Submission for the Scottish Parliament
Health and Sport Committee
15 May 2018

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In line with guidance received ahead of the meeting this submission includes evidence relating to the following areas:

- The performance and progress of Orkney’s Integrated Joint Board
- Our most recent Annual Review self-assessment and feedback letter from the Cabinet Secretary or relevant Minister
- Our Local Performance Reports
- The Board’s progress in delivery of our 2017/18 LDP

Appendix 1 provides a register of all included evidence sources.
1 Context

Orkney consists of a group of islands, 18 of them inhabited, situated 10 miles off of the north-east coast of Scotland, between John O'Groats and the Shetland Isles. More than three-quarters of the island's 21,000 population live on the Orkney Mainland (which covers an area of 202 square miles), with the other quarter spread across the inner and outer isles.

The climate is mild and the soils are extremely fertile, with most of the land being farmed. Agriculture is the most important sector of the economy. The significant wind and marine energy resources are of growing importance, and the islands generate more than its total yearly electricity demand using renewables.

Across the islands there are 16 recognised points for providing General Practice services.

There are 24 General Practitioners (GPs) spread over 6 Practices supported by, Nurse Practitioners (NPs) and Community Nurses. Our remoter small islands are single-handed GP or Nurse Practitioners with the remaining practices, working in Practices ranging from 2 to 8 GPs.

Orkney has one Board administered practice (The Orcades Practice) which covers 5 island settings with all personnel being employees of NHS Orkney. There are 4 other islands who are linked to 3 mainland practices who provide a visiting GP service with Nurse Practitioners providing 24 hour care who are employees of NHS Orkney.

Orkney has one secondary care facility, the Balfour Hospital, which is a rural general hospital with 48 beds based in the islands main settlement, Kirkwall with a population of around 8,000. In 2011 NHS Orkney published its clinical strategy – “Our Orkney, Our Health – Transforming Clinical Services”¹ which set out a vision for the future shape of clinical services and drove the development of a business case for a new hospital and healthcare facility providing a range of health care services for the people of Orkney. Building of this new facility is well underway with the opening due in 2019.

Health and social care in Orkney, as in all other Boards in Scotland, faces significant challenges in relation to increasing need, the supply of workforce and the availability of financial resource. The scale of these challenges is magnified by the size, geography, rurality and population distribution of Orkney. As outlined in the Joint Strategic Needs Assessment² for Orkney the islands have an ageing population with increasing demand from a rising number of residents with multi co-morbidities.

During 2017 a new collaboration aimed at improving health and social care in the North of Scotland was initiated to implement the Scottish Government’s Health and Social Care Delivery Plan. A collaboration of NHS Boards, Health and Social Care Partnerships and the Highland Lead Agencies, has come together to begin to describe the actions needed to improve the health and social care of the North Region.

The inaugural Regional Delivery Plan will guide the way forward for health and social care in the future. The plan will take its place alongside specific local Board and IJB plans and aims to take forward those actions which can only be driven forward across the North of Scotland or those where it is most efficient and effective to be done collaboratively, across the region.
A key driver in reviewing future proposals will be the requirement of the Islands Bill to island proof future strategies and delivery mechanisms. To this end closer planning arrangements with Orkney Islands Council, IJB, and third sector colleagues are a priority for the year ahead. The 18/19 Corporate Plan\(^3\) takes accounts of this in setting out the priorities for the next 12 months. This paper, which builds on the Annual Operational Plan\(^4\) submitted to Scottish Government in February 2018, will be presented to the Board for approval at its meeting on 25th April 2018.

Island populations have the same expectation and entitlement, of equity of access to care as those in urban settings. Orkney faces specific issues around geographical inequality in terms of the ability of people to easily access a range of services, where public transport is limited and there is a reliance on car ownership. There are also issues of poverty and deprivation, for example fuel poverty, ability to access communications and technology based solutions, and services being centralised in main centres of population.

2 Annual Review

NHS Orkney’s Annual Review was conducted by the Board Chairman, Ian Kinniburgh in October 2017. Prior to the Annual Review the Board completed its Self Assessment and published this on its website along with the Agenda for the Review and an At-a-glance summary of performance.

To provide evidence on the 2016/17 Annual Review process the following documents are provided:

- Annual Review 2016/17 Self Assessment\(^5\)
- Annual Review At-a-glance Report\(^6\)
- Annual Review 2016/17 Feedback letter\(^7\)

The main action points highlighted by the Minister following NHS Orkney’s Annual Review 2016-17 are as below:

- Make sustained progress in achieving ABI targets
- Continue to make good progress in strengthening its quality and safety arrangements in line with good clinical governance and risk management performance. In addition, the Board continue to review, update and maintain robust arrangements for preventing and controlling Healthcare Associate Infection, with particular emphasis on SABs and ensure sustainable board-wide progress is made against requirements and recommendations in HEI reports and the recommendations of the Vale of Leven Hospital Enquiry Report.
- On elective access targets, as a minimum the Board should achieve the same elective waiting times performance at 31\(^{st}\) March 2018 as it did at 31\(^{st}\) March 2017.
- Continue to make progress on reducing bed days through integration opportunities.
- Continue to achieve financial in-year and recurring financial balance.

