and in most cases includes performance and capability management of staff, recruitment and attendance management, as well as personal development planning and reviewing.

Heads of service will be guided by local policy, which is aligning increasingly with national policy, due to the implementation and ongoing development of “Once for Scotland” (14) human resource policies. Personal development of staff, their training requirements related to role and the needs of the service were noted to be “variable”. Possible reasons for this could be limited or an absence of training budgets, and lack of insight from the head of service regarding the need for specific training.



Waiting times reporting, service performance: Responses to the questionnaire indicated that the monitoring and reporting of waiting times and the performance in general of the service were variable. Some of this was linked to how information is or may be accessed and where the systems with this information are situated. In some cases, the head of service is responsible for developing and running reports and presenting data on waiting times, while elsewhere these tasks are carried out by other parties. Consistency in what and how data is recorded, as well as how it is reported, have been longstanding concerns within the profession. At times, this has made it very difficult to determine what services are doing and to compare them.

Governance links and responsibilities between service and government: These are not clear or well understood, and work to develop a clear pathway and understanding is required. The Welsh model for external governance arrangements for audiology services, along with the development of an Audiology Services Advisory Group in Wales, is described in Appendix D and should be considered as one option for clarifying links and responsibilities.

Multi-agency working arrangements: There were many examples of formal and informal working arrangements between services and other agencies. In many cases, these were undertaken on the basis that either the parties have been working in that manner for many years or that the arrangement is understood and governed by “common sense”. Equally, services reported that in some situations there are formal service-level agreements in place, particularly where some element of work has been commissioned and where there is an exchange of goods, services or payment for those goods or services. These service-level agreements appear to be a mix of local or more formal. Formal, documented arrangements seem to be in place to help mitigate risk. Where arrangements are informal, it is likely that in some instances there is the possibility of significant risk, depending on the nature of the agreement.

There is good evidence of staff within most services taking on positions and roles external to their organisation. These include teaching and training roles and chairing national groups.

Information governance and data management: The use of patient management systems in audiology has highlighted that within the next year all services in NHS Scotland will be using the same main audiology IT system. This offers the potential for standardisation of data definitions and of ways data is collected and used. There is concern, however, that standardisation could still be problematic given that not all services are currently on the same version of the system.

Accurate reporting will require that the same or very similar versions of the system are in use across Scotland. In addition to the main audiology system, there are currently two different systems in use for collecting data from newborn hearing screening, so similar issues and concerns are likely. It is also significant that while the main audiology IT system has the capability for running a standalone audiology service, integration with larger hospital systems is often required due to local working practices. In some instances, this has been done with reasonable success but at the other extreme there is no integration. At times this leads to double data entry, which can lead to errors and difficulties.

Record keeping: Formal documentation is another area where variation in processes and procedures has been identified. The service has experience of developing documentation to support the delivery of a quality assurance programme. In many cases, however, this requires updating and should be carried out as part of a general programme of work, to ensure that the service and its operation is suitably supported.

Findings – leadership

The survey asked about leadership, leadership development and formal qualifications in this area. Below is a summary of key findings relating to these areas.

Responses showed that the majority of heads of service can demonstrate external leadership training and development, with some holding a qualification. However, it is acknowledged that this is not a measure of the effectiveness of either the training or the individual. In Health Boards where services do not have a strategic lead and where the head of service role is focused on being a senior clinician, there is little or no development in this area, nor is there access to leadership training programmes. It is noted that most heads of service retain a significant clinical role (often 50% or more), which is likely to impact on the time they have available to lead and manage the service.

This also applies more generally to the lack of opportunities for staff at band 6 and band 7 levels to undertake formal leadership development. Few of the responses highlighted leadership training for those at band 6 and below. The implication of this is that leadership is not recognised as an important part of a professional's development until they are in a senior role and that before they reach this level, they are not required to undertake activities that could be seen as requiring leadership skills.

Staff at band 6 level and sometimes lower often have responsibility for an area of clinical service, the review of junior staff, and the supervision and training of junior staff and students. Leadership is part of a suite of skills that individuals working in this capacity should be developing and they should have ongoing support and encouragement to do so.

Responses to the theme of opportunities and processes for staff and others to contribute ideas and suggestions, as well as raising concerns about the operation of the service, were varied. Use of staff meetings, one-to-one conversations (typically performance development reviews), "open door" approaches and even the potential to use the national whistleblowing policy were highlighted as methods of input and influence. Similar approaches were provided for raising ideas and concerns regarding clinical practice. Services where there was no strategic lead were more concerned with professional issues than operational issues.

There is evidence of networks and other resources being used to develop and improve services. For example, staff participate, or have participated in the past, in a national tinnitus group for NHS professionals, a balance group and a paediatric group – sub-groups of the Scottish Audiology Heads of Service Group, which set these up several years ago. Unfortunately, the groups were paused during the pandemic and, with the exception of the tinnitus group, are yet to restart. There has been an increase in the use of webinars and meetings, often industry or professional body-driven, that encourage discussion and sharing of ideas and practice across a wide area – often beyond the boundaries of NHS Scotland. Use of these approaches has, to a degree, become the norm, but it is difficult to gauge their impact in terms of the development and improvement of services.

Summary

Formally, there is a clear understanding of the structure of the service, reporting lines and responsibilities, as highlighted within the findings from the “structure” section of the questionnaire. But there is serious concern that this misses the point that governance, and ultimately accountability, is less well understood; more worryingly, that systems are not in place to ensure and assure the service, Board and beyond, that there is ongoing review and audit of practice and care to provide a solid and robust picture of how well the service is running.

After the events in NHS Lothian, awareness of the need for oversight has increased and this is now better understood within the service. However, there is also a lack of clarity regarding external oversight and where responsibility for it lies.

Use of standardised approaches such as quality standards, adherence to national/professional standards for practice and other referenceable methods of working are not in place within NHS Scotland’s audiology service – and they need to be. There is a very strong message from the service itself that better national oversight and measurement, and in particular service quality, are required. These must be led from the front and not left to chance. Such leadership would be welcome at Board level, where responses to the questionnaire show that in some cases Boards have little knowledge of what their audiology service does.

Recommendations 5 to 18 are especially relevant to the work of this Sub-Group.

Education and Training Sub-Group



Education and Training Sub-Group

Key points

- Four priorities were identified by the Sub-Group: CPD; foundation education; advanced practice; and leadership.
- A CPD champion or training officer in every department, as well as a national project role, would help define responsibility and accountability.
- An accountable training lead and core training register would help in the continuous process of checking competency.
- There are currently three potential training providers of audiologist professional status.
- A disconnect between supply from these programmes and demand from the audiology service may account for staff shortages but the intermittency of the programmes is also a factor.
- The diversity of pathways to access audiology training is a positive feature and must be properly managed.
- Leadership preparation is mixed.
- Leaders need to be comfortable with external scrutiny.

Introduction

Of 36 recommendations in the BAA's Lothian report, 11 related to training – particularly in CPD, assurance of competency and specific leadership skills relating to assurance of standards. Recommendations were deemed urgent (i.e. immediate action) in relation to training for visual reinforcement audiometry (VRA) and auditory brainstem response (ABR), and leadership skills for key staff. Other recommendations deemed of high importance (i.e. within 12 weeks) included training in new and existing protocols such as real ear coupler difference measurement, child protection awareness, peer review networks, clinical audit training and critical appraisal for senior staff including root cause analysis.

The BAA's recommendations did not reference workforce supply in Scotland and impact on capacity. Nor did they reference the healthcare science workforce's profile in a Board. The Sub-Group's view is that the limited oversight by Boards amplifies the solitary nature of the service, with a risk to training and service quality.

Shortly before publication of this report, the BAA conducted a further survey (7) of the audiology workforce in Scotland covering:

- training and career development;
- governance and leadership;
- raising concerns;
- quality of service;
- strengths, improvements and demonstrating value to stakeholders.

The survey is entirely consistent with the findings of the Education and Training Sub-Group.

Methodology

The Education and Training Sub-Group was convened on 11 August 2022. Membership was drawn from across the profession and included practitioners, trainees, heads of service and senior staff from around the UK, NHS workforce planning, and higher educationalists from the Scottish universities. Draft recommendations were formulated for each aspect of the Sub-Group's work and reported to the National Review Group for comment and feedback. The Review website lists the Sub-Group participants (1).

The first meeting of the Sub-Group identified priorities for consideration:

- CPD;
- foundation education;
- advanced practice;
- leadership.

Speakers from the group presented an expert view on the topic and there was a corresponding overview paper from the Sub-Group Chair that outlined the key issues. Emerging recommendations were debated and feedback taken from the Review Group as the recommendations developed. The Sub-Group's fifth meeting considered all the recommendations in the round.

Ahead of publication of this report, two early recommendations have been made through the Review Chair to the Cabinet Secretary for Health and Wellbeing. This encouraged availability of BSc foundation training provided by Queen Margaret University and Glasgow Caledonian University. The recommendations were made early to the Scottish Government in the light of academic planning cycles and the urgency of securing undergraduate training in audiology.

Also, ahead of publication of this report, NES Healthcare Science offered fee support for eligible experienced audiology staff to sit the BAA Higher Training Scheme (HTS) exam, Paediatric Assessment 6 months+. BAA closed this exam-only pathway at the end of March 2023. By early March, 14 staff from Scotland had applied for fee support.

In parallel with this National Review, the team from the Scottish Government CNOD, led by the Chief Scientific Officer, commenced a high-level review of the education and training landscape for healthcare science in which audiology sits. Any future changes to education and training are not yet identified by that Review.

In framing these recommendations, the scope of the Sub-Group's work has been the immediate audiology profession. It is acknowledged that other groups play a pivotal role in the patient pathway, most notably the newborn-hearing screener. The recommendations are equally applicable to these wider groups. Any implementation of these recommendations must include consideration of the screener workforce.

Findings – CPD

Why does CPD matter? The Sub-Group framed its response in terms of the safety-critical nature of the services audiologists provide. An observation of the NHS Lothian situation by the BAA was of no internal or external oversight of local competences. There was no challenge in the system or routine inspection of team members' essential skills. There was no clear idea of how those skills were kept up to date.

CPD applies to all levels in the team. To that end, a CPD champion/training officer in every department would help address the risk of training in isolation to give:

- defined responsibility and accountability;
- point-of-contact for all – the status of training as a team activity is elevated, thereby enhancing patient safety;
- strengthening of mutual support between larger and smaller departments, reinforcing the professional network. This would be particularly important for small/single-handed units where the obligate support of a larger neighbouring department could be established.

A fixed-term national project role to coordinate and drive all aspects of the recommendations is also recommended.

A departmental core training register of safety-critical diagnostic investigations by the team should be established to clearly define a department's capacity to conduct tests and individuals' capacity and competence. It would record:

- who is rated/competent to do what test;
- how that individual is qualified to do such tests;
- the validity period of an individual's competence before revalidation;
- the recurrence interval for competency to conduct a test;
- a schedule of reapproval of competence for each member of the team.

Improving the wider system

Checking an individual's competency and annual appraisals should include inspection of the core training register.

An accountable training lead and core training register could help address the competency issues identified in the Lothian report. They could intercept any unknown yet similar risks in other departments. A core training register, as a professional norm, would emphasise the safety-critical nature of the department's work and, importantly, lay the groundwork for further safety-related development of the system. This is the intersection between the Education and Training Sub-Group's work and that of the Structure, Governance and Leadership and Quality Assurance Sub-Groups.

In other branches of healthcare science, external audit/inspection of service is well-established. For example, hospital laboratory services are subject to inspections by the United Kingdom Accreditation Service (UKAS) (15) as a necessary part of their licence to operate. UKAS accreditation inspections include examination of staff training records and, effectively, a cross-check of who is competent to do what.

Accountability and system oversight were implicated in NHS Lothian. Medical and nursing oversight, at executive director level, are statutory components of NHS Scotland's Health Boards. Despite the complexity of the healthcare science workforce, its central role to the patient pathway and the safety-criticality of its activities, there is no lead healthcare scientist or authority to drive the above improvements. A similar sized commercial organisation could not operate without a director of science or engineering. NHS Wales (16) has executive directors of therapy and healthcare science; NHS England (17) has a network of scientific directors in the regions. The NHS Lothian incident is a microcosm of a wider systemic organisational shortcoming.

An accountable scientific lead should be a healthcare scientist empowered to support and oblige all healthcare science departments, including audiology, in a Health Board to engage with appropriate quality systems to give credible assurance. The post should be line-managed directly by a Board executive director, but it should be promoted as the senior responsible officer to direct robust systems of CPD/skills tracking and – by extension – any associated quality auditing of service. Lead posts have been piloted by Greater Glasgow and Lothian. There is a strong case for a nationally evaluated job description at a harmonised and senior Agenda for Change band.

Findings – foundation education

What is needed to secure the workforce now? While the NHS Lothian review did not highlight audiologist training pathways as a cause of failings in the service, the shortage of staff is perennial. The supply of trained audiologists is detached from the actual workforce shortages: service is left to hope that a qualified person can be found or that local Board decision-making will permit departmental training posts if an in-house traineeship is chosen.

What are the demand and supply numbers?

Scottish Government workforce estimates (18) indicate there are 260 NHS audiology professionals in Scotland. Of these, the service reported, in late 2022, 26 WTE vacancies, or just over 9% of its workforce. The concentration of roles across the service is in band 6, senior practitioner, followed by band 3, assistant.

For a small workforce such as audiology, a single vacancy can have a catastrophic impact on patient flow and service know-how, both potentially leading to delays, burnout and error. Patient safety lurks behind the vacancy situation. This is the connection with the National Review.

At present there are three potential training providers of audiologist professional status in Scotland. These pathways will be explored next, but to summarise the prospective supply side:

- Glasgow Caledonian University (GCU) has 12 audiologists on its BSc programme. These are NHS employees and will graduate between 2023 and 2025;
- Queen Margaret University (QMU) expects a total of 14 graduates between 2023 and 2024 from its pre-registration MSc programme and 66 from its hearing aid dispenser programme between 2022 and 2024. The likelihood for NHS Scotland employment is lower as these are unattached self-funded postgraduate students;
- there is one clinical scientist known to be in training via the Scientist Training Programme (STP)-equivalence pathway.

What are the current training pathways?

QMU offers a DipHE for hearing aid dispenser (Health and Care Professions Council-accredited) and a pre-registration MSc that is accredited by the Registration Council for Clinical Physiologists (RCCP)/Academy for Healthcare Science (AHCS). The MSc is self-funded. The university also has an RCCP/AHCS-accredited BSc undergraduate audiology programme, but it is not listed on the University and College Admissions Service (UCAS) (19) system as it has not been offered since about 2006. The hearing aid dispenser programme is an important supplier of the retail sector (out of the scope of this Review) and of the bands 3 and 4 component of the NHS workforce. As a blended learning programme, it allows NHS staff to access this level of training while remaining in post, provided the service can release the individual for the academic component. The department has close links with speech and language therapy academic provision.

GCU offers a BSc in clinical physiology that combines generic academic elements with learning for specialisms in audiology, neurophysiology, cardiac physiology and respiratory physiology. The programme runs every second year for NHS staff only. It is not listed on the UCAS system. Delivery is at the institution and in the workplace. Essentially it is, in all but name, an undergraduate apprenticeship model. Crucially, the programme offers a “year 0” starter phase at a partner further education college to allow access to the degree programme for candidates without Higher/A-Level qualifications. The uncertainty as to whether it will run in 2023 has been overcome since the Review commenced.

The STP is for able science graduates to join the NHS and acquire Health and Care Professions Council (HCPC) clinical scientist registration in a specialty such as audiology. Except for the nationally commissioned cochlear implant service, the wider audiology service in Scotland has not requested clinical scientist trainees in over a decade. Demand for NES-funded supernumerary clinical scientist training posts from service is around one third higher than resources allow for all healthcare science disciplines. There is an urgent need for clinical scientist training post investment, particularly if the audiology community also adopts this pathway.

“Equivalence” pathways exist to allow alternative routes to registration, largely via in-house development, to RCCP/AHCS (practitioner) registration or HCPC (clinical scientist) registration. Audiology services have avoided this pathway. For other specialties, the driver for training via “equivalence” has been workforce shortages.

What needs to happen to stabilise supply?

The intermittency and disconnect between audiologist supply from these programmes and the demand from the audiology service explains the workforce shortages.

The GCU programme is wholly dependent on service creating or converting establishment posts to training posts: the programme has no control over the intake. Service tends to recruit existing science graduates into what should be school-leaver (non-graduate) candidate posts. Service is probably driven to recruit graduates who, in theory, are faster learners, more mature and who will probably yield lower attrition than a school-leaver cohort. Prediction of the intake every second year is guesswork.

The QMU pre-registration MSc programme is entirely dependent on individual ability to self-fund. There is no deeper contractual attachment to a department beyond the programme placement; there is no obligation or incentive to seek NHS employment in Scotland after graduating. Similarly, NHS Board willingness to release staff onto the dispenser programme is beyond the university's control.

Diversity of training pathways to secure supply

A positive feature of the Scottish training landscape for audiology is more accidental than by design. Properly managed, it could reinforce multiple pathways into audiology and help secure the workforce. Diversity reinforces access and inclusion, so by its nature is desirable.

Effectively, the GCU model is an undergraduate apprenticeship that combines the four principal clinical physiology disciplines for employers if an in-house apprentice-type trainee is wanted. Emphasis should be on non-degree-holding entrants, such as school-leavers, as other (quicker) postgraduate pathways like STP are available: it makes no sense to expect degree-holders to repeat undergraduate training which is both time-consuming and a disincentive to retention. Incentivising service to recruit would be helpful.

The QMU pre-registration MSc is a route into audiology for able science graduates. It could be the springboard for completers to go on to acquire HCPC clinical scientist registration via equivalence. Improvement in the connection to Scottish service of such postgraduates could enhance retention; for example, selective sponsorship could be a route to achieving this. A restart of the BSc programme is highly desirable; it would boost the supply of audiologists both for the NHS and retail sector. The DipHE could be further enhanced by an articulation with the undergraduate programme to give a clear career pathway for these staff. The export opportunity for Scotland of training such undergraduates and from all programmes should not be overlooked and placements not confined to Scottish centres.

Placements and connection with service

Regardless of the academic models, some form of agreement relating to placement could be an improvement. This goes beyond audiology to the wider healthcare science sector. NES has experience in formalising such memoranda of understanding. Indeed, current healthcare science trainees, including NHS audiology staff, are assigned a national training number and tracked throughout training as part of NES's quality assurance of training function (20). This function includes recognition of NHS training centres via an assessment process traceable to HCPC Standards of Education and Training.

Leadership and training in quality systems

Awareness of leadership principles, quality systems and regimes of external inspection should become the norm as early as practicable in the training cycle. This awareness will be the foundation on which effective advanced practice and leadership can be developed.

Findings – advanced practice and leadership

The Sub-Group’s final themes propose responses to the specialist skills and leadership challenges exposed in the Lothian review. The discussion took account of a parallel discussion in the Quality Assurance Sub-Group, which identified considerable variation in the application of accredited higher learning and current best practice in the profession.

The impact of specialist skills preparation

The BAA highlighted concerns around understanding and application of specialist audiological test protocols, the external oversight of those competencies, and the leadership underpinning maintenance and development of skills. The guiding principle in our deliberations was “no-blame/learn from error”: the deficiencies observed were clearly systemic rather than individually malign.

The impact of deficient specialist skills on a patient can be for life, which places added importance on the correct understanding and application of those skills. This need is accentuated when the practitioner is independent or with sole responsibility in the clinic. What specific competencies must be faultless? How should training in them be delivered? Who oversees that training?

Understanding and application of specialist protocols

The BAA report cites an urgent need to improve ABR testing both in newborn and older children and in VRA testing. Specialist skills in audiology such as these are developed after initial registration. The BAA’s HTS addresses these and has been available for 15 years. The training is in-house under an accredited supervisor, with compulsory secondments, external assessment prior to examination and external assessment at the exam undertaken in the workplace and supported by accredited local trainers. Verified completion of the module results in a BAA HTS certificate. The current suite of HTS modules includes (21):

- adult assessment and rehabilitation with additional needs;
- advanced adult assessment and rehabilitation;
- balance assessment;
- balance rehabilitation;
- paediatric assessment (6 months+);
- paediatric assessment (newborn);
- paediatric habilitation;
- therapeutic skills;
- tinnitus and hyperacusis;
- cochlear implants.

In advance of publication of this National Review, NES Healthcare Science offered direct sponsorship of assessment fees for able staff wishing to sit the HTS paediatric specialty exams. The BAA pathway for this equivalence recognition was open until March 2023.

The BSA provides a comprehensive suite (22) of evidenced practice guidance documents, including specific protocols recommended for neonate and child examination. The caveat, of course, is that obtaining such information is not the same as showing understanding and then correctly applying it.

The Review's Quality Assurance Sub-Group conducted a survey of service in October 2022 that included questions about the state of higher training/master's-level specialisation. To date, BAA colleagues on this Sub-Group report that Scottish service engagement with the HTS is very limited, with time, cost and trainer availability the limiting factors.

Clearly, quality assured specialist learning resources are available to develop competencies. Accessing such material would be the logical next step. It is recognised that the capacity of the BAA to operate the HTS is limited; a Scottish solution, perhaps involving the NHS Scotland Academy, may help but with the short-term inconvenience of diverting staff away from the frontline. Notwithstanding service pressures, there is a clear contradiction that the system faces with the potential reluctance of staff (who deliver specialist tests) to undergo an assessment that could reveal competence shortcomings. It is a bullet that must be bitten. Transition and supportive environments are essential.

A final observation on postgraduate training is the distinction between the clinical STP and the advanced practice specialist training listed above. Pre-registration clinical scientist training is a postgraduate pathway for able science graduates to join service on a three-year programme. However, it is not immediate preparation for those specialist skills, but rather it is the foundation on which they can be acquired.

Trainers and verifiers: external oversight of competencies

Safety-critical specialist practice cannot be self-taught and enabled. Not only is evidence of attainment important, but so is independent verification of that attainment. The role of trainers and verifiers of such practice is paramount if there is to be uniformity and consistency across service of the safe and effective standards needed. If priority areas are ABR testing both in newborn and older children and VRA testing, then we need to ensure that competent trainers and verifiers of ABR and VRA are available.

In recommending system-wide improvements to the CPD of audiology staff, we suggested a local training champion with oversight from a national project officer. Such a role could extend to ensuring consistency of verifier standards.

NES Healthcare Science gives system-wide assurance of the state of training for healthcare science, including which training centres are recognised as compliant with its standards. The self-assessment process is well established and designed to be light-touch. The NES Healthcare Science core team is ready to assist with compliance.

Audiology leadership underpinning the maintenance and development of specialist skills

There are leadership preparation programmes at Board and national level that audiology leaders can undertake such as Leading to Change (23) in Scotland. Continuous improvement depends on an engaged leader to drive change and challenge norms. Appreciation of the critical role of external scrutiny is the hallmark of a high-functioning system; a leader needs to be comfortable with this and embrace the improvement opportunities that follow.

External scrutiny – the connect with quality systems and audit

Specialist skills are well-defined and are available through the BAA and BSA. Confirming those skills are in place and are open to external monitoring is the necessary assurance that was absent in Lothian.

The wider enquiry into service standards and quality systems is about assurance-building. The UKAS Improving Quality in Physiological Service Standard Awareness course (24) is an example of a quality management training programme specifically for clinical physiology services including audiology services. Engagement with it or similar would seem timely.

Summary

Investigation of the four priorities that the Sub-Group identified – CPD, foundation education, advanced practice and leadership – revealed a number of challenges that services need to address if service quality is to be upheld.

CPD needs champions at local and national levels and a core register of training will help ensure that competencies are being maintained.

Supply and demand in terms of audiology professionals are currently mismatched but the diversity of access to training is a benefit and should be managed to the advantage of the service and patients.

Finally, greater focus on the acquisition and regular testing of specialist and leadership skills is important in the context of ensuring safe and effective services.

Recommendations 19 to 41 are especially relevant to the work of this Sub-Group.

Quality Assurance Sub-Group



Quality Assurance Sub-Group

Key points

- Quality assurance is the process of checking standards of good practice are met and encouraging continuous improvement.
- The Lothian report prompted scrutiny of quality assurance of audiology services across the UK.
- KPIs were selected to provide a sample view of the quality of service provision and revealed widespread shortfalls in performance against recognised service quality measures.
- A peer review-based sampling audit of clinical skills in two key areas of the paediatric hearing loss pathway identified the need for urgent remedial measures to improve skills and establish ongoing assurance arrangements.
- Survey results indicated limited senior oversight or interest in quality assurance of audiology services by Health Boards. At service level there was, in most cases, no evidence of regular or recent clinical audit activity.
- Overall, findings point to the need for a suite of measures to assure service quality on an ongoing basis.
- There is little evidence of collaboration relating to quality assurance at a national level across Scotland between health boards, SCIP or UNHS, or with other UK countries.
- Establishment of effective and nationally coordinated quality assurance systems for audiology is achievable, as evidenced elsewhere in the UK.
- There needs to be one nationally recognised body with a remit to oversee quality assurance across audiology pathways.

Introduction

The BAA Lothian review identified a series of serious, significant issues, particularly within the early years (under 5) age groups of the paediatric audiology service. It was recommended that a comprehensive quality assurance programme should be established for the clinical aspects of the service – to include peer review and a reporting/oversight mechanism to director level, with arrangements for a suitable peer reviewer to be identified.

Informed by these findings, and within the wider scope of the National Review, the remit of the Quality Assurance Sub-Group was to:

- provide a quality assurance appraisal of audiology services (all ages), surveying key elements of existing service provision, with a particular focus on issues impacting on patient outcomes;
- review existing quality assurance arrangements, making recommendations necessary to establish robust quality assurance processes, while progressing service quality, improvement and outcomes for patients on a permanent basis.

Quality assurance is the process of checking that standards are met and encouraging continuous improvement. Assuring and driving up the quality of services is essential if audiology is to achieve the intended benefits to population health, while minimising unintended harms to those receiving services. Further information and definitions are provided on the Review website (1).

The Sub-Group was aware of previous national recommendations and arrangements for quality assurance organised on a national basis, although not the current provision across Scotland. It was agreed that a variety of types of information should be obtained to determine the current position, addressing the second bullet point above.

In context, many other areas of the UK currently have no robust systematic external quality assurance against evidence-based national service quality standards, although a nationally coordinated approach is well-established in Wales. The findings of the Lothian report have generated activity in many parts of the UK, leading to scrutiny of care and with the goal of improving quality assurance to those commissioning and responsible for audiology services.

The Sub-Group also received the findings of the Reference Group's stakeholder engagement exercises conducted as part of this Review and the survey of audiologists in Scotland carried out by the BAA. These provided information pertinent to the remit of the Sub-Group and recommendations.

It is important to note that while all Health Board audiology services were within scope of the Review, services delivered by the SCIP are subject to quality assurance scrutiny by NSS. For UNHS, the NSS provides collation of primary screening data and performance against KPIs, while the Health Boards are responsible for delivery against the related targets.

Methodology

Survey of KPIs

The Sub-Group devised a set of KPIs selected to provide a sample view of quality of service provision across adult and children's audiology services, with reference to national service quality standards (8, 9). Each NHS Board was asked to complete a questionnaire survey (Appendix E) based on the KPIs, via heads of audiology services. The SCIP and the UNHS programme were also surveyed, the latter in relation to performance against existing KPIs.

It is important to note the limitations of this survey. Data were gathered through a one-off desk-based exercise. There was no onsite verification of submitted responses; and the depth and range of investigation of service quality would not match that of a robust external audit process against a wider range of criteria based around the patient pathway. There was no direct observation of practice; use of a site-visit-based approach, with briefing of all stakeholders and interactive scrutiny of local practice, would be expected to improve the accuracy and scope of outcomes reported from the limited desktop audit exercise conducted here.

Peer-review exercise of audiology skills

The Sub-Group devised two peer-review exercises of clinical skills for two key elements of the paediatric hearing loss pathway: ABR assessment following referral from UNHS; and technical aspects of hearing aid management.

ABR assessment is used to diagnose hearing loss. It provides information on the level and type of hearing loss and is used to guide decisions on clinical management – for example, fitting of hearing aids where indicated. Subsequently, hearing aids need to be fitted accurately, with measurements made to confirm this, in order to ensure optimum amplification, with best access to speech sounds in particular. Such audiological procedures are complex and require application of high-level skills while adhering to evidence-based professional guidelines.

Audiologists who perform such procedures were requested to submit materials for peer review. The exercise performed was to audit existing practice against BSA professional good practice guidance (25). Although of limited scale, this audit exercise and analysis report (Appendix F) provided useful insight into the training needs of audiologists based on care of individual patients.

A case sampling approach was adopted reflecting limitations of time and resources. Outcomes relating to individual cases were reported to audiologists and the Scottish Government to an agreed process. The exercise also had the benefit of providing familiarity with external peer-review practices for participants. However, the exercise did not explore audiologists' perception of their skills or levels of training/knowledge, or the adequacy of resourcing and organisational support for these demanding and complex activities.

Survey of quality assurance arrangements at Health Board level

The Sub-Group devised questions to survey heads of service on the current arrangements for quality assurance at Health Boards and their collaboration with other services, including ear, nose and throat (ENT) and specialist services (SCIP and UNHS). The questions were informed by established good practice in services in other UK countries and a definition of clinical audit provided by the National Institute of Health and Care Excellence. Health Board audiology services were then surveyed, via heads of services.

Limitations on scrutiny of quality assurance through the Review

Due to limitations of time and resources, peer-review exercises and cases-level audits were not performed for other key elements of audiology pathways, notably behavioural assessment of pre-school-age children and adult pathways (including balance, tinnitus and implantation). Lack of close scrutiny of case-level practice for such pathways means they cannot be reported upon here.

Findings

Survey of KPIs

The limitations of the approach taken to gather information on performance against KPIs should be noted (see above). However from a detailed analysis of a limited number of KPIs sampled, it is evident that there were shortfalls across all Health Board audiology services. As the KPIs were derived as a sample from across existing evidence-based Scottish Government children's hearing services and adult rehabilitation service quality standards, it is reasonable to conclude that Health Boards might currently fall short of acceptable levels of compliance against these national standards if a more extensive site-based external audit were to be conducted. The outcomes of this survey point towards the need for robust external audit of services against existing service quality standards. A list of the surveyed KPIs can be found at Appendix G.

Peer-review exercise of audiology skills

The peer-review exercise to explore audiology skills identified shortfalls across those Health Boards delivering these services.

There was a general lack of adherence to professional best practice guidance to provide assurance of competence in diagnostic ABR assessment and hearing-aid fitting, which may reflect current specialist skills and previous training. It should be noted that there is no existing external peer-review scheme in place for these key elements of the patient pathway. When introducing a robust external peer review exercise of this type, it is likely that issues/concerns at different levels will be revealed. This has been the case: there were at least minor shortfalls against good practice guidance identified at all Health Boards offering ABR assessment and/or hearing-aid fitting.

Given the scale and significance of audit findings for the ABR audit (shortfalls in practice against guidance) it was decided to expedite development and submission of three recommendations from the Sub-Group (see recommendations 52-54). The hearing-aid peer-review exercise revealed reports of equipment shortfalls and lack of training to provide for fitting of hearing aids to best practice standards. Specific recommendations were escalated to respective Health Boards. For further detailed outcomes of analysis of both exercises, see Appendix F.

Survey of quality assurance arrangements in Health Boards

For the majority of services there is no evidence that regular or recent clinical audit has been undertaken. Some measures of performance (for example, waiting times, referral rates) were reported and there were some examples of service evaluation to inform or assess service change.

There is minimal evidence of joint clinical audit with ENT. There was no evidence of joint clinical audit with other Health Boards, SCIP or UNHS services.

There is no evidence of external audit or review of services in recent years, save for paediatric audiology services in NHS Lothian in 2021.

There is no evidence from the majority of Health Boards of inter-Health Board quality-related performance benchmarking activity.

There is no evidence of non-ABR-related peer review for the majority of Health Boards and no evidence of external peer review of clinical practice.

The majority of Health Board audiology services submit regular (monthly) reports within their Board related to referral to treatment (RTT) and clinical activity performance. This is often limited to specific pathways and it is unclear where this data is ultimately reviewed. There were also limited reports of submission of any quality-related data other than that related to RTT access times.

No Health Boards report having an audiology service quality policy/manual/system. There was some reference to continued use of service quality standards. There is little evidence of collaboration relating to quality assurance at a national level across Scotland between health boards, SCIP or UNHS, or with other UK countries.

For a list of questions used for the survey of Quality Assurance Arrangements, see Appendix H.

Views from heads of service on measures required to improve quality assurance and services

There was a clear recognition from heads of service about the existing gaps and variation in quality assurance and they were able to identify a range of mechanisms to address these. However, they also identified a lack of resources as a significant barrier to making progress.

More specifically, there was support for:

- implementation of a formal process for quality assurance using Scottish service quality standards and peer review. To include an external audit element, and requiring a national coordinated approach and Scottish Government support;
- additional (human) resources to enable service managers to have sufficient and protected time to review and improve services. Training in clinical audit within an audiology context;
- development of resources (materials) to support quality assurance activity across Scotland and ensure alignment – for example, report templates, guidance documents;
- a coordinated and collaborative approach across audiology in Scotland – for example, establishment of a national audiology quality assurance team; audiology quality leads identified within each Health Board working together across Boards and linking with the Scottish Government; regular heads of service quality assurance meetings; heads of service working together in an agreed way;
- improved patient management system and tools for improved data collection and extraction;
- re-establishment of audiology patient reference groups;
- improved audiology accommodation;
- improved profile of audiology – recognition of audiologists as independent professionals to enable service improvement, including through role extension and raised profile aligned to the importance of audiology services;
- quality standards that are patient-centred;
- increased collaboration with other services (for example, speech and language therapy, education, audiology outside Scotland).

Summary

While there were areas of good practice, shortfalls in quality and quality assurance were identified in each of the surveyed approaches and were evident across Health Boards. Although the root causes were not explored systematically, there is reference to resourcing, lack of coordination, lack of collaboration, poor profile of services and absence of organisational focus on quality (other than access times). There is acknowledgement among those leading and others delivering services that there is a need for improvement and an appetite to do so.

The Sub-Group is keen to emphasise that shortfalls reported do not reflect adversely on the commitment of individuals aspiring to deliver high-quality care.

Going forward, quality assurance should be pursued using a variety of approaches, since each has different strengths and weaknesses. Evidence-based service quality standards, even if audited robustly, are not sufficient in isolation to assure quality. It is recognised, for example, that audit against standards needs to be augmented with reporting against KPIs at a health board and national level. This will provide ready availability of data to benchmark against service standards compliance and KPIs to drive forward quality improvement systematically, across the country.

Collaboration in pursuit of quality assurance and supportive activity is highly desirable. Priority should be given to recommendations that feature collaboration to help realise the benefits: namely, to provide efficiencies, encourage sharing of good practices with respect to quality assurance; to encourage a culture of openness; to ensure wider engagement in quality assurance activity (within and across audiology teams); and to contribute towards a unified national identity/profile for audiology.

The Quality Assurance Sub-Group recognises the inter-relationships and interdependencies with the remits of the other Sub-Groups. Indeed, provision of high-quality and quality-assured services is reliant on effective leadership operating within governance structures that are fit for purpose and on the availability of staff with appropriate skills.

It is considered critically important that structures and dedicated resources are available to oversee:

- the development of service quality standards;
- robust external audit process;
- escalation where indicated;
- national planning for service quality improvement;
- national reporting.

There is a need for openness with respect to reporting on service quality and performance of services. It is by doing so that remedial steps can be taken to address shortfalls in service quality as and when they occur, or, more positively, to demonstrate improvement to services.

Recommendations 42 to 55 are especially relevant to the work of this Sub-Group.

Conclusion



Conclusion

This Independent Review has identified a range of concerns in all the areas we have scrutinised. A combination of factors is responsible, but in particular there has been a lack of strategic and workforce planning, poor quality assurance of services and staff training, and an absence of national oversight and responsibility.


The ALLIANCE engagement work (2) has given us crucial insights from patients, parents and other professions that use audiology services. We have learned that from the patient and parent perspective, there is considerable variation in the patient experience and perceptions of quality of service. The following comments from patients and parents quoted in the ALLIANCE report demonstrate this variation.

“ I feel they should listen more to parents. We know our children best and hopefully they will pick up on hearing loss quicker so no more children have to wait 10 years for help.”

“ Audiology services should have a holistic approach to their patients. They should recognise that hearing aids (while they work very well for many and I would not be without mine) are not the final and total answer. Every individual should be treated as such – how they manage their hearing loss is unique to them and this should be acknowledged and supported.”

“ We even had a follow-up call from the consultant a week or two later to make sure we had digested the diagnosis and to check if we had any more questions.”

“ Once I received my hearing aids I have had no more communication with the audiology department. Perhaps I am supposed to contact them again but I have had no reminders or info. As there was a great deal to take in at my fitting appointment I think that there should be some follow-up info.”



Patients and parents are concerned about the “customer service” aspects of audiology services and in particular poor communication. They would like to see services that are patient-centred, understand the patient voice, promote self-management, empower patients, and quickly address and respond to needs. It is crucial that patients and parents feel they are listened to and believed – i.e. that hearing loss is present until proven otherwise. Patients and professional groups using audiology services have highlighted the vital role that co-ordinated multi-agency working plays in patient care. This must become the norm.

The Structure, Governance and Leadership Sub-Group identified significant problems with the current audiology workforce, both in terms of numbers of vacancies and skill mix. The national organisation of structures is complex, with varying lines of reporting, no national oversight and poor visibility of the specialty. Similarly, in Health Boards audiology lacks visibility and governance arrangements lack clarity. There is a need to raise the profile of audiology services, in particular to promote their impact on health and for resourcing to reflect the benefits of interventions. The establishment of a Audiology Specialist Advisory Group and appointment of healthcare science leads in each Health Board are central tenets of our recommendations. Healthcare science leads would benefit not just audiology, but the wider healthcare science community.

The Education and Training Sub-Group highlighted the current mismatch between supply of and demand for audiology professionals. Current routes into audiology training are intermittent and lack coordination, and the specialty would benefit from a wider range of training routes. The Sub-Group identified that core training registers, overseen by departmental training officers are essential for effective CPD and maintenance and development of knowledge and skills. The Sub-Group also confirmed the need for registration of trainees, recognition of trainers and accreditation of training centres. Leadership development and clear descriptors of leadership skills in audiology posts were also identified as being of crucial importance.

Quality assurance activities within audiology departments are extremely limited. The only information routinely collected relates to performance against 18-week referral-to-treatment access targets, but it is unclear who monitors this data in Health Boards. Little regular clinical audit is conducted either within departments or between specialties. In particular, joint audit with UNHS or SCIP does not occur. In terms of KPIs sampled, there were shortfalls across all Health Board audiology services. This indicates a need for robust, external audit of services against existing national quality standards through which quality of care can be assured and improvements achieved. This will require an openness in approach, recognising the benefit of external scrutiny of practice.

Patient sampling audits of diagnostic ABR tests and hearing-aid fitting highlighted the need for urgent additional education and training of audiologists, for further audit and establishment of an external peer review process.

Audiologists felt that training and career development opportunities were limited by lack of funding, workplace pressure and staff shortages. High-quality training and work-based learning were seen as priorities. They recognised that workload and patient complexity are increasing, but that staffing levels and skill mix have failed to keep pace. There was a perception of lack of support by Health Boards for service development, and lack of national leadership and visibility of the specialty were viewed as key issues. It is a concern that audiologists, and other stakeholders involved in the Review, have noted that morale in the specialty of audiology is low. This may have an impact on retention of staff in the workforce and buy-in from the audiology community which will be of such vital importance in implementing change.

An opportunity to build services for the future

There are multiple, systemic problems within audiology services in NHS Scotland. Resolving these requires a whole-system approach. This is a once-in-a-generation opportunity to aim not just for safe, acceptable services, but for excellence, and to develop the services patients deserve.

The wide-ranging recommendations in this report provide the foundation for improvements which will ensure high-quality, joined-up, patient-centred services. It is stating the obvious to say that the recommendations can only have this effect if they are implemented. A fundamental requirement of this report is the urgent establishment of an Implementation Group, with stakeholders that include patients and the third sector, and with the necessary project management support, resources and delegated authority, reporting directly to the Scottish Government.



This is not the time for a half-hearted response or for a sticking-plaster approach. This is a time to acknowledge the systemic issues and to use this report as the catalyst for a transformation process, which will require vision, national leadership and accountability. It will require planned investment in the education and training of our audiology professionals to ensure the right numbers are available with the required skills. In parallel, it will require the establishment of robust, quality assurance processes for services to affirm the delivery of high-quality care.

The right to effective language and communication is enshrined in Article 19 of the United Nations (UN) Universal Declaration on Human Rights. Furthermore, the UN Convention on the Rights of the Child recognises the right of every child to “the highest attainable standard of health” and to the development of “mental and physical abilities to their fullest potential”. We will do patients a great disservice if there is a failure to implement the recommendations from this Review. Consigning it to the “too difficult” box is not an option. There is a need for improvement and a huge appetite for change within the audiology community. In particular, there is recognition from stakeholders of the need to work more collaboratively to achieve common goals.

If we return full circle to the catalyst for this Independent Review, it was the identification of serious failings in the care of 155 children. We must learn from the situation in Lothian and from the extensive work of this Review. Implementing the recommendations in this report, and in particular establishing the suggested structures and governance, will help to ensure that such failings in care are not repeated.

Recommendations

Emergency department →

Out-patients →

Audiology department →

Laboratories →

Orthopaedic clinic →

MRI unit →

Recommendations

Introduction

The Reference Group engagement report, engagement with NHS audiology staff and thematic reviews across 1) structure, governance and leadership, 2) education and training and 3) quality assurance informed and supported the development of the final recommendations.

The findings from the work of the Review and its Sub-Groups point to a number of important issues that require urgent action to deliver change and improved outcomes for the people of Scotland. Fundamental to service improvement is cultural change that focuses on patient-centred care and which listens to patients, empowers them and places them at the heart of their coordinated, multidisciplinary care.



The overarching aims across the findings and recommendations are:

- to reduce variation and ensure the delivery of safe, high-quality, patient-centred care across Scotland, with clear accountability;
- to build a sustainable pipeline of talent and ensure that patients are cared for by professionals with the right knowledge and specialist skills, within services with effective, skilled leadership;
- to ensure a culture of continuous improvement of quality and outcomes of care across the patient journey, with external assurance of patient safety, clinical effectiveness and patient experience;
- to ensure that national structures are in place to provide strategic oversight and assurance of audiology services.



Timescales have been described as:

- short term – within three months;
- medium term – within six months;
- long term – within 12–24 months.

Implementation and continued oversight of NHS audiology services

The absence of continued oversight and leadership of audiology has been a major feature of the Review's varied deliberations; left unresolved, this is a potential future failure point in both the sustained change required within audiology services and the governance of the healthcare science workforce.

1. Establish a time-limited National Implementation Group with a Project Lead to provide the necessary project management leadership to produce and monitor a plan to implement the Review's recommendations. It is advised that Group membership is multidisciplinary, including patients and third-sector representatives, reporting directly to the Scottish Government.

While it will be for the Scottish Government to set the Group's terms of reference, appoint its members and determine specifically how the recommendations should be taken forward, it is advised that this Group should play a vital role in:

- defining national audit and peer review processes;
- supporting the establishment of local working groups;
- ensuring all relevant stakeholders are represented in the national and local groups' structures and activities;
- coordinating any actions nationally, regionally and locally;
- ensuring the recommendations are applied consistently across Scotland in line with the "Once for Scotland" approach (14), but also supporting adaptation of the recommendations as necessary to reflect local needs.

It would be prudent to ensure that opportunities are taken during the implementation phase to share learning through collaborative effort at Governmental and professional levels.

Responsibility: Scottish Government

Timescale: Short term

2. Establish an Audiology Specialist Advisory Group, a single body with oversight of paediatric and adult audiology services which reports to the Scottish Government.

An indicative description of responsibilities for this Group is below;

- To provide scientific and technological advice on NHS audiology matters to the Scottish Government.
- To advise on policy matters relating to the provision of safe, cost-effective, high-quality NHS audiology services.
- To ensure national oversight of quality assurance and review audit and performance data across the clinical pathway.
- To advise on matters relating to workforce planning, education and training of those involved in the provision of NHS audiology services.
- To enhance the reputation and profile of NHS audiology.
- To enhance the identity, culture and morale of NHS audiology services.
- To advise on strategic planning and development of NHS audiology services.

- To encourage a collaborative approach, with representation from NHS audiology services, medical audiology, specialist services, higher education institutions and the Scottish Government.

Responsibility: Scottish Government

Timescale: Short to medium term

3. Establish a single policy home for audiology within the Scottish Government.

Responsibility: Scottish Government

Timescale: Medium term

4. Appoint a Healthcare Science (HCS) Lead in each Health Board. While we are specifically interested in Board-level oversight of audiology, director-level leadership, as currently applies to other major clinical groupings, would also benefit audiology and the wider HCS community. The absence of such HCS leadership has been a major feature of the Review's varied deliberations; left unresolved it is a potential future failure point in the governance of the wider HCS workforce.

The following remit for an HCS leader would benefit audiology, helping to assure safe care and outcomes for the population served by this and other specialist HCS disciplines;

- Support and monitor education, training and registration of clinical staff, including oversight of core training registers.
- Responsibility and accountability for clinical governance issues – alerting the Health Board Chief Executive to service issues that may impact on safety and the reputation or performance of the organisation.
- Ensure quality assurance programmes are in place and that the organisation complies with specific quality requirements and accreditation schemes.
- Receive external audit reports/reviews on behalf of the organisation, providing challenge and support for the delivery of quality assured HCS services.
- Encourage organisational support for service improvement informed by patient feedback, outcomes of audit/review and technological innovation.
- Ensure organisational support for implementation of national strategies and policies.
- Promote and provide high-level support for the needs of the service within the organisation, as a healthcare discipline.
- Encourage an identity and a culture of collaboration across HCS services in the organisation.
- Support HCS leadership development.
- Participate in national strategic and collaborative efforts, with counterparts in other Health Boards.

Ideally, to have authority to achieve the above, a Healthcare Science Lead should hold an executive level position and responsibility at each Health Board. This may be more viable in association with a wider professional partnership grouping, but always with a post-holder who has clear responsibility for and knowledge of HCS.

Responsibility: Scottish Government

Timescale: Medium term

Structure

Enabling delivery of high-quality audiology services wherever you are in Scotland

The foundation of safe, effective and timely audiology service delivery is having the right number of appropriately trained and skilled staff in place to meet the needs of patients. These staff should be able to record all patient interaction to ensure seamless delivery of care and outcomes.

5. Conduct a comprehensive workforce review with a particular focus on skill mix with reference to professional best practice guidance and linking in with professional bodies.

Responsibility: Health Boards

Timescale: Short term

6. Develop a robust workforce plan to ensure appropriate safe-staffing levels and equitable patient-staff ratios.

Responsibility: Scottish Government

Timescale: Short-medium term

7. Develop a suite of national job descriptions to improve consistency across all job descriptions particularly of those at band 7–8, Head of Service and Deputy Head of Service level. This work should link with professional best practice guidance and be informed by the Academy for Healthcare Science (AHCS) Good Scientific Practice document (26) and for Heads of Service posts to the AHCS Standards of Proficiency for Higher Specialist Scientists document (27).

Responsibility: The Scottish Terms and Conditions Committee and Health Boards

Timescale: Medium term

8. Review and formalise collaborative arrangements with neighbouring Health Boards to ensure sustainable service delivery for specialist audiology services.

Responsibility: Health Boards

Timescale: Medium term

9. Use the most updated version of the Audiology Patient Management System to enable consistent data recording and reporting and ensure delivery of effective, high-quality patient care across all Boards.

Responsibility: Health Boards

Timescale: Medium term

Service design

Audiology services should be accessed and delivered by, and involve, multidisciplinary agencies consistently across Scotland.

10. Define and ensure adoption of a consistent patient pathway for adult and paediatric audiology, with reference to best practice guidance and national service quality standards, which is responsive to innovations over time. This will enable consistency of care, comparative audit and reporting of performance between Health Boards.

