

## NHS Orkney Board Chair

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Lewis MacDonald  
Convener  
Health and Sport Committee  
Via email:  
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Date: 31 July 2018  
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Dear Lewis,

We received your letter dated 4 July 2018 requesting further information following our meeting with the Health and Sport Committee.

Our updates are as follows:

### Orkney Health and Social Care Partnership

The demographic challenge facing Orkney is significant. We have experienced a 54.8% increase in the over 75 age group over the past 20 years, and this is projected to grow by another 40.4% by 2026 to around 3000 individuals. It is not only the increase in elderly population that must be factored into plans but also a continuing drop in working age adults. This year, 2018/2019, is the final year of the IJBs first Strategic Commissioning Plan and we are currently working with colleagues on a new plan for implementation from next year onwards.

The Integration Joint Board's vision is that services are focussed on people, place and purpose. Underpinning this vision is a commitment to this being delivered in partnership with people who use services, their families and carers, staff and across sectors including the statutory and third sectors. To support delivery of services focussed in people the IJB wishes to see the following commissioned from NHS Orkney, Orkney Islands Council and third sector services:

- Children getting the best start they can in life through maternity services implanting the 'Best Start' maternity recommendations;
- A review of services for Looked After Children , in the light of rising numbers;
- Access to services made as easy as possible by enabling people to self-refer and ensuring parents and guardians to refer children in their care;
- A reduction in the duplication of information collection that people who receive services experience;
- Carers getting the support they are entitled to through the implementation of the Carers (Scotland) Act 2016;
- More effective pathways when an hospital admission is involved through individuals and families being routinely involved in care decision;
- People will not be in hospital for longer than necessary. Discharge processes will be dynamic and people will return home or to an appropriate homely setting as soon as practicable with the right longer term care team around them;
- There will be improved links between mental health and primary care services and easier



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Chair: Ian Kinniburgh  
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- access to mental health services when GPs wish to refer patients;
- Heath and Care staff engaging in routine multi-disciplinary meetings to discuss best care for those they are supporting;
- All services that are commissioned by the IJB employing some form of service user, patient, carer feedback mechanism, so that views can be routinely considered and services improved; and
- A reduced reliance on relief and locum staffing in the services commissioned by the IJB

## **Waiting Times**

NHS Orkney has an active Psychological Therapies team who are engaging with the national Mental Health Access Improvement Support team to better understand and develop robust plans for securing identified improvement opportunities.

Analysis of referral patterns and activity projections will be used to model required service capacity and engagement with stakeholders at a Mental Health event being held later in July will allow us to consider the future shape of service provision informed by the contributions of those who use our services and our third sector colleagues.

We have been successful in utilising flexible working to aid our recruitment, principally in senior medical staff, in a couple of ways. We regularly find that we can attract staff but the stumbling block often comes arises over the requirement to be full time resident on island. Senior medical staff at the 'end' of their career path are enthused by the opportunity to make a significant difference to the services in Orkney but understandably are reluctant to uproot their family life. Our Hospital Manager has designed a range of working arrangements which allow for a degree of flexibility in terms of normally working two weeks on island and then two weeks off island. The agreed total number of contracted hours are worked, just not in a straight line. These arrangements work well and we are now beginning to explore them in relation to hard to fill nursing posts and our vacant consultant psychiatrist post.

## **Elective waiting times**

Capacity within our orthopaedics service has increased by 30% with the involvement of colleague from NHS Western Isles in providing our service. The waiting times position in this speciality area is much improved as a result. Capacity in other areas of constraint is also improving with a new Dermatology service commencing in late August provided by NHS Tayside and improvements in the model of service delivery for Ophthalmology increasing theatre capacity for cataract procedures by 50% and releasing 1 session of consultant time per visit to be redirected to clinic provision.

In order to deliver a elective waiting time position at 31<sup>st</sup> March 2019 which is in line with March 2017 performance significant investment is required. The Board have plans in place which will fully utilise the allocation received from Scottish Government's Access Support Team and require investment of both recurring and non recurring resources.

Telemedicine is an adopted mechanism for service delivery across the islands which has been embedded for a number of years within many of our care pathways. Active examples of this are the management of patients with Diabetes, those who have suffered a Stroke or providing remote access to specialist support for the care of Paediatrics. Minimising off island and inter island travel through the increased use of telemedicine is a priority for NHS Orkney and most recently, developments involving the use of Attend Anywhere has supported the achievement of care closer to home in areas such as Speech and Language Therapy and Gastroenterology.

## Finances

As per the Board's Financial Plan for 2018/2023 we are in recurring financial balance (to around £1m), and plan for a small surplus of £38,000 at end March 2019. Over the next four years our plans see the recurring surplus reduce. We remain in recurring financial balance over these five years, with a small net surplus each year (from £8,000 to £78,000).

The position as at end June 2018 will be discussed at our Finance and Performance Committee on 26 July. The year to date position is an overspend of £183,000 and a forecast achievement of the planned surplus of £38,000 against the core revenue resource limit. A significant factor is the medical staffing model. Additional budget was set aside in the financial plan and we are examining rotas to determine how much of the overspend is due to timing or costs. We are also experiencing excess costs on our one of our service agreements with Grampian and are in discussion with them to resolve this.

## Savings

For 2016/17, £0.6m (27%) of the £2.187m was a non recurring target. The outturn position was achievement of £1.16m recurrently (47%) and £1.021m (53%) non recurrently.

For 2017/18 the plan was to achieve £1.250m recurring savings. The outturn position was achievement of £0.227m (17%) recurrently and £1.080m (83%) non recurrently.

For the 2018/23 plan, in 2018/19 we have a non recurrent savings target of £1.7m (62% of total savings plan) and recurrent target of £1.05m (38% of total savings plan). Delivery of identified savings is slow to date. We have identified this as a significant risk in our month three reports, and are undertaking detailed analysis to reduce the level of exposure. Based on analysis to date the financial risk is in the region of £0.5m.

For future years our savings targets are

2019/20	£1m recurrent, £0.55m non recurrent
2020/21	£0.75m recurrent, £0.25m non recurrent
Future years as per 2020/21	

I trust this is helpful.

Yours sincerely



Ian Kinniburgh  
**Chair: NHS Orkney**