An update on performance in each of these areas is covered within the information provided as evidence in Section 4.
3 Progress in delivery of your LDP

NHS Orkney’s Local Delivery Plan for 17/18\(^8\) is provided in Appendix 1 along with the feedback letter received from Scottish Government\(^9\). Progress in delivering the priorities set out in the LDP has been good with improvements secured in relation to reducing occupied bed days and delayed discharges, implementation of enabling eHealth projects, delivering a new approach to operational planning through the use of strategy deployment and implementation of the universal health visitor pathway. Implementation of iMatter has also been successful with this now fully embedded within the Board’s approach to organisational development and a refreshed approach to clinical governance has seen developments in regards to quality and safety with notable success in relation to the embedding of learning from clinical practice through the establishment of weekly, multi-disciplinary Mortality and Morbidity meetings, using virtual connections to ensure clinicians from across Orkney can take part. A formal progress report on LDP 17/18 delivery is currently being drafted and will be presented to the NHS Orkney Board during 2018 and will form a key element of the non-financial performance report to be included in the 17/18 Annual Accounts.

Looking ahead there is much still to be done to secure sustainable service delivery models for speciality areas such as orthopaedics, ophthalmology and mental health where demand currently exceeds available capacity and NHS Orkney is heavily reliant on the input of visiting services from mainland Boards to provide access. Recruitment to on island consultant posts in medicine, surgery and psychiatry has been challenging during 17/18 leading to a reliance on regular locums to ensure safe staffing levels are maintained. Further detail in regards to workforce is provided in the Workforce Plan\(^10\).

LDP Standards

NHS Orkney Board receives regular reports associated with performance, however delegates the overview and assurance level relating to the performance measures associated with LDP standards to the Finance and Performance Committee. As shown in evidence item 18, as at 12\(^{th}\) March 2018 NHS Orkney was meeting the LDP standards associated with: 4 hour A&E, 18 weeks referral to treatment, 48 hour access to GP, access to antenatal, Cancer 31 and 62 days, Dementia Post Diagnostic Support, Drug and Alcohol Treatment, IVF treatment and MRSA/MSSA.

4 NHS Orkney Performance Reports

As the smallest of Scotland’s territorial health boards NHS Orkney consistently performs well in regards to national measures of performance and service delivery. (Evidenced by NHS Board summary of performance indicators, 1\(^{st}\) April 2018\(^11\), Hospital Scorecard Board level summary Q1 2017\(^12\) and Q2 2017\(^13\)) The documents provided (as listed below) give an overview of performance reporting within NHS Orkney during the most recent reporting period. Further to these the full papers relating to each public meeting of the NHS Orkney Board can be accessed at: http://www.ohb.scot.nhs.uk/about-us/orkney-nhs-board

- Annual Accounts 2016-17\(^14\)
- Finance and Performance Committee Performance Report – March 2018\(^15\)
- Board Performance Report – April 2018\(^16\)
Financial Overview

2016/17 saw continuing financial pressures relating to the essential cover from locums to maintain staffing levels and provide safe clinical services and slow progress in identifying and delivering recurring savings. Engagement with budget holders resulted in 100% of the £2.187m (although only 53% of this was delivered on a recurring basis) savings target being achieved, contributing to the overall position of a surplus of £89k for the year ended 31 March 2017. This position was achieved without any brokerage from Scottish Government and remaining brokerage from previous arrangements totalling £1.062m was repaid in 2016/17.

For 2018/19 the Annual Operational Financial Plan is projecting a break even position. Achievement of our financial plan is dependent upon successful management of risks, jointly with the IJB for delegated functions and is predicated on reduction of projected expenditure levels of £2.75m.

Looking ahead the 5 year plan lays out the need to identify £4.3m of recurring and £3.0m non-recurrent cost reductions over the next five years. This will be a significant challenge for the Board and IJB as they seek to improve quality and reduce cost across all health and care services.

5 Performance and progress of Orkney’s Integrated Joint Board

The Orkney Integration Joint Boards (IJB) consulted on, approved and published its 2016-2019 Strategic Plan. This strategic plan outlines how the Health and Social Care Partnership will meet the health and social care needs of the local population.

To provide evidence on the performance and progress of Orkney Health and Social Care Partnership in delivering its Strategic Plan, the following reports are provided:

- Final Accounts 2016-17
- Annual Performance Report 2016-17
- Orkney HSCP: Summary of performance for Six Health and Social Care Integration Indicators to December 2017

The minutes, agendas and papers from meetings of the Orkney IJB can be accessed at: http://www.orkney.gov.uk/Council/C/ijb-minutes-agendas-and-papers.htm
### Appendix 1: NHS Orkney Submission Evidence Register

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