Responsibility: Health Boards, National Services Scotland National Services Division and the Scottish Government

Timescale: Short to medium term

11. Design services based on demographics, geography and local needs ensuring that stakeholders are a key contributor to the process as per the Scottish Government's Scottish Approach to Service Design (28).

Responsibility: Health Boards

Timescale: Medium term

Governance

Accountability for safety and improving standards of care

Audiology, like other NHS disciplines, should sit within tried and tested policy and corporate, clinical and care governance structures at both Health Board and Scottish Government level.

12. Undertake a review of NHS Board internal governance arrangements to ensure strong accountability links for audiology reporting within NHS corporate and clinical and care governance structures.

Responsibility: Health Boards

Timescale: Short term

13. Review the Audiology Heads of Service Group's terms of reference to ensure alignment with local and national guidance around NHS Scotland good governance (29).

Responsibility: Health Boards

Timescale: Short term

14. Review and define professional accountability for the audiology service within Scottish Government and NHS Board governance structures.

Responsibility: Scottish Government

Timescale: Medium term

Leadership

The foundations for better leaders and better care

Strong leadership for audiology in Scotland will encourage cultural change and drive improvements in services. The right leaders will balance the clinical demands of the service with those of patient-centredness; they will promote and value collaborative working with the whole multidisciplinary team and will understand and exploit audiology's position in the policy and wider health service landscape.

15. Clearly specify the need for healthcare science leadership skills development in job descriptions for all posts, proportional to the level of seniority. If candidates are less developed formally on appointment, then an unequivocal commitment must be given to engage with a programme suitable for the role. Health Boards may offer such support through organisational development and learning.

Responsibility: Scottish Government and the Heads of Service Group

Timescale: Medium term

16. Ensure recruitment panels for NHS leadership posts for audiology, as a healthcare science service, include external senior audiology and local healthcare science professionals.

Responsibility: Health Boards

Timescale: Medium term

17. Ensure that advanced and ongoing leadership development of those in senior positions (healthcare science band 7 and above) is understood to be the norm and recorded as part of an individual's ongoing personal development utilising national programmes such as Leading to Change with the option to develop bespoke leadership development programmes if required.

Responsibility: Health Boards

Timescale: Medium term

18. In line with the Health and Care (Staffing) (Scotland) Act 2019, ensure all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility, along with their other professional duties. They should have opportunity to engage and contribute with healthcare scientists in other disciplines to foster mutual support on matters related to the delivery of healthcare science services.

Responsibility: Health Boards

Timescale: Medium term

Education and training

Ensuring patients are cared for by professionals with the right skills and knowledge now and in the future

We want to maximise the supply of audiology staff and ensure a flexible approach, offering a range of access routes to entry and training.

The workforce must be grown at pace; workforce shortages jeopardise current service delivery and will impact on the ability of services to implement the Review recommendations. Given the urgency of the need for workforce supply, the quickest, most logical approach is to use current and previously designed courses in Scotland.

The export potential of programmes rests on the expectation that they can cater for learners employed outside NHS Scotland. Programme viability is enhanced and should also be recognised as a key export opportunity that draws, where it can, on the placement, wisdom and experience of the Scottish service.

19. Posts requiring specialist skills must only be open to candidates formally qualified to the agreed national standard. Examples of such include existing specific UK-level healthcare science routes available such as the Scientist Training Programme and Higher Scientist Training Scheme. The BAA's Higher Training Scheme (HTS) modules are an industry-standard that could be adopted in Scotland with eligible staff registering to do HTS within 18 months and complete three years thereafter.

Responsibility: Health Boards

Timescale: Medium term

20. Staff in post should gain a qualification or equivalent recognition to demonstrate clinical competence in a speciality area. For example, the BAA's HTS modules currently provide a scheme to develop competency and allow for competency assessment. It is recommended that the Scottish Government works with that professional body on capacity to throughput candidates and to develop local examiners in Scotland to assess competency.

Responsibility: Health Boards

Timescale: Medium term

21. In readiness for promotion opportunities and to build workforce capability, the Scottish Government should encourage Health Boards to pursue equivalency to secure Clinical Scientist Registration and Higher Specialist Scientific Registration for consultant level leadership.

Responsibility: Scottish Government and Health Boards

Timescale: Medium term

22. Define minimum education and training needs and minimum ongoing continued professional development and reaccreditation arrangements to maintain competencies for those:

- performing auditory brainstem response assessment of children, including peer review;
- leading two-person assessment of pre-school-age children;
- fitting hearing aids to children;
- performing tinnitus assessment of adults;
- leading vestibular assessment of adults;
- undertaking adult assessment and rehabilitation.

Responsibility: Health Boards and Scottish Government

Timescale: Short-medium term

23. Establish a Core Training Register for safety-critical diagnostic testing performed by the team.

Responsibility: Health Boards

Timescale: Medium term

24. Establish a Continuing Professional Development Champion or Training Officer in every department offering audiology services. The individual must practise evidence-based training and include external training as well as internal. It is advised that this is reflected in the relevant job description.

Responsibility: Health Boards

Timescale: Short term

25. Ensure annual appraisals include regular review of an individual's competency and training record.

Responsibility: Health Boards

Timescale: Medium term

26. Ensure all services are connected to a network of trainers and verifiers to ensure uniformity of high standards of specialist skills and to provide evidence of training assurance to external auditors, thereby cementing a quality culture.

Responsibility: Health Boards

Timescale: Medium term

BSc programmes

27. Current undergraduate BSc programmes should run annually, and previously run courses should be restarted. They should prioritise school-leaver/non-degree-holding entrants.

Responsibility: Scottish Government and Health Boards

Timescale: Short to medium term

28. Urgent consideration should be given to the sustainable funding of programmes.

Responsibility: Scottish Government and Health Boards

Timescale: Short to medium term

29. Consideration should be given as to how programmes could be formalised, if desired by service, into degree apprenticeships, and how Boards could be assisted to embrace the model.

Responsibility: Health Boards

Timescale: Medium term

MSc programmes

A two-year MSc generates a qualified practitioner able to join the accredited register. An additional benefit is that the M-level qualification is a useful springboard to clinical scientist equivalence and fulfils part of the BAA higher training scheme requirements.

30. There should be direct sponsorship of selected students to undertake the pre-registration MSc as it stands. NHS Scotland placements should be prioritised for students who are directly sponsored.

31. Consideration should be given as to how to recruit and retain such sponsored trainees.

Responsibility: Health Boards and the Scottish Government

Timescale: Medium term

Dip HE

A Dip HE in Hearing Aid Audiology is a two-year work-based diploma currently available in Scotland for staff employed in service. It provides education and training to support a role as Associate Audiologist (band 4), providing a foundation for further education and training.

32. The existing programme should run an intake as planned in 2023.
33. Promote and support access to the Dip HE in Hearing Aid Audiology as an element within the NHS career pathway, also ensuring that the course offered reflects the evolving needs of the NHS.
34. Consideration should be given as to how NHS departments can be incentivised to place staff on the Dip HE in Hearing Aid Audiology course and retain them.
35. Articulation is required between the DipHE and BSc top-up modules to allow Boards to accelerate workforce supply, both in Scotland and beyond.

Responsibility: Health Boards

Timescale: Medium term

Enhancing care through skills development, registration and recognition

36. All NHS trainees regardless of programme pathway should be mandated to acquire a National Training Number from NHS Education for Scotland which would ensure monitoring of training progress.

Responsibility: Health Boards

Timescale: Short term

37. All trainees entering NHS Scotland employment must, on completion of their training, be eligible for registration either with Health and Care Professions Council or Registration Council for Clinical Physiologists – Academy for Healthcare Science (AHCS) registers.

Responsibility: Health Boards

Timescale: Long term

38. All NHS training departments should be registered as a training centre with NHS Education for Scotland.

Responsibility: Health Boards

Timescale: Medium term

39. Boards should ensure that all audiology staff eligible for registration are professionally registered either with the Health and Care Professions Council or Registration Council for Clinical Physiologists – Academy for Healthcare Science to demonstrate professionalism and public protection.

Responsibility: Health Boards

Timescale: Medium term

40. All audiology staff involved in delivery of training must be trained by the university provider, professional bodies and encouraged to engage with the wider healthcare science training community via NHS Education for Scotland trainer courses.

Responsibility: Health Boards

Timescale: Medium term

41. Trainers should be formally trained and recognised to deliver and verify training across all levels. This should be harmonised across Scotland with training formally incorporated into job descriptions. Consideration should also be given to developing a cadre of key trainer-verifiers for specialist skills in Scotland who can cover multiple Health Boards. A collaborative approach to training should be encouraged to share training capacity across Health Boards through a training consortium approach.

Responsibility: Health Boards and the Scottish Government

Timescale: Medium term

Quality assurance

Quality standards, audit and external assurance

Audiology service delivery requires the right balance of clinical competence and “customer service” to ensure a patient-centred experience and good outcome measures. Good communication skills, strong deaf awareness, the ability to empower patients, encouraging self-management, and an understanding of the social impact of hearing loss all contribute to the experience and outcomes.

Effective quality assurance and improvement of audiology services requires all of the following elements to be in place: development of nationally recognised service standards and performance measures that are fit for purpose; robust and regular external audit against such standards; reporting of outcomes of audit; escalation of outlier performance and pursuit of action plans to improve performance where shortfalls are identified. This approach requires a culture of openness from those responsible for service delivery, to accept challenge of performance and presentation of outcomes in the public domain.

To help improve outcomes, collaboration and benchmarking with professional counterparts in other countries should be built upon and encouraged.

42. Develop, implement and report on a mandatory basis against an agreed set of robust national key performance indicators (KPIs) for annual audit, with suitable governance arrangements. These should be informed by the outcomes of the KPIs survey conducted as a part of this Review.

It is advised that the Audiology Specialist Advisory Group (see earlier) should oversee the review and development of this list of KPIs to reflect changes to practice and any national shortfalls or elements of service quality in need of improvement.

Wherever possible, there should be collaboration with professional counterparts across the four nations to support country comparison of common KPIs.

The following KPIs are suggested as priority for regular benchmarking:

- patient reported experience measures (PREMs);
- patient reported outcome measures (PROMs);
- bone anchored hearing aid (BAHA) provision/head population/year;
- continuing professional development/head population/year;
- paediatric pathway indicators (for significant milestones in the diagnosis and management pathway);
- positive predictive value (PPV) measurement;
- multidisciplinary team working;
- aetiological investigation of children with permanent hearing loss.

Responsibility: National Services Scotland National Services Division and Health Boards
Timescale: Short-medium term

43. Establish KPIs for routine monthly, discrete (non-aggregated) referral to treatment waiting times performance reporting through Health Boards. This should include:

- waiting times for all adult audiology procedures (aggregated);
- waiting times for first assessment of hearing for children (other than those referred from the Universal Newborn Hearing Screening Programme).

Responsibility: Scottish Government
Timescale: Short-medium term

44. Develop evidence-based national service quality standards for NHS audiology services in partnership with third-sector organisations, service users, professional counterparts in the other UK countries, professional bodies and Healthcare Improvement Scotland. Review and update them on a regular basis.

Development should reflect the multidisciplinary nature of services, include views of those with lived experience identified through the work of the Reference Group and any further lived experience engagement, with appropriate governance arrangements in place.

Responsibility: Health Boards and the Scottish Government
Timescale: Short-Medium term

45. Establish a local service-level quality assurance and improvement plan which describes roles and responsibilities, resourcing and reporting outputs. The plan should be updated regularly, reflecting outcomes of audit and performance against KPIs.

Responsibility: Health Boards
Timescale: Short term

46. Introduce an accountable post-holder in the audiology service to oversee and drive local quality improvement initiatives and ensure senior staff develop quality systems thinking awareness for themselves and their teams.

Responsibility: Health Boards
Timescale: Medium term

47. Define and adopt a robust external audit process for the service quality standards, in partnership with professional bodies, third sector partners, service users and professional counterparts in other UK countries. This should feature site visits and observation of clinical practice.

Explore partnership working opportunities with other UK countries to establish a reciprocal audit process for scrutiny external to Scotland. The Scottish Government should mandate Health Board participation in the audit process, ensuring the release of clinical staff to participate as assessors. Outputs should include audit reports to be sent to Health Board Chief Executives and a collective national audit report to be provided to the Advisory Group (see earlier).

Responsibility: Scottish Government
Timescale: Short-medium term

48. Explore opportunities and identify the best approach to achieve external accreditation of NHS audiology services with external agencies such as the United Kingdom Accreditation Service and counterparts in other UK countries. Thereafter, Health Boards should pursue external national accreditation of audiology services as indicated and collectively agreed.

Responsibility: Health Boards and the Scottish Government

Timescale: Short-medium term

49. Develop and deliver an annual reporting and escalation process for audit against service quality standards, with agreed governance arrangements in place. Outcomes should be presented in the public domain. Annual publication should develop a better public understanding of local and national outcomes to encourage contribution to any national solutions where required. To deliver on this work, it is crucial all Boards have robust data and digital infrastructure.

Responsibility: Health Boards and Scottish Government

Timescale: Short-medium term

Improving care through collaborative working across the patient journey

Collaboration and multidisciplinary working are key within audiology, and the KPIs and quality standards referred to above will reflect that, through effective collaborative engagement with other stakeholders such as education, the third sector and other professionals.

Specifically, the relationship between audiology and the Scottish Cochlear Implant Programme (SCIP) and audiology and the Universal Newborn Hearing Screening Programme should be addressed.

50. Ensure recommendations from the most recent review report around the Universal Newborn Hearing Screening Programme in Scotland are addressed at pace.

Responsibility: National Services Scotland National Services Division, Health Boards and the Scottish Government

Timescale: Short-medium term

51. As commissioners of the SCIP, National Services Scotland National Services Division and Health Boards should establish a collaborative working group, working to defined terms of reference and with appropriate governance arrangements.

This group should be tasked with conducting an annual joint audit/benchmarking coordination event to review audit outcomes across all partners.

This should routinely explore whether cases meeting criteria are referred in a timely way and the appropriateness of referrals. The group should consider variations in implantation (by Health Board area) as a high-level indicator of combined (Health Board and SCIP) performance. It is advised this group should explore introduction of measures to reduce variation and optimise onward referral, such as Cochlear Implant Champions.

Responsibility: National Services Scotland National Services Division and Health Boards

Timescale: Short to medium term

Specific quality assurance areas for action identified by the Review

The following recommendations (52-54) were submitted in advance of final reporting in February 2023, in recognition that they needed to be expedited given the findings of the peer review-based audit exercise of current practice.

52. Commission national-level training for ABR assessment of infants. This training should be mandated for all audiologists performing such work. The format should include one-to-one assessed sessions and face-to-face training sessions. Content for this training should be guided by the learning from the case sampling audit exercise.

Responsibility: Scottish Government

Timescale: Short term

53. Support the establishment of a national external peer review scheme for ABR assessments with mandated participation across NHS Scotland for all audiologists performing ABR assessments. It is recommended this could be taken forward as a mini project with consideration of best practice across the UK.

Responsibility: Scottish Government

Timescale: Short term

54. Conduct a wider audit of ABR cases referred from the Universal Newborn Hearing Screening Programme, with defined scope: i) review of cases to identify where management can and does need to be revised; ii) further identification of training needs at individual audiologist level; and iii) obtain information to guide changes to service delivery model for the ABR assessment.

It is advised that the Implementation Group should determine the scope of the audit and if there is a period of time before this is established, the Heads of Service Group for Audiology should be tasked with this.

Responsibility: Health Boards and the Scottish Government

Timescale: Short term

55. Ensure implementation of local action plans to mitigate and minimise risk to patients against the KPIs surveyed as a part of the work of the Review. This will support readiness for formal external audit.

Responsibility: Health Boards and the Scottish Government

Timescale: Short term

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Review report – Appendices, Figures

[Review report – Appendices, Figures](#)



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W W W . g o v . s c o t

NHS Orkney

Meeting:	Orkney NHS Board
Meeting date:	Thursday, 26 October 2023
Title:	Lucy Letby – NHS Orkney response
Responsible Executive/Non-Executive:	Chief Executive, Laura Skaife-Knight
Report Author:	Chief Executive, Laura Skaife-Knight

1 Purpose

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Annual Operation Plan
- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is being asked to discuss and approve the Orkney NHS Board's response to the tragic events of the Lucy Letby case and verdict.

2.2 Background

The coverage of the Lucy Letby case has been inescapable. The Cabinet Secretary sent all Board Chairs a letter on 26 August 2023, with an expectation that a formal response was shared with him 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. Our Chair responded fulsomely to the Cabinet Secretary's request on 15 September 2023 to provide this assurance, confirming that quality and safety remains a top priority for the Board, with clear line of sight of our issues and visibility of the areas where further improvements are necessary, recognising there is never a place for complacency and that rather, there is a commitment to develop a continuous improvement and learning culture at NHS Orkney.

This paper, in the spirit of openness and transparency with our local community, patients, partners and staff, summarises our reply to the Cabinet Secretary and seeks to reassure our local community. Our CEO and Chair have, since the Lucy Letby verdict and resulting coverage, shared a number of public updates, recognising the concerns and questions the Lucy Letby case has inevitably prompted for our patients and local community about NHS Orkney.

2.3 Assessment

The Lucy Letby case properly enables all Health Boards to reassess its work in relation to all aspects of Clinical Governance (including patient safety, quality and experience) in order that there is a clear understanding of where all organisations are, and the work still to be done in each area spanning:

- Organisational culture (including values and behaviours)
- Leadership
- Whistleblowing and Speak Up
- Governance and assurance

This paper summarises the work under way in each of these domains and concludes with our future focus, recognising there is more for NHS Orkney to do.

Organisational Culture

- New CEO (April 2023) who is focused on creating a safety-first and continuously improving and learning culture
- Strong focus on living our values and behaviours, and leading with kindness and compassion
- New programme for how we listen to and respond to staff feedback, including safety concerns
- CEO's 100-day report (published August 2023 after Board approval) focuses on culture, leadership and putting quality and safety front and centre and details how this will be achieved and progress measured/monitored

- CEO has contributed to the development of the new national Improving Wellbeing and Workforce Cultures Framework Action Plan as part of her national CEO portfolio responsibilities
- NHS Orkney's Plan on a Page for 2023/24 has improving culture, quality and safety and governance front and centre. There are clear actions and measurables for each, with quarterly progress updates being reported to the Board (commencing August 2023).

Leadership

- Board walkabouts introduced Spring 2023 to remain connected to staff and how it feels 'on the ground', to ensure there is a forum for listening and to ensure visible leadership
- 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)
- Currently recruiting a full-time substantive Director of People and Culture recognising this requires a different and strengthened focus at NHS Orkney moving forward (experienced Interim Director of People and Culture in post in the meantime, on secondment from The State Hospital)
- As we recruit a new substantive Medical Director, we have an experienced Interim Medical Director who is overseeing the Clinical Governance function and providing Board-level leadership re: Quality, Safety and Experience September 2023-March 2024
- Out to advert for a new Head of Patient Safety, Quality and Risk post who will manage the Clinical Governance function day-to-day
- Two new Clinical Nurse Managers in post who are leading improvements to quality, patient experience and professional standards across NHS Orkney
- In response to staff feedback, (1) a new Senior Leadership Team meeting is in place (from July 2023), which is the main clinically-led decision-making forum at NHS Orkney, where safety and quality (as one of our strategic objectives) is a standing agenda item and (2) a new Extended Senior Leadership Team (from October 2023) providing a forum for the wider NHS Orkney senior leadership community to come together, connect and develop and take forward the strategy of the organisation. The patient safety, quality and experience agenda is central to the agenda and discussions in these two new forums, reflecting our strategic priorities.

Whistleblowing

- CEO is the Board-level Executive Director lead for Whistleblowing
- Non-Executive Whistleblowing Champion well-established
- NHS Orkney has two confidential contacts in place (two additional Confidential Contacts recruited and training and refresher training being arranged for all four colleagues Autumn 2023)
- Annual Whistleblowing Report to the Board offered assurance to the Board (June 2023) that NHS Orkney is compliant with national whistleblowing standards
- Whistleblowing Champion Assurance Statement to Board in June 2023 similarly concluded that NHS Orkney complies with the National Whistleblowing Standards, and was satisfied that NHS Orkney has the appropriate systems in place to record,

manage and investigate Whistleblowing concerns. As a result of the two concerns raised in 2022/23 (one of which was about safety which was upheld), NHS Orkney is further refining its Whistleblowing processes, and is progressing actions in respect of the upheld concern

- There is further work to undertake in respect of awareness raising, especially in the wider Health and Social Care Partnership, and in the timeliness of responding and closing the loop when concerns are raised, NHS Orkney can evidence year-on-year improvements. The submission of two multi-stranded concerns shows that there is confidence in the system. Clear evidence of the implementation of the recommendations of upheld concerns will further enhance that
- Staff regularly request to meet with the CEO and feel comfortable and confident raising concerns, knowing they will be dealt with. There are a number of examples of concerns being positively raised and responded to in recent months, including in our Physiotherapy Services, where an improvement project is now in place, led by the team in order to improve the service following concerns being raised earlier this year re: culture, leadership and service development.

Governance and assurance

- Medical Director Chairs our Quality Forum (the latter is under review as part of the operational governance review which commenced in September to improve effectiveness of key operational meetings, including those related to delivering our safety, quality and experience agenda)
- Joint Clinical and Care Governance Committee (JCCGC) – currently quarterly, and frequency to be increased to every eight weeks commencing Winter 2023 recognising the importance of this agenda and the focus required
- Weekly Incident Review Group (WIRG) – chaired by the Medical Director where complaints and Significant Adverse Events are discussed with the Multi-Disciplinary Team (including the Medical Director and Director of Nursing) - this weekly forum allows trends to be tracked and 'red flags' to be raised (this is also under review as part of our operational governance review to ensure we maximise the effectiveness of this forum and to test that the appropriate rigour is being applied)
- Senior Leadership Team oversight of Significant Adverse Events/action plan progress
- Whistleblowing – quarterly report to JCCGC and Annual Report to JCCGC and Board
- External reviews and peer reviews commissioned where themes emerge (as evidenced in recent months with two external reviews underway in response to complaint themes)
- Health Improvement Scotland Adverse Events through Reporting and Review Framework being updated
- Paper to Board August 2023 re: strengthened patient experience reporting with first report to Board in December 2023
- Duty of Candour – quarterly update and Annual Report to JCCGC and Board – and NHS Orkney can provide assurance of compliance in this important area
- Significant Adverse Events Review (SAER) and learning from clinical incidents – oversight of progress, learning and improvements made comes to Quality Forum and moving forward at JCCGC
- Maternity safety:

Lead Midwife in post - attends Scottish Heads of Midwifery and has close links with Shetland and Western Isles, visiting each others' Boards and ensuring shared learning

- National - Scottish perinatal network, maternity network, Maternity Care Scottish Patient Safety Programme - shared learning, national direction
- Best Start programme
- Until recently Practice Education Facilitator
- Maternity Department - regular departmental meetings, where risk management and incident reporting is discussed, clear SAER process for untoward events then discussed at Morbidity and Mortality meetings, SAER's also brought to SLT and any Datix reviewed at WIRG. Any themes identified and reviewed with discussion and action plan shared
- Any SAER are also supported and reviewed in conjunction with NHS Grampian to ensure learning is captured
- Clear leadership via Lead Midwife and intention to recruit a Deputy Director of Midwifery in the near future

Future focus and improvements needed

- Focus on evidencing learning and positive change in response to patient and staff feedback
- New Integrated Performance Report – which includes a full suite of Key Performance Indicators and metrics re: quality, safety and patient experience (launching October 2023) – this includes Maternity safety and quality indicators
- Patient stories at public Board commencing October 2023
- Patient Safety learning event Quarter Three 2023/24
- Work to further strengthen Multi-Disciplinary Team working to enhance safety, quality and learning across the organisation
- NHS Orkney's latest (2023) iMatter (staff survey) scores were healthy for the question about how confident staff feel safely raising concerns about issues in the workplace (average score 75). However, when it came to the question about how confident staff felt that their concern would be followed-up and responded to, NHS Orkney didn't do so well and had a below national average score (60), demonstrating that we have more work to do. This remains a strong area of focus as part of our ongoing culture work
- Operational governance review, including a relaunch of Quality Forum, under the leadership of the Interim Medical Director
- External peer review to be commissioned re: Quality of care and safety in Maternity. Our internal assurance is very strong, however, good practice is to seek an external perspective and as such we are proactively commissioning this review to provide further assurance of standards in this important area
- Recruitment to substantive Medical Director (interviews week commencing 9 October 2023) to lead on Clinical Governance agenda moving forward with a refreshed focus and Head of Patient Safety, Quality and Risk soon after.

2.3.1 Quality/ Patient Care

As detailed above, Quality and Safety is a strategic priority for NHS Orkney. As such there are clear priorities for 2023/24 aligned to the Plan on a Page and Annual Delivery Plan

and plans for the future to further strengthen our focus in this area, as discussed at recent Board Development sessions.

2.3.2 Workforce

Additional resource, including substantive resource, is required to take this agenda forward.

Where concerns are raised from staff, including about staffing levels, we listen and discuss these concerns and develop solutions together to these to ensure patient safety, whilst recognising the pressures on the system at NHS Orkney, and the wider NHS.

A new and strengthened investment in staff health and wellbeing will ensure staff feel better supported with more support mechanisms to signpost colleagues to.

2.3.3 Financial

There will be a financial impact recognising additional posts will be required to ensure our Clinical Governance Function and Improvement Functions are appropriately resourced. A business case will be developed as part of our annual planning cycle to take this work forward.

2.3.4 Communication, involvement, engagement and consultation

Cabinet Secretary response previously shared with Board members following Executive Director input.

2.3.5 Route to the Meeting

Updates on Lucy Letby and NHS Orkney's response were raised at Senior Leadership Team – August and September 2023 by the CEO and the Cabinet Secretary response has been shared in full with SLT.

2.4 Recommendation

- **Assurance**
- **Decision**

NHS Orkney

Meeting:	Board of NHS Orkney.
Meeting date:	Thursday, 26 October 2023
Title:	Mental Welfare Commission Local Orkney Visit Action Plan.
Responsible Executive/Non-Executive:	Stephen Brown, Chief Officer.
Report Author:	Lynda Bradford, Head of Health and Community Care.

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement
- 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 Committee is invited to:

- Note the Mental Welfare Commission Local Orkney Visit report, attached as Appendix 1 to this report.

- Approve for submission the Mental Welfare Commission Local Orkney Visit Action Plan, attached as Appendix 2 to this report.

2.2 Background

On 30 May to 1 June 2023 the Mental Welfare Commission undertook an announced visit to Orkney which included Orkney Health and Social Care Partnership, NHS Orkney and the wider Orkney community.

As part of the visit, the team:

- Met with the staff in the Mental Health Service.
- Visited the Mental Health Transfer Bed.
- Met with the Mental Health Officers, including individuals who are currently undertaking the training to be qualified and those who are due to commence training.
- Met with a group of individuals who utilise services at Age Scotland Orkney.
- Met with a group of individuals who utilise services at the Orkney Blide Trust.
- Senior Managers/Clinicians across NHS Orkney and the Orkney Health and Social Care Partnership.
- Carried out Welfare Guardianship visits including meeting, or speaking, with those who hold Guardianships and the allocated Social Worker.

Following the visit, the Mental Welfare Commission Officers have written a report on their findings with recommended actions which was published on 16 August 2023 and is attached as Appendix 1 to this report.

Following discussion at the meeting of the Joint Clinical and Care Governance Committee on 3 October, it was agreed that the Action Plan, attached as Appendix 2 to this report, to address the recommendations within the Mental Welfare Commissions Local Orkney Visit would be presented to the Board for approval prior to submission.

2.3 Assessment

The Action Plan contains activities which range from simple through to complex with financial implications.

Some of the actions are complete although as yet untested for example the discharge audit tool. Other actions will be completed by the end of the calendar year such as the completion of the Psychiatric Emergency Plan with multi-agency approval.

A further recommendation is to review the Service Level Agreement (SLA) with NHS Grampian colleagues; a request has been made that this joins the suite of SLA's planned for review by the Interim Medical Director.

The most significant recommendation is for consideration to be given to the feasibility of alternative approaches to increasing the input of medical staff who have the status of Approved Medical Practitioner (AMP). This would enable detentions to be revoked where appropriate and whilst this is an uncommon occurrence would comply with the need for patients to be cared for with the least possible restriction. This would improve the quality of care for patients who require to be detained.

An AMP could also place patients under a short-term detention, where appropriate, which would be helpful where a bed was not immediately available as it would enable a longer transfer window.

Whilst there is no doubt this input would convey benefit there will be financial implications which until the various options have been fully considered cannot be wholly quantified. In cognisance of the significance of this work a longer however still ambitious completion date has been set.

A number of the recommendations will align with the work in progress to develop an all age Nurse Led Psychiatric Liaison Team. This Team will lessen the impact on service delivery when the transfer bed is occupied but also augment and strengthen the overall mental health service provision by providing a liaison service which will benefit both hospital and GP services.

2.3.1 Quality/ Patient Care

While there are no direct quality or patient care implications to this report there will be positives to the care patients receive by implementing the actions within the Action Plan.

2.3.2 Workforce

While there are no direct workforce implications to this report it is anticipated there will be indirect positive benefit to the staff group.

2.3.3 Financial

There are no immediate workforce implications arising from this report. However, a number of the recommendations will have financial implications or human resource consequences, as mentioned in section 2.3.

2.3.4 Risk Assessment/Management

There are no risk implications directly arising from this report. The Action Plan will help to mitigate some risk in respect of both patients and staff.

2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity implications directly arising from this report.

2.3.6 Climate Change Sustainability

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

2.3.7 Other impacts

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

2.3.8 Communication, involvement, engagement and consultation

In the development of the Action Plan, there has been engagement with key stakeholders to ensure that the actions to address the recommendations were appropriate and achievable.

2.3.9 Route to the Meeting

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

- Joint Clinical and Care Governance Committee, 4 October 2023.
- Senior Leadership Team, 17 October 2023.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Mental Welfare Commission Local Orkney Visit Report.
- Appendix 2: Mental Welfare Commission Local Orkney Visit Action Plan.



Mental Welfare Commission for Scotland

Report on announced visit to:

Services in NHS Orkney, Orkney HSPC and the Orkney community

Date of visit: 30 May 2023 – 1 June 2023

Where we visited

Orkney, also known as the Orkney Islands is an archipelago situated off the north coast of Scotland. Orkney is 10 miles north of the coast of Caithness and has about 70 islands, of which 20 are inhabited. The largest island, the Mainland, has an area of 202 square miles, making it the sixth-largest Scottish island and the tenth-largest island in the British Isles. Orkney's largest settlement, and also its administrative centre, is Kirkwall.

NHS Orkney's hospital and healthcare facility, The Balfour, opened in 2019. Whilst there were no mental health inpatient beds here, there was a 'mental health patient transfer bedroom'. Adults or children who had been assessed as requiring transfer to a mental health inpatient bed – for adults this was routinely to the Royal Cornhill Hospital (RCH), NHS Grampian or to Dudhope Young Persons Unit, NHS Tayside - would remain in this room until transfer off the island could be facilitated.

We heard that between April 2022 and March 2023, there were 32 patients transferred from Orkney to mental health inpatient services on mainland Scotland. We heard that this was a significant rise from pre-Covid-19 pandemic times, as between April 2018 and March 2019 there were 16 transfers. We heard that, as was the case in many other parts of Scotland, it would appear that the Covid-19 pandemic had had impact on mental health in the Orkney Islands.

Orkney Health and Social Care Partnership, (Orkney HSCP) was a partnership between Orkney Islands Council and NHS Orkney. The Partnership aimed to improve and develop social care, community health and wellbeing. Orkney HSCP had been responsible for the delivery of the full range of the Council's social work and social services, for all age groups and service user groups, and NHS Orkney's community based health services since 2011, under joint management arrangements.

This was a different type of visit for the Commission to conduct. Instead of visiting an individual ward or service, we met with a range of people who have had contact with mental health and learning disability services. We also met with professionals who delivered the majority of these mental health and learning disability services, senior managers who worked in NHS Orkney and the HSPC, Age Scotland and a number of adults who were subject to a welfare guardianship order under the Adults with Incapacity (Scotland) Act (2000) and their welfare guardians.

Who we met with

We were invited to attend the Orkney Blide Trust, a charity that provides support for those who have, or have had, lived experience of mental ill health and their family or carers. They offered a range of activities and supportive services, which included a daily drop-in service. We attended the drop-in and met with ten people. We also met with a group of ten women from Age Scotland Orkney. We carried out eight welfare guardianship visits and either met with or spoke with the welfare guardians for these adults, and in most cases the social worker who was allocated to each case. We arranged visits to and meetings with a range of health care professionals from the community mental health team (CMHT), the child and adolescent mental health team, the learning disability and autism spectrum disorder service, and met with the mental health officer team.

In addition, we also met with a group of senior managers, including the chief officer, the medical director, the head of health and community care, the adult and learning disability social work service manager and also with one of the solicitors who was involved in guardianship applications in the area.

Commission visitors

Lesley Paterson, senior manager (practitioners)

Dr Arun Chopra, executive director (medical)

Kathleen Liddell, social work officer

What people told us and what we found

Care, treatment, support and participation

We met with people through the Blide Trust and most of the people we met had experience of mental health services on the islands; mostly from primary and secondary care, although two people had experience of the mental health inpatient services in NHS Grampian.

From those individuals, they described a mixed picture of their experience of mental health services in Orkney. Many spoke highly of their general practitioners and of the care that they had received from the community mental health team (CMHT). Some people spoke of particular community psychiatric nurses, (CPN's) some who had since retired and described them as caring and supportive. A few people described difficulties with seeing psychiatrists and we heard about issues concerning staffing. One person spoke encouragingly of the new consultant psychiatrist who worked on the island.

However, some people we spoke to described that there was often a difficulty in receiving support when they were most unwell. At those times they described a varied and uncertain picture of whether support would be available and there was a feeling that these difficulties appeared to have increased for them in recent years.

We also heard about the experiences of another person who described a lack-of joined up care between the admission ward at RCH and the CMHT in Orkney. We heard about the experience of one patient who had no planned follow up on discharge on their return to the island and came to harm. This patient had been due to meet us, but unfortunately we were unable to find a suitable time. We therefore made arrangements to follow up on this case.

One person who had co-occurring mental health and problem substance use spoke about the difficulties they had experienced in getting help around their addictions. They described a high level of substance use issues on the island. They reported that they often felt in a spiral however, they spoke highly of the programme of support they were receiving from the Blide Trust for addiction difficulties.

Most of the adults subject to welfare guardianship orders whom we met with were happy with their care and support they received from services. Some of the issues raised by relatives, welfare guardians and staff were in relation to housing and future planning. Two of the adults we met were living in a respite unit that was not a permanent arrangement. Neither of these individuals had any indication of future housing options and we were advised that there was a problem with housing stock on the island, resulting in limited housing options for people to move on to. One welfare guardian raised an issue that community-based support was not always consistent, adding that this had become more difficult since the Covid-19 pandemic. The welfare guardian added that their relative used to have a consistent team of carers however, there were now greater staff shortages, which they believe has had a negative impact on the quality of the care their relative received. Another guardian felt powerless regarding best supporting their family member in accessing future vocational activities and support services and did not feel that social work had been helpful with this.

We heard from professionals of some interface issues between primary care and secondary care. Some concerns were raised that primary care was not welcoming of a suggestion of

mental health professionals using primary care facilities to see their patients however, we also heard from other sources that the primary care services were supportive and wished to work closely with mental health services. We were made aware of a document that had been commissioned by NHS Orkney some years ago, to look at closer working / other ways of working across this interface, however noted that this was no longer available on the NHS Orkney website. We also heard that primary care practices had recently stopped undertaking any type of psychotropic monitoring blood tests for CMHT patients, which had impacted on the workload and availability of CMHT staff.

When we met with the community mental health team, we heard about their day-to-day workload, and in particular the impact of staffing the mental health patient transfer bedroom at Balfour Hospital. This room was designed for use for short periods of time, however, we were made aware that the room was being used for extended periods of time beyond what it was expected to be used for. For the duration of time that a person is cared for in this room, there is a requirement that they are placed under enhanced observation by a minimum of two staff members. Due to the unscheduled and unpredictable nature of when this room will be in use, there was no dedicated staff, so staffing resource came from the existing community mental health team. It would appear that this created a situation where there were risks to the delivery of the service, and to its longer term sustainability. The idea that staff had a constant expectation that they may be required to staff the patient transfer room, with little notice was not in keeping with the 'right to switch off' and the need for breaks from caring work. Also, there have been times that the day-to-day work of the CMHT has had to be cancelled, as staff were involved in providing input to the patient transfer room, where a person has been placed on an emergency detention certificate (EDC). Staff did raise questions about what this might mean to individuals that they supported in the community and the potential impact of cancelling appointments and not being available to carry out their scheduled work.

Whilst the transfer room remains in use at the levels that we observed, we consider that there ought to be timely consideration of the staffing levels required to safely support its use and / or the safe running of the CMHT when the room is in use and that these are maintained. The potential development of a rota to ensure that staff were able to check whether they were required to staff the room may be of benefit.

We also heard of occasions when transferring a patient off the island, to NHS Grampian for ongoing mental health care and treatment, could prove difficult. Staff from Orkney provide the patient escort, usually a combination of community mental health staff or mental health officers and the unpredictability of this requirement again put pressure on staff and disrupted their working week, meaning that scheduled work and planned appointments had to be cancelled. We were also told of occasions when there had been dissent between various partners regarding the requirement for patient sedation, prior to the transfer taking place.

The Mental Health Act (2003) Code of Practice recommends that comprehensively developed and locally relevant psychiatric emergency plans (PEP's) are a means to help manage the detention of a patient and aspects of multi-agency working. They are also referred to in the Police Scotland Standard Operating Procedures for dealing with patients who present in mental health crisis. We had been made aware that Orkney's PEP had been in draft form for a number of years and required some work for it to be reinvigorated and ratified.

In 2020, the Commission undertook a review of psychiatric emergency plans across Scotland, which can be found here:

[A review of Psychiatric Emergency Plans in Scotland 2020_0.pdf \(mwcscot.org.uk\)](#)

We were particularly concerned from what we heard from social workers, CMHT staff and people who had experience of services at the Blide Trust, about the discharge pathway and the extent to which discharges from the Royal Cornhill Hospital (RCH) were planned, coordinated and communicated with Orkney mental health services. We heard of at least two cases that concerned us of people being discharged with minimal planning or collaboration; this had led to little or nothing in the way of follow up and we heard of poor outcomes post-discharge because of the communication issues around this. We are following up on some of these cases in more detail with the relevant services.

Care records

We heard that across the island, information on patients care and treatment was held in different ways, meaning that the community mental health services notes were not searchable across the health and care service. The CMHT manager showed us how notes were recorded in a folder structure at the CMHT, however we understood that these notes were not accessible out of hours to the CMHT team and were not accessible to clinicians working at the Balfour Hospital or at the RCH, where patients may be admitted to. There was no clear real-time mechanism for notes to be shared between professionals involved. We were concerned by this situation, as these barriers appeared to be a potential impediment to the provision of safe care and adequate information sharing. We did however understand that proposals were in place for a shared electronic health care notes system and look forward to hearing how this progresses in the near future.

Recommendation 1:

Senior managers should give consideration to consulting with primary and secondary care professionals to explore the interface to see if there is a way forward that might allow for more mental health care to be delivered in primary care settings.

Recommendation 2:

Senior managers should give urgent attention to the discharge pathway they have with NHS Grampian and ensure that discharge processes are audited to identify and reduce any further gaps in communication and improve patient outcomes.

Recommendation 3:

Senior managers should make arrangements for the PEP to be agreed by all agencies and implemented to assist in the safe and timely transfer of patients.

Use of mental health and incapacity legislation

We were aware that there was no Approved Medical Practitioner (AMP) present for much of the time on Orkney, who would have been suitably qualified to be able to revoke an EDC once this had been granted by any qualified medical practitioner. This may mean that some people are kept in the patient transfer room for longer than necessary. Although we were not made aware of any specific instance where a person was moved to RCH when this was not clinically indicated, but was procedurally required in order to revoke the EDC, the potential for this issue

to arise was noted. We would suggest that revisiting the service level agreement with NHS Grampian that governs the bed transfer process would be beneficial, and in particular looking at whether this needs to be reviewed, extended or a new approach developed with a more extensive range of partner boards. Whilst we could not immediately recognise a mechanism for review of EDCs, we did consider that an economic case could possibly be made for review by an on-call AMP, potentially via a shared resource across island boards. This would provide particular benefit in cases when there is an expectation that continued detention was not necessary. We also note that across Scotland, most EDCs do not progress to short term detention certificates (STDCs), so the fact that most EDCs granted on Orkney appear to be progressing to STDCs requires further exploration. This may reflect threshold or procedural factors, or it may also be related to the high level of MHO presence for EDCs in Orkney, which is of course a positive feature that is not always replicated across other parts of Scotland.

Recommendation 4:

Senior managers should consider the feasibility of alternative approaches to increasing AMP input, especially where there is an expectation that continued detention is not necessary and criteria for detention are not met.

Rights and restrictions

The mental health patient transfer bedroom in the Balfour Hospital was designed for use for short periods of time, however, we were made aware that the room was being used for extended periods of time beyond what it was expected to be used for. We understand that some of the use for longer than expected was due to downstream bed pressures on the admitting ward(s) at the RCH in NHS Grampian. There was little personalisation or an individualised approach to the way in which the room could operate. There was a requirement that anyone in the room was observed continuously (except when in the toilet). We were concerned that this approach was not person-centred and could be considered as intrusive in some cases.

When we reviewed the welfare guardianship orders, we noted that in some cases, a significant numbers of powers had been granted, that did not appear to be proportionate to the assessment of care needs and risk. We discussed this with the local authority solicitor and the adult and learning disability social work service manager and were advised that given the difficulties of securing two capacity assessments, the applications tend to request more powers in the event that these will be needed. We therefore discussed the importance of timely reviews of the powers during guardianship reviews, to ensure that there were not unnecessary restrictive powers in place and that all powers were required and proportionate to the assessed needs and risk.

We heard that there was currently limited advocacy provision on the island, which was a concern that senior managers were fully aware of and were exploring alternative options.

The Commission has developed [*Rights in Mind*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment. This can be found at:

<https://www.mwscot.org.uk/law-and-rights/rights-mind>

Recommendation 5:

Senior managers should give consideration to revisiting the service level agreement currently in place with NHS Grampian around provision of inpatient beds and the transfer process, to review if this is meeting current needs.

The physical environment – the mental health patient transfer room

During our visit we had asked to be shown the mental health transfer bedroom in the Balfour Hospital. There was a small area outside of the room, which was fully enclosed by metal fencing, however on the day of our visit, staff were unable to locate the key to unlock the door and we were told that this was very common. In addition, there was a television encased in a wooden and perspex fronted box on the wall, but the remote control was missing and again, we heard that this happened regularly. There was a second room, off the bedroom which was essentially an observation area, where staff could choose to lock themselves in and observe the bedroom and its occupant through a large perspex window. The décor was drab and the bedroom felt bleak, oppressive and lacked sunlight, fresh air and ventilation.

Recommendation 6:

Senior managers should ensure that all staff who are required to provide enhanced observation and escort duties in the mental health patient transfer room are furnished with a key to facilitate outdoor access for the patient, should they so wish.

Recommendation 7:

Senior managers should review the current situation where anyone detained in the mental health patient transfer room is nursed under continuous intervention (constant observations) to ensure the use of this enhanced level of intervention is proportionate to need.

Any other comments

This was an unusual visit model for the Commission to undertake, however it was a worthwhile visit and positive to have the opportunity to meet with and develop relationships with those whom we generally have less contact with. Only by visiting these more rural parts of the country, can we hear about and begin to appreciate the particular set of challenges these services face when providing robust, effective, patient-centred, rights-based care, commensurate with care delivery across the country. We noted the great deal of compassion, commitment, and good will that existed in all the teams and services we visited. It was clear that there were many people who were engaged and committed to do their very best to benefit their patients, service users and colleagues.

Summary of recommendations

Recommendation 1:

Senior managers should give consideration to consulting with primary and secondary care professionals to explore the interface to see if there is a way forward that might allow for more mental health care to be delivered in primary care settings.

Recommendation 2:

Senior managers should give urgent attention to the discharge pathway they have with NHS Grampian and ensure that discharge processes are audited to identify and reduce any further gaps in communication and improve patient outcomes.

Recommendation 3:

Senior managers should make arrangements for the PEP to be agreed by all agencies and implemented to assist in the safe and timely transfer of patients.

Recommendation 4:

Senior managers should consider the feasibility of alternative approaches to increasing AMP input, especially where there is an expectation that continued detention is not necessary and criteria for detention are not met.

Recommendation 5:

Senior managers should give consideration to revisiting the service level agreement currently in place with NHS Grampian around provision of inpatient beds and the transfer process, to review if this is meeting current needs.

Recommendation 6:

Senior managers should ensure that all staff who are required to provide enhanced observation and escort duties in the mental health patient transfer room are furnished with a key to facilitate outdoor access for the patient, should they so wish.

Recommendation 7:

Senior managers should review the current situation where anyone detained in the mental health patient transfer room is nursed under continuous intervention (constant observations) to ensure the use of this enhanced level of intervention is proportionate to need.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza
Executive director (nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The Commission is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

Contact details

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www.mwcscot.org.uk



Service response to local visit recommendations

Name of service: Orkney Services

Visit date: 30 May – 1 Jun 2023

Date final report sent to service: 7 August 2023

Recommendation	Action planned	Timescale	Responsible person
1. Senior managers should give consideration to consulting with primary and secondary care professionals to explore the interface to see if there is a way forward that might allow for more mental health care to be delivered within primary care settings.	Exploration is underway regarding services that could be delivered in Primary Care settings. This would be in relation to the mainland Practices out with Kirkwall where capacity is more available. Plans are developed in relation to expanding the PCMHN service should SG funding be reinstated.	30 November 2023.	Service Manager – Mental Health Services.

This form should be returned to Michael.banks@nhs.scot

<p>2. Senior managers should give urgent attention to the discharge pathway they have with NHS Grampian and ensure that discharge processes are audited to identify and reduce any further gaps in communication and improve patient outcomes.</p>	<p>An audit tool has been devised to audit all forthcoming discharges from NHS Grampian. In addition, a monthly meeting with the Service Manager – Mental Health Services and the Patient Flow Manager has been set up.</p>	<p>Complete.</p>	<p>Service Manager- Mental Health Services.</p>
<p>3. Senior managers should make arrangements for the PEP to be agreed by all agencies and implemented to assist in the safe and timely transfer of patients.</p>	<p>Completed Psychiatric Emergency Plan be developed, approved by all Partners and widely disseminated.</p>	<p>31 January 2024.</p>	<p>Service Manager – Mental Health Services.</p>

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<p>4. Senior managers should consider the feasibility of alternative approaches to increasing AMP input, especially where there is an expectation that continued detention is not necessary and criteria for detention is not met.</p>	<p>There have been and will be continued efforts regarding how to make AMP provision more sustainable. There are a couple of options under exploration:</p> <ul style="list-style-type: none"> • Working with other remote and rural boards to establish a rota of AMP doctors to undertake reviews of patients detained on EDCs (or de novo STDCs). Caveats: would require adjustments to existing national regulations to permit remote assessments e.g. via NearMe, given that most of these practitioners at any one time would not be resident in the island where the patient required review. • Training AMP doctors who are not psychiatrists but have an interest in and experience of mental health work, thereby establishing a rota of AMP practitioners on island. • An arrangement with NHS Grampian for Orkney to host a CESR fellow. 	<p>30 June 2024.</p>	<p>Head of Health and Community Care.</p>
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<p>5. Senior managers should give consideration to revisiting the service level agreement currently in place with NHS Grampian that governs the bed transfer process, to review if this is meeting the needs.</p>	<p>A programme of SLA review is underway in NHSO. A request has been made that the Mental Health SLA is afforded priority in that process.</p>	<p>31 March 2024.</p>	<p>Head of Health and Community Care and Medical Director.</p>
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<p>6. Senior managers should ensure that all staff who are required to provide enhanced observation and escort duties in the mental health patient transfer room are furnished with a key to facilitate outdoor access for the patient, should they so wish.</p>	<p>All staff know where the key is held and how to access it when the Mental Health Transfer Bed is active.</p>	<p>Complete.</p>	<p>Service Manager – Mental Health Services.</p>
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<p>7. Senior managers should review the current situation where anyone detained in the mental health patient transfer room is nursed under continuous intervention (constant observations) to ensure the use of this enhanced level of intervention is proportionate to need.</p>	<p>Risk assessment process has been strengthened and will be reviewed at a greater frequency for each individual patient to ensure proportionate level of observation at all times. This will be a matrix approach taking into account both the patient condition and the environmental factors. An Observation Policy will be developed and introduced.</p>	<p>31 December 2024.</p>	<p>Head of Health and Community Care and Service Manager – Mental Health Services.</p>
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Name of person completing this form:

Signature:

Date:

This form should be returned to Michael.banks@nhs.scot

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Public Health Quarter 2 Update
Responsible Executive/Non-Executive:	Louise Wilson, Director of Public Health
Report Author:	Sara Lewis, Consultant in Public Health

1 Purpose

The purpose of this report is to provide the Board with an update on key public health activity undertaken in Quarter 2 2023/24.

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan
- Government policy/directive
- NHS Orkney Clinical Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report has been provided to update the Board on key public health activity including:

- Health protection activity
- Scottish National Blood Transfusion Service Hepatitis B Virus (HBV) Lookback Exercise
- Autumn Vaccination Programme
- Potential resurgence of measles and meningococcal diseases
- No Cervix Exclusion audit

2.2 Background

The public health department has a broad remit, working to protect the health of the population and to focus on prevention and upstream interventions across all other aspects to improve health and wellbeing in the community with a focus on inequalities, working closely with Public Health Scotland and the Community Planning Partnership. This includes action to mitigate the impact of the Cost-of-Living Crisis, reduce child poverty, obesity, and smoking. It also provides oversight of the delivery of the Scottish Immunisation Programme and Scottish National Screening Programmes, and the NHS Orkney Resilience function.

2.3 Assessment

Health protection update

The previously reported reduction in the number of reported positive cases of COVID-19 dealt with by the NHS Orkney Health Protection Team (HPT) has continued. However, a new variant BA.2.86 is being closely monitored by the World Health Organisation, this variant has multiple genetic differences from previous versions of SARS-CoV-2. Whilst there is evidence of community transmission of the new variant internationally and in the UK, there is no indication of widespread transmission within Scotland. A National Incident Management Team (NIMT) has been stood up to monitor the variant, the health protection team are contributing to the NIMT.

Because it takes time to build a full epidemiological picture of the impact of a new variant and its severity it was decided any subsequent intervention would be too late to be able to reduce the impact on the health service, should this variant prove to be more markedly dangerous than the variants currently circulating. It was therefore decided a proportionate response would be to rephase the winter vaccination programme bringing forward the offer of vaccination for those at highest risk from severe COVID-19 to early September, previously scheduled for mid-October. The rephasing of the programme has commenced in Orkney.

The health protection team continues to respond to an increasing number and variety of other notifiable infections being seen – including other respiratory infections, campylobacteriosis, cryptosporidiosis, E. coli O157, cyclosporiasis and scabies.

Scottish National Blood Transfusion Service Hepatitis B Virus (HBV) Lookback Exercise

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 have been identified that require testing.

Immunisation update

Autumn Vaccination Programme

The Autumn Vaccination (Flu and COVID-19) Programme commenced in Scotland on the 4 September with the bulk of vaccinations to be offered by 11 December 2023. The campaign is to run to 31 March 2024.

In Orkney the weekend of the 9/10th September saw the start of the programme which will include the following:

Everyone over 50 and those with certain conditions being offered a flu vaccination. Carers are also eligible, as are some frontline staff working in health, social care and education. The expansion of the flu programme continues this winter, with all primary and secondary school age pupils, children aged 2-5, and children aged 6 months to under 2 years at risk being eligible.

The main aim of the COVID-19 immunisation programme is the prevention of severe illness, hospitalisations and deaths from COVID-19. COVID-19 vaccination will be offered to

- residents in a care home for older adults
- all adults aged 65 years and over
- those aged 6 months to 64 years in a clinical risk group
- frontline health and social care workers
- those aged 12 to 64 years who are household contacts of people with immunosuppression
- those aged 16 to 64 years who are carers

We are in the early stages of the programme and there is still a way to go, however provisional uptake rates indicate the programme is off to a good start in Orkney (data as of 1st October). We have the highest uptake rate of any health board area for the COVID-19 programme for frontline health care workers (HCWs) 26.7% (Scottish average 13.6%) and for the all HCWs influenza programme 32.2% (Scottish average 13.2%), adult influenza vaccination programme 27.4% (Scottish average 15.8%) and at 18.6% for the COVID-19 programme we are above the Scottish average of 10.2%.

Scottish National Screening Programmes

Because the screening programmes rely on the Community Health Index (CHI) system for demographic data to support the call/recall function and results reporting one of the main issues impacting the screening programmes is preparing for the replacement system set for implementation 1st November 2023. Extensive user acceptance testing is being undertaken to ensure the impact of any unavoidable operational disruption is understood and minimised.

No Cervix Exclusion audit

Within Orkney very good progress has been made undertaking the audit. Primary Care have completed their component of the work for which we are very grateful. 92% of women have had the audit fully completed on their notes/evidence, those outstanding are waiting on receipt of evidence from other Boards to complete the audit.

Health improvement Update

Smoking Cessation

Work is currently ongoing in a multi-agency group to develop a plan to improve access to smoking cessation services in Orkney. The group is beginning to consider preventing starting smoking behaviours in young people and protection for the community from second hand smoke.

The specialist advisor service which offers health behaviour change intervention to empower people to stop smoking is based within the Orkney Public Health Team. The team is keen to develop this service to target at risk populations and this includes the unborn baby. The team have been working with colleagues in maternity to develop the existing links between these services. A Smoking Cessation (Quit Your Way) advisor has attended national training which aimed to support participants to develop their skills and confidence in the delivery of quality evidence based behavioural stop smoking support to pregnant women.

A smoking cessation communication plan has been developed to build, rebuild and maintain the service's relationship with community partners as well as ensuring they are aware of stop smoking support available and feel confident to raise the issue with the people they come into contact with. The plan will be implemented in the latter half of this year.

Anchor Institution

NHS Orkney can have influence on the local community through the actions taken by the health board as a business. There are five ways in which NHS organisations act as anchor institutions as identified by The Health Foundation (2019) and these have influenced other anchor guidance. NHS Orkney can act as an anchor institute through:

Employment:- NHS Orkney can act to improve access to employment opportunities within Orkney and support the health and wellbeing of its staff through good employment conditions and by providing positive working environments (PHS, 2023 and The Health Foundation, 2019).

Procurement and Commissioning:- NHS Orkney procuring and commissioning more local goods and services can have an important economic impact. Purchasing decisions can also produce wider social benefits (The Health Foundation, 2019).

Capital and estates (Environment, Sustainability and Assets):- NHS Orkney can use its physical assets to support broader social, economic and environmental aims as well as provide opportunities for community social interactions (The Health Foundation, 2019).

Service design and delivery (including environmental impact):- NHS Orkney must take action to support responsible consumption and waste reduction. NHS Orkney can reduce

inequalities through design and delivery of core service to reach and benefit disadvantaged communities (PHS, 2023 and The Health Foundation, 2019).

Working in partnership (to become an exemplar anchor institute):- NHS Orkney can accelerate progress to community benefit from anchor institutions by working collaboratively with other NHS organisations and other anchor organisations in our local area (The Health Foundation, 2019).

Following a stakeholder engagement exercise, an NHS Orkney Anchor Strategic Action Plan has been produced which is for review at Board in October.

MAP of Health Behaviour Change

The MAP of Behaviour Change Learning Programme has been created by NHS Education for Scotland (NES) and is designed to build knowledge, skills and confidence in practitioners working in any service where behaviour change could help a person's health and wellbeing. It takes a behavioural science approach to developing key components for behaviour change, Motivation, Action and Prompts and cues (MAP), supporting practitioners to effectively structure their behaviour change conversations. The training supports a person-centred approach to motivating people to initiate and maintain behaviour change through having the skills and choosing the right techniques to use at the right time for the person (NES, 2023). Four staff had been or are in the process of training to deliver MAP training locally, which includes the MAP Early Beginnings Programme aimed primarily at staff working in Early Years.

2.3.1 Quality/ Patient Care

The activity included in the report highlights our commitment to improving the health of the Orkney population and quality of care received.

2.3.2 Workforce

There are no current workforce implications outlined in this report.

2.3.3 Financial

No financial resource is being requested at this time.

2.3.4 Risk Assessment/Management

Risks identified are managed through normal NHS Orkney Public Health risk procedures with escalation through the Risk Management Forum as required.

2.3.5 Equality and Diversity, including health inequalities

The Public Health Department aims to reduce inequalities.

2.3.6 Climate Change Sustainability

Through the provision of preventative health care, such as the delivery of national immunisations and screening programmes, the pressure on the NHS can be reduced increasing sustainability.

2.3.7 Communication, involvement, engagement and consultation

The report has been produced by the Public Health Department

2.3.8 Route to the Meeting

Approval by Executive Director

2.4 Recommendation

The paper provides awareness for members on planned public health activity

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Planning with People Guidance: update
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Morven Gemmill, Lead Allied Health Professional

1 Purpose

This is presented to the Board for:

- Discussion
- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement
- Board Values
- Plan on a Page

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

- Person Centred
- Safe
- Effective Care

2 Report summary

The purpose of this report is to update the Board on how we are implementing the new Planning with People Guidance and beginning to put listening to patient and local community voices at the centre of all we do.

2.1 Situation

There has been a hiatus in a corporate approach to meaningful engagement with patients and our local communities who access health and social care services across Orkney.

With a fresh focus on engagement aligned to explicit aims to improve culture and collaboration, it is timely to consider approaches to improvement and true co-design with our communities.

2.2 Background

New and updated guidance on Planning with People (April 2023) places a statutory responsibility on NHS Boards, Integration Joint Boards (IJBs) and Local Authorities to involve people and communities in the planning and development of care services and in decisions across a ladder of engagement from inform, engage, consult and co-produce.

The overall, Board-level Executive Lead for patient and local community engagement is presently the CEO. The Orkney Partnership Lead is the Head of Strategic Planning and Performance.

Orkney is 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. They will achieve this by:

- Building and sharing evidence around engagement, for example through the HIS Engagement Practitioner Network and Participation Toolkit
- Supporting people and communities across Scotland to have a say in health and care, for example by running tailor-made Voices Scotland workshops that support individuals, groups and professionals to work together and drive change
- Providing assurance that people are involved in shaping services, for example by supporting the use of the Quality Framework self-assessment and quality improvement tool
- Promoting best practice in engagement and participation, for example through our online data base of case studies and commissioned research.

HIS is currently working through an organisational change process focused on its community engagement staffing and resources, in accordance with its newly-established strategic vision and aims. The change will re-profile its current structure into three national programmes – Evidence for Engagement, Improvement of Engagement, and Assurance of Engagement, along with the creation of three Regional Engagement Teams (serving the North, East and West of Scotland). HIS believes this change will allow the application of its resources more effectively in supporting health and care services to improve how they meaningfully engage with their communities. HIS is working to implement its change process by the end of December 2023. This work has recently been presented to the CEO community, and the direction of travel was supported.

2.2.1 Patient Experience

Our current approach to understanding patient experience of NHS Orkney care and services is mainly through a regular feedback loop of complaints and compliments. This is a vital part of listening to patients, responding to concerns, sharing feedback to teams and making improvements. However, this is a lag approach to understanding experience and there are further opportunities to apply system learning by widening the engagement to those with a lived experience of care.

Other developments made in recent months or those which are currently in progress include:

- Subscribing to Care Opinion (completed Summer 2023) – Care Opinion is a place (website) where you can share your experience of health or care services, and help make them better for everyone, including our future patients. Via Care Opinion <https://www.careopinion.org.uk> you can share your experience of care and services at NHS Orkney online and see other people’s stories too and we will respond to each.
- From October 2023 – a new Integrated Performance Report which includes additional quality, safety and experience metrics
- From October 2023 – patient stories will come to public Board meeting
- From December 2023 – a new Patient Experience Report will come to the public Board meeting to share a more rounded view of patient feedback from different sources and learning

2.2.2 Community Consultation and Engagement

A current example of community engagement is the Getting it Right for Everyone (GIRFE) programme. Orkney is the only remote and rural Pathfinder working with the Scottish Government’s Proactive and Preventative Care Programme (PPCP) to both understand the lived experience of Older Adults with Frailty in our communities and to develop co-designed improvements. This is a dynamic inclusive approach, working with third sector partners, health and social care professionals and teams, community groups such as lunch clubs, active movers and Isles Development Trusts.

Engagement events ranged from one-to-one meetings, to large groups both face to face and linked virtually. Over 160 Older People have participated in the listening and design sessions.

The next phase is for the ideation themes to be returned to PPCP for sense making. We will begin to test prototype improvements from April 2024.

NHS Orkney

A number of positive engagement exercises have commenced in recent months – including:

1. **A listening exercise with the Pride Tribe in Orkney to understand the views of our young LGBT+ community.** A number of actions were agreed, as below, with further engagement to take place in the months to come.

We agreed six priorities which our CEO is supporting taking forward in partnership with health and care services and education services in Orkney:

1. Training/awareness raising for NHS staff, including GPs
2. Exploring a LGBT+ inclusive symbol for staff to wear so that LGBT+ people know they are safe to speak to professionals for support
3. Improving the ability to get a diagnosis for certain conditions on island – including autism and ADHD
4. Making official NHS resources/materials relating to mental health, neurodivergence, LGBT+ specific topics – including the Pride Tribe producing a leaflet for young people in Orkney
5. In school assembly delivered by NHS staff (optional for pupils)
6. Reboot health week – authority wide

A patient engagement and listening session as part of our preparations for our 2023 Annual Review meeting. This event is themed ‘what matters to me’ so we can listen to what went well and what didn’t go so well for our patients in our care/when using our services and where can we improve moving forward. This event is on 19 October 2023 and will be attended by our Chair and the Head of Strategic Planning and Performance from the Orkney Health and Social Care Partnership.

Orkney Health and Social Care Partnership

The Orkney Health and Social Care Partnership Strategy 2022-2025 identifies Community Led Support as a key strategic intent which provides the foundation for a more modern, effective way of delivering health and social care support that strengthens individuals, and community resilience and wellbeing. It is based on joined up working and collaborations across a range of organisations and partners and moves away from professionally led processes and decisions, with the aim of focusing on good, effective conversations with people.

The intention is to work with communities and partners to collaboratively design services with a focus on prevention, early intervention and on enabling people to be as independent as possible. This will strengthen integrated health and social care provision, improve mental health and wellbeing support, bolster partnership working and drive further development of Community Led Support / care in a co-designed approach.

This Strategic Priority Contributes to:

Outcome 7. People who use health and social care services are safe from harm. They do and are supported to continuously improve the information, support, care, and treatment they provide.

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

Delivery Milestones as cited in the Plan include recruitment of a Community Engagement Officer and options explored to develop the Community Led Support across Orkney using a co-designed approach.

2.2.3 An Orkney Community Consultation and Engagement Project Team has been established with the objective to develop a joint approach and a modernised suite of tools and protocols for community consultation and engagement which meet the needs and expectations of the community and ensure better co-ordination between the Council, Orkney Health and Social Care and The Orkney Partnership.

This team will commence a programme to restart the work and priorities from previous Council Consultation and Engagement Officers Group (CEOG) remit recommendations, namely:

- Development and adoption of a Council Strategy for Communication and Community Engagement, to align with the Orkney Partnership's strategy
- Development of the use of social media as a tool for community engagement (in liaison with The Orkney Partnership);
- Establishment of an Orkney Public Consultation Group, subject to Council approval
- Exploration of Participatory Budgeting as a community engagement tool, with a further report to SMT and Council to decide whether to devote resources to this; and
- Consideration of the use of a specialist online platform for consultation and engagement activity.

A number of strategy and policy documents were published, however, it was evident that there is was a lack of co-ordination and some overlap between these publications, which were produced by three different teams within the Council/OHAC.

Five Community Conversation public events were held in 2018 across the mainland of Orkney, led by the Council Leader. A comparable workshop was held as part of the Community Council conference to gather views from isles communities. The events were designed to update the public on financial pressures and how these are being addressed, as well as giving the public the opportunity to actively engage with this process by identifying areas where communities could take more ownership of services or where income could be generated. There is interest among Elected Members to hold a similar series of engagement events in future, but this would depend on officer capacity.

In November 2022, council officers considered and agreed to adopt a common approach to public engagement and the tools needed to support this including an engagement platform.

The meeting recommended the creation of a project team to take forward a co-ordinated approach.

In the interim, the Orkney Matters joint consultation exercise was conducted in 2021-22 to inform forthcoming policy development and has been the main source of community input into the development of the Council Plan 2023-28 and the Community Plan 2023-30.

An issue raised repeatedly within The Orkney Partnership is how best to engage with young people, this was raised further by the Improvement Service during the review of the Partnership in 2022. A recommendation arising from the review was to consider better ways for the Partnership to engage with young people.

1. CEOG meetings were suspended during the initial Covid-19 response and subsequent activity paused due to lack of officer capacity during the recovery period.

Project rationale

It was agreed by Corporate Leadership Team (CLT) in June 2023 that the best way to explore options and progress the project brief was to reconvene the CEOG in the form of a dedicated Community Engagement Project Team (CEPT). The team would invite officers with expertise in specific areas to work on particular workstreams without committing them to long term membership of the group. The team would report progress to CLT and submit proposals regarding specific workstreams to CLT where approval and/or resourcing was required.

Planned project outcomes

- a. Improved capacity, updated channels and better co-ordination within the Council, OHAC, and The Orkney Partnership for community consultation and engagement
- b. More options for Council service teams to communicate, consult and engage with service users, council tax payers and the wider Orkney public
- c. Demonstrable input from the Orkney public into Council decision-making
- d. Better-informed decision-making as a result of more public input
- e. Alignment of Council policy and practice
- f. A better experience for stakeholders
- g. A sustainable model for the continued support of community consultation and engagement, co-owned by the Improvement and Performance Service.

Workstreams / products (revised 26 September 2023)

Phase 1

- | | |
|----------|--|
| Strand 1 | Online community engagement platform: draw up brief, scope options, engage with potential suppliers, select supplier, agree ownership and identify ongoing mainstream resources. |
| Strand 2 | Orkney Matters/Community Conversations: consider options for ownership/management, resources and capacity as permanent elements in the Council's suite of community engagement tools. |

Strand 3: **Engagement with young people:** consider options for better engagement with children and young people, taking into account previous experience, best practice elsewhere and the current preferences of Orkney’s young people.

Strand 4: **Lesser heard voices:** consider options for better engagement with harder to reach groups (including those with protected characteristics), individuals and communities of interest.

Phase 2

Strand 5: **Orkney Opinions:** Possibly a citizens’ panel however, this should be appraised against alternative options for engagement with individuals and communities of interest who may not be online. If retained there will be a requirement to identify ongoing resources to maintain.

Strand 6: **Participatory Budgeting:** either (i) secure CLT support to progress mainstream PB or (ii) secure Council policy decision to seek withdrawal from the SG/COSLA PB Framework Agreement. May move up to Phase 1 depending on Council decision.

Strand 7: **Joint Strategy:** Consider and advise CLT regarding the scope for a joint strategy for community consultation and engagement between the Council, OHAC and The Orkney Partnership.

Ongoing

Strand 8: **Information Sharing/Best Practice/Current Consultations**

Indicative timescales (revised 26 Sep 2023)

Phase 1 scoping by CEOG:	July-Nov 2023
Phase 1 CEOG recommendations to CLT:	Nov 2023
Phase 1 Identify and assign resources:	Dec 2023 – Jan 2024 (2024-25 budget)
Phase 1 Development and implementation:	Jan 2024 – March 2025
Phase 2 scoping by CEOG	July-Nov 2024
Phase 2 CEOG recommendations to CLT:	Nov 2024
Phase 2 Identify and assign resources:	Dec 2024 – Jan 2025 (2025-26 budget)
Phase 2 Development and implementation:	Jan 2025 – March 2026

Next steps

Looking to the remainder of 2023/24, the priorities for patient and local community engagement are:

1. Engaging our patients and local community in the development of our new Corporate Strategy
2. To build listening to and responding to feedback from our patients and local community into our Annual Planning process for 2024/25 so that it drives all improvement at NHS Orkney

3. To continue to refine and further improve reporting re: patient experience, including developing a wider suite of patient experience measures as part of the Integrated Performance Report
4. To ensure there is sufficient resource dedicated to patient and local community engagement, and to maximise the support available from HIS colleagues
5. Develop patient representatives, supported by HIS to represent the patient voice on key NHS Orkney forums/Committees as appropriate
6. Re-establish patient experience surveys by service
7. Adopt “you said, we did” feedback loops at operational level
8. Develop a Patient Experience Reference Panel as part of the quality agenda, where members who access /have accessed services meet to review NHS Orkney performance as critical friends
9. Establish Listening Events on a quarterly rolling programme for patients and the community to contribute to service improvement
10. Develop and agree the Consultation and Engagement programme against the annual plan and future Corporate Plan
11. To determine whether an overarching patient group is needed at NHS Orkney and to develop a framework for patient engagement

2.3 Recommendation

- **Awareness** – For information only.

NHS Orkney

Meeting:	NHS Orkney Health Board Meeting
Meeting date:	Thursday, 26 October 2023
Title:	NHS Orkney Equality and Diversity Mainstreaming Report 2023
Responsible Executive/Non-Executive:	Linda McGovern, Interim Director of People and Culture
Report Author:	Steven Phillips, Head of People and Culture

1 Purpose

This is presented to the Board for:

- Awareness and
- Approval

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

In Scotland the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, applies to public bodies such as NHS Orkney. This requires us to produce and publish a report every two years detailing the work we have done to make the public sector equality duty an integral part of the way we function as an organisation. This is “mainstreaming” the needs of our local equality and diversity communities and mainstreaming equality and diversity within NHS Orkney.

This is the NHS Orkney mainstreaming report for the period April 2021 –March 2023.

As required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Report will be put on the NHS Orkney website to make it easily accessible to local equality and diversity groups and the general public in Orkney.

Overarching work relevant to all 9 “protected characteristics” such as, Staff Training and Production of Statutory Reports are covered in Sections 4-5.

The specific work we have done in the sphere of each of the 9 “protected characteristics” is covered in Sections 6-14.

The Report requires formal approval by the Health Board.

2.2 Background

This is 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. It must also be made widely available to NHS Orkney staff. The main Regulatory body in this field is the Equality and Human Rights Commission for Scotland.

2.3 Assessment

The report ensures compliance with equality legislation and the underlying work aims to reduce health inequalities and related discrimination and foster good relations between people with different characteristics.

2.3.1 Quality/ Patient Care

NHS Orkney relies on its excellent reputation as a fair and equitable employer to attract and retain the staff required to provide the highest standards of healthcare. The Mainstreaming Report is an important tool for the Board to monitor if this reputation is being maintained and enhanced. It is also available through the NHS Orkney website to potential applicants for posts.

2.3.2 Workforce

The Report also gives the NHS Orkney workforce reassurance that they are working in an environment free from prejudice and discrimination.

2.3.3 Equality and Diversity, including health inequalities

This is a Statutory Report produced under the terms of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2.3.4 Other impacts

None.

2.3.5 Communication, involvement, engagement and consultation

This is a fact-based report, subject matter experts from across the board have contributed to the updates and contents within this report.

2.3.6 Route to the Meeting

Staff Governance Committee – Wednesday 23 August 2023

2.4 Recommendation

Decision

The NHS Orkney Board are asked to formally endorse the following report:

- NHS Orkney Equality and Diversity Mainstreaming Report 2023 (Appendix 1).



NHS Orkney Equality and Diversity Mainstreaming Report 2023

What NHS Orkney has done from April 2021 to March 2023 to make the Public Sector Equality Duty an integral part of how it functions.

This report is also available in large print and other formats and languages upon request. Please call NHS Orkney on (01856) 888100 or email: ORK.feedback@nhs.scot

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13.1.1

1. What is the Public Sector Equality Duty?

The Public Sector Equality Duty is defined in the Equality Act 2010, Part 11, Chapter 1, Section 149 which states:

A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The 9 “protected characteristics” as defined by the Equality Act 2010 are:

- Race
- Disability
- Age
- Sex (male or female)
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Religion or belief

2. Why produce this report?

In Scotland the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, as amended, applies to public bodies such as NHS Orkney. This requires us to produce and publish a report every two years detailing the work we have done to make the public sector equality duty an integral part of the way we function as an organisation. This is “mainstreaming” the needs of our local equality and diversity communities and mainstreaming equality and diversity within NHS Orkney.

This is the NHS Orkney mainstreaming report for the period April 2021 –March 2023.

As required by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Report has been put on the NHS Orkney website to make it easily accessible to local equality and diversity groups and the general public in Orkney. It has also been put on the intranet to make it widely available to staff.

Overarching work relevant to all 9 “protected characteristics” such as, Staff Training and Production of Statutory Reports are covered in Sections 4-5.

The specific work we have done in the sphere of each of the 9 “protected characteristics” is covered in Sections 6-14.

13.1.1

By producing this Mainstreaming Report, we are not simply ensuring legal compliance, we wish to highlight the positive work going on in NHS Orkney and give recognition to the hard work of our staff. We also wish to give recognition to our partner agencies who work hard to inform and support our work.

Due to the COVID-19 pandemic, some aspects of our equality and diversity work continued to be curtailed into 2021/22 with recovery plans returning to business as usual into 2022/23. This was necessary to enable us to focus on responding to the pandemic and the subsequent recovery period by redeploying skills and resources where they could be best utilised. However, we have continued to make some progress.

3. Enhanced equality and diversity input

Across the period from 1st April 2021, to March 2023, NHS Orkney continued the Service Level Agreement with NHS Grampian for provision of the NHS Grampian Equality and Diversity Manager. NHS Orkney had full access to NHS Grampian's expertise, training and associated resources.

4. Staff Training which addresses all 9 “protected characteristics”

The UK-wide NHS Knowledge and Skills Framework (KSF) has been implemented for all NHS Orkney staff, excluding the Executive Cohort and medical and dental staff, for whom separate arrangements apply. There is an ongoing cycle of review, planning, development and evaluation which links organisational and individual development needs; this is a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all posts which detail the knowledge and skills required for the post covering six mandatory core dimensions of:

- Communication
- Personal and People Development
- Health, Safety and Security
- Service Improvement
- Quality
- Equality and Diversity

As can be seen, equality and diversity is one of the six mandatory core dimensions. In addition, there are specific dimensions which reflect the key activities of each post. Equality and diversity training is an essential element in the personal and career development of staff.

NHS Orkney has in place a comprehensive Equality and Diversity Training Programme for staff, provided by NHS Grampian. This Programme is essential to ensure that staff are aware of their responsibilities in this field and to ensure compliance. All of the materials used in training are checked and updated on a regular basis, where required. All attendances are recorded and fed into staff training records held in TURAS.

a) Delivery method

13.1.1

Equality and Diversity training has historically been delivered “face to face” on-Island. Feedback and evaluation from participants showed that this was an effective and popular way to deliver training. However, due to COVID-19, since April 2020, all of this training is now delivered online by TEAMS. The content of the training has been amended and the presentation methodology has been adapted to maximise the benefits from this new method of delivery. Feedback from staff completing the TEAMS based training has been extremely positive.

The move to TEAMS has also widened access to training for NHS Orkney staff. Regular training dates were made available to all colleagues across NHS Orkney via TEAMS for the period 2021-23.

Equality Impact Assessment Training was also adapted for delivery via TEAMS and provided between 2021 and 2023.

As always, after training, we encourage staff to apply their knowledge. All participants are welcome to contact the speakers for help or advice at any time.

b) Booking and Recording of Training

Staff book Equality and Diversity training through the TURAS system. The names of all staff participating in each Seminar are recorded and fed back into the TURAS Learn system and are included in Personal Development Plans.

c) Evaluation of Training and validity

All participants are encouraged to provide feedback from Seminars through voluntary completion of an evaluation feedback form. To date feedback from the TEAMS seminars has been predominately positive with constructive criticism for improvement. All of the training remains valid for a period of 5 years, at which point a refresher session is recommended.

The main Seminars provided are:

d) Equality and Diversity KSF Level Four Seminar

This Seminar is designed for senior staff such as consultants, senior medical staff, GP's, managers senior charge nurses, charge nurses, and staff involved in the recruitment and interview processes. It includes detailed consideration of each of the 9 “protected characteristics”. It also includes:

- The Human Rights Act 1998
- Unconscious bias
- A reflection on our own assumptions
- Potential issues in the interview/lecture situation
- The responsibility to act if we see discrimination or prejudice occurring

13.1.1

The aim is to empower senior staff to **develop a culture** in their areas that promotes equality and values diversity and challenges discrimination. The Seminar comprises 2x 90 minute sections. There is also time for discussion and questions.

This training also meets the Equality and Diversity Training Requirements of the various Royal Colleges and remains valid for 5 years.

e) Equality and Diversity KSF Level Two Seminar

This training is provided for supervisory and basic grade staff. It comprises one 2 hour Seminar. The syllabus covers the 9 “protected characteristics” but not in as much depth as in Level Four. It is designed to ensure staff are able to **support** a discrimination free environment.

Feedback from staff surveys and individuals has shown that offering these two levels meets the equality and diversity requirement to both inform and empower NHS Orkney staff to challenge unacceptable behaviours.

f) Independent evaluation of Seminars

NHS Grampian collects independent feedback as a quality control measure on the equality and diversity training provided. This feedback is shared with NHS Orkney.

Feedback from staff attending the training feedback they feel informed, we will continue with aim to empower NHS Orkney staff to challenge unacceptable behaviours.

g) Level One Equality and Diversity Impact Assessor Training Seminar

This is a One Day Seminar and equips staff to use the Rapid Impact Assessment Checklist approach to Equality and Diversity Impact Assessment. Due to the previous group of Impact Assessors being promoted or retiring, it was necessary to train a new group.

Thirteen colleagues undertook Level One Equality and Diversity Impact Assessor Training in 2022/23 which now supports NHS Orkney to have a total of Twenty trained Impact Assessors to meet the requirements for the foreseeable future. These Impact Assessors will continue to support each other to ensure they maintain their knowledge and skills. Additionally, a module for EQIA development is now accessible on TURAS, which will provide ongoing training for future refreshers.

National Education Scotland (NES) conducted a training needs assessment to aid in comprehending skills and to facilitate the establishment of standards for mandatory Equality and Diversity Training. If there are any extra support needs recognised, they will be relayed through the E&D Leads Network to NES.

h) NHS Orkney Statutory and Mandatory Training: Equality and Diversity

In late 2022, NHS Orkney adopted the NHS Education of Scotland (NES) TURAS Learn module Equality and Diversity: Equality and Human Rights module to be the statutory learning for all staff. This essential learning module provides an introduction to equality

13.1.1

and human rights which is suitable for all staff and volunteers. The module introduces key legislation, concepts such as discrimination, social justice and health inequalities, and provides opportunities to reflect on how we can promote equality in our work.

The learning outcomes are:

- Describe why equality and human rights are important
- Identify the main types of discrimination likely to happen within the work environment
- Identify the main causes of health inequalities and what can be done to promote equality
- Reflect on what this means for your role within health and social care

When staff complete this learning it is recorded within the TURAS Learn platform which allows managers to review progress and completed learning.

5. NHS Orkney Statutory Monitoring Reports

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public bodies in Scotland to produce a number of Statutory Reports.

The Statutory Reports required during the period April 2021 to March 2021 are:

a) An Equality and Diversity Workforce Monitoring Report

This Report must be produced and published annually and contain for each of the 9 “protected characteristics” details of:

- The number of staff and their relevant protected characteristics
- Information on applicants, shortlisted candidates and those offered posts
- Information on the development and retention of employees in terms of their protected characteristics
- Information on promotions and disciplinary action
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty
- The gender makeup of the NHS Orkney Board.

NHS Orkney has complied with these requirements on an annual basis and published a 2022/23 Workforce Report in the prescribed format. The Report can be found on the NHS Orkney website at:

<https://www.ohb.scot.nhs.uk/sites/default/files/publications/NHS%20Orkney%20Workforce%20Monitoring%20Report%202022-2023.pdf>

b) NHS Orkney Equal Pay Monitoring Report

13.1.1

This Report is published every two years and comprises detailed information to highlight any pay differentials between female and male staff. This information must be shown as any difference:

“... between the men’s average hourly pay (excluding overtime) and women’s average hourly pay (excluding overtime).”

It must also:

- Include details of any occupational segregation amongst our employees, being the concentration of men and women in particular grades and in particular occupations.
- The information published must be based on the most recent data available.
- Every second Report must also include information on any pay gap between staff of different ethnicities and staff who are disabled or not disabled.

A copy of the NHS Orkney Equal Pay Report published for 31 March 2023 can be found on the NHS Orkney website at:

<https://www.ohb.scot.nhs.uk/sites/default/files/publications/NHS%20Orkney%20Gender%20Pay%20Gap%20Report%202023.pdf>

c) NHS Orkney Equality Outcomes 2021-2025, Update Report as at May 2023

This report provides feedback on the progress of the actions developed in 2020/21 to assist in the mainstreaming of Equality and Diversity within NHS Orkney from 2021 - 2025.

The equality outcomes are required to enable public bodies to progress the requirements of Section 149 (1) of the Equality Act 2010 to:

- “(a) eliminate discrimination, harassment, victimization and any other conduct that is prohibited under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”

A copy of the NHS Orkney Equality Outcomes 2021-2025, Update Report as at May 2023 can be found on the NHS Orkney website at:

<https://www.ohb.scot.nhs.uk/sites/default/files/publications/NHS%20Orkney%20Equality%20Outcomes%20Update%20Report%202021-2025.pdf>

13.1.1

6. Race

The work carried out in the period April 2021 to March 2023 to mainstream race equality is detailed below:

<p>Initiative One: Meeting the communication and health care needs of our local ethnic communities and the promotion of good health. This outcome will advance equality of opportunity, specifically equality of access to health care and health care information.</p> <p>The ability of all members of our local ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. Hence the importance of interpretation services.</p>	
Supporting Actions	Progress as at May 2023
<p>a) Telephone interpretation</p> <p>Definition: interpretation is changing the spoken word from one language to another.</p> <p>The “Language Line” telephone interpretation service gives staff access to expert interpreters, on the telephone, in 60-90 seconds, for 170 different languages. Language Line is used on average twice per month. This usage increases in summer because Orkney is a popular stopping place for cruise liners, which can bring over 1,000 visitors to the Islands a day.</p>	<p>All translation requests have been met.</p> <p>All NHS Orkney policies, strategies and re-organisational proposals continue to have the offer at the front to make the document available in any other language or format upon request.</p>
<p>b) Translation services</p> <p>Definition: translation is changing the written word from one language to another.</p> <p>All NHS Orkney policies, strategies and re-organisational proposals contain the offer at the</p>	<p>All translation requests have been met.</p> <p>All NHS Orkney policies, strategies and re-organisational proposals continue to have the offer at the front to make the document available in any other language or format upon request.</p>

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<p>front to make the document available in any other language or format upon request.</p>	
<p>c) Meeting the healthcare needs of our local ethnic communities and the promotion of good health NHS Orkney meets the healthcare needs of our local ethnic communities. The promotion of positive health and wellbeing within our ethnic communities is an NHS Orkney priority. NHS Orkney will continue to do health promotion work within our local ethnic communities, in co-operation with Orkney Health and Care.</p>	<p>The healthcare needs are being met on an ongoing basis. Support has been provided to recent campaigns on:</p> <ul style="list-style-type: none"> • Support for carers • Know Who to Turn To <p>Work has been ongoing to promote the uptake of both the flu vaccine and the COVID-19 vaccine.</p>

<p>Outcome Two: Ensuring there is race equality within NHS Orkney. Any discriminatory conduct will be eliminated.</p>	
<p>Supporting Actions</p>	<p>Progress as at May 2023</p>
<p>a) Production of Annual Equality and Diversity Workforce Monitoring Reports Detailed information on the ethnic make-up of the NHS Orkney workforce and other monitoring data is contained in the annual NHS Orkney Equality and Diversity Workforce Monitoring Reports. All NHS Orkney Workforce Monitoring Reports are available on the NHS Orkney website at: www.ohb.scot.nhs.uk.</p>	<p>NHS Orkney produced:</p> <ul style="list-style-type: none"> • The NHS Orkney Equality and Diversity Workforce Monitoring Report 2021/22 • The NHS Orkney Equality and Diversity Workforce Monitoring Report 2020/21 <p>Both Reports were widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny. Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p>
<p>b) Complaints and investigations</p>	

13.1.1

Any issues or complaints raised by members of staff with a racial discriminatory element will be promptly and thoroughly investigated and appropriate follow up action taken if required. This will involve other bodies and agencies, where necessary.

No issues have been raised by staff in the last 2 years.

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13.1.1

7. Disability

The work carried out in the period April 2021 to March 2023 to mainstream disability equality is detailed below:

Outcome One: Continue to provide communication support. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions	Progress
<p>a) British Sign Language (BSL) Services BSL Video Service taken out with a reputable supplier who also provides this same service to NHS Grampian and other healthcare providers.</p> <p>NHS Orkney and Orkney Health and Care are also part of the National Video BSL service which is a useful supplement to the “face to face” BSL service.</p>	<p>NHS Orkney commenced a Video BSL contract in January 2019 with a reputable provider. This Video BSL system was demonstrated to staff and BSL users during the rollout phase and was deemed a great success by all who attended.</p> <p>Video BSL continues to be used by NHS Orkney to support patients.</p> <p>In the period 2021-2023 NHS Orkney spent over £4200 per year on the “SignLive” service.</p>
<p>b) Portable Induction Loops and fixed induction loops Portable and fixed inductions loops are available to assist patients who use a hearing aid.</p>	<p>The availability of portable induction loops continues to be available. The Balfour hospital has a number of fixed induction loops built into reception desks.</p>
<p>c) Information in other formats NHS Orkney will provide any of its published material in any other format or language, upon request. Leaflets, booklets and other published material highlight this offer at the front of each document, together with information on who to contact to obtain this.</p>	<p>This offer is at the front of our published material. All requests have been met promptly.</p>
<p>d) Royal National Institute for the Blind (RNIB) “Good Practice” Guidelines Most people with a sight problem can read written material without adaptation if it is written clearly. All</p>	<p>All of our published material has complied with the RNIB “Good Practice Guidelines”.</p>

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<p>of our new information leaflets, booklets and published material complies with the requirements of the RNIB publication: “See it right, making information accessible for people with sight problems”.</p>	<p>RNIB compliance is an integral part of our Equality and Diversity Impact assessment process.</p>
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<p>Outcome Two: Supporting national and local mental health initiatives. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions</p>	<p>Progress</p>
<p>NHS Orkney will continue to support both national and local mental health initiatives, such as the “Butterfly Scheme” for people with dementia and the “See me” campaign to help overcome the stigma often associated with mental ill health.</p>	<p>We continue to promote use of the Getting to Know Me, (a personal profile document), which identifies what is uniquely important to both patients living with dementia and their care partners. The Getting to Know Me supports communication of important details to uphold individual needs and wishes, to support equality and diversity, through translation into relationship centred care planning.</p>
<p>NHS Orkney will continue to work closely with local partners and NHS Grampian to address mental health issues in the wider community which may have been caused or exacerbated by the COVID-19 lockdowns.</p>	<p>Throughout the Covid-19 pandemic, residents in Orkney have had access to the NHS Grampian Psychological Resilience Hub which offered support to anyone struggling with the impact of COVID-19 on their psychological wellbeing and requiring additional support for their mental health. This hub was closed to new referrals in April 2022.</p>
<p>The mental health and wellbeing of NHS Orkney staff is also a priority. COVID-19 has placed many staff under extreme pressure.</p>	<p>NHS Orkney have introduced a Wellbeing Committee which has nominated representation from each directorate within the organisation. They are currently creating their Terms and Reference to address the focus of the organisation.</p>

Outcome Three: Disability equality within NHS Orkney: appointments procedures, training, promotion and monitoring arrangements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

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Supporting Actions	Progress
<p>Information on the number of disabled people in the NHS Orkney workforce together with other monitoring data is contained in the annual NHS Orkney and Orkney Equality and Diversity Workforce Monitoring Reports.</p> <p>Any issues or complaints raised by members of staff with a disability discriminatory element will be promptly and thoroughly investigated and appropriate follow up action taken if required. This will involve other bodies and agencies, where necessary.</p>	<p>Equality and Diversity Workforce Monitoring Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p> <p>Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p> <p>No issues have been raised by staff in the last 2 years.</p>

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8. Age

Most of the disability related work above, is also relevant to age. However, there were three specific age related work carried out in the period April 2021 to March 2023 to mainstream age equality. This work is detailed below:

<p>Outcome One: Implementing the Scottish Government Policy “Getting it Right for Every Child” (GIFREC). This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions</p>	<p>Progress</p>
<p>Getting It Right For Every Child (GIRFEC) GIRFEC is a Scottish Government initiative to support children and young people. It is designed to ensure agencies supports families by making sure children and young people receive the right help, at the right time, from the right place.</p> <p>NHS Orkney and Orkney Health and Care will continue to support this multi-disciplinary multi-agency approach and participate in multi-agency training.</p>	<p>NHS Orkney and the Orkney Health and Social Care partnership continue to support the Getting It right for Every Child approach, with the 2022 refresh guidance communicated to teams working with children and young people. A training programme is being developed with an aim of rolling it out by the end of 2023 to assist staff with understanding roles and responsibilities in relation to GIRFEC.</p>
<p>Outcome Two: Continue to support the national “Childsmile” initiative. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions</p>	<p>Progress</p>
<p>“Childsmile” This is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental service. NHS Orkney will continue its active involvement in “Childsmile”.</p>	<p>NHS Orkney has continued its active delivery of “Childsmile”. This has had a positive impact on children’s dental health on Orkney.</p> <p>After a complete halt during covid, the Childsmile Fluoride Varnish Programme has restarted in all nurseries and schools (nursery to P7), and</p>

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<p>The target is to have 60% of primary 7 age children with no dental decay.</p> <p>On Orkney, all children are now offered fluoride varnish in primary school. Under the Islands model of delivery, it is acknowledged that when visiting small Islands schools this is the most efficient method of delivery. This universal provision is the best way for us to access the otherwise hard to reach families.</p>	<p>the supervised toothbrushing programme is underway in almost all nurseries, and for at least all P1-2 children.</p> <p>Results from the 2022 National Dental Inspection Programme report shows that the number Primary One aged children in Orkney with no obvious signs of dental caries was maintained at 85%. This was a very positive result at this time post covid. This is a carefully observed measure as each new cohort of children reach P1.</p> <p>Addressing inequalities is a concern across Scotland and Orkney. The Scottish Government has funded an additional oral health support worker (0.5wte) to help reach out to vulnerable families. Through this, the Childsmile Team is reaching out through children and family community groups across Orkney.</p> <p>Access to dental service is a challenge for families at this time, and therefore ensuring contact and support for families is an important part of the Childsmile Team role.</p>
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<p>Outcome Three: Promote Independent Living for Older People. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
<p>Supporting Actions</p>	<p>Progress</p>
<p>Promote Independent Living for Older People Since 2012, the Scottish Government have promoted Intermediate Care Services to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital.</p>	<p>NHS Orkney are establishing a systemic approach to support people affected by frailty issues. Recognising the need to increase awareness and understanding of frailty, improve how frailty issues are identified and better understand frailty related concerns across Orkney.</p> <p>We are working to:</p>

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The service offers a link between places such as hospitals and people's homes, and between different areas of the health and social care systems. The three main aims of intermediate care are:

- To avoid unnecessary admissions to hospitals
- To help people be as independent as possible after a stay in hospital
- Prevent people having to move into a care home until absolutely necessary

- understand what older people living with frailty in Orkney consider most important in enabling them to maximise their health, well-being and independence.
- identify specific challenges for people living with frailty resulting from Orkney's remote and rural location.
- map current resources for care and support for older people in Orkney, including community and third sector resources as equal partners alongside health and care services.
- support coordinated QI across multiple stakeholders involved in pathways for the identification and management of frailty syndromes.
- optimise use of current resources and to identify any significant gaps, capacity constraints or redundancies in current provision remaining thereafter.

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9. Sex (male or female)

The work carried out in the period April 2021 to March 2023 to mainstream sex (male or female) equality is detailed below:

Supporting Actions	Progress
<p>NHS Orkney has developed and implemented a number of policies and strategies to address this issue since 2007. The work undertaken includes:</p> <p>The introduction of the routine inquiry of gender based violence in priority areas.</p> <p>Providing training for front line NHS Orkney managers and staff to recognise the signs of gender-based violence and to have the knowledge and skills to respond.</p> <p>Producing information on the sources of help and support and making these readily available.</p>	<p>Orkney has 1 trained Forensic Medical Examiner with a further 2 colleagues undertaking training, and 1 trained Forensic Nurse able to provide a local service for victims of sexual assault over the age of 16. This includes the self-referral service through NHS Inform, launched in April 2022, which provides access for anyone suffering a sexual assault to seek help and forensic examination without the need to go through the police as a first step.</p> <p>NHS Orkney provide a suite of training which is available on the national training system Turas Learn. Contained within the Equality and Diversity zone, the Gender-Based Violence module contains eLearning, videos and further resources to support all colleagues across the organisation.</p> <p>Information leaflets and posters have been distributed and are on display within the hospital setting and in community GP and dental locations. NHS Orkney was also in attendance at the Orkney Community Wellbeing event to promote the routes victims can take to receive the support available. This also included having leaflets and posters strategically placed in toilets and sports changing facilities to raise awareness of local and national support.</p>

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Outcome Two: Improving the uptake of health care by men. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions	Progress
<p>GPs on Orkney offer a range of health checks specifically for men. However, men still visit their GP on average 33% less than females. In addition, on average, 65% of men are overweight or obese, compared to 60% of women.</p> <p>Over the next four years, NHS Orkney will continue to:</p> <ul style="list-style-type: none"> • Mount men’s health awareness campaigns • Promote the Healthy Workplace Initiative • Promote health care services through the “Know Who To Turn To” campaign • Supported National Health promotion initiatives 	<p>Men across Orkney continue to get receive the appropriate health checks if they have specific medical problems or take medication.</p>

Outcome Three: Ensure there is gender equality within NHS Orkney. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.	
Supporting Actions	Progress
<p>NHS Orkney produces an Annual Equality and Diversity Workforce Monitoring Report covering all of the 9 “protected characteristics”, as defined by the Equality Act 2010. The Workforce Report contains information on:</p>	<p>NHS Orkney Equality and Diversity Workforce Monitoring Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p> <p>Our reports show that NHS Orkney recruitment and retention arrangements and policies were fair and free from discrimination.</p>

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<ul style="list-style-type: none"> • The sex, female/male make up of the NHS Orkney workforce • Information on the sex of new starts and leavers • The sex of staff promoted • The sex of staff applying for training and receiving training • The sex, female/male, make up of NHS Orkney Senior Managers <p>Any anomalies highlighted by the Report are followed up appropriate action taken if required.</p> <p>Any complaints and alleged incidents with a sex equality element, is promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.</p>	<p>No issues have been raised by staff in the last 2 years.</p>
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<p>Outcome Four: Production of Equal Pay Reports: Compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. This will eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.</p>	
<p style="text-align: center;">Supporting Actions</p>	<p style="text-align: center;">Progress</p>
<p>The equal pay part of the Regulations is designed to monitor public bodies to ensure that there is no gender inequality in their pay rates.</p> <p>The measures include:</p> <ul style="list-style-type: none"> • A requirement to publish every two years information on any Gender Pay Gap. This 	<p>Equal Pay Reports are widely circulated within NHS Orkney and posted on the NHS Orkney website at: www.ohb.scot.nhs.uk to allow public scrutiny.</p> <p>They include an analysis in the format broken down by:</p> <ul style="list-style-type: none"> • Gender

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information should be shown as any difference: "... between the men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)."

- The information published must be based on the most recent data available.
- Public bodies, must publish every four years a statement on equal pay. From 2017 onwards, the equal pay statements must also specify:

"(a) The authorities policy on equal pay amongst its employees between –

- (i) men and women;
 - (ii) persons who are disabled and persons who are not: and
 - (iii) persons who fall into a minority racial group and persons who do not, and
- (b) occupational segregation amongst its employees, being the concentration of –
- (i) men and women;
 - (ii) persons who are disabled and persons who are not: and
 - (iii) persons who fall into a minority racial group and persons who do not, in

- Disability
- Ethnicity

Our previous reports have shown that NHS Orkney Pay arrangements were fair and free from discrimination.

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particular grades and in particular occupations.”

The information published must be based on the most recent data available. NHS Orkney complies fully with these requirements. A copy of the most recent NHS Orkney Gender Pay Gap Statement is available on our web site.

Any anomalies highlighted by the Report will followed up appropriate action taken if required.

Any complaints and alleged incidents with a sex equality element, will be promptly investigated and appropriate follow up action taken, involving other agencies, as appropriate.

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10. Sexual orientation outcomes

The work carried out in the period April 2021 to March 2023 to mainstream sexual orientation equality is detailed below:

Supporting Actions	Progress
<p>a) Men who have sex with men NHS Orkney will continue the safe sex awareness campaign.</p> <p>b) Blood Borne Virus (BBV) testing NHS Orkney will continue its BBV testing campaign and carry out further outreach initiatives.</p> <p>C) Increase the availability of information Over the next four years, NHS Orkney will continue to provide healthcare information of particular interest to our LGBTQ+ communities. Work will also continue to identify and meet any new information needs.</p> <p>d) Training to help NHS Orkney staff to be sensitive to the sexual orientation of patients LGBTQ+ awareness training is an integral part of the NHS Orkney Equality and Diversity Staff Training Programme.</p>	<p>Information continues to be available from Nordhaven Clinic online and in person.</p> <p>NHS Orkney are participating in the national "look-back" exercise, regarding occult Hepatitis B infection via historical blood transfusion. The team are working to identify and manage any past recipients of donated blood components from Scottish donors who are confirmed as anti-Hepatitis B core positive.</p> <p>Information continues to be available from Nordhaven Clinic online and in person.</p> <p>The healthcare needs of our local LGBTQ+ communities are an integral part of all NHS Orkney Equality and Diversity Training Seminars.</p> <p>Information gained from this participation was shared.</p>

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<p>e) Stonewall Scotland</p>	
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NHS Orkney will liaise with NHS Grampian to benefit from their participation in the Stonewall Workforce Equality Index (WEI) process.

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11. Gender reassignment outcomes

The work carried out in the period April 2021 to March 2023 to mainstream gender reassignment equality is detailed below:

Outcome: The provision of a comprehensive gender dysphoria service. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.	
Supporting Actions	Progress
<p>NHS Orkney contracts with NHS Grampian for the provision of a gender reassignment service. NHS Grampian provide the full range of 22 elements recommended by the Department of Health as comprising a gender dysphoria service.</p> <p>NHS Grampian has committed over the next four years to redesign the service to give improvements in all areas. The users of the service will be closely involved in the redesign process.</p> <p>Feminising facial surgery Feminising facial surgery for trans females is not included in the list of services which the Department of Health recommends Health Authorities should provide. A number of our local trans community feel that it should be included. Both the Westminster and Scottish Parliaments have been lobbied by trans groups on this issue. If the lobbying campaign is successful, NHS Grampian will respond positively</p>	<p>The contract with NHS Grampian remains in place and patients continue to be supported by their GP who have the ability to make any referral required.</p> <p>All Equality and Diversity Training provided to NHS Colleagues covers the topic of trans and transgender in detail. All participants receive their own personal copy of the publication: "Guide for Staff to help them meet the needs of Trans Patients attending for Hospital Care"</p> <p>As yet, there has been no progress at Scottish Parliamentary or UK Parliamentary level.</p>

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to any changes in the Department of Health or Scottish Health Department recommendations.

12. Pregnancy and maternity

The work carried out in the period April 2021 to March 2023 to mainstream pregnancy and maternity equality is detailed below:

Outcome One: Improved facilities for pregnant patients and nursing Mothers. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions	Progress
<p>Improved facilities for pregnant patients and nursing Mothers</p> <p>Over the last two years, a great deal of time and effort has gone into the design and planning for maternity services to be provided from the New Balfour Hospital and associated facilities. Improved services for pregnant women and their babies have been an integral part of the design brief. Large numbers of women and the wider community of Orkney have been involved in the design of the facilities.</p> <p>There will also enhanced facilities for nursing Mothers who may be visitors to the new Hospital and GP Practice.</p> <p>NHS Orkney staff will work hard to ensure that all of the potential benefits offered by the new facilities are realised, for the benefit of patients.</p>	<p>NHS Orkney Maternity and Health Visiting Services were awarded the UNICEF Gold Baby Friendly Service Award in January 2022 in recognition of excellent and sustained practise in the support of infant feeding and parent-infant relationships.</p> <p>Colleagues continue to work hard to ensure facilities are well used to support the needs of the Women and birthing people of Orkney.</p>

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Outcome Two: Continued development of sex education services for teenagers This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions	Progress
<p>Sex education for teenagers Teenage pregnancy rates in Scotland have been falling for several years. Over the last two years, the successful sex education campaign for teenagers on Orkney has continued. Island Health boards now have the lowest rate of teenage pregnancy in Scotland.</p> <p>However, there is no room for complacency. The sex education initiative will be continued and enhanced over the next four years, working closely with Orkney Health and Care and the Orkney Islands Council Education Department.</p>	<p>Stromness Academy and Kirkwall Grammar School continue to provide robust sex education as part of the Personal and Social Education programme. To educate teenagers across the isles, School Nurses provide some whole class information as some pupils preferring this external input.</p> <p>School Nurses also provide 1:1 support when required and can signpost to the Nordhaven clinic for further support if required.</p>

Outcome Three: Making sure pregnant staff receive their full maternity leave entitlements. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Supporting Actions	Progress
<p>NHS Orkney will ensure that pregnant staff receive their full maternity leave and pay entitlements. In addition, NHS Orkney will respond positively to requests from staff for amended working hours and flexible working for staff with babies or young children.</p>	<p>An extract from the NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23 is shown below. All staff received their full maternity leave and payment entitlements.</p>

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Year	No. of applications	Staff choosing "Return to work" option	No. who actually returned to work	Pending
2022/23	28	28	1	27

NHS Orkney continues to offer a wide range of flexible working opportunities for staff and has created training to support managers who receive flexible working requests.

13. Marriage and civil partnership

The work carried out in the period April 2021 to March 2023 to mainstream marriage and civil partnership is detailed below:

<p>Outcome: Staff training to be aware of the possibility of undisclosed same sex marriage or civil partnerships and the needs of the partners of patients. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
Supporting Actions	Progress
<p>All NHS Orkney Equality and Diversity staff training includes information on the need for staff to be aware of the possible existence of an undisclosed same sex marriage or civil partnership.</p> <p>Of necessity, healthcare staff focus on the needs of the person receiving care. However, sometimes the needs of spouses, civil partners, same sex marriage partners and common law partners can be great, especially if one partner is a carer for the other. It is important for staff to keep partners fully informed and involved in the provision of care.</p>	<p>The need to be aware of the possible existence of an undisclosed same sex marriage or civil partnership is an integral part of all NHS Orkney Equality and Diversity Training.</p> <p>Awareness work has continued and is ongoing.</p>

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This message is an integral part of our Equality and Diversity Training for staff.

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14. Religion or belief outcomes

The work carried out in the period April 2021 to March 2023 to mainstream religion and belief is detailed below:

<p>Outcome: Continue to ensure that patients and staff who wish it, have access to spiritual care of their choice; provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting. This will advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p>	
Supporting Actions	Progress
<p>a) Post of Head of Spiritual Care NHS Orkney in co-operation with NHS Shetland, has created the new post of Head of Spiritual Care. Over the last 2 years, the post holder has done a great deal of work to enhance, expand and develop the chaplaincy services on Orkney and build strong relationships with religious and belief groups. This work will continue</p>	<p>NHS Orkney employs one Spiritual Care Lead, who is supported by several local spiritual and religious leaders to enhance the work delivered across the board. We fed into the National Spiritual Care Framework production which was published in June 2023 and can be accessed via Discovering meaning, purpose and hope through person centred wellbeing and spiritual care: framework - gov.scot (www.gov.scot)</p>
<p>b) Continue to provide educational resources for staff to enhance their awareness of the specific religious and spiritual needs of patients in the healthcare setting</p>	<p>The Spiritual Care lead continues to work with staff to enhance their knowledge of religion and spiritual care. The “Religions and Cultures” booklet has also been made widely available through the Equality and Diversity Training Seminars to provide a ready reference for staff.</p>

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15. Comments or suggestions

All comments on this Mainstreaming Report will be warmly welcomed. Comments in any language or format can be made:

By e-mail to: ORK.feedback@nhs.scot

Feedback Service,
NHS Orkney,
The Balfour,
Foreland Road,
Kirkwall,
Orkney
KW15 1NZ

By voicemail to: 01856 888000

Compiled by Steven Phillips, Head of People and Culture, NHS Orkney
July 2023.

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Staff Governance Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Staff Governance Committee	Date of Board Meeting: Thursday 26 October 2023
Prepared By:	Joanna Kenny	
Approved By:	Ryan McLaughlin	
Presented By:	Joanna Kenny	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Staff Governance Committee at its meeting on 23 August 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Sickness absence rates remain high. Little improvement in appraisal rates. 	<ul style="list-style-type: none"> Work is ongoing to manage high sickness absence rates. An establishment review has begun, starting with a list of all staff with contracts of employment within each team. This will enable a gap analysis within each department that will allow budget managers to more effectively manage their budgets. A working group will further develop the Workforce Report.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Improvement to Statutory and Mandatory Training figures. The Workforce Report has been reformatted. iMatter – there was a significant increase (58%) in completion of action plans, aided by proactive work by People and Culture colleagues. Bringing the Equality and Diversity service back in house presents an opportunity for increased oversight and more specific to NHS Orkney 	<ul style="list-style-type: none"> Updated Staff Governance Action Plan Priorities were approved. NHS Orkney Equality and Diversity Mainstreaming Report 2023 was endorsed and recommended to the Board for approval.
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Moving the Risk and Assurance Report earlier in the agenda enabled more discussion, and it has been decided to trial this again at the next meeting. 	

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Financial Performance Report
Responsible Executive/Non-Executive:	Mark Doyle, Director of Finance
Report Author:	Keren Somerville, Head of Finance

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 30 September 2023.

2.2 Background

The revenue position for the 6 months to 30 September 2023 reflects an overspend of £3.334m. 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	£1.5m
○ Estates and Facilities	£0.6m
○ Additional SLA cost pressures	£0.4m
○ Other offsets including reserves	(£0.9m)

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
- In conjunction with NHS Orkney, it is anticipated that the IJB, will deliver £0.465m of recurring savings in 2023/24 as detailed in the financial recovery plan
- 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 May to September, with April 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 we anticipate £0.465m will be delivered against the fully delegated budgets in the current financial year.

The main areas contributing to the Board's overspent operational performance at month 6 are:

Nursing and Acute Services - £1,802k overspend

Estates and Facilities - £314k overspend

Director of Human Resources - £74k overspend

The Integrated Joint Board (operational areas) - £50k overspend

Under-Achieved Savings - £1,538k overspend

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 management 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. Consideration is being

given to potential future use of the site. 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 6, per Appendix 1.

Changes in the month are listed below:-

Description	Baseline £	Earmarked Recurring £	Non Recurring £	Total £
Primary medical services			6,214,000	6,214,000
Shortened Midwifery course at ENU backfill - 2023			7,500	7,500
Digital therapy posts		13,844		13,844
Annual Health Checks for People with a Learning Disability		6,902		6,902
Multi-Disciplinary Teams - Reverse ref 110			(154,558)	(154,558)
Multi-Disciplinary Teams		154,558		154,558
Urgent and unscheduled care			166,000	166,000
	0	175,304	6,232,942	6,408,246

Summary Position

At the end of September, NHS Orkney reports an in-year overspend of £3.334m 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 M5		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	Core RRL	£000	£000	£000	£000	%	£000
(1,364)	Nursing & Acute Services	16,858	8,563	10,365	(1,802)	(21.04)	(3,050)
28	Medical Director	17,555	8,668	8,617	51	0.58	(37)
(40)	Integration Joint Board	30,008	14,815	14,865	(50)	(0.34)	(101)
(7)	Finance Directorate	2,697	1,220	1,213	7	0.60	31
(237)	Estates, Facilities & NPD Contracts	8,358	4,179	4,492	(314)	(7.50)	(650)
(15)	Chief Executive	1,374	694	704	(10)	(1.40)	9
(29)	Public Health	956	483	524	(41)	(8.39)	(82)
(56)	Director of Human Resources	1,619	731	805	(74)	(10.19)	(160)
476	Reserves	1,971	436	0	436	n/a	872
(494)	Savings Targets (Board)	(4,390)	(2,137)	0	(2,137)	n/a	(4,390)
0	Additional Savings Target (Board)	(61)	(30)	0	(30)	n/a	(61)
	<i>Savings Achieved (Board)</i>	1,574	1,574	0	1,574	n/a	3,265
(788)	Savings Targets (IJB)	(2,400)	(957)	0	(957)	n/a	(2,400)
0	<i>Savings Achieved (IJB)</i>	12	12	12	12	n/a	510
(2,525)	Total Core RRL	76,133	38,251	41,585	(3,334)	(8.72)	(6,245)
	Non Cash Limited						
(0)	Dental NCL	965	331	331	(0)	(0.00)	(0)
0	Ophthalmic Services NCL	256	135	135	0	0.00	0
0	Dental and Pharmacy NCL - IJB	791	392	392	0	0.00	0
(0)	Total Non Cash Ltd	2,011	858	858	(0)	(0.00)	(0)
	Non-Core						
0	Capital Grants	0	0	0	0		0
0	Non-cash Del	0	0	0	0		0
(0)	Annually Managed Expenditure	1	0	0	(0)		0
0	Donated Assets Income	0	0	0	0		0
(0)	Capital Charges	3,318	1,579	1,579	(0)	(0.00)	(0)
(0)	Total Non-Core	3,319	1,579	1,579	(0)	(0.03)	(0)
(2,526)	Total for Board	81,463	40,688	44,023	(3,334)	(8.19)	(6,245)

Nursing and Acute Services

- Hospital Medical Staff, £756k 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, £67k overspend

Dialysis and Theatres & Day Unit are overspent at month 6 due to reliance on agency and bank staff to cover vacancies and gaps in rotas.

- Clinical Nurse Manager, £616k overspend

Inpatients 1, Inpatients 2 and the Emergency Department are all reporting significant overspends at month 6 due to continued reliance on agency and bank nursing to cover vacancies and gaps in rotas.

- Laboratories, £340k overspend

Laboratories are reporting a significant overspend at month 6, both staffing due to agency usage and consumables are overspending, reagent spend increased significantly.

- Women's Health, £8k overspend

Maternity ward is overspent by £54k at month 6 mainly due to bank usage within the ward. There are underspending areas within Women's Health reducing the overall overspent position

- Radiology and Audiology, £37k overspend

Radiology is overspent by £40k, this relates to agency spend within this area.

Medical Director

- Pharmacy, £200k underspend

The Acute Pharmacy budgets are currently underspent however, we anticipate that this will have decreased by year-end, forecasting an underspend of £62k.

- External Commissioning, £108k 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 £0.995m (including £0.945m of unachieved savings and £0.050m operational overspend).

- Integration Joint Board, £722k overspent

This includes the unachieved savings to date.

- Children's Services, £118k underspend

The underspend is related to vacancies in Health Visiting and School Nurses.

- Primary Care, Dental and Specialist Nurses, £154k underspend

Dental is currently underspent whilst Primary Care is overspending due to locum and agency spend within this area.

- Health and Community Care, £289k overspend

There are both over and underspending services in Health and Community Care. Mental Health has the most significant overspend at £509k. This is due to the unfunded Consultant Psychiatrist post and some offsets from reserves to be made against the Mental Health budgets.

- Primary Care Pharmacy, £77k overspend

Pharmacy services are currently overspent within prescribing unified with an overspend forecast by year end. Invoices are currently 5 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 M5	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(686)	Integration Joint Board	3,034	1,518	2,403	(886)	(2,197)
89	Children's Services & Women's Health	1,571	794	681	113	181
100	Primary Care, Dental & Specialist Nurses	12,789	6,459	6,305	154	248
(261)	Health & Community Care	5,047	2,605	2,892	(287)	(157)
(5)	Covid Costs	530	171	180	(9)	(14)
(61)	Pharmacy Services	4,648	2,324	2,401	(78)	(46)
(824)	Total IJB	27,621	13,870	14,862	(995)	(1,985)

Finance Directorate

The Finance Directorate is currently reporting an underspend 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 £314k to date, unit price of electricity has shown a significant increase. The forecast overspend has increased to £650k at year-end.

Chief Executive

Currently reporting an overspend of £10k and anticipating an underspend at year-end.

Public Health

Currently reporting an overspend of £41k.

Human Resources

Currently overspent by £75k 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:

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 and Director of Finance with all Executive Directors.

- Monthly financial results meetings with the CEO, Chair, Chair of Finance and Performance Committee and Director 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 and Financial Improvement are also 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.
- 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.

Savings

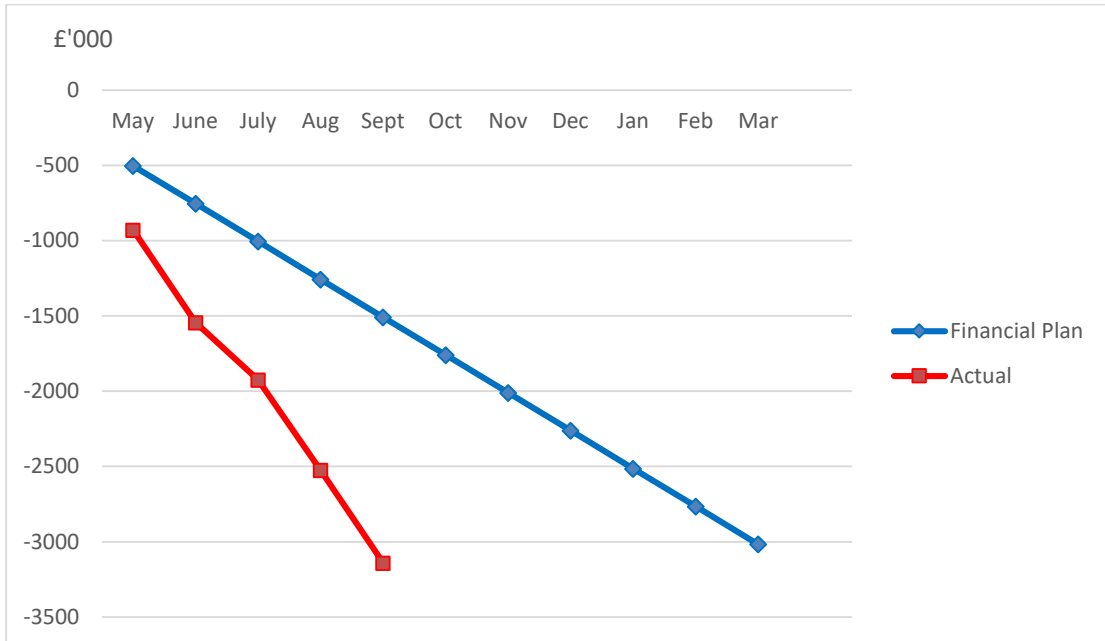
NHS Orkney continues to be represented at the Financial Improvement Network and takes advantage of any potential savings opportunities, we also share with Executive Directors benchmarking data which is disseminated via the Financial Improvement Group (FIG) and information provided by the Financial Delivery 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 £0.835m of the £1.5m of recurring savings and £1.941m 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 actual spend 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
Core RRL	£000	£000	£000	£000	£000	£000
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
Savings Targets (Board)	(2,512)	(2,888)	(3,264)	(3,639)	(4,015)	(4,390)
Additional Savings Target (Board)	(35)	(40)	(45)	(50)	(56)	(61)
<i>Savings Achieved (Board)</i>	1,856	2,138	2,419	2,701	2,983	3,265
Savings Targets (IJB)	(1,198)	(1,438)	(1,679)	(1,919)	(2,160)	(2,400)
<i>Savings Achieved (IJB)</i>	95	178	261	344	427	510
Total Core RRL	(3,787)	(4,269)	(4,758)	(5,240)	(5,722)	(6,245)
Non Cash Limited						
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
Total Non Cash Ltd	(0)	(0)	(0)	(0)	(0)	(0)
Non-Core						
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)
Total Non-Core	(0)	(0)	(0)	(0)	(0)	(0)
Total for Board	(3,787)	(4,269)	(4,759)	(5,241)	(5,722)	(6,245)

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 £1.5m
 - Estates and Facilities £0.6m
 - Additional SLA cost pressures £0.4m
 - Other offsets including reserves (£0.9m)

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, 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.

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).

In addition, the Board is currently working through a number of potential additional cost pressures that may impact the Board in 2023/24, we will report on these in due course.

2.4 Recommendation

Awareness –

- **note** the reported overspend of £3.334m to 30 September 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 £
Allocations Received				
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	
Outcomes Framework	496,357	777,185	280,828	
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)	
Allocations Awaited				
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 Outcomes Framework	265,122		(265,122)	265,122
Mental Health Strategy Action 15 Workforce - First Tranche	80,210		(80,210)	80,210
Mental Health Action 15	75,850		(75,850)	75,850
Perinatal & Infant Mental Health Services	61,000		(61,000)	61,000
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)
Foundation Training	(16,600)		16,600	(16,600)
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)
Drug Tariff reduction	(315,673)		315,673	(315,673)
Depreciation	(1,228,000)		1,228,000	(1,228,000)
	70,843,517	70,516,535	(326,982)	1,260,436

NHS Orkney

Meeting:	NHS Orkney Board
Meeting date:	Thursday, 26 October 2023
Title:	Integrated Performance Report
Responsible Executive/Non-Executive:	Laura Skaife-Knight, Chief Executive
Report Author:	Carrie Somerville – Planning, Performance and Risk Manager and Ian Coghill, Senior Analyst Health Intelligence

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 new Integrated Performance Report is intended to offer enhanced reporting in relation to delivery and performance in the rounds for NHS Orkney, notably in relation to:

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

The full new Integrated Performance Report is included as Appendix 1. 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.

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 and at the relevant Board Sub Committee meeting.

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. Recognising this is the first time the Board has seen this new report, it is important to note that work to further develop and refine the report further continues. A full breakdown of those metrics which will come forward to the December Board are included as Appendix 2.

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 was identified which are within scope of an Integrated Performance Report. Details of those are detailed below:

Agreed Reporting Section	Agreed Strategic Priority	Agreed Governance Committee	Executive Director Lead
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, Quality and Experience 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 will include key metrics in relation to spend against budget and savings achieved.

2.3.4 Risk Assessment/Management

No risks to highlight in this paper. However, consideration should be given to the information contained within the report and whether the source is published or unpublished.

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 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.

2.3.9 Route to the Meeting

- Senior Leadership Team approved 17 October 2023

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: Final Integrated Performance Report
- Appendix 2: Proposed Metrics for Integrated Performance Report



Integrated Performance Report

August 2023

Chief Executive: **Laura Skaife-Knight**



HEALTH Intelligence

ORK.healthintelligence@nhs.scot

Executive Summary

Domain	Going Well	Cause for Concern
<p>Workforce</p> <p>Pages 4 to 7</p>	<p>The People and Culture Team successfully launched the Employee Assistance Programme; early indications are that it has been a positive introduction. Work continues to monitor usage, alongside any further support for staff. Other areas of improvement include eRoster tool and "soft launch" of the Once for Scotland Policies introducing 11 new and updated Work Life Balance Policies. Work continues with Managers across the Board on areas such as Job Evaluation, Recruitment & Retention, Policy development and staff wellbeing programmes. A successful recruitment programme for Director of People & Culture post, which will be announced imminently.</p>	<p>There is concern that Managers may not have the required capacity to undertake key activities such as Personal Development Performance Review and improving performance for mandatory and statutory training rates. Concern has also been raised increasing levels of sickness absence. Work with managers will continue to ensure that this undertaken, and staff feel fully supported to be at work when they are fit to be. The People and Culture Team we have had a number of vacancies, which we are hopeful of filling, but work needs to be undertaken on prioritising the agenda moving forward to enable the team to be fit for purpose whilst supporting the Board's objectives.</p>
<p>Safety & Quality</p> <p>Pages 8 to 9</p>	<ul style="list-style-type: none"> • Staff engagement in the reporting of patient safety incidents and near misses • Staff training for Significant Adverse Event Reviews is ongoing with 3 senior clinical staff undertaking training during Q2 23/24 • WIRG continues to have good attendance and engagement 	<ul style="list-style-type: none"> • Number of patient safety incidents open for more than 3-months • Time taken for learning from Significant Adverse Event Review and complaint(s) to be implemented • Senior leadership capacity to support Significant Adverse Event Review • Absence of an annual audit plan • Limited CG team resource in short term
<p>Finance</p> <p>Pages 10 to 14</p>	<p>We continue to engage and welcome support from the national Financial Delivery Unit to strengthen our Financial Recovery Plan. Scottish Government are due to provide a number of reports to NHS Orkney using the Discovery tool no later than 20 October 2023 and identify further opportunities for savings and improve productivity and efficiency. This information will be disseminated amongst the Executive Directors for consideration and feedback through the Senior Leadership Team, Grip and Control Board and Finance and Performance Committee.</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. At this stage, it is believed that the only course of action is to significantly curtail spend as failure to do so will result in an outturn position which is worse than the position reported in the Financial Plan for 2023/24.</p>
<p>Operational (Acute) Standards</p> <p>Pages 15 to 24</p>	<p>Executive Leads understanding rapid reviews to understand opportunities to address system challenges, with particular focus on capacity and prioritisation. Some of the areas where improvement has been noted are:</p> <ul style="list-style-type: none"> • Short/Medium-Term Endoscopy Service Capacity and Ownership • Cancer Performance • Ophthalmology Service capacity 	<p>Some areas of historical challenge will require time and effort to identify short to longer-term solutions that are fit for purpose and meet the needs of the population both now and in the future. This includes:</p> <ul style="list-style-type: none"> • Pain Management Service Review • Long-Term Endoscopy Service Capacity and Ownership
<p>Community</p> <p>Pages 25 to 27</p>	<ul style="list-style-type: none"> • Improving performance in respect of Podiatry and Child and Adolescent Mental Health Services • Recruitment of key posts across the service 	<ul style="list-style-type: none"> • Accommodation shortages, both in residential and office/clinic space, which impacts the services ability to meet patients as timely as hoped • National shortages of key professions (i.e. AHPs, Psychiatrists etc). • Increasing demand and complexity of patient need

Sections

1. Workforce

2. Safety & Quality

3. Finance

4. Operational (Acute) Standards

5. Community

Workforce

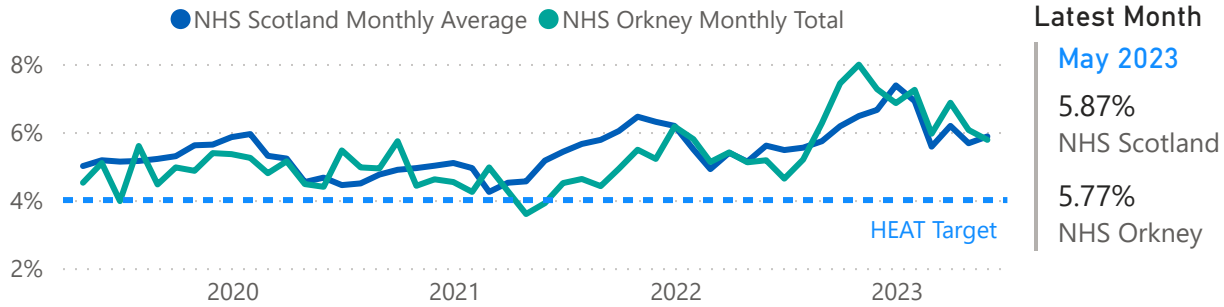
Section Lead: Interim Director of People and Culture

Comments	Successes	Challenges
<p>Colleagues returning from maternity leave have brought back a wealth of knowledge to support the team. The eRoster team has been created and is working in collaboration with the Head of Transformation and Engagement across the board, the next few months will be challenging as the national implementation team step back. However, the team are well trained to work through the remaining work.</p> <p>Once for Scotland phase 2 polices are launched on 1 November 2023, the team will be working alongside Union reps to communicate and create training to support managers.</p>	<ul style="list-style-type: none">• 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• Implementation of eRoster across organisation on track – work continues for medical modules.• Dedicated support to managers for recruitment – enhancement of colleague's experience.• Launch of staff health and wellbeing programme, including new Employee Assistance Programme. Initial feedback is positive – awareness sessions continue in Teams.• Recruitment of substantive Director of People and Culture• Joint Leadership forum – NHS Orkney and Orkney Islands Council• Focus on :-<ul style="list-style-type: none">○ Reducing sickness absence○ Implementation of new work/life balance policies○ Reviewing workforce report in collaboration with the Chairpersons Area Partnership Forum and Staff Governance Committee	<p>Manager participation and undertaking activities such as doing appraisals and improving training rates.</p> <p>Vacancies within the Human Resources team include Assistant Human Resources Officer and HR Administrator. This has reduced capacity across the team.</p>

Sickness Absence (Source: Workforce Dashboard)

Latest Data: May 2023

Monthly Comparison - NHS Scotland & NHS Orkney



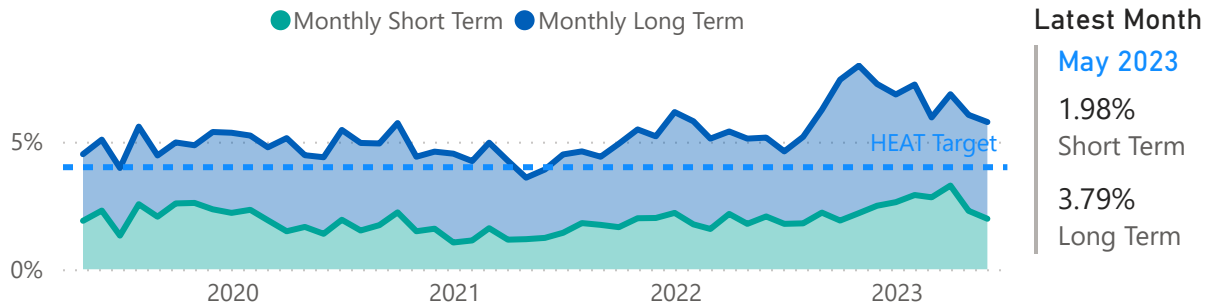
Latest Month

May 2023

5.87%
NHS Scotland

5.77%
NHS Orkney

Monthly Comparison - NHS Orkney Long & Short Term Absence



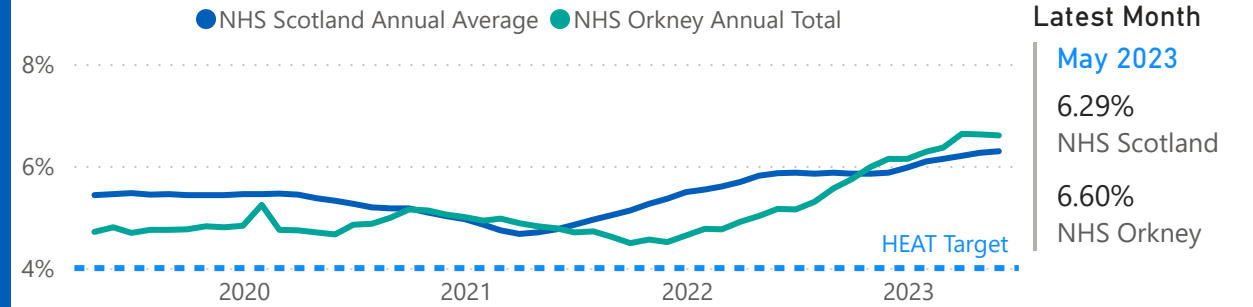
Latest Month

May 2023

1.98%
Short Term

3.79%
Long Term

Annual Comparison - NHS Scotland & NHS Orkney



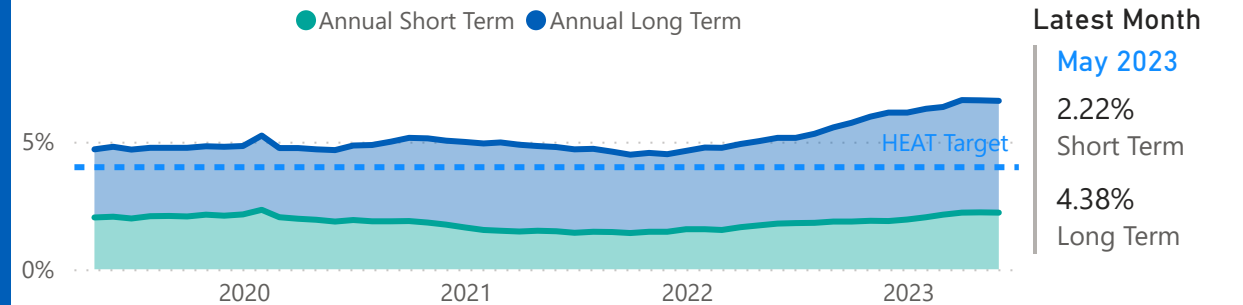
Latest Month

May 2023

6.29%
NHS Scotland

6.60%
NHS Orkney

Annual Comparison - NHS Orkney Long & Short Term Absence



Latest Month

May 2023

2.22%
Short Term

4.38%
Long Term

Issues/Performance Summary

NHS Orkney sits within 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 launched – the first usage report will be shared in January 2024.

Staff Wellbeing event for staff with strong attendance.

Deep dive on sickness absence at Finance and Performance Committee.

Assurance/Recovery Trajectory

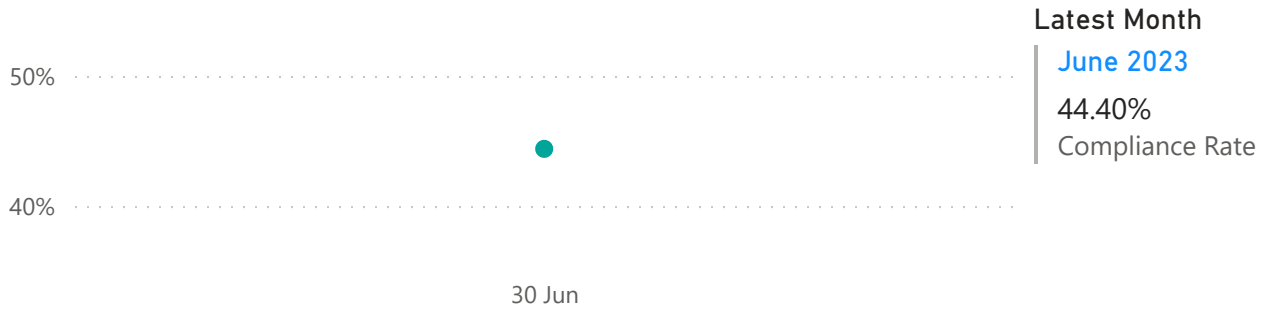
Recovery trajectories to be in place by December 2023:

- 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.

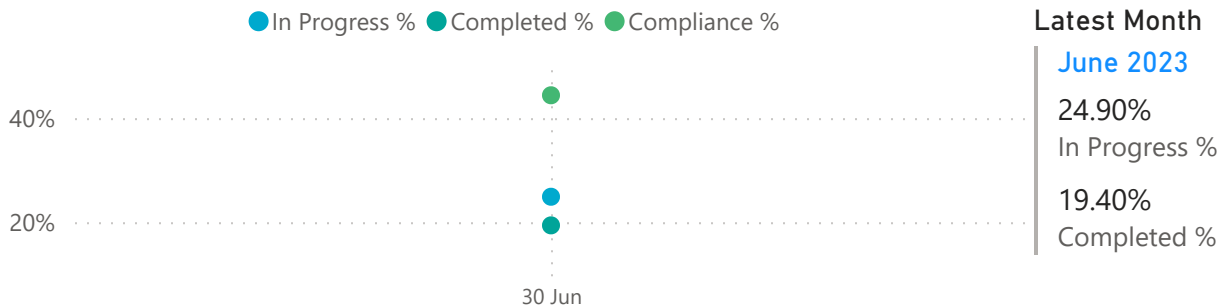
Appraisals & Statutory/Mandatory Training (Source: Workforce Dashboard)

Latest Data: June 2023

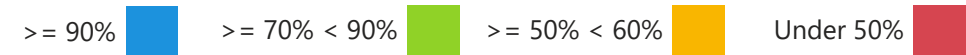
Appraisal Compliance (excludes Medical Staff)



% Compliance, In Progress, Completed (excludes Medical Staff)



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

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.

Understand the national approach to medical colleagues undertaking an NHS appraisal, and not solely a professional appraisal.

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.

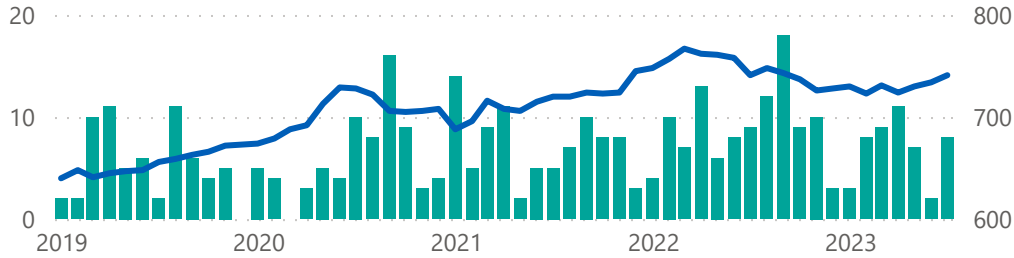
Assurance/Recovery Trajectory

Additional training will be available to support colleagues and managers.

Chief Executive to reinforce message to all managers and Senior Leadership Team for cascading to team the importance of compliance and taking time to carry out appraisals.

NHS Orkney - Headcount & Leavers

Leavers Headcount



Latest Month

June 2023

741

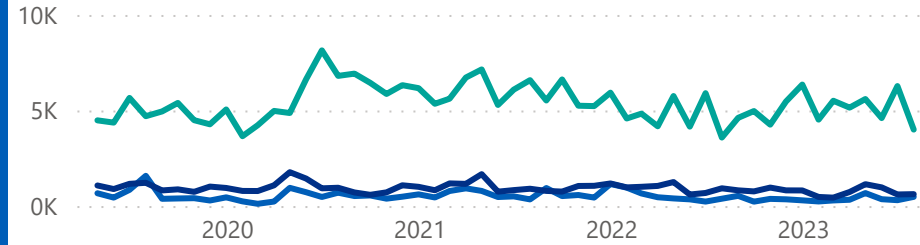
Headcount

8

Leavers

NHS Orkney - Hours Utilisation

Bank Overtime Excess



Latest Month

July 2023

4,001.34

Bank

479.83

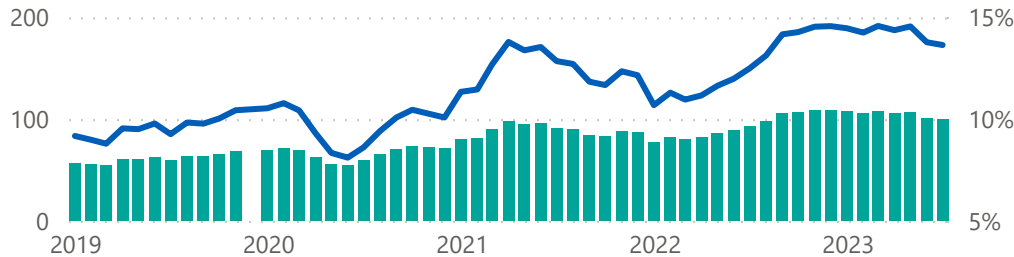
Overtime

622.30

Excess

NHS Orkney - Headcount & Leavers (Rolling Year)

Rolling Year Leavers Rolling Year Turnover



Last 12 Months

June 2023

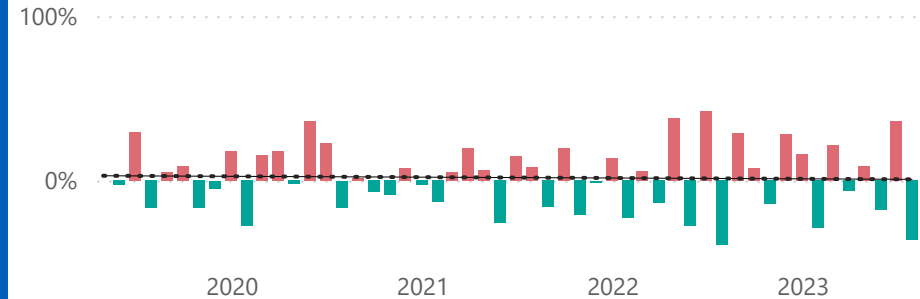
100

Leavers

732.92

Avg. Headcount

NHS Orkney - Bank Hours Utilised vs. Previous Month



Latest Month

July 2023

4,001.34

Hours

-36.28%

Variance

Issues/Performance Summary

No control of bank/overtime/excess spending across the organisation.

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

Planned/Mitigating Actions

Establishment review underway to better understand out starting point of actual contract versus budgeted position.

Centre for workforce supply and Scottish Government colleagues are engaged with us to support the Board in relation to hard to fill posts.

External recruitment agencies to support.

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

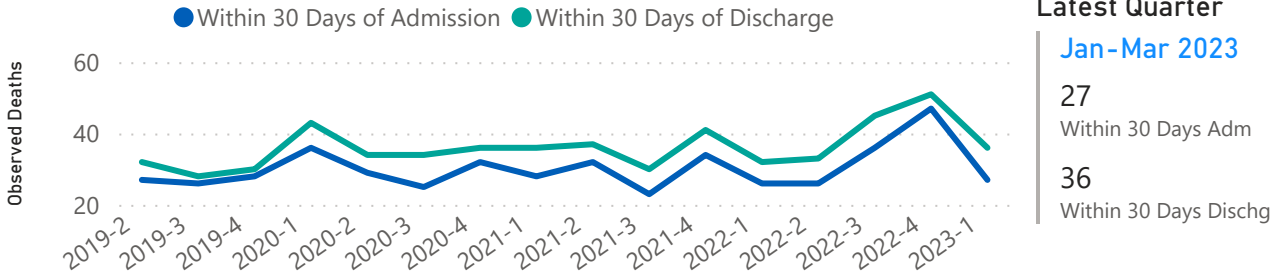
Section Lead: Interim Medical Director

Comments	Successes	Challenges
<ul style="list-style-type: none">• The current methods of Safety and Quality evaluation require some updating to be fit for purpose in the future• Governance is under review• Improvements/evidence of learning is needed• Incident / complaint reporting and investigation training required• Developing assurance process with draft of medicines incidents in development to consider other areas for improving performance of incident management.• Improved flow of information through organisation identified, requires embedding in processes	<ul style="list-style-type: none">• Progress on implementation of learning from complaints and SAER to be reviewed monthly• Monthly Patient Safety Newsletter – Oct 23• Patient Safety Alert notice in place• Learning Summaries from SAER reports• Embedding SAER learning through development of Quality Forum and onwards to JCGCC• Improving senior leadership visibility of SAERs by providing sight to SLT• Developing capability in staff to respond to incidents and manage effectively• Complaints continue to be handled effectively• Recruitment to substantive Medical Director post, bringing experience to NHS Orkney	<ul style="list-style-type: none">• Vacancies within the Clinical Governance and Quality Improvement team include Head of Patient Safety, Quality and Risk and Clinical Governance and Risk Facilitator, impacting on capacity across the team with recruitment underway• Capacity of team leads / senior charge nurse / senior charge midwife and senior leaders to review clinical incidents• Communication of the learning from incidents, complaints and SAER to staff• Delivering effectively with limited CG resource• Continuing effective senior clinical engagement in Q&S with operational challenges• Managing the overdue incidents effectively• Effectively embedding learning in the organisation and closing the loop on incidents and learning

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

Latest Data: March 2023

HSMR - Orkney Observed Deaths



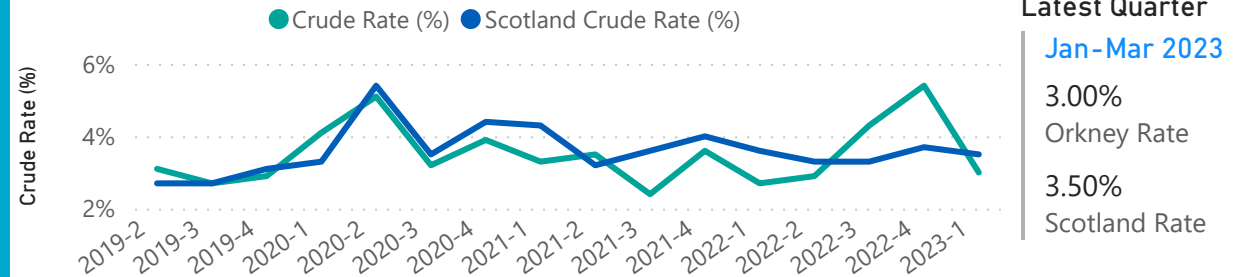
Latest Quarter

Jan-Mar 2023

27
Within 30 Days Adm

36
Within 30 Days Dischg

HSMR Crude Rate - Orkney vs. Scotland



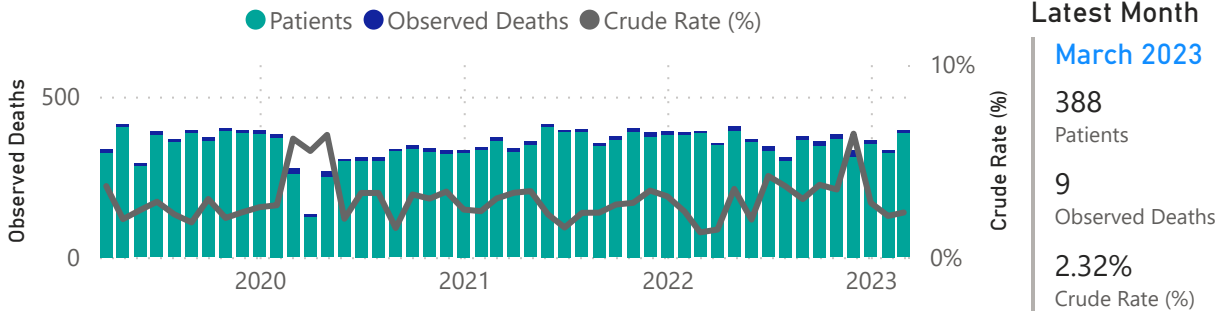
Latest Quarter

Jan-Mar 2023

3.00%
Orkney Rate

3.50%
Scotland Rate

HSMR - Orkney Observed Deaths (Monthly)



Latest Month

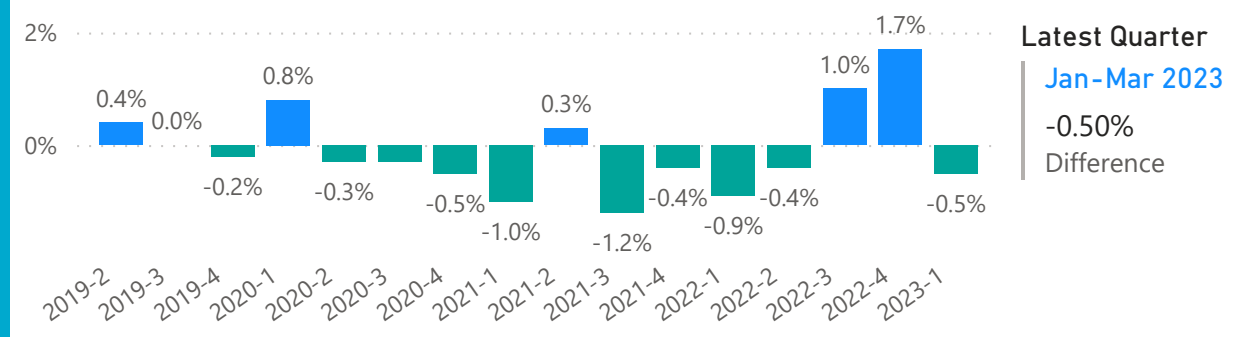
March 2023

388
Patients

9
Observed Deaths

2.32%
Crude Rate (%)

HSMR Crude Rate - Orkney vs. Scotland



Latest Quarter

Jan-Mar 2023

-0.50%
Difference

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 Financial Sustainability Office are working alongside colleagues to identify and support delivery of cost reduction in relation to both temporary staffing models and Overtime/Excess hours. The Vacancy Panel has also approved posts which will see a reduction in the higher rate of temporary staffing arrangements (for example Emergency Department Nursing posts).</p> <p>Year-end overspend forecast £5.9m versus plan of £3.1m</p>	<p>Progress has been made towards the delivery of the 2023/24 savings target of £3.7m target. At the end of month 5, we are tracking £0.831m recurring savings and £1.7m non-recurring savings. Other areas of success:</p> <ul style="list-style-type: none">• Grip and Control Board in place for monthly scrutiny of ongoing costs/savings• Reporting/Engagement through Senior Leadership Team• FSO facilitated budget holder session to generate savings schemes ideas.	<p>At month 5, there are several areas of overspend those 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 to delivery of the 2023/24 savings target of £3.7m it is difficult to see how we can narrow the gap from the £5.8m to the original forecasted position in the Financial Plans submitted to Scottish Government for 2023/24 if the organisation does not significantly curtail spend. We have secured support from the national Financial Delivery Unit to conduct a number of deep dives into those areas of overspend.</p>

Summary Financial Position

Latest Data: August 2023

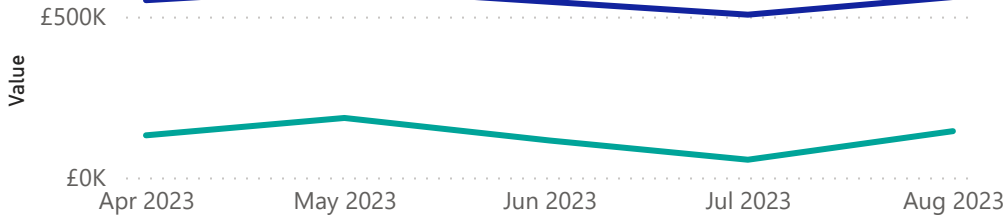
Group	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD%	Forecast Year end Variance
Core RRL	0	0	0	0		0
Nursing & Acute Services	16345	6817	8181	-1364	-20.01%	-2957
Medical Director	17224	7110	7082	28	0.39%	-114
Integration Joint Board	29673	11370	11409	-40	-0.35%	-90
Finance Directorate	2673	966	972	-7	-0.68%	40
Estates, Facilities & NPD Contracts	8391	3511	3748	-237	-6.76%	-572
Chief Executive	1367	579	593	-15	-2.52%	2
Public Health	956	405	434	-29	-7.27%	-72
Director of Human Resources	1633	597	653	-56	-9.40%	-165
Reserves	2949	476	0	476	0.00%	1143
Savings Targets (Board)	-4390	-494	0	-494	0.00%	-4390
Additional Savings Target (Board)	-61	0	0	0	0.00%	-61
Savings Achieved (Board)	1056		0		0.00%	3265
Savings Targets (IJB)	-2400	-788	0	-788	0.00%	-2400
Savings Achieved (IJB)	12		0	0	0.00%	510
Total Core RRL	75429	30547	33072	-2525	-8.27%	-5860
<hr/>						
Non Cash Limited						
Dental NCL	965	289	289	0	0.00%	0
Ophthalmic Services NCL	256	112	112	0	0.00%	0
Dental and Pharmacy NCL - IJB	791	326	326	0	0.00%	0
Total Non Cash Ltd	2011	727	727	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	0	0	0.00%	0
Donated Assets Income	0	0	0	0	0.00%	0
Capital Charges	3318	1317	1317	0	0.00%	0
Total Non-Core	3319	1317	1318	0	-0.03%	0
<hr/>						
Total for Board	80760	32591	35116	-2525	-7.75%	-5860

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

Latest Data: August 2023

NHS Orkney - Consultant

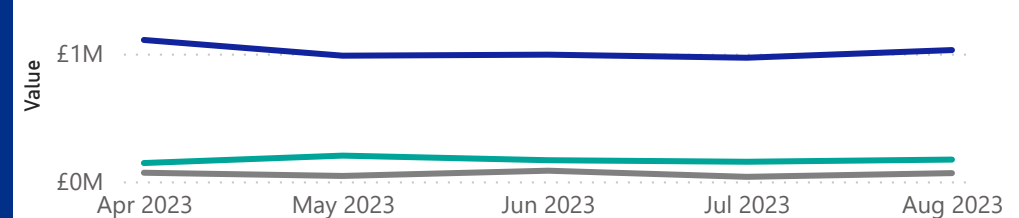
Sub-Group ● Agency ● Permanent



Latest Month
August 2023
 £705,000
 Value

NHS Orkney - Nursing (Registered & Unregistered)

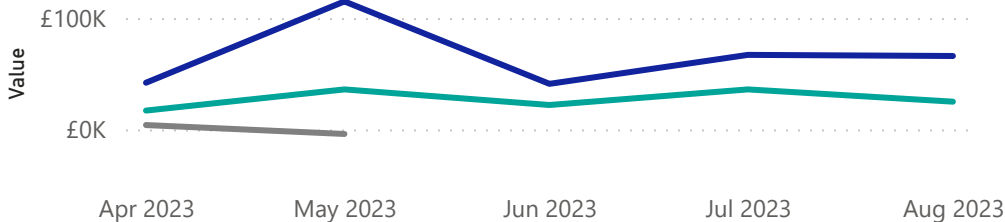
Sub-Group ● Agency ● Bank ● Permanent



Latest Month
August 2023
 £1,264,000
 Value

NHS Orkney - Junior Doctor

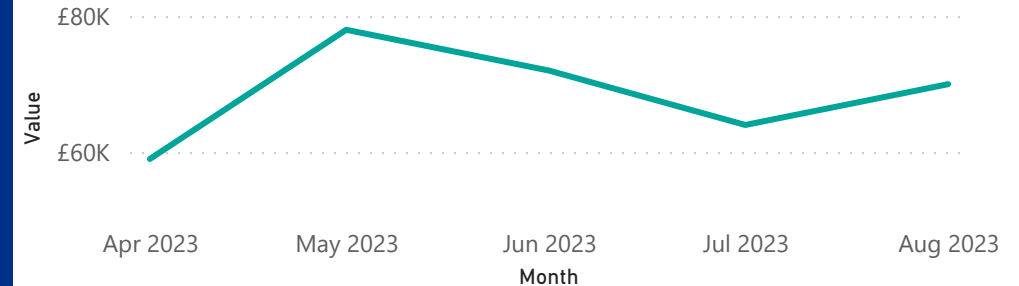
Sub-Group ● Agency ● Bank ● Permanent



Latest Month
August 2023
 £91,000
 Value

NHS Orkney - AHP

Sub-Group ● Agency



Latest Month
August 2023
 £70,000
 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 3.1m

Other areas contributing to cost pressures are :

- Estates and Facilities
- Inflationary Pressures
- Laboratory Services
- Recruitment

Planned/Mitigating Actions

Finance and Performance Committee to move 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.

Assurance/Recovery Trajectory

Reduction in agency reliance for nursing posts will continue to be impacted through successful appointment of substantive postholders through international recruitment process.

Strengthened Financial Sustainability Office (Senior and Clinical Leadership).

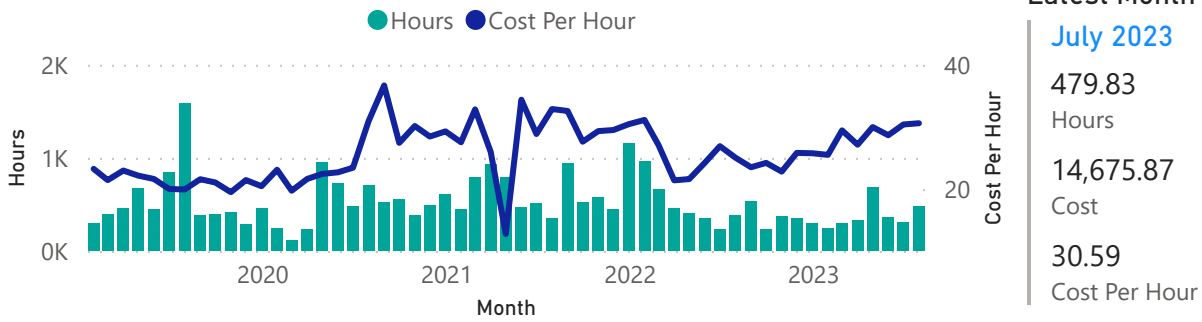
Trajectories and run rates for savings (actual versus planned) from November 2023.

Strengthened Grip and Control Board arrangement from November 2023 - including performance review meetings with CEO and Director of Finance with workstream leads

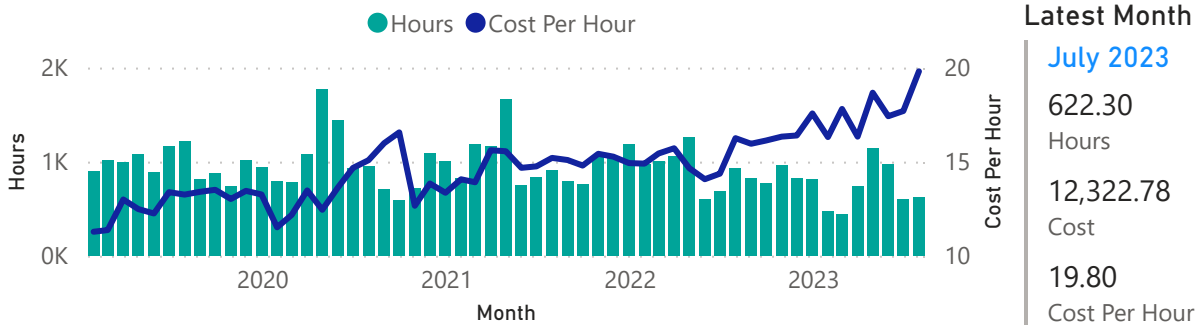
Key Costs: Other Hours (Source: Board Financial Performance Return)

Latest Data: July 2023

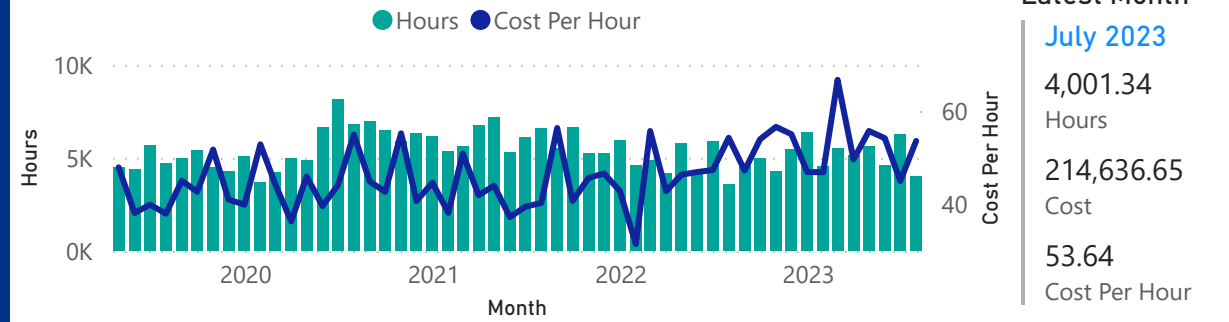
NHS Orkney - Overtime Hours & Cost



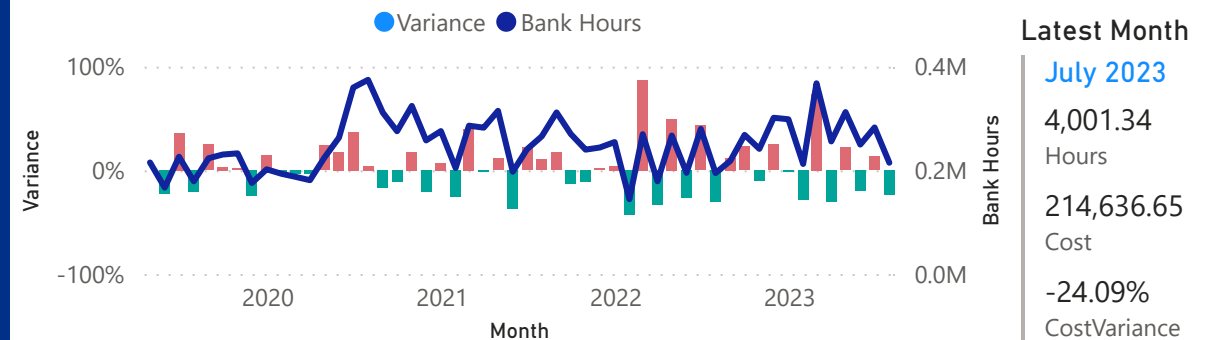
NHS Orkney - Excess Hours & Cost



NHS Orkney - Overtime Hours & Cost



NHS Orkney - Bank Hours Variance



Issues/Performance Summary

Continued reliance on substantive postholders 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).

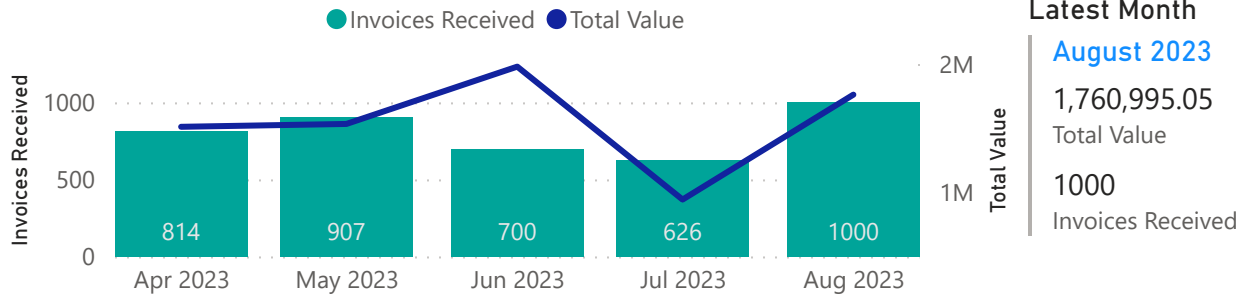
Assurance/Recovery Trajectory

Establishment review is underway which is a collaborative approach with Finance and Workforce colleagues to support service workforce needs.

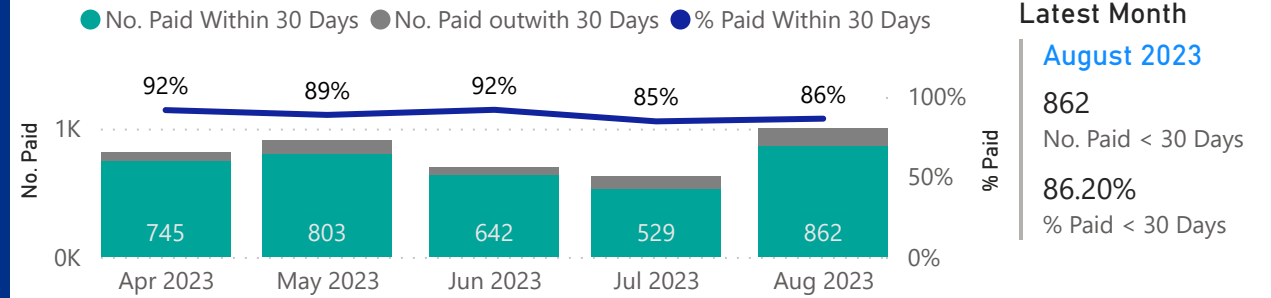
Accounts Payable (Source: AP Performance Report)

Latest Data: August 2023

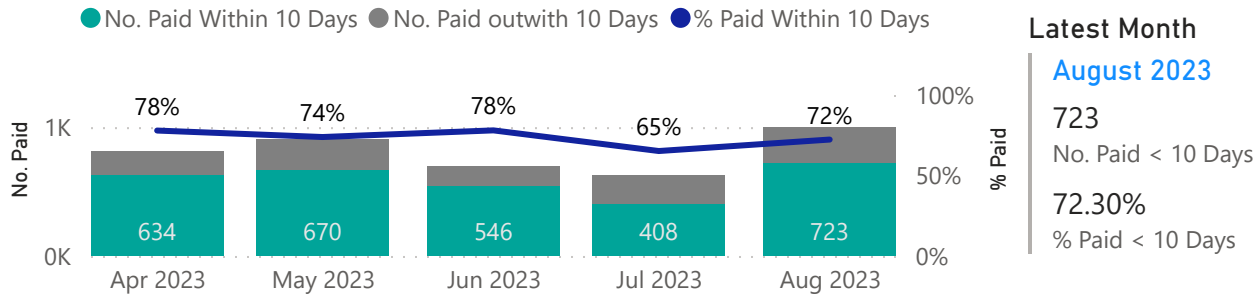
NHS Orkney - Invoices Received & Value



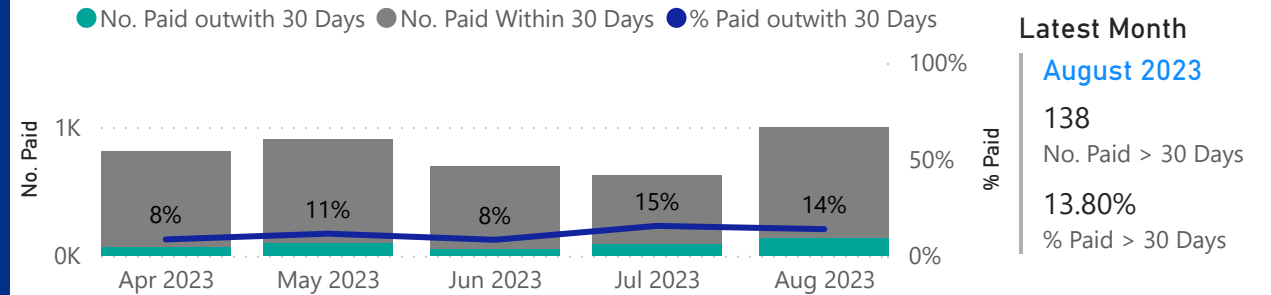
NHS Orkney - Paid Within 30 Days



NHS Orkney - Aspirational 10 Day Target



NHS Orkney - Paid Outwith 30 days



Issues/Performance Summary

Performance in August shows an improvement, 1000 invoices were received and 862 were paid within 30 days. 723 of those 862 were paid within 10 days.

Planned/Mitigating Actions

The Finance Team have issued communication to colleagues through Corporate Comms. with a view to improving first time matches for all invoices being received (for example goods being receipted at delivery point).

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
<ul style="list-style-type: none">Some improvement has been noted in relation to Operational Standards but alongside the refreshed reporting approach, there is work required to bring services back to the required standard. The Fragile Service and Service Level Agreement review will help to identify the next steps to ensure the service is fit for purpose now and in the future	<ul style="list-style-type: none">The performance against the 4-hour target, since the start of 2023 has consistently averaged at 87%. Secondary to the ongoing work around unscheduled care the weekly 4-hour performance data shows NHS Orkney consistently achieving above 95% for both minors and admittedNo 8- or 12-hour breaches recorded at the National Performance StandardsDischarge planning focusses on this happening before noon and also over the weekendContinue strong performance in relation to 31-day Cancer target	<ul style="list-style-type: none">Delayed Transfers of Care creating challenge through ongoing bed occupancyLack of social care and residential beds availabilityOngoing challenge in terms of achieving the 62-day cancer target with particular issues in terms of Urology Pathway and timely diagnosis

Peer Benchmarking - KPI National Comparison

Latest Report: 28 August 2023

Board Level KPI Summary - National

Board	ED 4Hr. %	Rank		ED 8Hr. %	Rank		ED 12Hr. %	Rank		OP>12Wks. %	Rank		TTG>12Wks. %	Rank	
Ayrshire & Arran	67%	10	-2	85%	13	-1	91%	13	1	61%	12	0	69%	10	0
Borders	59%	13	-2	83%	14	-3	90%	14	-1	64%	13	0	67%	9	0
Dumfries & Galloway	79%	6	0	93%	8	1	97%	10	-1	44%	3	0	60%	6	0
Fife	80%	5	2	98%	5	0	100%	1	4	55%	8	0	59%	5	0
Forth Valley	55%	14	0	85%	12	2	95%	12	-2	45%	4	0	57%	4	0
Grampian	61%	11	-1	91%	10	-2	99%	7	0	55%	8	0	79%	14	0
Greater Glasgow & Clyde	71%	8	1	95%	7	0	99%	6	0	58%	11	0	73%	12	0
Highland	79%	7	-2	95%	6	0	98%	9	-1	57%	10	0	64%	7	0
Lanarkshire	60%	12	1	88%	11	2	95%	11	1	64%	13	0	69%	10	0
Lothian	68%	9	3	93%	9	1	98%	8	3	52%	5	0	73%	12	0
Orkney	93%	2	0	100%	1	0	100%	1	0	52%	5	0	52%	3	0
Shetland	86%	4	0	98%	4	0	100%	1	0	34%	1	0	43%	2	0
Tayside	92%	3	0	100%	3	0	100%	1	0	52%	5	2	64%	7	0
Western Isles	99%	1	0	100%	1	0	100%	1	0	35%	2	0	32%	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	86%	4	0	98%	4	0	100%	1	0	34%	1	0	43%	2	0
Orkney	93%	2	0	100%	1	0	100%	1	0	52%	5	0	52%	3	0
Western Isles	99%	1	0	100%	1	0	100%	1	0	35%	2	0	32%	1	0

Peer Benchmarking Summary

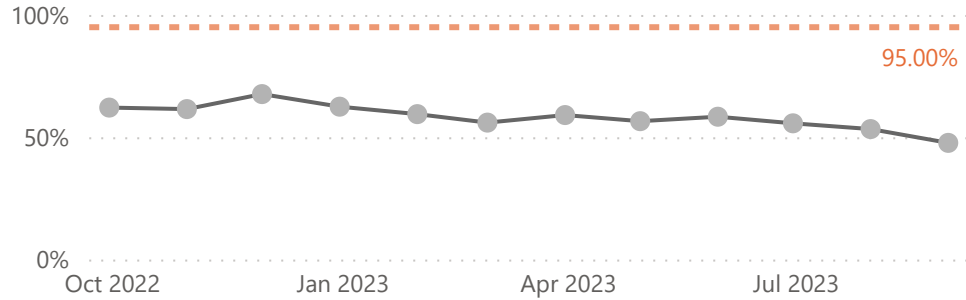
On the whole we are one of the top performing Boards in Scotland, (Nationally we sit as the number 2) with 93% of our patients being seen in less than 4-hours. We compare well to the island boards and have similar performances.

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.

New Outpatients (Source: TrakCare)

Latest Data: August 2023

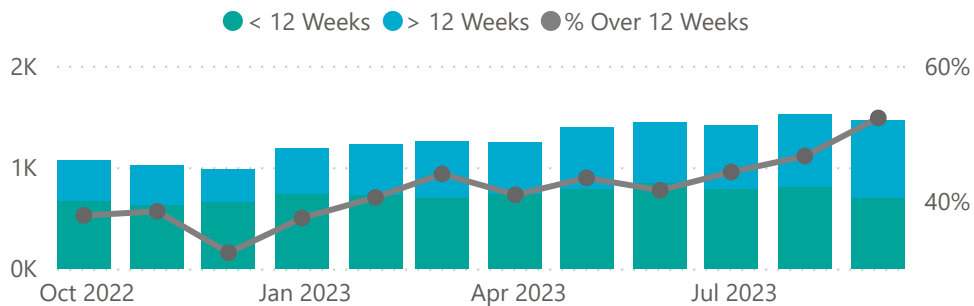
New Outpatients Compliance



Latest Month
August 2023

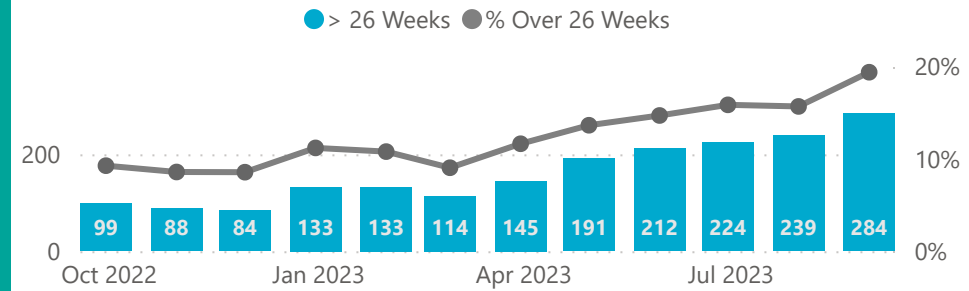
1463
No. Waiting
47.71%
Compliance

New Outpatients Waiting > 12 Weeks



765
> 12 Wks.
52.29%
% Over 12 Weeks

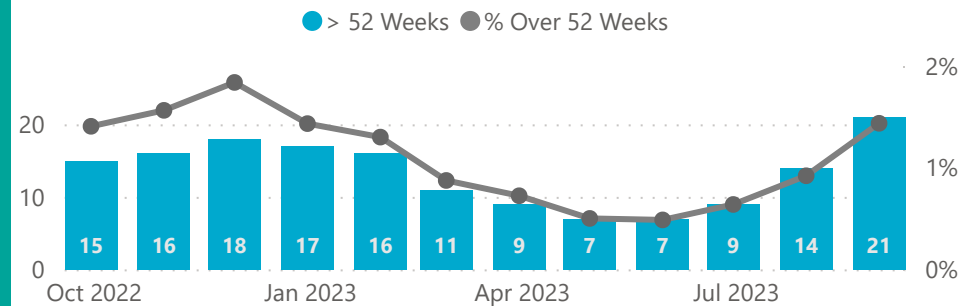
New Outpatients Waiting > 26 Weeks



Latest Month
August 2023

284
> 26 Weeks
19.41%
% Over 26 Weeks

New Outpatients Waiting > 52 Weeks



Latest Month
August 2023

21
> 52 Weeks
1.44%
% Over 52 Weeks

Issues/Performance Summary

Outpatient services with long waits over 52-week 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

Planned/Mitigating Actions

A visit is planned with the Clinical Lead, Consultant in restorative Dentistry from NHS Grampian to review opportunities to address long waits, with particular focus on those 3 patients waiting over 52-weeks

Consultant in General Surgery has held additional outpatient clinics to reduce the waiting list and is making fundamental changes to address the demand

Fragile Services review underway, led by Interim Deputy Medical Director Review of Service Level Agreements underway

Assurance/Recovery Trajectory

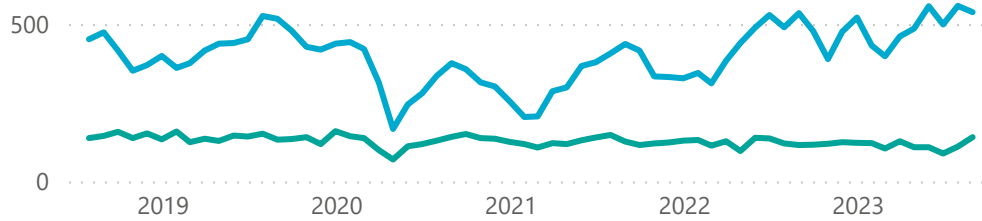
A review of the Patient/Local Access Policy both to support to support improvements and ensure compliance

Accident & Emergency (Source: TrakCare)

Latest Data: August 2023

Monthly Attendances

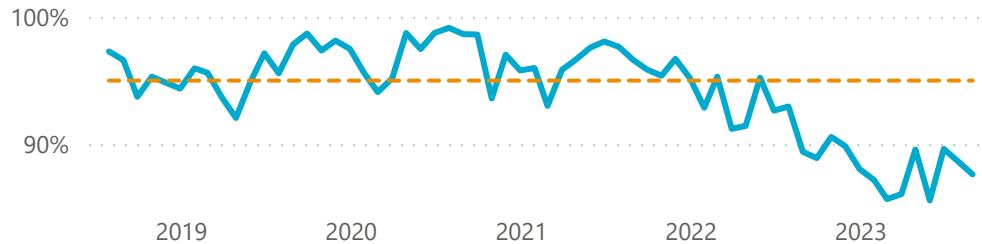
Dischg. Type ● Admitted ● Non-Admitted



Latest Month
August 2023
 679
 Attended
 141
 Admitted

Monthly Compliance

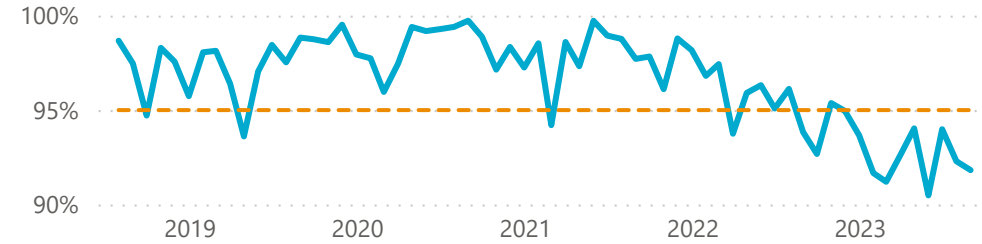
● Compliance ● Target



Latest Month
August 2023
 679
 Attended
 84
 Breach
 87.63%
 Compliance

Monthly Compliance (Non-Admitted)

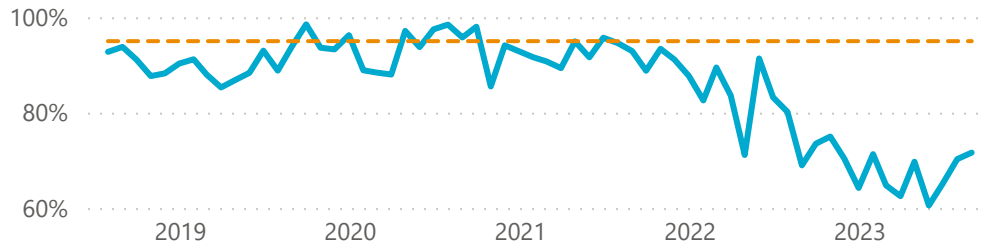
● Compliance ● Target



Latest Month
August 2023
 538
 Attended
 44
 Breach
 91.82%
 Compliance

Monthly Compliance (Admitted)

● Compliance ● Target



Latest Month
August 2023
 141
 Attended
 40
 Breach
 71.63%
 Compliance

Issues/Performance Summary

- ED performance improved over last 3 months, currently 3rd best performing board after being 2nd for a period of time.
- Performance against the core 4 hr performance remains > 95% for admitted and minors.
- No 12 hr breaches seen.
- SAS turnaround time remains <15mins

Planned/Mitigating Actions

- Continued focus on 4-hour targets
- Redirection
- Triage training for staff
- Flow Navigation operational delivery group – national workstream
- ED review of service provision and staffing required

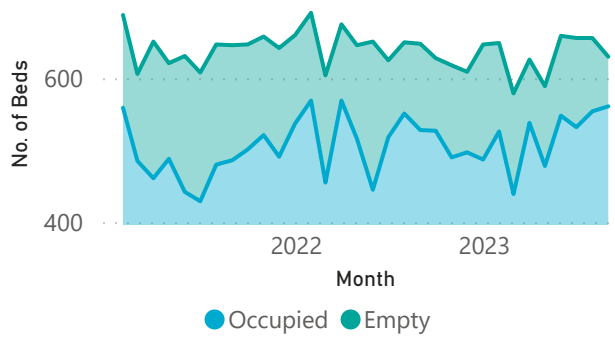
Assurance/Recovery Trajectory

- Site escalation plan agreed for The Balfour
- Winter Plan agreed
- Site and capacity function 7 days a week
- Flow navigation utilisation – scheduling unscheduled care

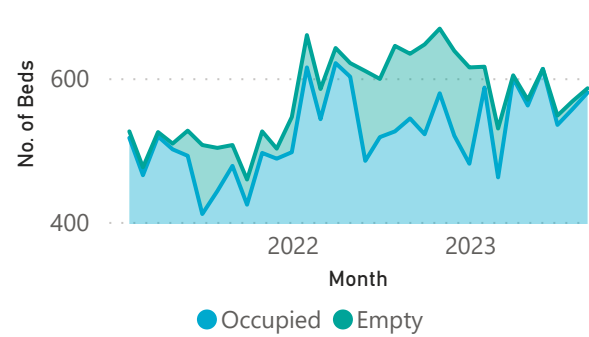
Bed Occupancy & Availability (Source: TrakCare)

Latest Data: August 2023

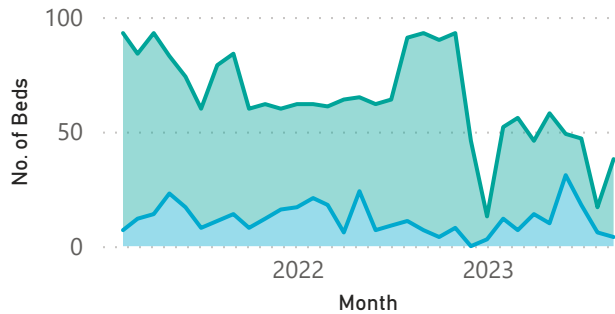
Inpatients 1



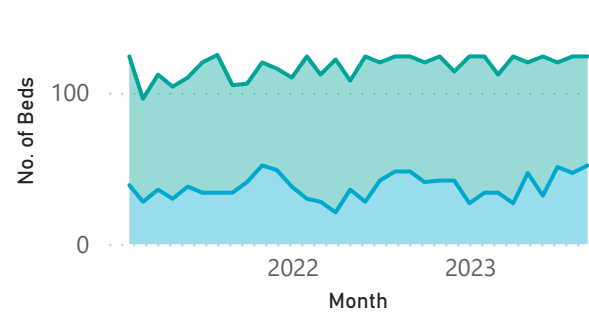
Inpatients 2



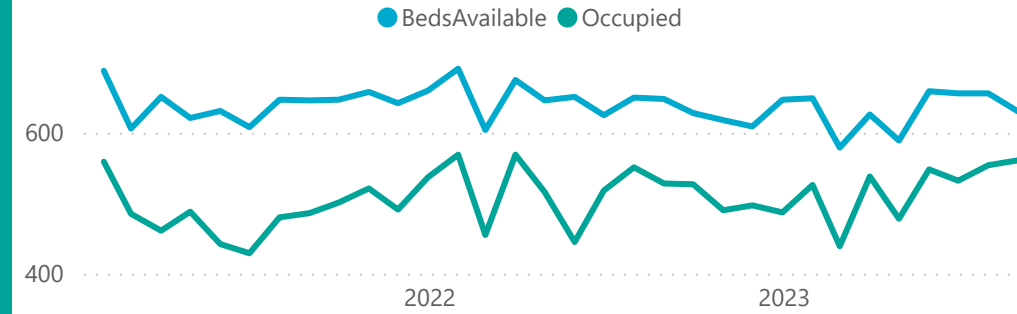
HDU



Maternity



Inpatients 1 Availability & Occupancy



Latest Month

August 2023

806

BedsAssigned

176

BedsUnavail

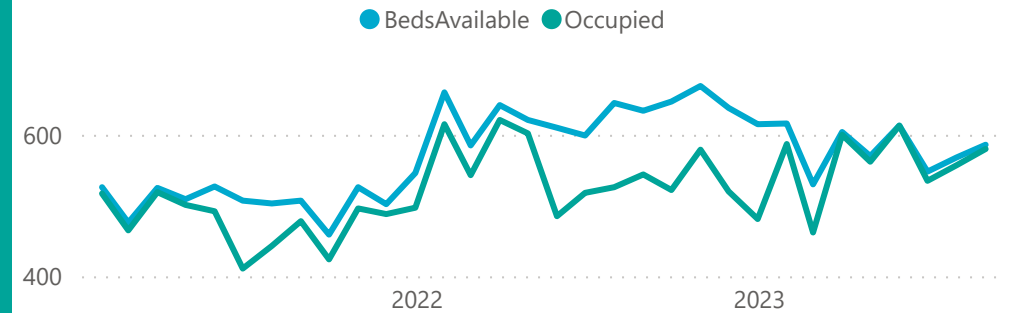
561

Occupied

69

Empty

Inpatients 2 Availability & Occupancy



Latest Month

August 2023

713

BedsAssigned

127

BedsUnavail

580

Occupied

6

Empty

Issues/Performance Summary

Current occupancy in IP1 has returned to operating at > 90% following a two week period with = 50% occupancy. 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.

IP2 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.

Discharges before noon across the 7-day period assisting flow.

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

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

Assurance/Recovery Trajectory

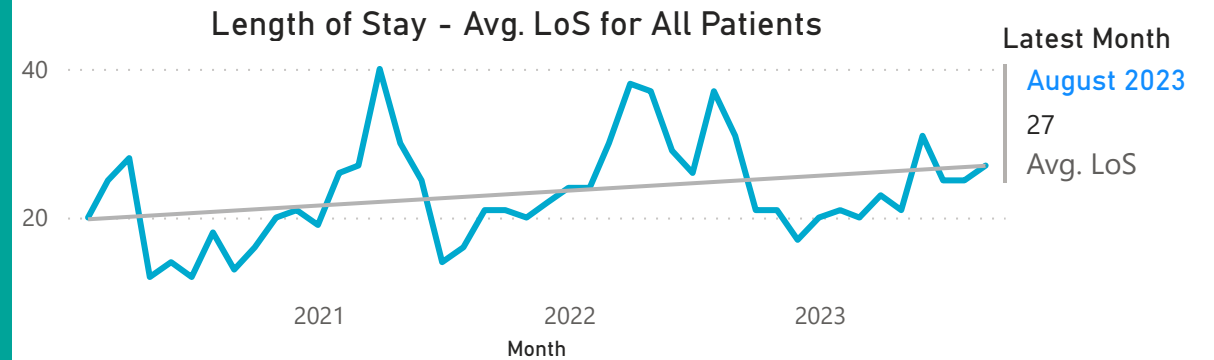
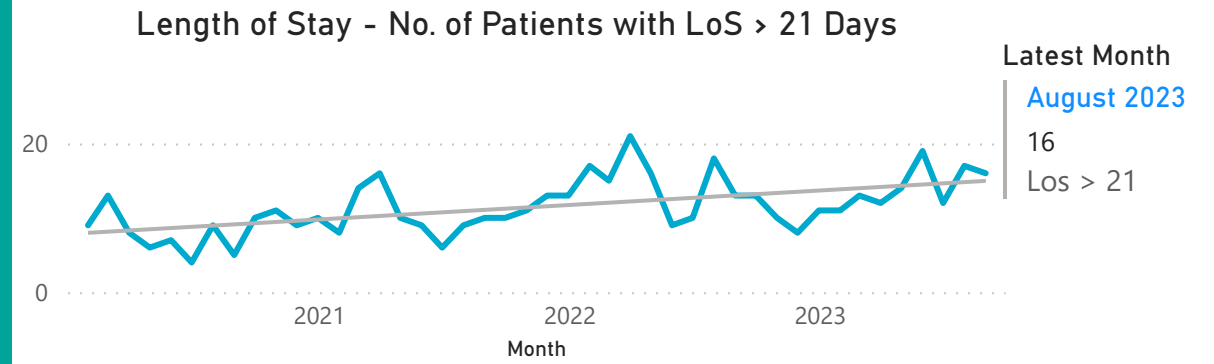
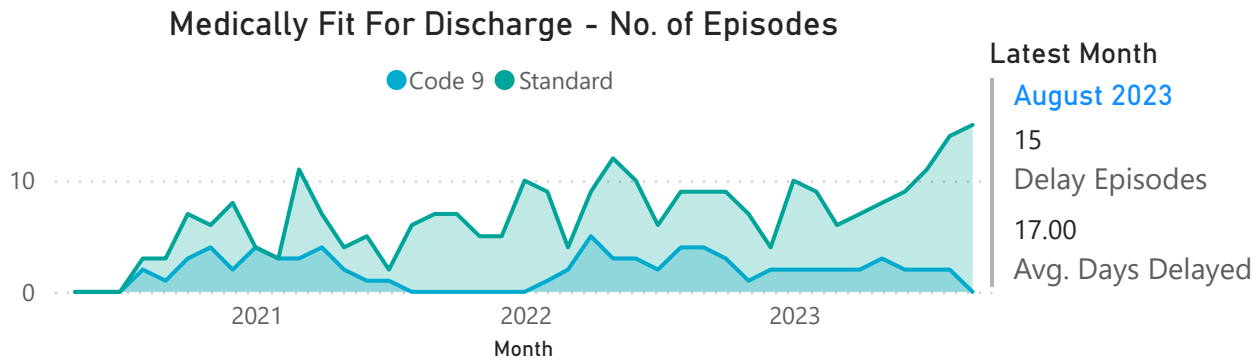
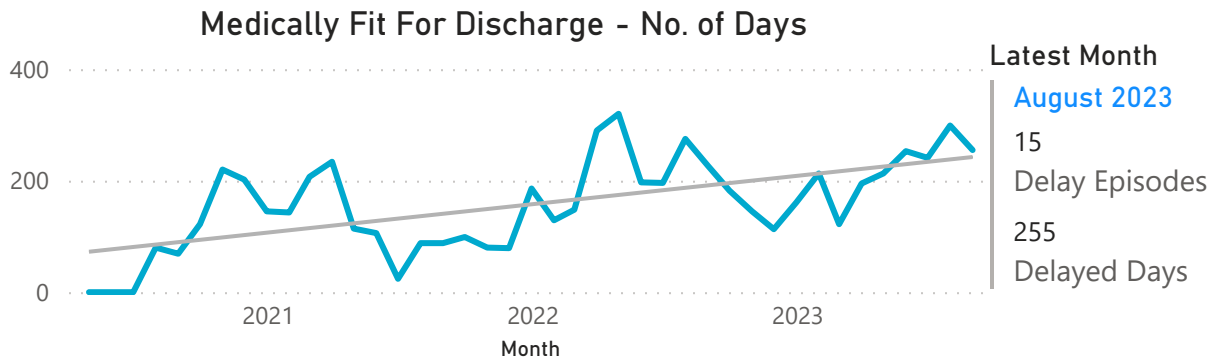
Site escalation plan agreed.

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: August 2023



Issues/Performance Summary

At any one time there are 6-9 delayed transfers of care in acute. This equates to 12-20% of capacity.

LOS for these individuals is greater than 21 days.

The majority of the delays are awaiting residential care home beds.

Average LOS for all other unscheduled admissions is ≤ 3.5 days.

Planned/Mitigating Actions

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

Weekly health attendance at Remote Monitoring and Management.

Briefing session planned for CEO Orkney Islands Council, CEO NHS Orkney with both Chief Officers.

Agreement via national Target Operating Model to achieve no more than 4 Delayed Transfers of Care on site.

Winter plan – scope for additional Occupational Therapy/Physiotherapy input to acute areas over weekend period to aid rehabilitation and discharge planning.

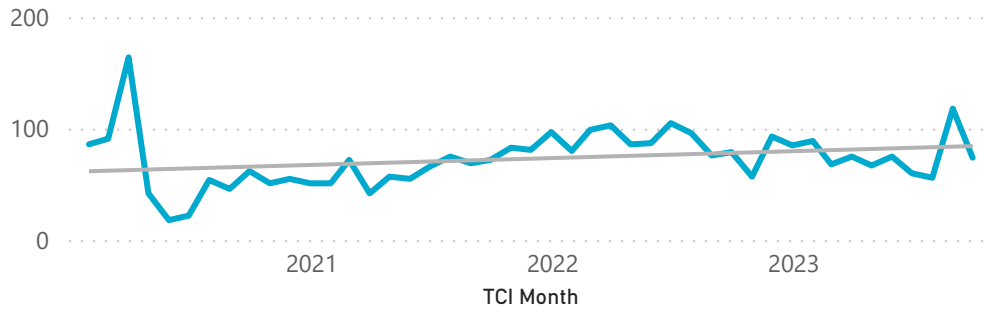
Assurance/Recovery Trajectory

Outcome of briefing session to aid planning and scope of activities.

Cancelled Operations (Source: TrakCare)

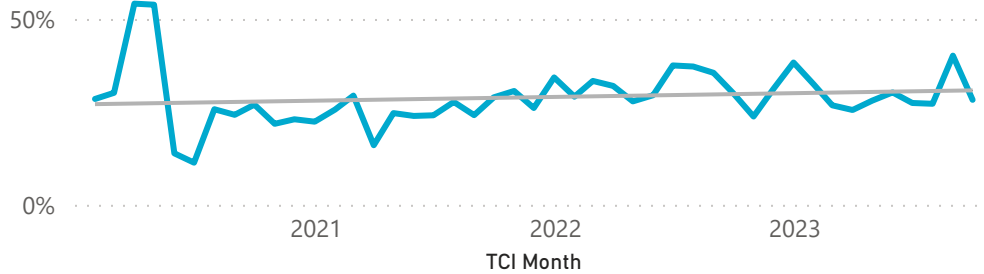
Latest Data: September 2023

Cancelled Operations - Total No. of Cancellations



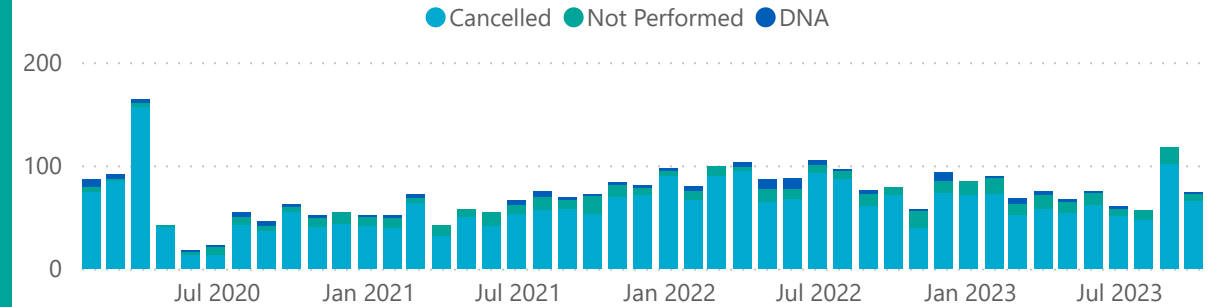
Latest Month
September 2023
 66
 Cancelled
 1
 DNA
 7
 Not Performed

Cancelled Operations - Cancellations as % of Scheduled Ops.

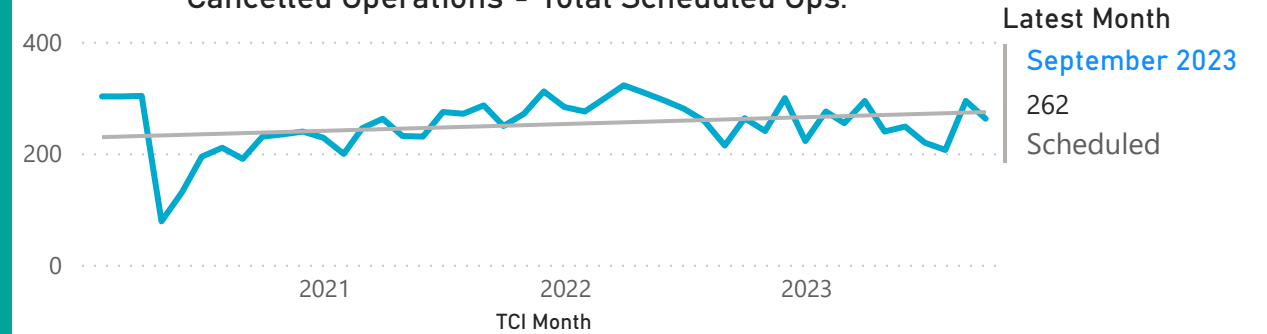


Latest Month
September 2023
 262
 Scheduled
 74
 Cancellations
 28.24%
 % Cancelled

Cancelled Operations - Reason for Cancellation



Cancelled Operations - Total Scheduled Ops.



Latest Month
September 2023
 262
 Scheduled

Issues/Performance Summary

Whilst we will always have issues with bed capacity for elective surgery within the hospital, this will only be low numbers, however, within the last month we have had an increased number of cancellations due to travel issues for visiting surgeons. Our ENT list was severely reduced due to cancelled flights.

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.

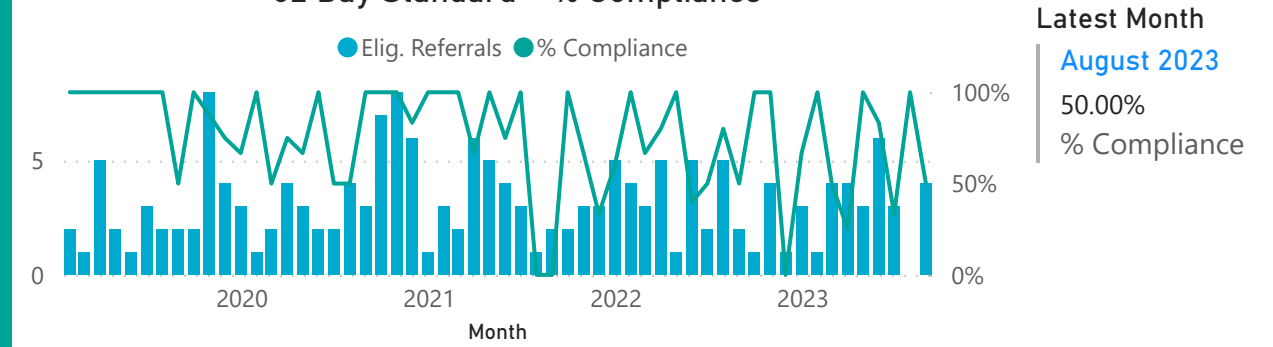
Cancer Waiting Times (Source: Discovery)

Latest Data: August 2023

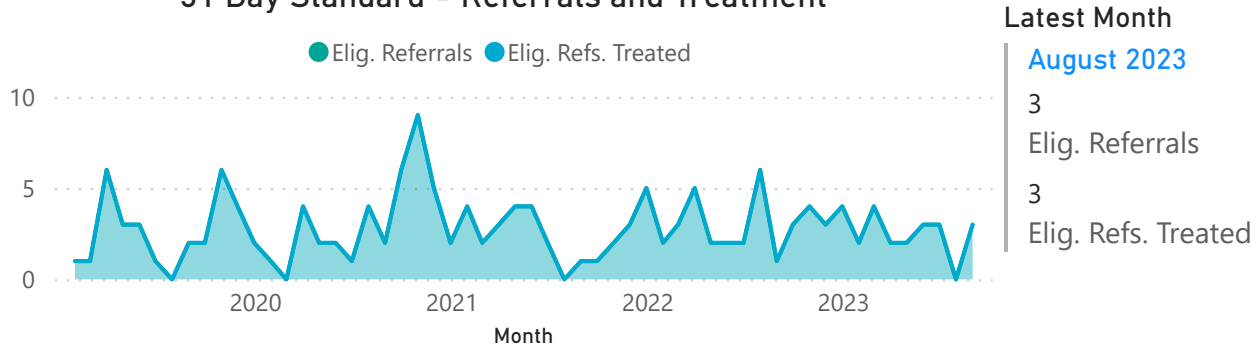
31 Day Standard - % Compliance



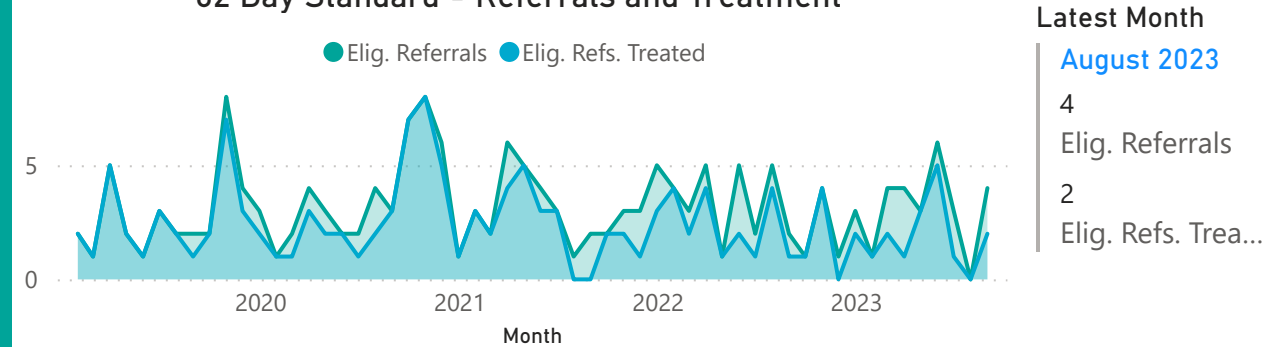
62 Day Standard - % Compliance



31 Day Standard - Referrals and Treatment



62 Day Standard - Referrals and Treatment



Issues/Performance Summary

Poor performance against 62-Day Standard.

The small numbers involved can result in large swings in performance. Achieving the targets often relies on delivery by NHS Grampian which is facing significant pressures.

A meeting has been held with the North Cancer Alliance (NCA) Manager on regional working and a focused meeting with Scottish Government on urological cancer.

Planned/Mitigating Actions

Work is underway to introduce additional reporting in relation to Cancer performance to support improvement in terms of patient outcomes. Discussions have taken place with colleagues at Grampian to support this work.

Assurance/Recovery Trajectory

Opportunities to increase the waiting time for those on the Urgent Suspected Cancer pathway for diagnostics are being actively explored, this includes increasing the capacity on island and potential options through the National Treatment Centre.

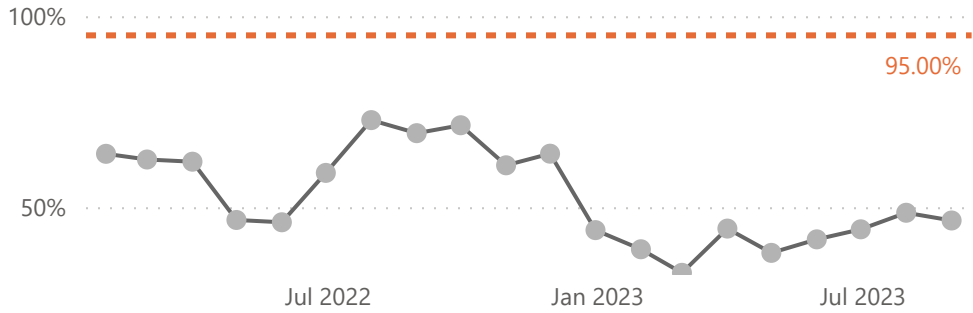
A rapid cancer performance review is underway to identify key actions required to provide further assurance and where possible improve trajectory.

62-Day Cancer Improvement Plan in place.

Treatment Time Guarantee (Source: TrakCare)

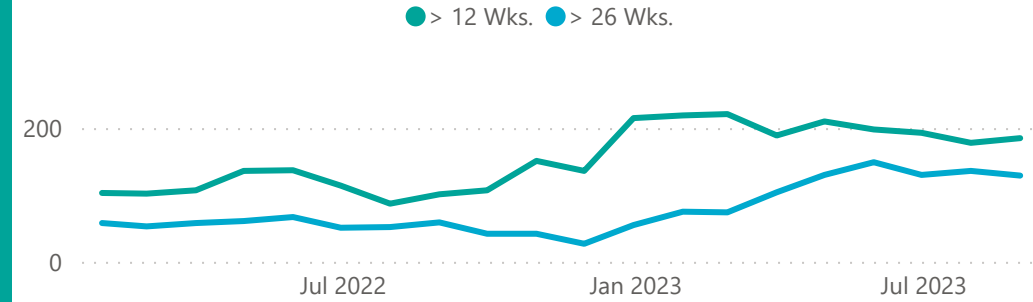
Latest Data: August 2023

TTG - % of Patients Waiting < 12 Weeks



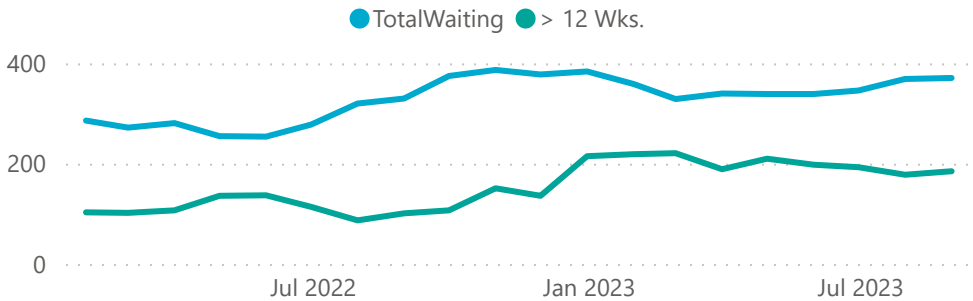
Latest Month
August 2023
 371
 TotalWaiting
 185
 > 12 Wks.

TTG - Patients Waiting > 12 & 26 Weeks



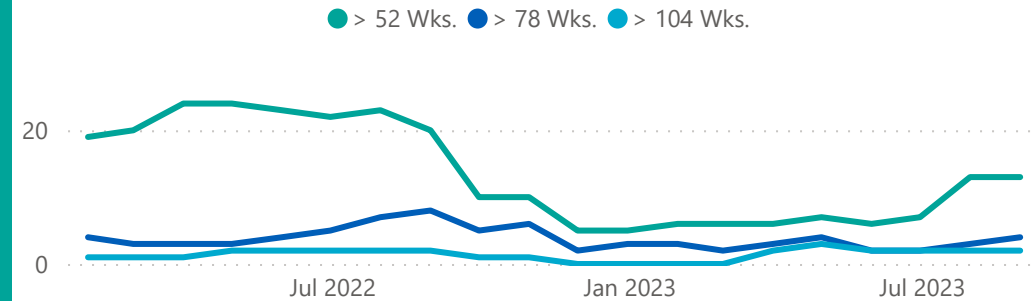
Latest Month
August 2023
 185
 > 12 Wks.
 129
 > 26 Wks.

TTG - Total Waiting & > 12 Weeks



Latest Month
August 2023
 371
 TotalWaiting
 185
 > 12 Wks.

TTG - Patients Waiting > 52, 78 & 104 Weeks



Latest Month
August 2023
 13
 > 52 Wks.
 4
 > 78 Wks.
 2
 > 104 Wks.

Issues/Performance Summary

There are long waits for Inpatient treatment/procedures, over 52 weeks within the following services Ophthalmology, Oral Surgery and Trauma and Orthopaedic (Golden Jubilee patients). There are further long waits over 12-weeks for ENT, General Surgery, Gynae, Oral and Maxillofacial surgery and Pain Management. Of those waiting over 12 weeks circa 70% are waiting for Ophthalmology Services.

Planned/Mitigating Actions

Additional sessions have been scheduled for Ophthalmology in November, and December.

The team noticed that patients were often cancelling at short notice. To increase productivity and reduce waste in terms of theatre slots, the team introduced a standby list, to invite patients to attend for treatment in the event that there is a cancellation.

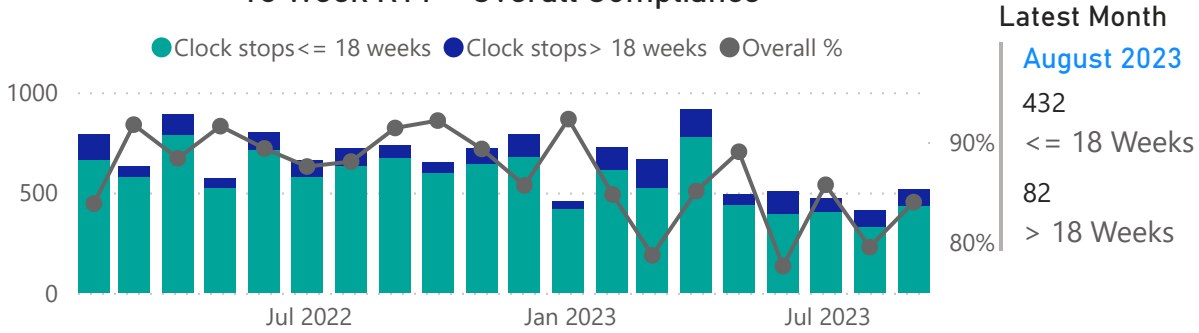
Assurance/Recovery Trajectory

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

18 Week Referral to Treatment (Source: TrakCare)

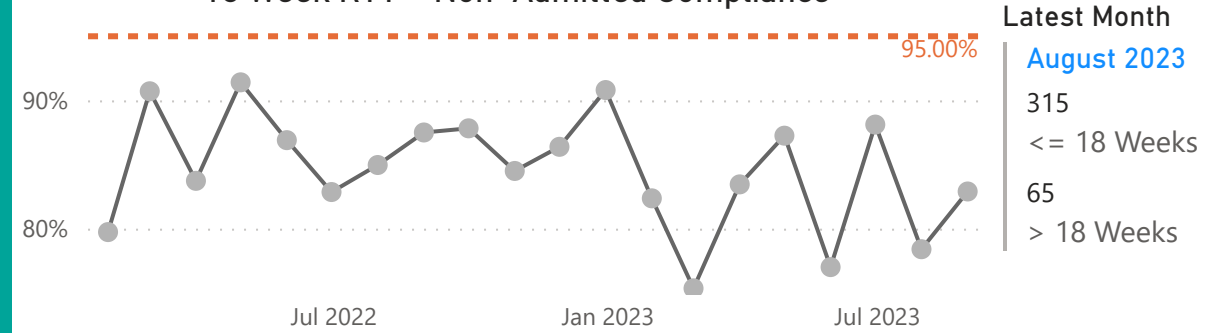
Latest Data: August 2023

18 Week RTT - Overall Compliance



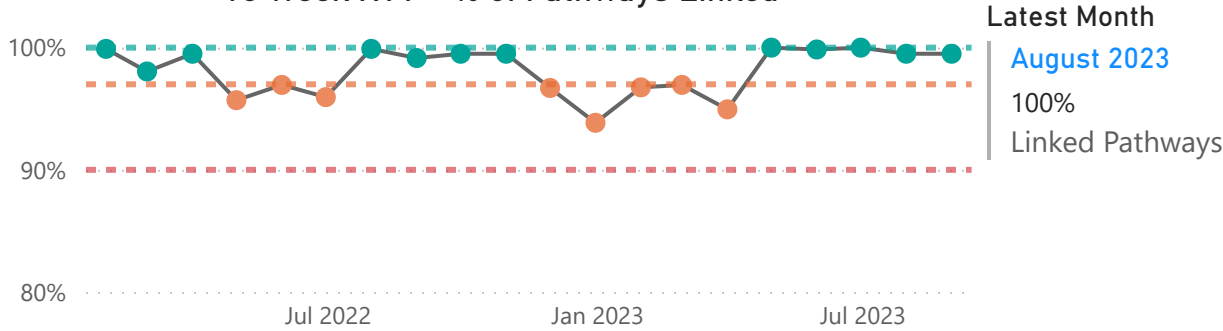
Latest Month
August 2023
 432
 <= 18 Weeks
 82
 > 18 Weeks

18 Week RTT - Non-Admitted Compliance



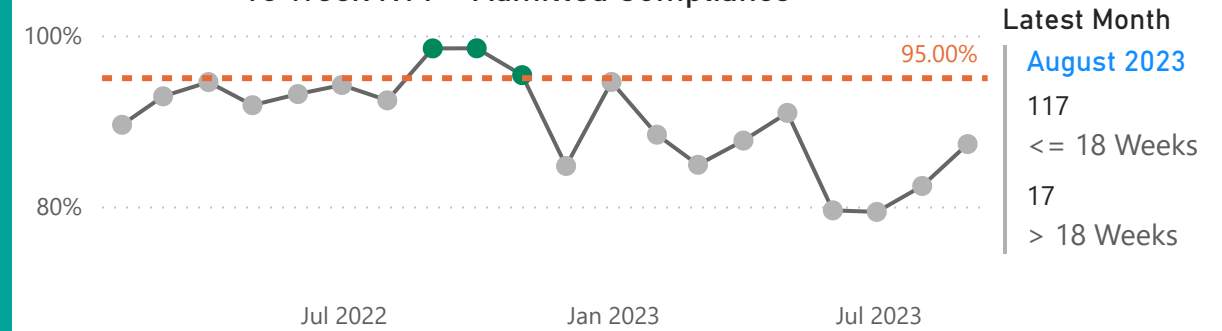
Latest Month
August 2023
 315
 <= 18 Weeks
 65
 > 18 Weeks

18 Week RTT - % of Pathways Linked



Latest Month
August 2023
 100%
 Linked Pathways

18 Week RTT - Admitted Compliance



Latest Month
August 2023
 117
 <= 18 Weeks
 17
 > 18 Weeks

Issues/Performance Summary

Those services which reported 100% patients seen within 18 weeks of referral at the end of August 2023 include General Medicine, Endocrinology and Oral Surgery.

Those services underperforming include:

- Cardiology - 55.6%
- Rheumatology - 58.3%
- Paediatric Surgery - 50%

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.

Assurance/Recovery Trajectory

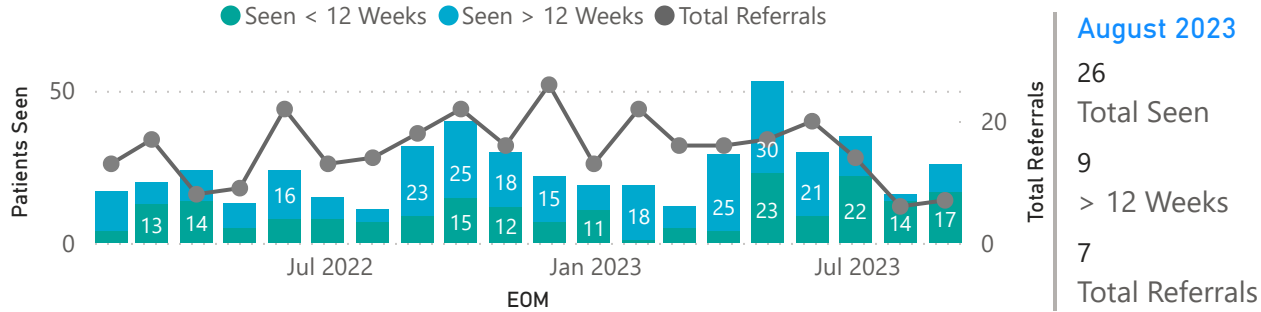
A review of membership for the weekly Waiting Times performance meeting to incorporate representation from medical colleagues, to support timely action against obstacles to success and renewed ownership.

Community

Section Lead: Chief Officer (Integration Joint Board)

Comments	Successes	Challenges
<p>All community services remain stretched with continued increase in demand and complexity. Superimposed on this are shortages arising from vacancies and other absences.</p>	<ul style="list-style-type: none">• Child and Adolescent Mental Health Services improvement on meeting waiting time guarantee for both July and August.• Psychological Therapies consistently meet waiting time guarantees over 90% of time.• GP with Special Interest in Dementia now in post with diagnosis rates improving.• Additional Speech and Language Therapy post approved by the Integration Joint Board for recruitment.	<ul style="list-style-type: none">• 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.• Increasing demand and complexity of patient need.• Staff working to the very top of their registration.• Vacancies across the system.

SaLT - Patients Seen & Referrals

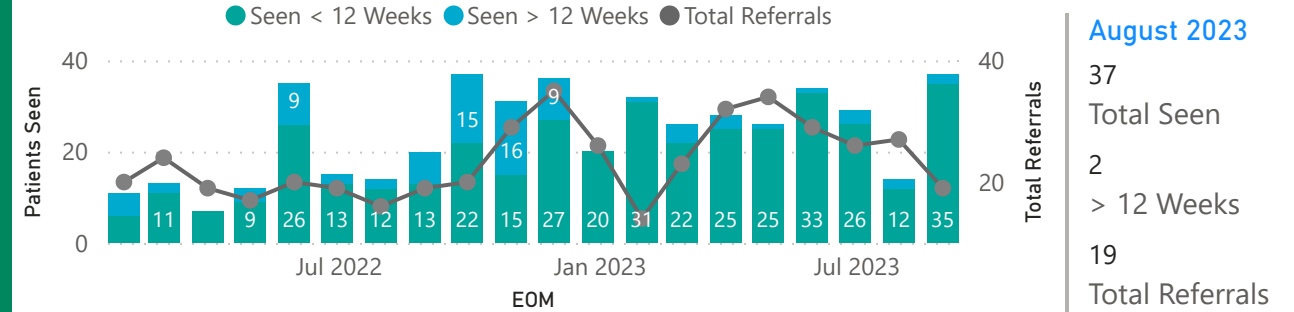


Latest Month

August 2023

26
Total Seen
9
> 12 Weeks
7
Total Referrals

Podiatry - Patients Seen & Referrals

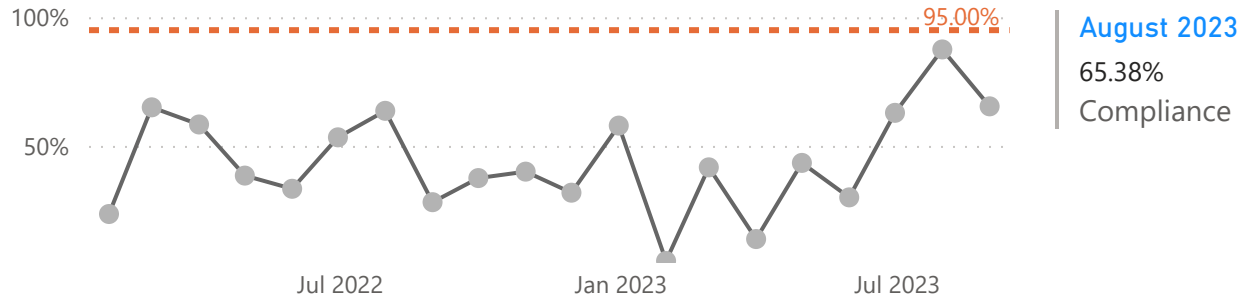


Latest Month

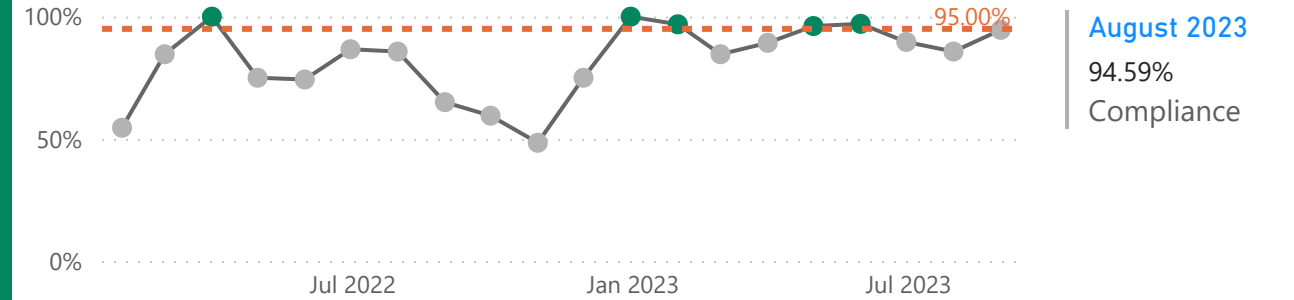
August 2023

37
Total Seen
2
> 12 Weeks
19
Total Referrals

SaLT 12 Week NOP - Completed Waits % Compliance



Podiatry 12 Week NOP - Completed Waits % Compliance



Issues/Performance Summary

- Recruitment and chronic ongoing vacancy challenges
- Increasing referrals
- Increasing complexity of cases
- Improving picture in Podiatry since change in practice earlier this year

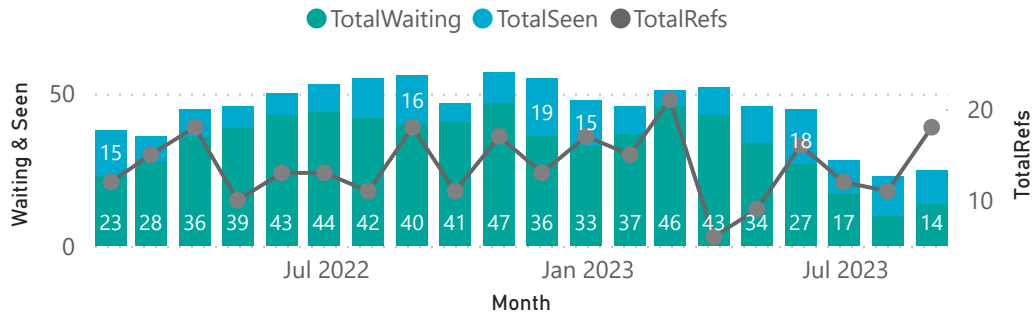
Planned/Mitigating Actions

- Additional investment from IJB for posts
- Continue to collaborate nationally to identify potential solutions
- Locum staff sought.
- Continue to monitor referrals to ensure appropriateness, all personal footcare referrals signposted.

Assurance/Recovery Trajectory

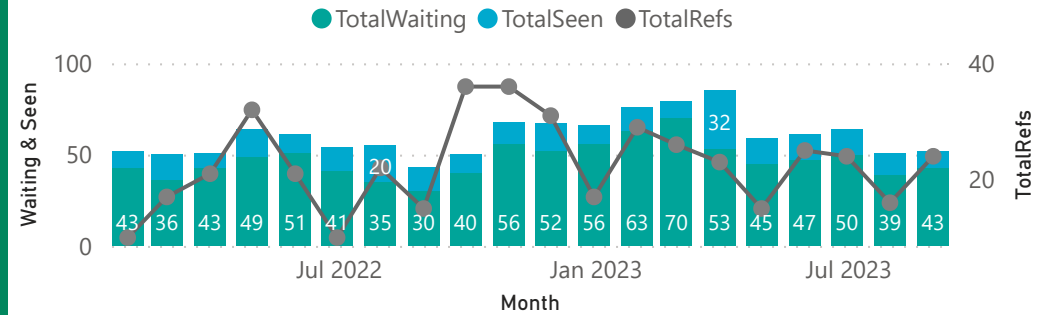
- If posts can be filled, the additional investment will increase capacity to address backlog.
- Support availability of personal footcare model in the community.

CAMHS - Referrals, Patients Seen, Patients Waiting



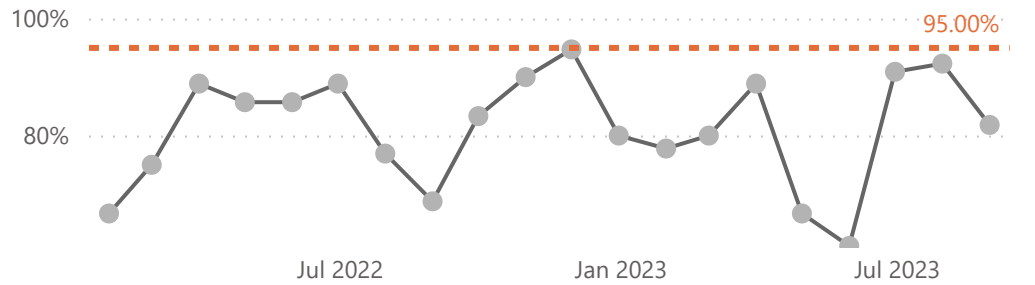
Latest Month
August 2023
 14
 Waiting
 11
 Seen
 18
 Referrals

PT - Referrals, Patients Seen, Patients Waiting



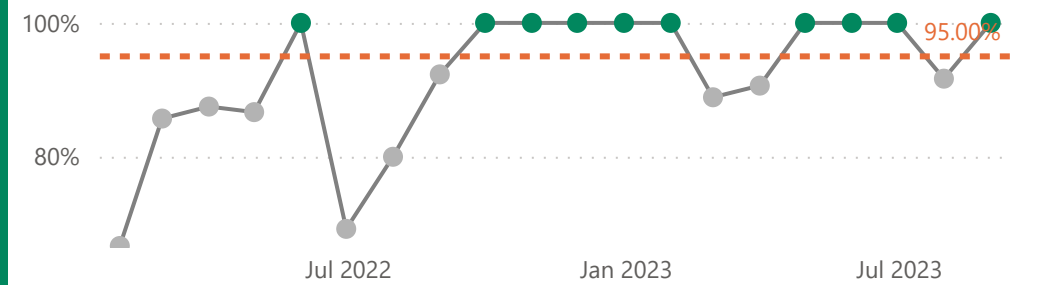
Latest Month
August 2023
 43
 Waiting
 9
 Seen
 24
 Referrals

CAMHS 18 Week RTT - Completed Waits % Compliance



Latest Month
August 2023
 11
 Seen
 2
 > 18 Weeks
 81.82%
 Compliance %

PT 18 Week RTT - Completed Waits % Compliance



Latest Month
August 2023
 9
 Seen
 0
 > 18 Weeks
 100.00%
 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 July and August waiting times on improving trajectory
- Psychological Therapies services meet waiting time guarantees 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

F&P Committee Chair’s Assurance Report to Board

Title of Report:	Chair’s Assurance report from the F&P Committee	Date of Board Meeting: 26 October 2023
Prepared By:	Des Creasey, Non-Exec and F&P Chair	
Approved By:	Mark Doyle, Director of Finance	
Presented By:	Des Creasey, Non-Exec and F&P Chair	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the F&P committee at its meeting on 28 th September 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ol style="list-style-type: none"> 1. Risk management reporting and allocation to committees needs a refresh. The current position does not allow clear visibility at the correct levels in the organisation of pertinent risks. 2. Performance figures need to be more aligned to Orkney and have additional descriptions around ongoing effort to improve them where appropriate. 3. Financial position continues to be a concern, but it is recognised that numerous processes are in place to improve on the position as we move through the second half of the year. That said, I think these actions need to be further strengthened and expanded to halt the deteriorating financial position. 	<ol style="list-style-type: none"> 1. CEO and Planning, Risk and Performance manager will be undertaking a complete cleansing of the risk register, and as part of that a review of which committee’s open risks should prioritised accordingly 2. FSO continues to push for financial improvement and is being further bolstered by the Grip & Control Committee. It was agreed that a strengthened and appropriately resourced FSO would be needed to progress effectively 3. Further cost save options and workshops are being taken to an extended SLT where transformational schemes are expected to be identified - with appropriate clinical leadership and senior management support in the FSO to progress 4. Financial Improvement Group – We need NHS Orkney specific information from FIG so we can translate this national benchmarking and be clear what we need to do at NHSO in each of these spaces to identify opportunities to improve efficiency and productivity
Positive Assurances to Provide	Decisions Made
<ol style="list-style-type: none"> 1. NHSO is making enormous strides towards its Net Zero emissions goal and is clearly ahead of other Boards in this regard. An extremely positive position and one to be proud of. 2. NHSO’s Digital Strategy and approach to cybersecurity continues to make a difference to the safety of our IT functions 3. Some good progress on cost saves shared, but it is recognised we have more to do over the remainder of the year. There is an expectation that that forecast spend trajectories be compared to actuals for the remainder of the 23/24 year. 	<ol style="list-style-type: none"> 1. 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.

Audit and Risk Committee Chair's Assurance Report to Board

Title of Report:	Chair's Assurance report from the Audit & Risk Committee	Date of Board Meeting: 26 October 2023
Prepared By:	Jason Taylor	
Approved By:	Jason Taylor	
Presented By:	Jason Taylor	
Purpose		
The report summarises the assurances received, approvals, recommendations and decisions made by the Audit and Risk Committee at its meeting on 5 September 2023.		

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> Intermittency of attendance at Information Governance meetings 	<ul style="list-style-type: none"> Internal Audit Plan 2023/2024 Internal Audit recommendations – spreadsheet attached as appendix for full information to Board members
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Received annual report from Information Governance Committee – assured that committee has undertaken its role according to remit / terms of reference to ensure it meets key focus of all areas. Re-prioritisation of Risk to first item on agenda and refreshed focus that has brought 	<ul style="list-style-type: none"> Internal Audit Plan 2023/2024 approved
Comments on Effectiveness of the Meeting	
<ul style="list-style-type: none"> Quality of and information contained in committee papers 	

Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on **01 August 2023 at 2.30pm.**

Present: Laura Skaife-Knight, Chief Executive (Chair)
 Stephen Brown, Chief Officer
 Nick Crohn, Interim Deputy Director of Acute Services
 Mark Doyle, Director of Finance
 Elvira Garcia, Consultant in Public Health Medicine
 Mark Henry, Medical Director
 Anthony McDavitt, Director of Pharmacy
 Michelle Mackie, Interim Deputy Director of Nursing
 Carrie Somerville, Planning, Performance and Risk Manager
 Monique Sterrenburg, Interim Deputy Medical Director
 Louise Wilson, Director of Public Health
 Jay Wragg, Director of Dentistry

In Attendance: Maureen Firth, Head of Primary Care, deputising for Lynda Bradford.
 Ingrid Smith, Human Resources Manager, deputising for Lorraine Hall
 Nicola Muir, Committee Support

1 Welcome and Apologies

There were apologies received from Sam Thomas, Sara Lewis, Keren Somerville, Steven Phillips, and Lynda Bradford

2 Minute of meeting held on 18 July 2023

The minute from the Senior Leadership Team meeting held on the 18 July 2023 were accepted as an accurate record of the meeting and were approved.

3 Senior Leadership Team – Chair’s Assurance Report

The Chair’s Assurance Report prepared following the Senior Leadership Team meeting held on 18 July 2023 was reviewed and approved by members. Members noted the report provided and approved onward submission to Board on 24 August.

4 Action Log

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

5 Matters Arising

No items were raised by members under Matters Arising.

6 CEO Update

The Chair provided an update concerning the following areas:

1. Recruitment of substantive Executive Directors:

Director of People and Culture:

Given the scale of work required locally, a substantive, full-time Director of People and Culture was required, with approval to recruit granted by the Remuneration Committee earlier this week.

Position to be advertised imminently (August 2023) and interim leadership support measures for HR colleagues to be finalised and being sought nationally. L Skaife-Knight

confirmed that L Hall would continue, beyond August 2023, to provide support from a strategic perspective.

The Chair extended thanks in recognition of L Hall's contribution and her hard work during her time at NHSO, noting that she has brought stability and much positive change to the organisation which must be recognised.

Medical Director

The Chair advised that internal communications circulated on Friday of last week advised that the Medical Director's was leaving NHS Orkney. The Chair, and members, expressed their gratitude to M Henry for his values- and compassionate leadership during his time at NHS Orkney. An update will be shared with the Executive Team first on 3 August 2023 outlining the portfolio cover arrangements during the interim period.

The Chair advised the preference to advertise for a substantive Director of People and Culture and Medical Director at the same time, and this direction was supported by the Remuneration Committee. It was noted that the Executive Team were working through plans to recruit within the wider senior leadership to fill vacant positions in areas where there is fragility – including Primary Care, Clinical Governance and Paediatrics.

2. Patient Complaints / Significant Adverse Events (SAERs)

The Chair informed members that SLT must have a stronger focus on safety, patient experience, and quality. To establish this, there would need to be an increased focus on patient complaints/SAERs and identifying trends.

A McDavitt queried whether SAERs and complaints put to the Quality Forum / WIRG could be presented to SLT for assurance. The Chair advised that this consideration would be given as part of the operational governance review that was about to commence. M Henry raised that SLT would see SAERs filtering through for creation and allocation of actions to the Quality Forum. It was raised that there would be value in aligning the process for patient complaints, which was agreed.

3. Operational Governance Review

Review to be undertaken around forums and groups that report directly to the SLT. This review to be commenced in the coming weeks and will require participation from members. S Brown raised that a wider governance piece would be required to avoid duplication of committees, and for SLT to establish its place within the structure.

4. Items to be reported to SLT in the coming months.

- Integrated Performance Report, engagement with SLT important ahead of this proposal going onwards to Board later in August 2023.
- Establishment review; contractual vs. budgeted staffing. Exercise to be concluded by the end of August 2023, with a report with proposed next steps coming to SLT in September 2023 and to be presented by the Interim Director of HR and Director of Finance.
- Financial position; £1.5m overspent by end of Quarter One – a position that is unacceptable and which SLT needs to address and lead – this will be revisited later on the agenda.

Conclusion / Decision

- Members **NOTED** the verbal update provided.
- The Head of Planning and Performance to circulate draft Integrated Performance Report to members for awareness along with the draft KPIs and metrics.

7 Strategy

7.1 Plan on Page Quarter 1 Progress Report (SLT2324-25)

C Somerville presented the Plan on a Page Quarter One Progress Report and provided an overview of areas which were tracking well and those comparatively highlighted as 'red', which require additional attention.

J Wragg queried whether the assessment (2.3), could include percentage proportions to give a better understanding of priority areas. C Somerville to reach out to J Wragg for a discussion.

Any further feedback to be directed to C Somerville, prior to onward submission to Board.

Conclusion / Decision

Members **NOTED** the progress update provided.

8 Workforce

8.1 Infection Prevention and Control Statutory / Mandatory eTraining (SLT2324-26)

S Walker presented a paper concerning Infection Prevention and Control training for clinical and non-clinical colleagues to demonstrate delivery of specific IP&C training, in line with the current HIS IP&C Standards. SLT were asked to review the proposed recommendations within the document and approve a change to current IP&C training practice.

S Walker raised that following the Covid-19 pandemic, there was the requirement for increase education around IP&C regulations, to avoid confusion for colleagues. Members were informed that face-to-face training sessions were challenging to coordinate, with onsite 1:1 and group sessions already offered to those in high-risk areas. Promotion of IP&C requirements and training sessions have been promoted widely by the team.

J Wragg queried whether these training requirements would extend to contractor / agency colleagues. S Walker noted that they would be eager for independent contractors to undertake this training across all healthcare settings.

M Mackie noted the potential link to establishments, by having the ability to include predicted absence rates to enable staff to be released for training.

Conclusion / Decision

Members **APPROVED** option one of the proposal - It was agreed that all Scottish Infection Prevention & Control Education Pathway by staff group will be undertaken every two years with the refresher only undertaken yearly.

9 Culture

9.1 CEO 100-Day Report – Final Version (SLT2324-27)

The Chair presented the final version of the CEO 100-Day Report for members approval, prior to onward presentation to Board.

Conclusion / Decision

Members **APPROVED** the final version of the CEO 100-Day Report for onward submission to Board on 24 August and publication.

10 Quality and Safety

No items for discussion, decision or noting.

11 Systems and Governance

11.1 Replacement of Clinical Letters Solution (ECCI) (SLT2324-28)

M Doyle presented a paper concerning the replacement digital dictation software options for ECCI, which will not be supported from 1 September 2023 by NHS Grampian. Members were informed that the Voice Technology software was the preferred solution by both clinical and non-clinical colleagues.

M Doyle advised that an extension for the current software would be requested of NHS Grampian to ensure a streamlined migration. It was confirmed that if NHSG were unable to provide an extension that there was a solution available which would require manual interventions as a temporary measure. It was acknowledged that there were lessons to be learned through this process, and that there had been opportunity to act sooner. M Firth highlighted that the workaround would be a significant risk from a Primary Care perspective.

J Wragg queried as to the purpose of this coming to SLT for decision if it was the cheapest option and clinically supported. M Doyle advised that this item would incur a cost pressure for the organisation (year one; non-recurring £45k capital spend and recurring £18k), if approved. The Chair raised that work was required around financial authority levels for committees.

M Doyle confirmed that the contract does not contain any requirement for development work, with any needs retuning to SLT for decision as would incur a cost implication.

A McDavitt requested the digitals solutions discussion feature in an upcoming North of Scotland CEO meeting to review and aid in harmonising systems used and the Chair agreed to action this.

Conclusion / Decision

Colleagues were content to **APPROVE** the recommendation to fund, procure and implement supplier two, to replace existing ECCI system.

11.2 Data Quality Review Update (REF)

The Chair confirmed that the external review by Public Health Scotland was to 2-3 months. Colleagues have been asked to prioritise any interview requests related to this review.

This item has been listed as a new Corporate Risk on the Risk Register and will be reported to SLT and the Board in due course.

Conclusion / Decision

Members **NOTED** the update report provided.

12 Sustainability

12.1 Month 3, Quarter 1, Financial Performance Update (REF)

M Doyle provided a full overview of the close of Quarter one position, highlighting the following:

- Quarter One position of £1.5m overspend, with a forecast of £5.8m overspend at year-end.
- Most significant overspend in Quarter One was in relation to locum / agency spend.

NHSO had previously committed to delivering the following:

- Delivery of £3.8m savings
- Delivery a breakeven position across Executive Director budgets
- Stabilise financial position.
- Removal of budgeted overspend.

M Doyle advised that the team were doing everything they could to stabilise the financial position, including commencement of the Grip and Control Board, in July 2023 (Chaired by the CEO). In terms of capital spend, M Doyle noted that he was confident in the ability to deliver against the Capital Plan.

The Chair informed members that there had not unreasonably been significant challenge at the recent Finance and Performance Committee to review current financial recovery processes and potential saving schemes to ensure all savings avenues are explored and realised. The FSO were creating 'best' and 'worst' scenarios for each scheme to provide a realistic expectation. However, the Chair noted that further difficult decisions will be required, of which a paper is to be prepared for SLT and Grip and Control Board on 22 August 2023 detailing this as it is imperative that the Board demonstrate that everything had been explored to deliver the savings targets.

S Brown raised that from an IJB perspective, they were on target to be on budget by year-end, putting aside the long-term savings target. It was believed that the recruitment to substantive positions, and reduced reliance on agency spend (and associated costs) were providing a directly positive impact. SLT to be provided visibility of FSO / CLT savings projects, which are hoped to provide assurance to SG and the Board that every avenue is being explored and challenged to realise savings targets.

Members agreed that time should be given to the Grip and Control Board and FSO savings projects to ensure adequate opportunity to achieve savings.

The Chair agreed to use of an upcoming extended SLT session to review models of care and the wider system design for potential remodel to make wider change and financial impact.

Conclusion / Decision

Members **NOTED** the update report provided.

13 Items to be escalated in Chair's Assurance Report to the Board

The Chair endeavored to circulate a draft virtually to member for comment prior to onward submission to the Board on 24 August 2023.

14 Any other competent business

14.1 Taskforce Work

Sessions held: Attraction Workshop and Education Workshop.

Feedback from sessions around outputs which would have a rapid turnaround. M Mackie to reach out to members for input, if required.

14.2 iMatter Action Plans

L Hall requested that members work with teams to ensure Action Plans are in place (deadline 14 August 2023).

14.3

Information of Extended SLT Members

The Chair raised that the following information were to be circulated to extended SLT members:

- Summary of meeting topics and decision following standard meeting.
- Minutes of standard meeting
- SLT members to brief their line reports/teams on messages and decisions flowing from SLT

Meeting Closed: 15:51

Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on **22 August 2023 at 2.30pm.**

Present: Laura Skaife-Knight, Chief Executive (Chair)
Stephen Brown, Chief Officer
Mark Doyle, Director of Finance
Michelle Mackie, Interim Deputy Director of Nursing
Steven Phillips, Head of People and Culture
Keren Somerville, Head of Finance
Monique Sterrenburg, Interim Deputy Medical Director
Louise Wilson, Director of Public Health
Jay Wragg, Director of Dentistry

In Attendance: Shona Lawrance, Corporate Communications Officer, *deputising for Amy Gallivan*
Maureen Swannie, Interim Head of Children's Health Services, *deputising for Lynda Bradford*
Ian Coghill, Senior Analyst (*item 10.1*)
Debbie Lewsley, Clinical Governance & Risk Facilitator (*item 10.2*)
Diane Smith, Quality Improvement Hub Support Officer (*Item 10.2*)
Elaine Strange, Head of Information Delivery, Public Health Scotland (*item 11.1*)
Nicola Muir, Committee Support

1 **Welcome and Apologies**

There were apologies received from Lynda Bradford, Nick Crohn, Lorraine Hall, Mark Henry, Sara Lewis, Carrie Somerville, Sam Thomas.

2 **Minute of meeting held on 01 August 2023**

The minute from the Senior Leadership Team meeting held on the 01 August 2023 were accepted as an accurate record of the meeting and were approved.

3 **Senior Leadership Team – Chair's Assurance Report**

The Chair's Assurance Report prepared following the Senior Leadership Team meeting held on 01 August 2023 was reviewed and approved virtually by members for onward submission to Board on 24 August 2023.

4 **Action Log**

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

5 **Matters Arising**

No items were raised by members under Matters Arising.

6 **CEO Update**

The Chair provided an update concerning the following areas:

1. Performance

The Chair raised that there was a mixed picture in terms of comparative performance between May and June 2023. Improvement had been seen in areas such as the 4-hour

access standard, 18-week access to treatment, diagnostics and sustained strong performance in terms of 31-day Cancer care. However, deterioration had been seen in areas such as the 12-week outpatient standard and inpatient Treatment Time Guarantee standard. It was confirmed that L Wilson would lead on the Cancer Improvement Plan in the next period.

2. Financial Performance

The Chair raised significant concerns about the month four financial position and how far adrift we now were against our agreed financial plan for the year. The organisation is forecasting a £5.8m overspend at year-end, and in terms of deficit percentage of baseline budget (9.7%), were currently in the second worst position in Scotland.

It was anticipated that the Scottish Government would begin to question as to how NHS Orkney was so significantly adrift from the baseline budget. The Chair raised that it was agreed at yesterday's Grip and Control meeting that the SLT meeting on 4 September 2023 would be utilised to consider and action some of the more difficult decisions to turn the situation around, leaving no stone unturned. The Chair noted that all decision making would be undertaken within a safety and quality context.

3. Recruitment of substantive Executive Directors

Recruitment for both substantive Executive Director positions is underway and the search has commenced, with provisional interview and stakeholder event dates set for mid-October 2023. Interim support cover was being explored for both positions, and would be communicated to colleagues when confirmed, to ensure clarity.

The Chair confirmed that the Medical Director would leave NHS Orkney on Friday 1 September 2023. The Interim Director of Human Resources would be working virtually from here forth, offering strategic support for the organisation until the substantive postholder was appointed. It was noted that L Adam was to provide additional senior leadership support to the Clinical Governance function and the job description was being finalised for recruitment of a new post - Head of Patient Safety, Quality and Risk which is the long-term solution.

4. Significant Adverse Event Review

M Sterrenberg and S Thomas to commence two external reviews, upon the CEO's request, following a number of identified themes and concerns from patient complaints and SAERs;

- Emergency Department complaints in relation to quality of care
- Paediatric model of care

It was confirmed that these reviews would feed through SLT and Quality Forum.

Conclusion / Decision

Members **NOTED** the update provided.

7 Strategy

7.1 Draft Medium-Term Plan (SLT2324-31)

The Chair presented the draft Medium-Term Plan, thanking C Somerville for her hard work and SLT members for their continued engagement. Members were asked for feedback and to approve the draft Plan for submission to Board and subsequently to the Scottish Government for comment.

L Wilson raised concern as to wording around centralisation of vaccination and CTAC services and the impact this would have to patients in terms of the cost and access implications. S Brown agreed that amendment would be required to the text to frame this correctly in terms of what is realistic, and consideration given to any related impacts.

The Chair agreed to advise Board of the discussion held at SLT, notably around centralisation of services and inclusion of Realistic Medicine. Colleagues were asked to send C Sommerville any further amends/additions/comments.

Conclusion / Decision

Members content to **APPROVED** the draft Medium-Term Plan for submission to Board and subsequently the Scottish Government for comment, subject to the amendments detailed on the action log.

8 Workforce

There were no items for discussion, decision or noting.

9 Culture

There were no items of discussion, decision or noting.

10 Quality and Safety

10.1 Integrated Performance Report (SLT2324-32)

The Chair presented the draft Integrated Performance Report to members, providing an overview of the proposed new-style report, including how it would support enhanced reporting around delivery and performance. The Chair requested feedback from members and subsequent approval for the new report template and next steps. The Chair noted that she planned to recommend to Board that a Board development session be held around data capture and interpretation, with potential extension to SLT for awareness.

L Wilson raised concern regarding the infographics, as some were difficult to interpret, which may inhibit the ability to fully interrogate. It was confirmed that this would be a discussion for Board on Thursday, as to which charts were preferable but also highlighted this was a mock report.

J Wragg raised concern as to hospital-centric nature of the report, querying whether it would evolve to include Primary Care and Dentistry. The Chair agreed and confirmed that there was intention for continuous improvement and refinement of the report over time.

M Swannie noted that it would be helpful for the template to be aligned with the new IJB template to avoid duplication and make efficient use of resources.

Conclusion / Decision

Members **APPROVED** the new-style report and proposed next steps.

10.2 Significant Adverse Event Review Report (SLT2324-33)

DL presented the report and requested that members examined and considered the implications of each Significant Adverse Event Review to approve recommendations, named persons and actions:

SAER W-12029 Report

Concerns were raised regarding the timeliness of this investigation report, as had occurred in August 2022. It was raised that addition of SMART aspects to the report would be valuable, to provide the ability to investigate whether improvements made were effective. Members were in agreement that a learning exercise would be valuable, to investigate the process and identify changes to enable us to improve patient care.

S Phillips noted that it would be challenging for the Recruitment Team to review the entire medical induction plan within the given timescale, however, agreed that this would be a focus moving forward to better support the organisation. M Sterrenburg noted that work was underway, with Recruitment colleagues and locum Consultants to identify needs.

M Swannie raised that there was more work required around transparency and feedback of learning, identified themes and improvements made to become a more cohesive organisation. The Chair proposed that a quarterly patient safety learning event be held, internally initially, with view to inviting patients and families moving forward, so that we can begin to create a learning organisation and culture.

Conclusion / Decision

Members **APPROVED** the recommendations, named persons and associated actions.

SAER W-12399 Report

M Sterrenburg provided an overview of the report and associated recommendations, noting that the report had been delayed due to a colleague, who required interview, being absent.

L Wilson queried as to regularity of the M&M meetings. M Sterrenburg advised that these have paused due to the number of changes within the Clinical Governance Team however are to be reintroduced on a monthly basis. The Chair noted that the involvement of the Quality Forum in this process required review.

Conclusion / Decision

Members **APPROVED** the recommendations, named persons and associated actions, noting the above comments.

SAER W-12774 Report

MS provided an overview of related recommendations contained within the report and requested members consider, and approve the recommendations, actions, and timelines.

S Phillips raised the need to review training and development, with clinical specialist support. It was raised by the Chair that there were recurring themes through each report e.g. record keeping, and that consideration is to be given to threshold for escalation of issues as it isn't acceptable that there is non-compliance with such basic practices.

Conclusion / Decision

Members **APPROVED** the recommendations, named persons and associated actions. M Sterrenburg **AGREED** to provide A Sabiston with support around clinical specialist support.

11 Systems and Governance

11.1 Data Quality; External Review Update

The Chair advised of the initial cases which alerted concern, leading to the launch of the review and the subsequent actions taken, including:

- Accuracy of a national return in which she was asked to sign off
- Physiotherapy Team highlighted concern in terms of inaccurate published data
- Concern escalation around availability of CAHMS data via various governance forums in recent years, including Board and Board Sub Committees

From identification of data quality issues, the following actions were taken:

- Engagement with Public Health Scotland (PHS) to lead the review, agree the Terms of Reference and commence interviews with colleagues
- The Scottish Government and Cabinet Secretary was briefed of the situation
- New risk captured as a 16 on the Corporate Risk Register
- Timeline captured for audit purposes
- Weekly meetings held regarding Data Quality with the CEO, Medical Director and Planning, Performance and Risk Manager

E Strange from PHS provided a presentation and interim update around the external review underway including; purpose, progress and initial findings. Members were advised that the review would be complete by late August or early September, and report published by the end of October.

Members were grateful for the work undertaken by PHS, which reaffirmed many of the themes previously identified by colleagues.

Conclusion / Decision

- Members **NOTED** the external data review update.
- The Chair **CONFIRMED** that the final External Review Report to be presented at the NHS Orkney Board meeting and at SLT in October 2023.

11.2 Corporate Risk Assurance Report

D Lewsley advised, at time of report creation, there were no changes to Tier 1 Risk Register however, since then the Risk Management Forum met, and the following are to be added:

- Data Quality- external review commissioned to understand the cause and scale of problem.
- The Board's preparation for a patient presenting with a High Consequence Infectious Disease.

The following risks were to be added to Tier 2:

- Sub-optimal Care for PVC Insertion
- Change to risk rating (16>20) which related to the change to Scottish Fire Rescue Service attendance criteria due to national change being implemented and no guarantee that fire appliances will respond to alarm in non-residential buildings.

Conclusion / Decision

Members **NOTED** the update report provided.

12 Sustainability

12.1 Financial Performance Report (SLT2324-35)

M Doyle provided a full overview of the financial position for the period of 1 April to 31 July, highlighting the £1.924m overspend, with forecast of overspend outturn of £5.860 for 2023/24.

M Doyle noted that 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 £0.810m of the £1.5m of recurring savings and £1.659m of the £2.2m of non-recurring savings.

SLT to utilise meeting on 4 September 2023 to consider proposals from the Grip and Control Board to bring the organisation back on track. M Doyle noted that these proposals would include some difficult decisions for members to consider.

Conclusion / Decision

Members **NOTED** the update Financial Performance Report provided.

12.2 Financial Recovery Update (SLT2324-36)

M Doyle advised that this item had been partially covered in the previous item and would be covered in its entirety at the next meeting of the SLT on 4 September 2023.

Conclusion / Decision

Members **NOTED** the Financial Recovery Update provided.

13 Items to be escalated in Chair's Assurance Report to the Board

The Chair endeavored to circulate a draft virtually to members for comment prior to onward submission to the Board on 26 October 2023.

14 Any other competent business

14.1 Papa Westray Water Supply Issues

Led by Environmental Health, bottled water is being sent out to the island, with the local Infection Control Team aware. The issue is ongoing, OLEG not called however is being monitored.

14.2 PARIS Software

Upgrade to take place on 4 September 2023. Consideration to be given to whether the system remains fit for purpose for both organisations. S Brown noted there had been identified gaps in access for teams such as Occupational Health, Mental Health (adult) and School Nursing. System to be reviewed to identify any synergies that could be utilised.

Conclusion / Action

S Brown **AGREED** to feedback to the Technology Enabled Care Group.

Meeting Closed: 15:51

Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on **04 September 2023 at 15:00.**

Present: Laura Skaife-Knight, Chief Executive (Chair)
Anthony McDavitt, Director of Pharmacy
Keren Somerville, Head of Finance
Lorraine Hall, Interim Director of HR
Louise Wilson, Director of Public Health
Lynda Bradford, Head of Community Health and Community Care
Mark Doyle, Director of Finance
Monique Sterrenburg, Interim Deputy Medical Director
Sam Thomas, Director of Nursing, Midwifery, AHPs and Chief Officer for Acute
Stephen Brown, Chief Officer
Steven Phillips, Head of People and Culture
Jay Wragg, Director of Dentistry

In Attendance: Carrie Somerville, Planning, Performance and Risk Manager
Harmony Bourn, FSO Project Manager
Lauren Johnstone, FSO Project Manager
Malcolm Colquhoun, Head of Estates, Facilities, and NDP Contract
Mareeya Montero, Senior Management Accountant
Sara Lewis, Acting Director of Public Health
Freddie Pretorius, Committee Support

1 Welcome and Apologies

There were apologies received from Jay Wragg, Nick Crohn, Carrie Somerville, Michelle Mackie.

2 Minute of meeting held on 22 August 2023

The minutes from the Senior Leadership Team meeting held on 22 August 2023 were accepted as an accurate record of the meeting and were approved.

3 Senior Leadership Team – Chair’s Assurance Report

The Chair’s Assurance Report prepared following the Senior Leadership Team meeting held on 22 August 2023 were approved.

4 Action Log

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

5 Matters Arising

No items were raised by members under Matters Arising.

6 CEO Update

The Chair presented an update on the following areas:

Letter from Cabinet Secretary about Lucy Letby case: All Chairs have received a letter from the Cabinet Secretary seeking assurance from Health Boards on the patient safety and quality agenda, including workplace culture, whistleblowing, and values and behaviours. The NHS Orkney Chair has circulated the letter and a full update setting out NHS Orkney's position to the full Board. The CEO committed to forwarding the letter and note from the Chair to the Senior Leadership Team (SLT) so they are sighted and can offer any comments, given the significance of the communication.

Interim Medical Director update: The arrangements for the Interim Medical Director (MD) were being completed and this will likely be a secondment arrangement. Full details will be shared in the coming days about the secondment arrangement and how the Medical Director portfolio will be covered over the next six months will work to ensure clarity. It was also acknowledged that the closing date for the substantive Medical Director vacancy is Monday 11 September 2023, with shortlisting to occur at the end of the month, and interviews scheduled for mid-October. SLT members will be involved in the recruitment process with more details to follow.

Conclusion / Decision:

Members **NOTED** the provided update.

7 Financial Improvement

7.1 Organisational Move to ePayslips - SLT2324-37

The Director of Finance presented the proposal which would implement a shift to electronic payslips (ePayslips) as a means to achieve efficiency and cost reduction. Over 750 paper payslips were processed monthly, and only about 22% of staff were signed up for ePayslips. The assessment reveals that this change will not impact patient care, though some staff may opt out due to accessibility issues. Financial benefits, including savings in sorting and distribution costs, remain uncertain but are expected to be realised through negotiations with NHS Grampian. Additionally, the move will mitigate risks of missing payslips and data protection issues, benefit climate change sustainability.

Some concern was expressed about colleagues who struggle with IT having access to their payslips was raised along with the unease that once staff have opted out of papers payslips, that they would not be able to opt back in for this service.

Conclusion / Decision

Members **APPROVED** the proposal to transition to ePayslips from 1 January 2024, however, under the conditions that wider engagement with staff side / unions and other stakeholders takes place, as well as agreeing the communications to staff.

7.2 Community Prescribing Review - SLT2324-38

The Director of Finance presented the proposal for a pilot project to change the supply system of dressings to patients managed by the Community Nursing Teams. The project aims to reduce clinical practice variation, minimise wastage, reduce house visits, lower environmental waste, improve patient access to dressing products, and reduce the workload for community pharmacies and prescribers. It is anticipated to save approximately 10% of the current yearly expenditure, totalling £44,604.80, with initial setup costs of £7,080. It was acknowledged that extensive engagement had already taken place with a wide range of staff who supported this project.

Concerns were raised around the implementation of this outside of Kirkwall. The Director of Pharmacy provided assurance that they would aim to prioritise spaces in the current accommodation to aid the uptake.

Conclusion / Decision

Members **APPROVED** and endorsed the spend-to-save initiative.

7.3 Accommodation - SLT2324-39

The Director of Finance presented the proposal with a primary focus on residential accommodation expenses, which have been a significant financial burden, owning or leasing twenty-nine properties, predominantly for employees' housing. NHS Orkney covers rent and utilities costs, which amount to approximately £1 million annually. The organisation faces challenges in fully utilising these properties due to historical agreements. The proposal suggests potential changes to improve cost efficiency, including charging users for utilities, and presents several risks and considerations associated with these changes. Financial aspects include the potential to save over an estimated £100,000 per year by introducing a per night utility charge.

A Quality Impact Assessment was recommended, emphasising the importance of gaining insight. The Primary Care Team currently manage the budget and rules for accommodation on the outer isles, with the Estates and Facilities Team leading on accommodation on the mainland.

There was concern about the effect any changes to current arrangements this may have on locum and agency staff choosing to work with NHS Orkney should these charges be added. The implementation's impact on staff groups and the cost of living should be evaluated, and effective communication strategies should be devised to engage staff regarding potential cost increases.

Conclusion / Decision

Members **APPROVED** the proposal – notably:

1. That a full review of historical agreements is undertaken to enable full utilisation of the properties
2. Consideration is given to the management of properties in the outer isles and whether this should fall under Estates and Facilities or Primary Care – the Chief Offer and Head of Estates and Facilities to discuss this further along with where the budget will sit
3. There is an appetite to explore utility bill charges, but further work is needed on this
4. A working group will be established to determine which accommodation costs should be covered by the Board and which costs should be picked up by staff: spanning substantive staff, locum staff, bank staff and agency staff

7.4 Staff Travel Freeze - SLT2324-40

The Director of Finance presented the proposal with the objective to minimise unnecessary travel, ensure all travel arrangements are authorised by the organisation, and optimise resource utilisation while reducing costs fairly and transparently. The impact assessment highlights the potential to reinvest savings in patient care, maintain workforce well-being, and offers financial savings. In 2022/23, £596,046.81 was spent on staff travel, with opportunities for savings through a travel freeze and expense control measures. Risk assessment emphasises the need for a clear, flexible process to avoid essential travel restrictions.

The Director of Nursing, Midwifery, AHPs and Acute Services made a suggestion to also review the utilisation and expenditure related to patient escort travel. It was hoped that ongoing efforts in this area would align with cost-saving initiatives. It was agreed that the Director of Finance would take action to incorporate this aspect into the scheme and that Julie Colquhoun was already taking the lead on this work.

Numerous other aspects of travel require evaluation, with a primary focus on determining what is essential. The CEO was clear that all non-essential Executive Team and wider staff travel for meetings/conferences was to stop until the end of the year. For training and study, however, the CEO said we must support staff as part of their development to do this and fulfil existing commitments and we cannot be punitive in this area.

The Director of Pharmacy proposed the establishment of a review panel to oversee department-specific travel requests. However, it was decided that final approval for such requests would be granted by either the Director of Finance or the CEO along with approval from one of the three clinical Executive Directors for speed. Members concurred that a formalised decision-making process was necessary.

Conclusion / Decision

Members **APPROVED** the proposal – and agreed to:

1. A spending review
2. Establishing a standardised approach for essential and desirable travel
3. Creating a decision-making matrix
4. Implementing a governance policy for staff travel spending. The Head of Estates, Facilities, and NDP Contract is to lead on these four areas.

Members **AGREED** that the sign off for travel would be approved by one of either the Corporate Executives; the CEO, or the Director of Finance, and one of the three Clinical Executives; the Director of Nursing, Interim Medical Director, or the Director of Public Health.

Members **AGREED** that the Director of Finance would take action to incorporate patient travel escort expenditure as a new FSO scheme.

7.5 Locum and Agency Expenses - SLT2324-41

The Director of Finance presented the proposal highlighting opportunities for cost reduction in locum and agency expenses, through a range of stricter control measures. Various areas where costs could be reduced, including ferry bookings, mileage claims, baggage, taxi usage, inconsistent travel expense limits were identified, and meal allowance expenses being scrutinised and not allocated unless staff are travelling whilst on shift.

Conclusion / Decision

Members **APPROVED** the proposal for the immediate implementation of all of these additional expense controls.

7.6 Vacancy Freeze - SLT2324-42

The Director of Finance presented the proposal that suggested implementing a 3-month vacancy freeze for non-clinical staff. This proposal emphasises the need for a Quality Impact Assessment to assess potential impacts on patient care and safe staffing levels. It was proposed that an improved decision-making framework could be developed.

Significant concern was raised by members that this would have a significant impact on the delivery of safety and clinical care, as a lack of admin staff, for example, would mean clinicians would be picking up this work, adding stress and undue pressure to clinicians, ultimately impacting on patient care.

Similar concerns were also raised about the impact on staff morale, as this message could lead to staff feeling that their roles were not important. The CEO emphasised that every role and person at NHS Orkney matters as much as any other and no-one is more important than

anyone else, with everyone having an important part to play, and as such said she did not support this scheme, which others agreed with.

Conclusion / Decision

Members **REJECTED** the proposal to implement a 3-month Vacancy Freeze. It was suggested that this was revisited in the coming months once further work/consideration had taken place which avoided a blanket freeze and a more proportionate/thoughtful approach.

7.7 Overtime and Excess Hours Freeze - SLT2324-43

The Director of Finance presented the proposal that called for a 3/6-month Overtime and Bank Hours Freeze to curtail excessive spending in these areas. It was recognised that the absence of restrictions on overtime and bank hours had contributed to high spend.

Members stated that clinically, there was not enough establishment to cover services without using bank and staff overtime, however, it should be noted that overtime is overall cheaper than bank. The Director of Nursing, Midwifery, AHPs and Acute Services said that she was awaiting the establishment review and budget allocations which may inform these decisions.

It is hoped that the recent implementation of the eRoster will give some very valuable data which would hopefully bring efficiencies and understanding to the organisation.

Conclusion / Decision

Members **REJECTED** the proposal to endorse the implementation of a 3-month Overtime and Bank Hours Freeze, however, it was proposed that this was revisited in the coming months once the establishment review findings had been presented.

7.8 Annual Leave – No Carry Forward - SLT2324-44

The Director of Finance presented the proposal implementing a "no carry forward" policy for annual leave due to a consistent increase in leave carried forward over the past three years, which raised concerns about adherence to NHSO's Annual Leave Policy and its financial implications. It was stressed that encouraging staff to take their annual leave was essential for their wellbeing. Financially, NHSO's annual leave carry forward had amounted to significant costs, with the potential for substantial savings by ensuring leave was taken within the allocated time frame. The proposal presented two options: either continuing with a 5-day annual leave carry over policy with increased monitoring, or implementing a zero-day carry over policy, excluding statutory leave. The latter option held the potential for substantial savings totalling £150,000.

Conclusion / Decision

Members **REJECTED** the proposal as set out in the paper; however, it was **AGREED** that the proposal should be explored further and that managers should encourage staff to take as much leave as possible in-year to reduce carry over. Feedback and comments should be collected along with a review of the current annual leave policy.

8 Next steps

A summary paper is to be presented at an Extraordinary Board meeting next week, which is to be arranged once the Quality Impact Assessments have been completed.

Engagement and updates should also be shared with the Area Partnership Forum for transparency.

9 Any other competent business

There was no other competent business.

Meeting Closed: 16:40

Orkney NHS Board

Minute of meeting of the **Senior Leadership Team of Orkney NHS Board** held virtually on **18 September 2023 at 1.30pm.**

Present: Laura Skaife-Knight, Chief Executive (Chair)
Lynda Bradford, Head of Community Health and Care
Stephen Brown, Chief Officer
Nick Crohn, Interim Deputy Director of Acute Services
Mark Doyle, Director of Finance
Sara Lewis, Acting Director of Public Health
Anthony McDavitt, Director of Pharmacy
Michelle Mackie, Interim Deputy Director of Nursing
Malcolm Metcalfe, Interim Medical Director
Steven Phillips, Head of People and Culture
Carrie Somerville, Planning, Performance and Risk Manager
Keren Somerville, Head of Finance
Monique Sterrenburg, Interim Deputy Medical Director
Sam Thomas, Director of Nursing, Midwifery, AHPs and Acute Services
Louise Wilson, Director of Public Health

In Attendance: Gordon Robinson, Head of Information Governance (*item 11.1*)
Lynn Adam, Healthcare Staffing Implementation (*Observing*)
Laura Wales, West Community Nurse (*Observing*)
Wendy Lycett, Principal Pharmacist (*Observing*)
Mareeya Montero, Senior Management Accountant (*Observing*)
Nicola Muir, Committee Support

1 **Welcome and Apologies**

There were apologies received from Jay Wragg, Lorraine Hall, Amy Gallivan, Emma West.

2 **Minute of meeting held on 04 September 2023**

The minute from the Senior Leadership Team meeting held on the 04 September 2023 were accepted as an accurate record of the meeting and were approved.

3 **Senior Leadership Team – Chair’s Assurance Report**

The Chair’s Assurance Report prepared following the Senior Leadership Team meeting held on 04 September 2023 was reviewed and approved virtually by members for onward submission to Board on 26 October 2023.

4 **Action Log**

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

5 **Matters Arising**

6 – CEO Update

A letter had been sent on behalf of the Health Board to the Cabinet Secretary regarding the information sought following the Lucy Letby case. In addition to this, S Thomas advised that D Boyle had delivered a presentation based on the governance and criminality of the case, at a recent CNOD meeting, which they would be keen to share with the Board. L Skaife-Knight informed S Thomas that a development session on culture was being planned for the Board and SLT and that this may fit here, and that a further discussion would be helpful.

Decision / Action

L Skaife-Knight and S Thomas to liaise with the Board Chair regarding inclusion of this presentation at a future Board and/or SLT meeting.

6 CEO Update

The Chair provided an update concerning the following areas:

Recruitment

- Interim Medical Director – M Metcalfe in post and will focus on strengthening focus on governance, patient experience, and safety quality.
- Medical Director – Closing date extended to Monday 25 September.
- Interim Director of People & Culture – In the advanced stages of securing support.
- Director of People & Culture – Shortlisting to take place Friday 29 September, and interviews to be scheduled for mid-October.
- Director of Dentistry position is now out to advert.

Financial Improvement

Extraordinary Board meeting held on Friday 15 September to review the schemes agreed by the SLT, with nuanced changes proposed. L Skaife-Knight raised that the CLT understandably received challenge from Board members, given the deteriorating, with a more ambitious and transformational approach to financial recovery needed moving forward.. There was also an ask from Board members for clarity as to timelines and monthly progress of savings targets and trajectories. Actions agreed by Board members:

- Increase reporting around financial position.
- Clear timescales for delivery of savings to be confirmed.
- Implementation of each scheme was to be carefully considered, with appropriate communications and engagement with affected staff members.

There is also the requirement to focus on the sustainability and value workstream (discovery), which will be built into Finance & Performance Committee and Board reporting.

Health Board Visits

The Board are undertaking their annual sponsorship meeting with Scottish Government (SG) representatives on Tuesday 3 October, which will have focus on operational performance and financial improvement.

National Return Submissions Sent by the Board

- Response to Cabinet Secretary regarding the LL case, around patient safety and quality.
- Holding response sent regarding the national independent Audiology Review. Associated action plan and response would be shared with SLT when finalised and ahead of this coming to Board on 26 October.

Conclusion / Decision

Members **NOTED** the update provided.

7 Strategy**7.1 NHS Orkney Anchor Strategy Plan (SLT2324-45)**

L Wilson presented the NHSO Anchor Strategy Plan, which forms part of the Annual Delivery Plan (ADP), scheduled to go to SG at the end of October 2023. The plan outlined the key areas of the survey, relevant areas to assess position and a list of actions which the Board had already committed to delivering. The paper was presented for information, with the request that any comments or amendments be sent directly to L Wilson prior to onward submission to Board.

C Somerville raised that they had met with I Coghill, Finance and Procurement colleagues around the Integrated Performance Report and were mindful of the Anchor Strategy metrics.

S Phillips informed of early conversations being held around dedicated persons for early years recruitment, with conversations evolving within the team which would require additional investment to get someone into the local community.

S Brown highlighted the important issues around commissioning, which could be incorporated into the wealth building agenda. It was noted that locking into local procurement differed to the national procurement agenda. S Brown queried as to discussions held to provide flexibility to Boards in delivering the agenda. L Wilson advised that this issue had been raised by several Boards within the Anchor Peer Group, however there was no solution nationally at present.

A McDavitt queried as to how NHS Orkney was engaging with external training providers and students to invite students to The Balfour for undergraduate experience and targeting school leavers. L Wilson advised that elements for this work is ongoing however there would be potential to strengthen this relationship.

LSK thanks L Wilson for her work on the emerging strategy to date. She made the observation that there were lots of priorities, and suggested these were prioritised and it was clear what was a new/existing action and timescales for each were included so that KPIs are as specific as possible and so that the strategy is a realistic and deliverable one.

Conclusion / Decision

Members were asked to submit any further comments directly to L Wilson.
The Anchor Strategy to return to SLT on 17 October, prior to onward submission to Board.

7.2 Extended Senior Leadership Team Meeting Agenda – 04 October 2023 (SLT2324-46)

The Chair presented the extended SLT meeting agenda for noting. Proposal to formally launch Winter Plan and the new Balfour Escalation Plan as well as discuss the financial position and improvement plan so that there is wider engagement with our senior leadership community about the additional and further actions that are needed.. Any further or final comments prior to circulation to wider SLT.

Conclusion / Decision

Members **APPROVED** the draft agenda.

8 Workforce

8.1 SBAR: Echocardiology Service (SLT324-47)

N Crohn presented the SBAR outlining the current situation within the Echocardiology Service at NHS Orkney. It was noted that although Dr Fox was not a Cardiologist for the Board, he had taken on elements due to his level of expertise. It was highlighted that this service had flowed into existence, and therefore the Board had drifted from the SLA with NHS Grampian, who do offer the Echo Service. However, it was raised that there would be cost implications in terms of patient travel if this was to be revisited.

M Metcalfe raised that an option that had not been detailed within the report was to train existing staff at The Balfour, or to share a part-time sonographer with another Health Board. In creating a broader job plan, this would make the role more interesting and attractive to staff. It was recommended that more consideration be given to review of the current service model, with potential for a shared model which could be mutually beneficial.

N Crohn advised that options had been explored in terms of training colleagues within the medical team, however there would be the requirement to learn how to ultrasound firstly which would have the total time commitment of 12-18 months prior to being able to offer the service.

Conclusion / Decision

- Members were unable to come to a decision on this SBAR, it was requested that wider options and service models be explored before a commitment could be made, to ensure a sustainable model for the future.
- N Crohn to lead on wider review of models and would reach out to M Metcalfe for support.

9 Culture

There were no items of discussion, decision or noting.

10 Quality and Safety

10.1 Urgent & Unscheduled Care Improvement Plan

10.2 Winter Planning

S Thomas took both 10.1 and 10.2 agenda items as one collective update for members. Members were advised that these plans focus on acute and system-wide IJB and H&SCP delivery, with a view to decrease overutilisation of services and patient placement optimisation.

S Thomas advised in terms of urgent and unscheduled care, a targeted approach is to be taken in terms to activity at the front door and what can be done to address targets. It was noted that over the past 3-month period, NHS Orkney had improved its 4-hour target, however, there was more work to be done moving forward. The team continue to work with NHS Grampian colleagues regarding patient flow navigation and discussions are to be held with S Brown and L Bradford regarding discharge without delay on a system-wide approach. S Thomas advised in terms of winter planning, targets were set to work towards an assessing to admit model with view to moving towards having a 'collection lounge', for patients to be collected from following discharge from the ward. Work was also underway with Pharmacy colleagues to introduce OPAT, single workstream cellulitis pathway from ED.

Members were informed that the focus would be around patient flow capacity, multi-disciplinary working and a whole system approach to ensure the organisation is in an optimal position coming into the winter months. It was confirmed that socialising of these plans across the organisation was underway. S Thomas highlighted to members that Health Boards were to be held to account for their performance, in addition to the improvement plan.

Conclusion / Decision

Members **NOTED** the verbal update provided.

11 Systems and Governance

11.1 Whatsapp Usage (SLT2324-48) – *Recommendation from the Information Governance Committee*

G Robinson presented the paper escalated from the Information Governance Committee with the request for SLT to adopt the recommendations regarding Whatsapp usage, following the NHS Lanarkshire data breach. G Robinson highlighted that Whatsapp should not be used for professional health service use, including its use in contacting patients.

Conclusion / Decision

Members **APPROVED** the recommendation of the report. G Robison to ensure this information was communicated across organisation.

11.2 Standard Business Case Template (SLT2324-49)

M Doyle presented the proposal for a standardised business case template for use across the organisation. Members were asked to feedback comments and approve the proposal.

Conclusion / Decision

Members **APPROVED** the proposal, subject to the following amendment:

- Inclusion of elements such as NHS Orkney values and quality and safety to create an all-encompassing document.
- M Doyle to liaise with the FSO regarding basic training for staff writing business cases.

11.3 Data Quality; External Date Review Update

The Chair advised that all interviews had been conducted by Public Health Scotland (PHS) and that the final report, with recommendations, would be received by 31 October. The report to be presented to the SLT in November and onward to Board in December, supported by representatives from PHS.

S Thomas raised that she was not approached for comment throughout the process.

Conclusion / Decision

Members **NOTED** the verbal update provided.

11.4 Corporate Risk and Assurance Report (SLT2324-50)

CS provided a full overview of changes since the previous report, highlighting the following higher risk items which registered a score of 20, or over:

High risk items, with risk registering scores 20 or above:

- 510 – Corporate Finance – Risk owner M Doyle, created following Grip & Control Board meeting to progress item (score 20)
- Tier 2 – OHAC, 902 – Risk in relation to NHSO availability to meet needs of isles residents (score 25). However, GP posts fully recruited to in May 2023, and may require review of risk rating.
- Tier 2 Business Support, 1109 – Amended risk score, now changed from 16 to 20, due to change in criteria deployed by Scottish fire rescue services.

Risk that may feature at future meetings:

- Chronic pain services; risk to be reviewed given ongoing meetings. Anticipated to increase from current rating.

Conclusion / Decision

Members **NOTED** the report provided.

12 Sustainability

There were no items discussed under sustainability.

13 Items to be escalated in Chair's Assurance Report to the Board

The Chair endeavored to circulate a draft virtually to members for comment prior to onward submission to the Board on 26 October 2023.

14 Any other competent business

There were no items raised under AOCB.

Meeting Closed: 15:51

Minute of a virtual meeting of the **Joint Clinical and Care Governance Committee**
on **Tuesday 4 July 2023 at 13.00**

Present Steven Johnston, Chair
Morven Brooks, Third Sector Representative
David Campbell, Non-Executive Board Member
Rona Gold, Vice Chair (Health), Non-Executive Board Member
Jean Stevenson, Vice Chair (Care), Integration Joint Board Member
Lindsay Hall, Integration Joint Board Member (14.30)

In Attendance Stephen Brown, Integration Joint Board Chief Officer
Mark Henry, 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
Maureen Swannie, Head of Strategic Planning and Performance
Louise Wilson, Director of Public Health
Yvonne McPhee, Interim Service Manager (item 8.4)
Morven Gemmill, Lead Allied Professional (item 8.5)
Heidi Walls, Committee Support

C22 Welcome and Apologies

Apologies had been received from L Bradford, H Woodbridge and I Taylor

C23 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

C24 Minute of meeting held on 4 April 2023

The minute of the Joint Clinical and Care Governance Committee meeting held on 4 April 2023 was accepted as an accurate record of the meeting and approved.

C25 Matters Arising

The Chair noted that the Whistleblowing Standards Annual Report 2022/2023 and The Whistleblowing Champion Assurance Statement was submitted directly to the June 2023 NHSO Board meeting.

C26 Action Log

The Committee reviewed and updated the action log. (See action log for details)

Governance

C27 Whistleblowing Quarterly report - JCCGC 2324-11

The Medical Director presented the quarterly whistleblowing update which was a mandatory report as required by the Independent National Whistleblowing Office.

The report covered the period April –June 2023 and it was confirmed that no whistleblowing concerns had been raised during that period.

Ongoing work to finesse the processes which allow colleagues to raise a concern was highlighted and particularly the development of a reciprocal arrangement with another board so that whistle-blowers with specific anxieties around confidentiality have an option to raise their initial concerns via confidential contacts from outside their employing organisation.

The Medical Director was confident that NHS Orkney was compliant with the requirements of the independent office but advised members that there could be further work to improve awareness and messaging, particularly regarding the broader partnership.

The Chief Executive agreed speaking up and raising concerns were two key elements identified as part of wider work and acknowledged there was more to be done. A particular focus on the timescales and the importance of closing the loop was noted.

With the review of Executive portfolios, it was noted that going forward the lead for Whistleblowing would sit with the Chief Executive.

Decision / Conclusion

The Committee reviewed the report and took assurance.

Clinical Quality and Safety

C28 Quality Forum Chair's Update

The Medical Director provided a verbal update to members on the work of the Quality Forum and presented the minutes from the March and May 2023 meetings.

The 3 broad aims of the Quality Forum were confirmed as:

- To support our commitment to the provision of safe, effective and person-centred care
- To provide assurance to this Committee on the systems and processes for healthcare quality and safety in operation across NHS Orkney.
- To have a positive impact on the quality and safety of patient care by bringing together clinical leaders from across the healthcare system to focus on continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

It was noted that the emphasis across all quality fora was learning from events and that this included Datix reports, significant adverse event reviews (SAER) and complaints. It was confirmed that the forum was also maintaining a close focus on falls prevention, with particular emphasis on upstream prevention in the community, clinical documentation and record keeping.

Further highlights included the very successful implementation and roll out of HEPMA, the reinvigoration of the Hospital Sub Committee, strong work within the theatre improvement group and the recent but very welcome removal of the requirement to wear fluid resistant surgical masks.

It was confirmed that datix training was available, if requested, and although there was a small team, members actively worked at raising awareness of the system and provided support to those using it, as required.

It was acknowledged that there was more work to do and that closing the loop by providing feedback after a report was made to ensure a clear outcome was seen, was a key element to get right.

In response to concerns about outdated clinical policies, members were advised that work was in progress to ensure there was a clear approach going forward. It was confirmed in the recent review of Executive portfolios that nominated leads, under the leadership of the Chief Executive for non-clinical policies and the Director of Nursing, Midwifery, AHPs and Acute for clinical policies, would be identified.

The new Senior Leadership Team (SLT) would be the planned final approval route for policies with input from operational expertise and governance groups as appropriate.

Additional concerns regarding the risk elements of outdated policies were discussed and it was confirmed that policy reviews on a prioritisation basis had been agreed as part of objectives at the Remuneration Committee. The importance of ensuring that there was also a plan in place for the implementation and communication of approved policies was highlighted and it was agreed that a clear direction of travel had been started and that a development plan would follow.

It was noted that the Senior Leadership Team were trialling a simplified chair's assurance report and it was proposed that if the updated version was approved it should be used going forward.

Decision / Conclusion

The Committee reviewed the minutes and took assurance from the updates provided.

C29 Learning from Clinical Incidents Annual Report JCCGC 2324-12

The Medical Director presented the annual report on learning from clinical incidents with a particular focus on the management of significant adverse events (SAER). He highlighted the often quoted line that learning from adverse events was crucial to improving the quality and safety of care as particularly relevant.

The key headline from the period was that although the numbers of significant adverse events (SAE) were low, there remained challenges to address. Staff time and capacity, consistency of approach and the implementation of learning from incidents were highlighted as the primary issues.

Small and/or single-handed teams and competing clinical priorities within a small system, limited opportunities for a rapid response so process timings could

fluctuate but the clinical governance team provided support to mitigate this wherever possible.

Improvement in the delivery of a consistent approach after tapping into resources from NHS Lanarkshire and growing the number of trained investigators was highlighted.

Members were advised that the biggest challenge, which picked up an earlier query, was closing the loop. It was felt that too often the delivery of the investigation report was seen as the final stage in the process when in reality it was only the first step as there was no point identifying learning if it wasn't going to be implemented.

It was acknowledged that this issue also exposed the bigger challenge that healthcare governance and quality improvement was often viewed as something done to us rather than something everyone took responsibility for.

Ensuring a clear handover of the action plan to the people who could deliver the necessary change and the identification of a process to track the recommendations were noted as two key elements that needed to be addressed.

It had been agreed that there was role for the healthcare governance team but also the clinical executives in the implementation of a robust tracking process and a meeting to take this work forward was planned.

A recent change which had been implemented since last year was that whenever Duty of Candour was exercised, it would also serve as trigger for a SAE investigation.

It was confirmed that SAEs would be the starting point for tracking work but would develop to include a wider remit.

The Chief Executive acknowledged the work and contribution from the Clinical Governance and Quality Improvement Manager's final report before retirement and noted it provided real clarity about the areas for focus going forward.

She also noted her own recent involvement with a case which had raised a number of issues and she highlighted several key areas which needed to be addressed.

- The time taken to produce actions plans
- Ownership and clarity at executive level
- Process, timing and sequency of shared learning
- A fit for purpose process for keeping patient families informed.
- Tangible and demonstrable evidence of learning
- An improvement plan to ensure an appropriately resourced Clinical Governance team in place to lead and support this work

The chair highlighted the terms of reference of the Joint Clinical and Care Governance Committee which included the responsibility to ensure learning implemented. The requirement to ensure confidentiality was noted but it was felt overall themes could be monitored.

The human impact on individuals, families, staff and service users was discussed but the organisational risk of identifying learning but not implementing actions to

deliver improvements was also highlighted as a significant concern.

It was confirmed that regular audits to monitor progress around common themes which were highlighted as part of SAERs, such as record keeping and improved digital systems, was an outstanding piece of work to progress.

The Director of Nursing, Midwifery, AHP and Acute confirmed that audit paperwork on clinical record keeping had been collated and would be progressed when the two new clinical nurse managers were in post. Learning would be shared through Quality Improvement meetings, and she would work with the Medical Director as appropriate and if feedback included medical issues.

The Director of Public Health appreciated the internal focus but noted that learning from other organisations was also helpful and highlighted interesting insights provided by ombudsman reports as one example.

The Medical Director confirmed links with the National Adverse Events forum.

It was agreed that as the Quality Forum Terms of Reference was due for review it could be updated to include an approach for accessing learning from across the whole system.

It was agreed that an action plan to address the concerns raised and a further SAER update should return to the committee so assurance could be provided.

Decision / Conclusion

The Committee reviewed the Learning from Clinical Incidents Annual Report, noted the concerns raised and agreed further reporting for assurance.

C30 Duty of Candour Annual Report JCCGC 2324-13

The Medical Director presented the annual report and noted Duty of Candour (DOC) as a legal responsibility of all health and social care services in Scotland. He advised that when an incident results in harm, those affected must be made aware of what has happened and receive an apology from the care provider.

He noted that the DOC legislation was strict, and that NHS Orkney had only met the threshold on one occasion over the last year and the detail of those incidents and the learning from them was captured within the report.

Members were assured that there was a good approach, discussion and genuine sharing at the weekly incident review group meetings.

It was agreed that adding a duty of candour element to care and care at home reporting would be helpful going forward.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C31 Care Homes Assurance Report JCCGC2324-14

Members welcomed the first six monthly assurance report covering NHS Orkney

Care homes which provided an overview of progress and performance within the reporting period October 2022 to March 2023.

The impact of 100% occupancy rates across all three care homes and the wider service impacts along with staffing difficulties due to absence and recruitment challenges were highlighted and explored.

Assurance that there had been no care inspectorate inspection findings during the period was welcomed.

Training programmes had been restarted post pandemic and new courses, to address violence and aggression issues, particularly relating to dementia patients, were highlighted.

Overall, falls and hospitalisation rates were below average, and the few exceptions could be linked to specific individuals.

It was confirmed that overall staff sickness was not out of step with the wider Scottish average and the hard, physical nature of the caring role, and the aging workforce demographic was highlighted. It was confirmed that managers were working closely with HR to ensure those on long term sick were supported back to work or to explore alternative options.

There was also a group linking with HR to look at recruitment and retention and wider infrastructure issues such as suitable accommodation which impacted on the ability to attract and keep staff from outside Orkney.

The Director of Nursing, Midwifery, AHP and Acute Services acknowledged the vacancy challenges across all aspects of social and health care and the efforts to attract new recruits, but moving forward was keen to see the inclusion of a system wide impact assessment of full occupancy and staffing ratios in the reporting.

The Director of Pharmacy noted that a ratio of agency to substantive staff and an indication of data risk around medication would be useful additional information to capture in future reports.

The Vice Chair (Health) welcomed the information regarding service pressures, but asked if data to allow prior performance comparison and national benchmarking could also be provided.

The Chair welcomed the good examples of shared working during the pandemic and that multi-disciplinary work had continued.

The Acting Director of Public Health noted that during the period of the report there would have been Covid outbreaks which would have impacted and also highlighted a concern regarding the impact on emergency respite of 100% occupancy.

The Chair, reflecting on occupancy levels, asked if there was an opportunity with the new St Rognvald's Care Home to explore options for doing things differently. It was confirmed that this was being discussed at the Integration Joint Board.

The Interim Service Manager elaborated on issues relating to respite beds and it was noted that respite beds were short because of active work to facilitate discharges from hospital and enable permanent beds.

Members welcomed the broader and more detailed reporting, and it was agreed that suggestions for additional information would be incorporated to reports going forward.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C32 Speech and Language Pressures Report JCCGC2324-15

Members received the Speech and Language Pressures report which provided an update on national and local pressures on Speech and Language provision, highlighted the consequences for patients and provided an assessment of local issues and challenges.

Key points highlighted included:

- A legacy of non-investment and disinvestment which has dramatically impacted on services and the intrinsic challenge of a small friable service with no critical mass to absorb gaps or extend service offer.
- The importance of Speech and Language Therapy and the difference their interventions can make across all sectors of the community and particularly their impact on outcomes for those with lifelong conditions.
- Concerns about widening health inequalities because of ongoing service pressures and the risk that other small services could be facing similar challenges.
- The post pandemic increase in demand on services coupled with recruitment challenges across the UK with 90% of services reporting difficulties and 78% severe difficulties.
- The plan to draw in larger boards for a broader approach to education and training as a regional approach was not enough to address the significant gap and islands services were just too small to compete.
- National professional leadership challenges and ongoing senior staff turnover and instability exacerbating fragile service issues.

It was noted that the report was provided to raise awareness of the issues regarding a small and fragile service and to seek support for recommendations.

Members welcomed the report noting the concerns raised and took some reassurance and optimism from the work and proactive approach in exploring options to mitigate the risks and challenges highlighted.

The Head of Strategic Planning and Performance confirmed the issues were captured on the Children Services risk register.

It was confirmed that learning from the approach in the report was something that could be taken forward to wider fragile services work and it was agreed that a paper

making the link to longest waits and providing clarity for short, medium and long term planning would be submitted to the Senior Leadership Team meeting.

It was agreed that there should also be future reporting of progress to the Joint Clinical and Care Governance Committee to ensure focus was maintained and assurance provided. Although Speech and Language Therapy was the discipline presented at the meeting, other AHP services experienced similar pressures and may also require attention.

Decision / Conclusion

The Committee reviewed the report, noted the concerns raised and agreed further reporting for assurance.

C33 Infection Control Annual Report JCCGC2324-16

The Director of Nursing, Midwifery, AHP and Acute presented the annual report which provided an overview of the work undertaken by the Infection Control Teams across primary, secondary and social care during 2022 and 2023.

Overall targets had been met although there was some work to do on infection targets. It was noted that although E Coli rates were up investigations had found no causative links.

Diversification and recruitment to strengthen the team to assist and support delivery of the infection prevention and control agenda was highlighted.

Queries relating to dip in hand hygiene scores and the return rate of community improvement plans were raised.

It was confirmed that although there was a dip in hand hygiene scores at the end of the last reporting year, recent reports had shown improvements. It was noted that bare below the elbow criteria was the audit finding rather than hand washing and a pending roll out of a redrafted uniform policy would help address this issue and provide the governance for other conversations.

It was confirmed that engagement from independent contractors could be challenging but reports were received and there was ongoing work to build relationships.

It was agreed that the positives in the report outweighed the concerns and members recognised the progress made and acknowledged the hard work of the team. The report was also clear about the work which was still required and provided a focus for the next reporting period.

Decision / Conclusion

The Committee reviewed the report and took assurance.

C34 Orkney Cancer Care Delivery Group Update

The Medical Director provided a verbal update on the Orkney Cancer Care Delivery Group noting that going forward a Chair's assurance report would be provided to future meetings of the committee.

Members were advised that the group met monthly to review pathways and pinch points, but a tendency towards a reactive approach was acknowledged.

It was confirmed that going forward a draft cancer improvement plan would be presented to the Senior Leadership Team and to the Joint Clinical and Care Governance Committee.

The chair welcomed the return of this reporting and queried the Scottish Government reporting requirement.

The Medical Director advised that it was a complicated picture with weekly reporting on waiting times and monthly meetings with a Scottish Government monitoring team, as well as meetings to review key performance indicators and 62day improvement plans. He confirmed that it was all in place but currently went directly to Scottish Government rather than through internal governance groups but work to bridge that gap was ongoing.

Post Meeting Note: It was confirmed at the Joint Clinical and Care Governance Committee October 2023 Initial Agenda Setting meeting that the Orkney Cancer Care Delivery Group currently sits in the structure as reporting to the Quality Forum. It was agreed that going forward the group should continue to report to the Quality Forum with any issues escalated to the Joint Clinical and Care Governance Committee via the Chairs Assurance Report.

Decision / Conclusion

The Committee noted the verbal update.

C35 Ethical Advice Support Group JCCGC2324-17

The Medical Director presented a proposal that the NHS Orkney Ethical Advice and Support Group should be stood down, noting that a link was in place to tap into the NHS Grampian group if required and that a local forum could be stood back up again if the need arose.

He noted, as an example, that ethical issues of corridor care was the topic for discussion at the next meeting of the Grampian group.

In response to queries regarding the reporting route of the Grampian Group the Medical Director advised members that the Chair of the Orkney Ethical Advice Support Group has seen a report for Grampian and was assured by their process.

Decision / Conclusion

The Committee approved the proposal with a caveat that links were maintained with the NHS Grampian group through the NHS Orkney Medical Director.

Policies for Approval

C36 Update on Policy Development

The Director of Nursing, Midwifery, AHP and Acute provided a verbal update on policy development which linked to earlier discussions.

It was confirmed that there would be a clear split between clinical and non-clinical policies and that a full update showing priorities and timescales would be provided at the next meeting for review and comment.

Decision / Conclusion

The Committee noted the update

Person Centred Care

C37 Social Work and Social Care Service Annual User Experience Report JCCGC2324-18

The Chief Officer presented the Social Work and Social Care Service Annual User Experience report and highlighted that it was the first report where the number of compliments was double the number of complaints.

Response timeframes were noted as relatively good and it was confirmed that partnership management teams reviewed all details and extracted key themes.

In response to a query regarding the unavailability of stage 1 and 2 reporting data the Chief Officer confirmed he would seek clarification and update.

It was confirmed that learning from complaints was shared via heads of service and teams leads as appropriate to the issues raised

Decision / Conclusion

The Committee reviewed the report and took assurance.

C38 Health Complaints and Feedback Annual Report

The Medical Director advised members that the Health Complaints and Feedback Annual report had been delayed but would report directly to the August 2023 NHSO Board meeting to ensure review and approval before submission to Scottish Government.

Decision / Conclusion

The Committee noted the update and process for approval.

Population Health

C39 Public Health Update JCCGC2324-19

The Acting Director of Public Health presented the Public Health update noting the purpose of the report was to introduce the Public Health Department Annual Workplan for 2023-2024 which linked to the NHS Orkney Plan on Page and to provide the committee with an update on key public health activity.

Key areas highlighted included:

- The previously reported reduction in the number of reported positive cases of

COVID-19 had continued whilst there had been an increase in the number and variety of other notifiable infections. Three COVID-19 related care home outbreaks in Orkney had been successfully managed through partnership working since January 2023

- The Scottish National Blood Transfusion Service Hepatitis B virus lookback exercise. Low numbers for Orkney were anticipated.
- The successful implementation of the spring vaccination programme
- That winter vaccination programme planning was in progress
- The Scottish Cervical Call Recall System no cervix exclusion audit

Members welcomed the reporting approach.

Decision / Conclusion

The committee reviewed the Public Health update and took assurance.

Risk and Assurance

C40 Corporate Risks aligned to the Clinical and Care Governance Committee JCCGC2324-20

The Medical Director presented the report which provided an update and overview of the management of risks related to this committee.

It was noted that no new risks had been aligned and of those currently aligned risk 509 regarding medical workforce was a key focus as unfilled gaps led to over reliance on locum and agency staff as national vacancy levels presented ongoing recruitment challenges.

Remaining areas of difficulty were physicians and chronic pain, but options were being explored.

In response to a query regarding the inclusion of the Speech and Language service on this register there was some caution around aligning risks to committees rather than people. If the organisation was failing to deliver a service, there was a query as to whether it was an issue rather than a risk. The importance of ensuring that concerns were articulated through the most appropriate mechanism during the ongoing discussions regarding risk was noted.

In response to a query regarding the inclusion of parallel reports for risk from the care side the Chief Officer noted that reporting was currently on a 6-monthly basis to the Integration Joint Board. Previous discussions around streamlining reporting workload to ensure duplication was avoided was why this hadn't been implemented.

Members agreed that the discussions highlighted a need for wider work on how risk was considered across the whole organisation and included the level of priority and focus it was given within governance meeting agendas.

The chair noted positive improvements within the current report such as up to date and in the future review dates rather than lapsed and proposed that further discussion around the issues raised could be added to the agenda for the November 2023 committee development session.

Decision / Conclusion

The committee noted the report.

C41 Emerging Issues

Doctors in Training Strike

The proposed dates for the doctors in training strike were confirmed and members were advised that maintaining service provision was the key focus and robust plans were in place.

Several colleagues across professions had stepped up to support consultants, if required. Negotiations were ongoing and communications would go out once the position was clear as some procedures would need to be cancelled if the strike was confirmed. If the strike did not take place there would be opportunities to repopulate clinics.

C42 Any other Competent Business

There was no other competent business.

C43 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:

- Speech and Language Pressures update
- The approval of the Ethical Advice Support Group proposal
- The first Care home Assurance Report

Items for Information and noting

C44 Schedule of meetings 2023/24

Members noted the schedule of future meetings.

C45 Record of attendance

Members noted the record of attendance.

The meeting closed at 16:12pm

Orkney NHS Board

Minute of meeting of **Area Clinical Forum of Orkney NHS Board** held virtually on
04 August 2023 12:15pm.

Present: Steven Johnston, Chair
Paul Cooper, Hospital Sub Committee
Sylvia Tomison, NAMAC
Kirsty Cole, GP Sub Committee

In Attendance: Monique Sterrenburg, Interim Deputy Medical Director
Louise Wilson, Director of Public Health
Leona Norquay, Committee Support
Carrie Somerville, Planning, Performance & Risk Manager (Item 8)

1 Apologies and Welcome

Apologies were received from: Samantha Thomas, Laura Skaife-Knight, Mark Henry, Rona Marcus, Wendy Lycett and Lyndsay Steel.

2 Declaration of interest – Agenda items

No interests were declared in relation to agenda items.

3 Minute of meeting held on 05 May 2023

The minute from the meeting held on the 05 May 2023 was accepted as an accurate record of the meeting and was approved.

4 Matters Arising

Consultant Psychiatry Post

Additional hours have been secured for this role but unfortunately does not take the post up to 1 WTE(10 PAs) as it is currently sitting at 7.5/10 PAs. Further conversation has been had regarding the potential of more hours for this role.

Children's Phlebotomy Services

It was confirmed that 2 x Individuals are currently undergoing training for this service with the expected cover to be in place August/September time.

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 Chairs Reports:

7.1 Board – ACF2324-06

S Johnston, Chair, circulated an update report to all members following the NHS Orkney Board meeting on 22 June 2023 and provided an overview of the areas pertaining to ACF members:

- Plans were being put in place for a new model of care around the Mental Health Transfer bed- a proposal has been put forward for a new Psychiatric Liaison Service to be introduced which would support staff within the Mental Health team but also support GPs and those in secondary care
- The ACF Annual Report was received along with the annual reports for all Governance Committees
- New Senior Leadership Team has been approved with stronger Clinical representation and focus. It will meet regularly to allow matters to progress more promptly
- A Whistleblowing Annual Report had been presented but only had one case for the year which proved difficult to scrutinise. However, work on accountability and communication is already underway
- Plans are in place for the Implementation of the Clinical Strategy later this year

Areas raised during the meeting:

- Cost of Living Crisis presentation
- Plans to improve Clinical Engagement
- Concern around Children's Service Manager post (Interim remains in place, back out to recruitment)
- Ongoing Clinical Accommodation challenges faced
- Staff Governance with regards to appraisal rates being low as well as long-term staff sickness becoming a concern
- Concerning financial situation with regards to significant overspend early on in the year

7.2 ACF Chairs Group

S Johnston confirmed that there was nothing to report at present as the group are due to meet in months' time.

8

Medium Term Plan

Annual Delivery Plan – C Sommerville confirmed that this was produced and submitted to the Scottish Government back in June 2023 through collaborative approach sessions with each of the Executives and their teams. Feedback received from the Scottish Government was positive, with comments made that it was evident that there were lots of engagement with colleagues. Formal feedback has now been received and the plan going forward is for this to be presented to SLT as well as and the Board in August. C Somerville plans to arrange for the draft version to be circulated to all members for sight of this.

Medium Term Plan (2023-2026) - C Somerville spoke about the agreement which has been made with the Scottish Government to submit a medium-term plan given an extension on 1 September 2023. C Somerville keen to meet with key stakeholder Forums to pull this plan together and will circulate the guidance to members to give the opportunity of feedback etc. C Somerville confirmed that she is looking to have this pulled together by 10 August 2023.

Decision/Conclusion: L Norquay to circulate both the Annual Delivery Plan and Medium-Term Plan guidance to ACF members. C Somerville happy to meet with members to discuss this further or arrange individual conversations around this

9 Governance

9.1 No items were proposed

10 Policies and Procedures

10.1 NHSO Responding to Missing Persons Policy (Draft)

Comments from ACF:

- 7.4- Should this read Child over the age of 16 whose case has been referred
- 8.1- Safety Risk Assessment conducted- by whom?
- 9.2- Is it always an inpatient? E.g. prior to admission in ED or another outpatient department: Xray/dental/etc. Suggest “patient”?
- 9.9- Queried timing- from discovery that they were missing or when they were last seen
- 9.10- Inform Police Scotland- of high-risk patients missing>20 mins only? Not sure the headings are clear
- Appendix A: Responding to a missing person flowchart- might be helpful to add the times 10 mins etc.
- Appendix B: Personal Safety Risk Assessment Matrix- Space for Label rather than handwritten? Should this be complete for everyone? If so, is this proportionate given all the paperwork already required? Who is responsible for completion?
- A proposal was made for this Policy to come to NAMAC for feedback/comments
- It was confirmed that Nick Crohn would be finalising this Policy in due course and plan to take it to further committees where relevant
- Queries were raised if Estates were available 24/7 as it seems that they are the first point of call for a missing person. Conversation was had as members confirmed that there is always a porter on call, however, S Johnston would like clarity on this point.

10.2 NHSO Escalation for Potential Elective Operation Cancellations on Day of Surgery Policy (Draft)

Comments from ACF:

- 6.2- Urgent patient- Is this defined anywhere or is it subject to clinical judgement? A definition and some examples might help
- 7.2- affected patients are contacted- Should it be the person responsible for the decision to cancel who personally apologises to the patients. The surgeon in charge can be present to field any clinical questions about the delay
- 7.2- Decision- If the patient has been admitted on Trak Care, they will need a Core Discharge Document (CDD) to be completed even though no procedure was carried out (relevant to day case).
- 7.2- Decision-Nothing in the policy about the steps taken to avoid cancellation e.g. doing all that can be done to move staff around etc. Maybe out with scope of this though?

Decision/Conclusion: S Johnson to provide J Colquhoun with the above comments/feedback from ACF members. P Cooper plans to take the above Policies to Hospital Sub Committee for further conversation.

11 Clinical Engagement- Update

S Johnston discussed his piece of work around Clinical Engagement which stems from a piece of Development work from the Royal College of Edinburgh- an assurance piece from the Board. S Johnston spoke about his plans in place to arrange for stakeholder groups, (chairs, office bearers and members of Advisory Committees) to get together, led by Clinicians to look at ways of how to improve this. In terms of timings there will be elements of this which will be stressed as significant and examples of how Clinical Engagement benefits the organisation. The next steps will be to get the relevant stakeholders together and sessions in place to learn and best tackle these areas.

Decision/Conclusion

S Johnston will be looking at ways to help encourage ACF attendance going forward as the group quite often seem to be on the verge of quorate. Numbers need to be good to push these conversations forward and ensure development.

12 Development Sessions

12.1 ACF/APC session on Safe Staffing

The above session was planned but due to low attendance unfortunately did not go ahead. S Johnston, Chair, confirmed that the Safe Staffing slides had been circulated to Advisory Committees for information. It was also highlighted to members that there is a new Health Care Staffing Act Programme Board in place who meet monthly.

12.2 Topic for next session: 01 September 2023

Members suggested the following topics for the next ACF development session:

- Quality Framework for Health & Care Governance
- Annual Review
- Delivery of Clinical Strategy

Decision/Conclusion: S Johnston to come back to members with an agreed future topic.

13 Professional Advisory Committees

13.1 ADC

No update given as no meetings have taken place since ACF last met.

13.2 APC

No update given as no meetings have taken place since ACF last met.

13.3 GP Sub Committee Action Notes

K Cole reported that most of the information in the GP Sub Committee minutes have been conversation around general Practice and Primary Care based relating to the challenges with

the new contract and workforce associated through that which are progressing through the appropriate routes.

The main point escalated to ACF has been covered in the Action Log predominantly around Mental Health and Psychiatry provision. K Cole is happy to take any questions or queries around any of the minutes if required.

Decision/Conclusion

Members noted the minutes from meetings held on; 15 March 2023, 19 April 2023, and 14 June 2023.

13.4 **Hospital Sub Committee**

P Cooper updated that admin support was in place again and further meetings were planned.

13.5 **NAMAC**

S Tomison discussed that there are various items in the Chair's report for information and that since then NAMAC has had a further meeting and another item raised was from A Manson as she discussed the Echocardiogram service. At present here is only 1 member of staff that offers this service who is about to retire. Concerns were raised as there is nothing in place for this upcoming retirement. S Tomison also highlighted that school Nursing staff still face on going challenges around documentation in relation to CCube/PARIS.

Post meeting note: At Tech Enabled Care Board on 15th August it was noted that an update of PARIS is due which will resolve some of the problems but there were remaining concerns about the viability of the system to meet our needs and discussion about exploring other options. This will be monitored at TECB.

K Cole highlighted a further School Nursing issue to S Tomison as they have been looking at reestablishing the encopresis and enuresis service that school Nurses delivered in the past regarding soiling and wetting problems. K Cole spoke about her difficulties in continuing to refer this to school Nurses but consistently receives rejected referrals due to capacity and training issues. K Cole emphasised the importance of looking for answer/plan going forward for the above matter.

Decision/Conclusion:

S Tomison to raise this issue at NAMAC and feedback to ACF in due course.

Post meeting note: S Johnston contacted A Manson and N Crohn and the echo matter is being escalated to SLT and options are being appraised.

S Johnston to speak with Maureen Swannie regarding the lack of encopresis and enuresis support and how to move forward addressing this issue.

Post meeting note: S Johnston contacted J Hirst and the School Nursing team are trying to recruit a staff nurse and if successful, may be in a better position to provide a bed wetting service. Alternatives options are also being explored including an individual with an interest in this area who is currently contracted elsewhere.

13.6 TRADAC

No update given as no meetings have taken place since ACF last met.

14 Any Other Competent Business

Annual Report

Guidance has been received for the Annual Review, which implies that NHSO will have a non-ministerial review. The review will have a section from APF, ACF and also for patients to contribute. The Chair spoke about past reports and how these were a 2-side report setting out they have done over the last year. There has already been an annual report completed so the plan is to pull a lot of the information from this to collate the review.

Decision/Conclusion: S Johnston to add this this on to the agenda for the next ACF meeting and prepare a draft report. S Johnston or L Norquay to circulate Annual Review guidance to ACF members ahead of next meeting.

Endowments

Endowments Sub Committee were asking for support to promote the committee and the ACF Chair agreed to share information with the ACF. Chairs of the advisory committees should highlight the endowment fund where possible during meetings. .

15 Items to be Brought to the Attention of:

15.1 Board

- Annual Review & Medium-Term Plan (verbal only as already on Board agenda)

15.2 Governance Committees

Nothing to escalate

16 Items to be Communicated with the Wider Clinical Community

Plans already in place to distribute the following Policies to Advisory Committees:

- NHSO Responding to Missing Persons Policy
- NHSO Escalation for Potential Elective Operation Cancellations on Day of Surgery Policy

17 For Information and Noting

17.1 *Key Documentation Issued- ACF2324-07

Members noted the documentation

17.2 Correspondence

No correspondence had been received.

17.3 Quality Forum Approved Minutes

Decision/Conclusion

Members noted the minutes from the meetings held on; 8 November 2022, 13 December 2022, 14 March 2023, 9 May 2023 and 13 June 2023

17.4 ***Schedule of Meetings 2023/24**

Members noted the schedule of meetings for 2023/24

17.5 ***Record of Attendance**

Members noted the record of attendance.

Meeting Closed: 13.45

Orkney NHS Board

Minute of meeting of the **Staff Governance Committee of Orkney NHS Board** held via **MS Teams** on **Wednesday, 24 May 2023 at 10:30am**

- Present:** Joanna Kenny, Non-Executive Board Member and Chair
Des Creasey, Non-Executive Board Member
Lorraine Hall, Interim Director of Human Resources
Nickie Milne, Staff Side Representative
Laura Skaife-Knight, Chief Executive
Jason Taylor, Non-Executive Board Member
- In Attendance:** Christy Drever, Committee Support
Lawrence Green, Health and Safety Lead
Steven Phillips, Head of People and Culture
Carrie Somerville, Planning, Performance and Risk Manager (for S16)

S01 **Welcome and Apologies**

Apologies for the meeting were noted from Ryan McLaughlin and Ingrid Smith

The Chair welcomed Laura Skaife-Knight as recently appointed Chief Executive of NHS Orkney and Nickie Milne as a newly appointed Staff Side Representative.

S02 **Declaration of Interests – Agenda Items**

There were no declarations of interest in relation to agenda items.

S03 **Minute of meeting held on 23 November 2022**

The minute of the Staff Governance Committee meeting held on 22 February 2023 was accepted as an accurate record of the meeting and approved.

S04 **Matters Arising**

Equality and Diversity Service provided by NHS Grampian

Members were advised that due to timings the NHS Orkney Equality and Diversity Workforce Monitoring Report 2022/23 would be circulated virtually to members, prior to submission to the NHS Orkney Board on 22 June 2023.

Members noted that this work would be included in the Staff Governance Action Plan and work was ongoing to manage the service going forward across the North of Scotland.

Statutory and Mandatory Training

Members raised concerns surrounding training rates and were advised that data regarding these would be provided as part of the Workforce Report going forward. It was acknowledged that the change from Learnpro to Turas had meant staff were not aware that training was out of date, however regular communications had been sent out to all staff, and managers were encouraged to monitor compliance within their teams closely. It was also highlighted that all staff were welcome to use the Finna

Room within the Balfour to complete online training, and manager could seek support for staff if required.

S05 **Action Log**

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

Governance

S06 **Staff Governance Committee Annual Report 2022/23– SGC2324-01**

The Interim Director of Human Resources presented the Staff Governance Committee Annual Report for members to review and approve.

Decision / Conclusion

Members approved the Staff Governance Committee Annual Report 2022/23.

S07 **Remuneration Committee Annual Report 2022/23 – SGC2324-02**

The Interim Director of Human Resources presented the Remuneration Committee Annual Report for members to review and approve.

Decision / Conclusion

Members approved the Remuneration Committee Annual Report 2022/23, acknowledging that it would be seen by members of the Remuneration Committee on 1 June 2023 for approval.

Staff Governance Action Plan

S08 **Staff Governance Action Plan Approval of End of Year 2022/23 – SGC2324-03**

The Interim Director of Human Resources delivered Staff Governance Action Plan Approval of End of Year 2022/23, highlighting the following key points:

- Good progress had been made in 2022/23 within Health and Safety actions, with work ongoing following the Health and Safety Executive visit in 2020/21.
- A lead had been nominated for each action, which had increased engagement and responsibility, as well as visibility by those responsible.

Members noted that a significant share of sickness absences had been for psychological reasons and were advised that work was in progress to understand these absences and manage any support which could be provided for staff.

Members noted that the Employee Director had previously identified two volunteers for confidential contacts and the Interim Director of Human Resources would ensure that training for these staff members had been progressed.

The Interim Director of Human Resources highlighted that due to the change in Cabinet Secretary there had been a realignment of the National Workforce Strategy, with a refocus on wellbeing, leadership and equality.

Decision / Conclusion

Members approved the Staff Governance Action plan for 2022/23 and acknowledged to great progress on improvement from the position of NHS Orkney in previous years.

S09 Approval for 2023/24 Staff Governance Action Plan – SGC2324-04

The Interim Director of Human Resources delivered Staff Governance Action Plan for 2023/24, highlighting that, as with previous versions, the Action Plan was a living document, which would change and adapt throughout the year as required, and in agreement with the Staff Governance Committee.

Members asked that the Staff Governance Action Plan for 2023/24 be amended as follows:

- To include an explicit link to the culture and workforce areas of the Plan on A Page for 2023/24
- To ensure all actions were clearly measurable and had clear set timelines, and include a summary page to incorporate this.
- To show five actions picked out as the clear priorities for 2023/24, alongside Business as Usual.

Decision / Conclusion

Members approved the first version of the Staff Governance Action plan for 2023/2024 and looked forward to receiving the next quarterly update which would include the above amendments.

Organisational Culture

S10 Quarter 4 Workforce report – January – March 2023 – SGC2324-05

The Head of People and Culture presented the Workforce report for Quarter 4, highlighting the following key points:

- A working group would be set up with representation from both Staff Governance Committee and Area Partnership Forum, to discuss the development of the Workforce Report, and what information members would like to see contained in it. Members agreed that a front cover showing key areas of focus would be beneficial.
- There had been an increase in sickness absence over the period, with People and Culture team members working closely with staff and managers to support returning to work.
- There had been an increase in online applications, despite a reduction in vacant posts.
- Organisational compliance with Annual Appraisals was at 18.27% for the period of Apr 2022 to Mar 2023, which was an increase of 3.25% on the third

quarter of 2022/23. The Committee had also received figures for “in progress” appraisals, which when combined provides an organisational rate of 43.42%.

Members raised concerns surrounding sickness absence figures, and the increased pressure on other members of teams who might be picking up more work and hours. It was also highlighted that vacant posts might be covered in this way, with recruitment being delayed or not completed.

Members also raised concerns surrounding flexible working requests, and the need to monitor how many of these had been received, and the reasons for rejecting. The Head of People and Culture advised that there currently was no means to capture this data, however he would review this as an option for the future.

Decision / Conclusion

Members noted the update and were assured of progress towards.

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

S11 Area Partnership Forum Chair’s report – SGC2324-06

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

S12 Minutes of the Area Partnership Forum meetings in January, February, March and April – SGC2324-07

Members noted the approved minutes as submitted.

Treated Fairly and Consistently

No items in addition to those covered in the Staff Governance Action Plan

Policies and Procedures

S13 Report on Status of Once for Scotland Policy

Members were advised that work was ongoing, and a local soft launch was expected to take place in Autumn 2023, prior to the full launch throughout Scotland.

S14 **Safety Policies for Approval – SGC2324-08**

Members had received the following policies for final approval following review by the Area Partnership Forum and Occupational Health, Safety and Wellbeing Committee:

- First Aid Policy
- RPE Policy
- Control of COSHH Policy
- Management of Violence and Aggression Policy
- Display Screen Equipment & Eyesight Testing Policy

Decision / Conclusion

Members approved the policies.

Provided with a Safe and Improved Working Environment

S15 **Health & Safety Lead Annual Report 2022/2023 – SGC2324-09**

The Health and Safety Lead presented the Annual Report for 2022/2023, acknowledging that going forward it would include a comparison graph for current and previous years data. He highlighted that moving and handling training would be moving to a passport scheme model, where training and assessment would take place within departments. This would reduce the time for staff to be relieved from duties on wards, and also allow trainers to adapt training to suit the needs of individuals and departments. Members felt that this form of “on the job” training could be adopted for other skills, and the Head of People and Culture and Health and Safety Lead would monitor progress and advise if they felt it might suit other training provided.

Decision / Conclusion

Members noted the annual report and praised the work of the Health and Safety Lead and Team over the previous year.

Risks

S16 **Risk and Assurance Report – Circulated Virtually**

The Planning, Performance and Risk Manager attended to present the Risk and Assurance Report. The following key points were discussed:

- Risk 655 had been updated to reflect the appointment of a substantive Chief Executive.
- Members queried whether risk 722 should be resolved as it looked as though it was closed. The Health and Safety Lead advised that the Control Book System would resolve this issue in future.
- Members noted that risk 383 was outstanding and should have been closed in March 2023.

- Members asked that the Statutory and Mandatory training and Appraisal compliance rates be added to the register, due to the risks associated with inappropriately trained staff

The Planning, Performance and Risk Manager agreed to feedback on members queries outwith the meeting.

Post meeting note

Risk 383 – this had now been updated.

Risk 722 – This was managed at a departmental level, however as a statutory Health and Safety Risk this must be captured on the organisations risk registers to provide oversight.

Decision / Conclusion

Members noted the update and were assured of progress. It was agreed that the report would be provided to each Staff Governance Committee meeting, to ensure oversight.

S17 Cross Committee Assurance

D Creasey provided feedback from the Finance and Performance Committee, following the Cross Committee Report provided to their meeting on 23 March 2023.

He advised that due to the absence of the Director of Finance this had not progressed at the March meeting, however would be discussed at the 25 May 2023 meeting and feedback would be provided to the Staff Governance Committee.

S18 Agree any issues to be raised to Board/ Governance Committees

The Committee agreed that the following items should be reported to:

Board

- Staff Governance Action Plans 2022/23 and 2023/24
- Quarter 4 Workforce Report
 - Sickness Absence
 - Annual Appraisals
- Statutory and Mandatory Training Risk

S19 Any Other Competent Business

iMatter

Members acknowledged the considerable work from People and Culture colleagues to ensure increased compliance rates compared to previous years. The team were working closely with managers to ensure staff could access the survey both virtually and in paper form where required., and to provide support for action planning following results being released.

Items for Information and Noting

S20 Schedule of meetings

The schedule of meetings for 2023/2024 was noted.

S21 **Record of Attendance**

The record of attendance was noted.

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on
Thursday, 27 July 2023 at 9:30 via MS Teams

Present:

Des Creasey, Non-Executive Board Member (Chair)
Steven Heddle, Non-Executive Board Member (Vice Chair)
Mark Doyle, Director of Finance
Meghan McEwen, Board Chair
Steven Johnston, Non-Executive Board Member
Laura Skaife-Knight, Chief Executive

In Attendance:

Freddie Pretorius, Committee Support
Carrie Somerville, Planning, Performance and Risk Manager
Keren Somerville, Head of Finance (Deputy)
Sam Thomas, Director of Nursing

F17 Apologies

Apologies were noted from Keren Somerville, Mark Henry.

F18 Declarations of Interests - Agenda Items

No declarations of interest were raised regarding agenda items.

F19 Minute of the Meeting held on 25 May 2023

The Minute of the meeting held on 25 May 2023 were accepted as accurate records of the meeting and approved.

F20 Matters Arising

SLA Reviews

SLA reviews were underway, with the Medical Director overseeing clinical aspects and the CEO actively engaging with the Grampian CEO for collaboration. Concurrently, the CEO is leading Non-Clinical SLA discussions through working groups whilst the Medical Director will lead on the Clinical SLA's. To ensure efficient progress, the Medical Director and CEO will establish a clear timeline for completion. Subsequently, the SLT will scrutinise the output before it undergoes review within the Finance & Performance Committee.

Monitoring of bank and Overtime Reporting

An erroneous monitoring form, mandating executive-level approval for all disciplines, had been distributed and was in use as the team prepared for their initial government report submission. To assist in reducing the use of agency staff when unnecessary, the Director of Nursing was receiving monthly updates through the medical staffing team.

F21 Action Log

There were no actions for review on the action log.

Governance

F22 Annual Delivery Plan & Medium-Term Plan - FPC2223-22

The Planning, Performance and Risk Manager presented an annual and midterm delivery plan in a report that highlighted the following areas:

The Draft Annual Delivery Plan (ADP) was presented to the Board on June 7, 2023, and submitted to the Scottish Government on June 7. Feedback was received, and a meeting was held on June 28, 2023. The Finance and Performance Committee will receive quarterly updates on ADP2 and discuss the Medium-Term Plan before submission to NHS Orkney Board and Scottish Government.

The Medium-Term Plan has been reviewed and identified Executive Leads for each section, with a focus on improving access to primary and community care, urgent and unscheduled care, mental health, planned care, cancer care, health inequalities, innovation adoption, workforce, digital services and technology, climate emergency and environment, financial and sustainability, value-based health and care, integration and population need, and regional and national approaches.

The ADP has sixteen deliverables linked to quality and safety within NHS Orkney Strategic Priorities for 2023/24, while nine deliverables are linked to quality and safety. The Financial Recovery Plan was captured within the Sustainability deliverables, and risk management controls were in place to support delivery. The ADP also addresses health inequalities through effective performance management and climate change sustainability. The Board has engaged external stakeholders, including the Executive Management Team, Director of Human Resources, Nursing, Midwifery, Allied Health Professionals and Acute Services, Orkney Health and Social Care Partnership, Director of Finance, and Deputy Chief Operating Officer SG. The ADP was considered by various groups, with recommendations for Members to review the Annual Delivery Plan return and agree quarterly reporting against ADP2.

The Sustainability Champion emphasised the importance of sustainability, redirecting the focus in that direction.

Members expressed concern that the assessment table lacked sufficient detail on how to implement the proposed improvements. Additionally, they observed that the health inequalities presented did not align with the actual situation in Orkney.

On page 55 of the report, members felt that the engagement aspect needed better representation.

Page 62 of the report regarding CAHMS, revealed discrepancies in the staff numbers. It was noted that these numbers might be expressed as Whole Time Equivalent (WTE), whereas there were actually ten employees at present.

The CEO acknowledged knowledge of existing gaps and initiatives to address them. The Director of Public Health had been tasked with reviewing the document from local, public health, and equalities perspectives.

In section 9.1, there was a request for more services to improve patient access. Members noted that an enhanced approach should explicitly correlate with improved patient care.

The Planning Performance and Risk Manager extended an invitation to members for further discussions on the plan details or to seek additional assurance.

Conclusion/Decision

Members acknowledged the update, but concerns were raised about its feasibility due to the extensive workload proposed. The Planning Performance and Risk Manager, along with the Chief Officer of the Integrated Joint Board, assured that it had been assessed for deliverability.

Performance Management

F23 Performance Report – FPC2324-23

The Planning Performance and Risk Manager presented the report and highlighting:

Waiting Times

The Waiting Times Performance Dashboard highlights areas with sustained improvement, such as 18-Weeks Referral to Treatment, 31-day Cancer Standard, and Psychological Therapies, and those requiring enhanced focus. Service Leads' narrative was included for improved reporting.

Podiatry

MSKN service delivery faces challenges in addressing complex needs and small team size. The Personal Footcare Pathway was introduced in February 2023, aligning with national Eligibility Criteria for Podiatry.

National Elective Care Patient Communication

National Elective Care Patient Communication was launched in June 2023, reducing lost capacity due to Did Not Attend (DNA) and cancellations.

Improvement Plans

An improvement project was being set up in physiotherapy to improve leadership, culture, data, and service delivery.

Data Quality

Data quality issues were also being addressed, with a rapid assessment and external review led by Public Health Scotland starting in July 2023. The findings and recommendations will be shared with the Senior Leadership Team and the Board in August 2023. The terms of reference was agreed for the external review with the review beginning on 24 May 2023 that will take place over a period of 2-3 months. This will ensure that it is done properly. The process had started of detailing an emerging risk that will come through as a corporate risk. It was proposed that an interim update was in progress will come through the SLT and then the Board in August.

CAMHS Reporting

CAMHS reporting data was made accessible to the performance reporting team, with a focus on benchmarking against a national standard of 186.9. While The Board Chair praised the MSK data provided, there were concerns about its organisation, especially when it showed 100% for seeing just one patient. Members noted disparities between the narrative and graphs, raising reporting concerns. Additionally, there is a positive outlook regarding an SLA review with NHS Highland for ophthalmology, with plans for collaborative work and discussions with colleagues in Highland.

Reviewing of various work streams to determine their relevance to NHS Orkney was underway. Subsequently, a plan to share this information and incorporate it into the planning and performance processes was proposed.

On page 116, regarding dementia, it was mentioned that there would be an improvement plan. However, it was observed that the narrative provided during today's meeting did not adequately explain this plan.

The Medical Director was overseeing work related to fragile services, with expected updates in August. It was emphasised that these services should be considered in isolation. The Director of Finance was also leading certain initiatives.

Furthermore, the Planning Performance and Risk Manager was on the verge of evaluating noteworthy improvement and action plans, all of which will undergo a rigorous governance review.

A suggestion was made to leverage the Dementia Steering Group hosted by Age Scotland Orkney, which includes individuals with lived experiences such as carers and those with dementia. This group could serve as an exemplary model for best practices.

Decision/Conclusion

Members noted the update provided

F24 Finance Performance Report - FPC2324-24

The Head of Finance presented the report informing the committee of the financial position for the period 1 April 2022 to 30 June 2023.

The revenue position for the 3 months to 30 June 2023 reflects an overspend of £1.526m. We are currently forecasting an overspend outturn of £5.860m for 2023/24.

NHS Orkney's Board is aiming for £3.7m in recurring and non-recurring savings, as per the financial recovery plan. The forecast overspend of £5.860m assumes no further savings against identified targets. The IJB, in conjunction with NHS Orkney, is expected to deliver £0.465m of recurring savings in 2023/24. The Board is addressing inflation and adjusting its budgets to monitor SLA activity. Prescription costs are also under review, and the Board is reviewing spend patterns and refining plans.

The IJB has established a recurring savings target of £2.400 million, with an initial £0.465 million already realised from fully delegated budgets.

The Board has proposed a capital to revenue transfer of £250,000 and aims to adhere to its Capital Resource Limit. Close monitoring of the year-end financial position is ongoing, with special attention to the areas mentioned above to mitigate the overall IJB overspend.

There was an urgent request for £5.8 million in bridging finance, contingent upon achieving the £3.7 million savings target. The allocation of capital funds, as discussed at the last board meeting, remained a concern.

Concerns were raised regarding the effectiveness of current spending practices, notably in Locum and Bank expenses.

The Committee recognises the challenges in Q1 of month three and acknowledges that the current approach to financial management may not be optimal. There were ongoing discussions regarding schemes and cost savings.

Plans were underway to cost and prioritise these schemes with the expectation that a more accurate financial picture will emerge at the August meeting.

An establishment review was proposed as essential to address staffing gaps and assess productivity. A better grasp of finances and performance was imperative.

Committee members emphasised the need for transparency in financial discussions. The establishment of a robust improvement function within the organisation was recommended to address existing gaps.

Reference were made to an analysis dating to 2015 and the impact of NRAC funding. This historical context provides valuable insights into the financial situation.

Decision/Conclusion:

Members reviewed the report, acknowledged the current financial position, and observed that for the year ending on June 30, 2023, there was an underspend of £0.052m in the Revenue and Resource Limit (RRL). The Committee acknowledges the financial challenges faced, the importance of achieving savings targets, and the need for transparent reporting. It is evident that further measures, including an establishment review and an improvement function along with impact assessments, were essential to address the financial situation effectively.

F25 Financial Sustainability Office Report and 2023/24 Plan – FPC2324-25

NHS Orkney's financial recovery plan for 2023/24 aims to address a £6.8m funding gap and support colleagues in delivering against the plan. The Financial Sustainability Office (FSO) works closely with colleagues and Executive Leads to manage opportunities and progress new schemes. The plan focuses on stabilising the financial position and delivering £3.7m of savings schemes, including £1.5m of recurring savings and £2.2m of non-recurring savings. Control and reporting mechanisms are in place to monitor progress, including monthly Grip and Control Board meetings, Financial Sustainability Workstreams meetings, and reporting through the Finance and Performance Committee and Board. The Board is currently tracking £0.810m of recurring savings against the £1.526m target and £1.645m of non-recurring savings.

The Director of Finance and the Chair of the Area Clinical Forum (ACF) expressed concerns that the organisation might have conveyed urgency without substantial action in the past.

A suggestion was made to break down savings targets to specific individuals and to consider using a RAG (Red, Amber, Green) system to provide clearer visibility of progress. The Director of Finance assured the committee that RAG reporting will be implemented moving forward to enhance transparency and accountability.

Decision/Conclusion:

Members acknowledged the critical importance of addressing the £6.8 million funding gap in the 2023/24 financial recovery plan. The incorporation of robust control and reporting mechanisms, as well as the commitment to RAG reporting, are seen as vital steps in ensuring the successful execution of the plan.

Assurance

F26 Sustainability Steering Group - Chairs Report and Approved Action Note - FPC2223-26

Members received and reviewed the Chair's report and minutes.

- 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 and mentioned that the CEO had designated Director of Public Health to lead the Anchor strategy. 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.
- Concerns were raised as to whether NHS Orkney had considered the airmiles in the net zero calculations.

Decision/Conclusion

Members noted the updates and action notes provided during the meeting.

F27 New Balfour Hospital NPD Project Semi-Annual Operations Review - FPC2223-27

Moray Watt was noted as the independent contractor New Balfour Hospital NPD Project report focuses on key areas of concern and progress. The contract for this project was initially signed in 2017. Currently, the project still has equity with investors, but the bank's involvement has ceased, necessitating the replication of certain financial safeguards in the contract.

The Maintenance Reserve Account, typically subjected to a three-year test by maintaining a balance to ensure adequate funding, was being appropriately maintained. However, there had been contract variations, and early underspends on the building. The intention is to transfer any underspend to the reserve account.

The finance team at Robertson's had been cooperative and transparent throughout the process. A 5-year plan was presented earlier in the year, which had received approval. This plan will be incorporated into the upcoming financial cycle, where the investor

contributes 10% of the total funding requirement and is repaid over a 25-year contract period.

There was a discrepancy in previous reports regarding the Sponsor Debt Reserve Account, but this had been rectified in the most recent report.

With the bank no longer overseeing cash flows, the responsibility for monitoring cash flow now rests with the SPD. While there were low-level deductions, the main concern in year two was the theatre's unavailability in March.

The CEO expressed the need for a schedule outlining future actions to enhance visibility for the committee. It was further suggested that providing a simplified cover paper for committee members.

Decision/Conclusion

The committee acknowledged the presentation and requested that the schedule of future actions was provided for enhanced visibility. Additionally, it was agreed that a simplified cover paper would be beneficial for committee members.

F28 Annual Accounts Update - FPC2223-28

An update was provided, outlining key developments and concerns. Discussions revolved around communication with KPMG Audit Scotland, the rescheduling of meetings, concerns regarding efficient reporting, and the need for external reviewers.

On June 22nd, there was a regular discussion with KPMG Audit Scotland. A meeting with the Director, initially scheduled for July 11th, had been deferred to August 3rd. Additionally, the Board, and Audit and Risk Committee (ARC) meeting planned for July 10th had to be cancelled.

It was noted that the previous ARC meeting discussed estimates and judgments, including a draft of the ISA 260. However, there had been no significant changes, and the three primary points remain unchanged.

The Chair expressed disappointment in the communication aspect and questioned if an internal review would suffice. Suggestions were made to explore external reviewers. The relevance to Finance and Performance (F&P) was raised, emphasising the inability to implement savings schemes due to delays in producing reports.

Concerns were voiced regarding the lack of adherence to Scottish governance and reporting standards. Members felt that a deeper and more transparent understanding was needed, given the potential risks to the financial position. Assurance was sought on how these issues would contribute to achieving financial savings for the year.

It was highlighted that the organisation continues to face the same three issues that were reported previously. The delay in processes had been observed in other Scottish boards as well.

There was a question about whether there would be charges for any overrun. It was noted that other boards had received invoices for overruns, but it is not expected that NHS Orkney will incur overrun fees.

Decision/Conclusion

The committee discussed the need for a more effective communication strategy, exploring external reviewers, and the relevance of timely reporting to savings schemes. It was agreed that further transparency and understanding were required to mitigate financial risks. The organisation's ongoing challenges were acknowledged, and it was noted that overrun fees were not expected. The committee will continue to monitor the situation.

F29 Chairs Assurance Report – Grip and Control Board – July 2023 - FPC2223-29

At the inaugural meeting of the Grip and Control Board, the presentation of progress was well received by members, who expressed their appreciation for the work done thus far. Anticipation and enthusiasm for forthcoming reports were evident among the attendees.

The Orkney Islands Representative emphasised the advantages of having visibility into this process and suggested adopting a Red, Amber, Green (RAG) approach for reporting, recognising the effectiveness of color-coded performance indicators as a valuable visual aid.

It was decided that, moving forward, it will be ensured that the meeting minutes and assurance reports are provided in a timely manner to facilitate collation and discussion in upcoming meetings.

Decision/Conclusion

Members noted the provided assurance report.

F30 Grip and Control Board – Terms of Reference V2.1 - FPC2223-30

Members reviewed the provided Terms of Reference.

Decision/Conclusion

Members noted the provided updates and action note.

F31 Grip and Control Minutes - 13 July 2023 - FPC2223-31

Members had received the minute for review.

Decision/Conclusion

Members noted the provided updates and action note.

Risk

F32 Risk Report – FPC2223-32

The Planning Performance and Risk Manager presented the report highlighting key areas of specific concern.

There was a total of six corporate risks and eight operational risks. During the last reporting period, there have been no new risks introduced, no escalations, and no changes in the status of any of the corporate risks.

In the Tier 2 risk registers, there were no new risks, escalations, or closures. However, it is worth noting that the risk rating for Tier 2 risk 508, which concerns the lack of adequate systems to safeguard data and system outage, has decreased from 16 to 12. This positive change can be attributed to the implementation of new-generation Firewalls reporting to a central analyser, Intrusion Protection Systems, Network Level Anti-Virus, Ransomware detection, and additional data recovery points across all sites.

The Board Chair raised concerns about the presentation of these risks, highlighting a significant level of inconsistency. The presence of risks related to Brexit and potential duplication in public sector reporting were also noted.

A critical area of concern is the lack of accurate mental health systems and non-compliance with NMC standards, which may expose the organisation to the risk of employment tribunal hearings. The need for a prompt resolution to these issues was emphasised, with a sense of urgency surrounding this matter.

Additionally, digital and estate risks fall under the purview of this committee, and there was a call for assurance that these risks are being addressed effectively.

It was recognised that many of these risks appear to be day-to-day operational challenges or inevitable outcomes that need to be reevaluated in terms of their significance.

Decision/Conclusion

The Committee acknowledged the updated risk report and expressed confidence in the progress being made. Ongoing vigilance and improvements in risk management were acknowledged as essential elements of the committee's responsibilities.

F33 Agree key items to be brought to the Board or other Governance Committees' attention

Board

- Risk
- Finances

F34 Any Other Competent Business

No other competent Business.

F35 Items for information and noting only

F36 Schedule of Meetings

Members noted the schedule of meetings for 2023/24

The meeting ended at 12:15

Orkney NHS Board

Minute of meeting of the hybrid **Audit and Risk Committee** of **Orkney NHS Board** held on **Thursday 22 June 2023 at 09:30**

Present: Jason Taylor, Chair
Issy Grieve, Vice Chair
Rona Gold, Non-Executive Board Member

In Attendance Mark Doyle, Director of Finance
David Eardley, Chief Audit Executive, Azets
Rashpal Khangura, Director, KPMG
Matthew Moore, Senior Manager, KPMG
Rachel Ratter, Senior Corporate Services Officer (Committee Support)
Laura Skaife-Knight, Chief Executive
Carrie Somerville, Planning, Performance and Risk Manager
Keren Somerville, Head of Finance

A64 Apologies

Apologies were noted from R McLaughlin.

A65 Declaration of Interests

No declarations of interests were raised.

A66 Minutes of previous meeting held on 30 May 2023

The minute of the Audit and Risk Committee meeting held on 30 May 2023 were accepted as an accurate record of the meeting.

Page 6 – The Chair confirmed that the Committee would receive the Counter Fraud Standard updates on a quarterly basis.

A67 Matters Arising

There were no matters arising.

A68 Action Log

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

A69 Service Audit Assurance Reports

The Service Audit Assurance reports were deferred and would be included in the suite of Annual Accounts papers to be taken later in the month.

Annual Accounts

Not for publication until laid before Parliament

A70 Draft Representation Letter – ARC2324-33

The Draft Representation letter had been deferred and would be included in the suite of Annual Accounts papers to be taken later in the month.

A71 NHS Orkney Annual Accounts for year ended 31 March 2023 – ARC2324-34

The Annual Accounts were deferred due to the non-receipt of the ISA 260 Audit Report. A meeting would convene later in the month following receipt of the information from External Audit.

A72 2022/23 Annual Audit Report from External Auditor – ARC2324-35

The 2022/23 Annual Audit report had been deferred due to the non-receipt of the ISA 260 Audit Report from the external auditors.

Due to the uncertainty of guaranteed receipt of the ISA 260 by Monday 26 June 2023, the Committee made a collective decision to contact the Scottish Government to request an extension beyond the due to date of 30 June 2023.

The Director of Finance assured members that discussions had been held with the Scottish Government who were aware of the issues with timescales and the situation was not unique to NHS Orkney. Whilst NHS Orkney provided External Audit with the required information in line with timescales, there had been a delay in the appointment process and as it was the first year of appointment, external audit had been faced with additional work.

R Khangura advised members that whilst audit had not progressed to the position they had anticipated, questions were still being raised to NHS Orkney and although no fundamental issues were identified, there had been some unexpected audit evidence and balances had to be tested effectively.

Internal Audit

A73 Draft Internal Audit Plan for 2023/24 – ARC2324-36

D Eardley presented the report which was designed to provide NHS Orkney with assurances required to prepare an annual governance statement that complied with best practice.

The plan was based on the risk and audit needs as at June 2023 and would be developed by engaging with key members of the Executive Management team to focus on the main risks for the organisation. The plan covered a broad range of relevant areas and set out the audit days attributed to these. The plan included a degree of flexibility to allow a pragmatic approach, as required, throughout the year.

Members thanked Azets for the audit plan however raised concern that there had been no suggestion of joint internal audit planning with Orkney Islands Council, nor had it been clear which areas featured audit suggestions from other Governance Committees as previously discussed.

The Chief Executive agreed that further work was required in the above areas and highlighted that from the 1 July 2023, audit would feature monthly at Senior Leadership Team meeting agenda.

Members discussed and agreed that the 4 areas of priority were:

- Financial Sustainability Office
- Clinical Governance – Complaints

- Business Continuity Planning
- Cyber Security

The Chair suggested that consultant job planning may be a disproportionate use of audit time as the information would be reflected through the Staff Governance workforce report and highlighted that Board administration practises would be included in the current Royal College of Physicians Edinburgh project, therefore could be deferred to a later date. The Medical Director emphasised that consultant job planning was a small group with significant impact to the sustainable medical model and requested that it remained as part of the audit plan. The Chair asked for clarity regarding the request received from the Staff Governance Committee around compliance with the Working Times Regulations with regards to overtime and bank/agency staff.

D Eardley agreed to address the concerns and suggestions raised and would include further information in relation to cross-committee planning to be more transparent. The plan would be updated and circulated to the Committee offline.

Decision / Conclusion

The Audit and Risk Committee reviewed the plan and were not prepared to approve and requested a revised version.

A74 Risks escalated from other Governance Committees

No risks had been escalated.

A75 Agree items to be brought to the attention of the Board or other Governance Committees

No items were raised.

A76 Any Other Competent Business

No other competent business was raised.

Items for Information and Noting only

A77 Reporting Timetable for 2023/24

Members noted the schedule of meetings for 2023/24

A78 Record of Attendance

The Committee noted the record of attendance.

Key Documentation issued by Scottish Government Health and Social Care Directorates

Topic	Summary
<p>NHS Scotland: support and intervention framework</p> <p>https://www.gov.scot/publications/nhs-scotland-support-and-intervention-framework/</p>	<p>The NHS Scotland support and intervention framework is one of the key elements of our evidence-based approach to monitoring performance and managing risk across the NHS in Scotland.</p>
<p>Health and Care (Staffing) (Scotland) Act 2019: overview</p> <p>https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/</p>	<p>Overview of the Health and Care (Staffing) (Scotland) Act 2019 for those who will be affected by it (health professionals and care service providers) to inform them of their responsibilities and signpost to support available. The provisions in the Act come into force in April 2024.</p>
<p>Support for the Veterans and Armed Forces Community 2023</p> <p>https://www.gov.scot/publications/support-veterans-armed-forces-community-2023/</p>	<p>This report highlights our continuing support for the Veterans and Armed Forces community in Scotland and provides an update on this year's achievements and work undertaken to improve support and access to services for our Armed Forces, Veterans and their families.</p>
<p>Quality prescribing for respiratory illness 2024 to 2027 - draft guidance: consultation</p> <p>https://www.gov.scot/publications/quality-prescribing-respiratory-2024-2027-consultation-draft-guidance/</p>	<p>Consultation on draft guide which aims to optimise treatment outcomes in the management of respiratory illness. Produced by Scottish Government, NHS Scotland and Experts by Experience, it builds on the 2018 to 2021 strategy. It promotes person-centred care, the 7-Steps process for medicine reviews and shared decision-making</p> <p>Closes 31 October 2023</p>
<p>Alcohol – minimum unit pricing – continuation and future pricing consultation</p> <p>https://www.gov.scot/publications/alcohol-minimum-unit-pricing-mup-continuation-future-pricing-consultation/</p>	<p>Consultation on whether Minimum Unit Pricing (MUP) should be continued as part of the range of policy measures in place to address alcohol related harm, and, in the event of its continuation, the level the minimum unit price should be set going forward.</p> <p>Closes 22 November 2023</p>

Topic	Summary
Value based health and care: action plan https://www.gov.scot/publications/value-based-health-care-action-plan/	Value based health and care, by focusing on outcomes that matter to people, optimising use of health and care resources, and contributing to a more sustainable health and care system.

Circulars

Details of all below circulars can be found at <http://www.publications.scot.nhs.uk/>

Reference:	Date of Issue:	Subject:
DL(2023)24	30/08/2023	Revised payment verification protocols – general dental services, primary medical services, general ophthalmic services, pharmaceutical services
CMO(2023)14	31/08/2023	Publication of the National Guidance for Child Protection in Scotland 2021 – Updated 2023
DL(2023)25	01/09/2023	National Evaluation Committee
CMO(2023)15	01/09/2023	Winter programme 2023 – seasonal flu and COVID-19 vaccination
DL(2023)21	05/09/2023	Arrangements for the distinction awards and discretionary points schemes for consultants
DL(2023)26	12/09/2023	The Healthcare (International Arrangements) (EU Exit) Regulations 2023
PCS(ESM)2023/03	21/09/2023	Pay and conditions of service: executive and senior management pay 2023-24

Timetable for Submitting Agenda Items and Papers 2023/24

Initial Agenda Planning Meeting ¹	Final Agenda Planning Meeting	Papers in final form ²	Agenda & Papers	Meeting held virtually via MS Teams
With Chair, Chief Executive and Corporate Services Manager ³	with Chair, Chief Executive and Corporate Services Manager	to be with Corporate Services Manager by	to be issued no later than	(unless otherwise notified) at
12:00 noon	12:00 noon	17:00	16:00	10:00
< 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	27 April 2023
4 May 2023	25 May 2023	8 June 2023	15 June 2023	22 June 2023 (Annual Accounts)
29 June 2023	27 July 2023	10 August 2023	17 August 2023	24 August 2023
31 August 2023	28 September 2023	12 October 2023	19 October 2023	26 October 2023
2 November 2023	16 November 2023	30 November 2023	7 December 2023	14 December 2023
21 December 2023	25 January 2024	8 February 2024	15 February 2024	22 February 2024

¹ Draft minute of previous meeting, action log and business programme to be available

² Any late papers will be placed on the agenda of the following meeting unless the Chair determines that they are urgent

³ Draft agenda, minute and action log issued to Directors following meeting

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
Members:							
	Non-Executive Board Members:						
M McEwen	Chair	Attending	Attending	Apologies			
D Campbell	Vice Chair	Attending	Attending	Attending			
D Creasey	Non Executive Board member	Attending	Attending	Apologies			
I Grieve	Non Executive Board Member	Attending	Attending	Apologies			
R Gold	Non Executive Board Member	Attending	Attending	Attending			
S Heddle	Non Executive Board Member	Apologies	Attending				
S Johnston	Area Clinical Forum Chair	Attending	Attending	Attending			
J Kenny	Non Executive Board member	Attending	Attending	Attending			
R McLaughlin	Employee Director	Attending	Apologies	Attending			
J Taylor	Non Executive Board member	Attending	Attending	Attending			
	Executive Board Members:						
M Doyle	Director of Finance	Apologies	Attending	Attending			
M Henry	Medical Director	Attending	Attending				
L Skaife-Knight	Chief Executive	Attending	Attending	Attending			
S Thomas	Director of Nursing, Midwifery, AHP and Acute	Attending	Attending	Attending			
L Wilson	Director of Public Health	Apologies	Apologies	Attending			

18.3

Name:	Position:	27 April 2023	22 June 2023	24 August 2023	26 October 2023	14 December 2023
	In Attendance:					
S Brown	Chief Officer – IJB	Attending	Attending	Attending		
L Hall	Interim Director of HR	Attending	Apologies	Attending		
S Lewis	Acting Director of Public Health	Attending	Attending	Attending		
C Somerville	Planning, Performance and Risk Manager	Attending	-	Attending		
K Somerville	Head of Finance	Attending	-	-		
E West	Corporate Services Manager	Attending	Attending	Attending		