

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee of Orkney NHS Board** held in the **Brodgar Room, The Balfour, Kirkwall** on **Thursday, 17 October 2019** at **09:30**

Present: Davie Campbell, Non-Executive Director (Chair)
James Stockan, Non Executive Director (Vice Chair)
Mark Doyle, Interim Director of Finance
Caroline Evans, Non Executive Director
Meghan McEwen, Non Executive Director (Via VC)
Gerry O'Brien, Chief Executive

In Attendance: Julie Colquhoun, Head of Corporate Services (for item 8.1)
Malcolm Colquhoun, Head of Hospital and Support Services
Eddie Graham, Resilience Officer (for item 8.2)
Lauren Johnstone, Committee Support
Eamonn Keyes, Laboratory Manager (for item 6.2)
Ian Kinniburgh, Board Chair
Derek Lonsdale, Head of Finance
Kenny Low, Value and Sustainability Lead (Deputising for C Bichan)
David McArthur, Director of Nursing, Midwifery and AHPs
Christy Roy, Committee Support (minute taker)
Pat Robinson, Chief Finance Officer
Louise Wilson, Director of Public Health

1 Apologies

Apologies were noted from C Bichan, M Roos and F MacKellar

2 Declarations of Interests – agenda items

No declarations of interest were raised with regard to agenda items.

3 Minutes of Meeting held on 25 July 2019

The minute of the meeting held on 25 July 2019 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 301, page 1 – “Clark of Works” should be read “Clerk of Works”

4 Matters Arising

There were no matters arising.

5 Action Log

The action log was reviewed and updated as required.

Performance Management

6 Performance Management Report – FPC1920-16

The Committee noted the Performance Report which provided an update on performance with regards to the Local Delivery Plan standards.

The Chief Executive advised that there had been a downturn in performance over the migration period, he believed the Board would still achieve the agreed trajectories for March 2020 and the planned trajectory for March 2021 had been submitted.

Members noted that good progress was being made within trauma and dermatology, and while ophthalmology was also doing well due to the current clinical pathway, it was highlighted as a key area of risk due to the dependency on NHS Grampian for cataract operations, with a need to access a national contract for these. Members agreed that moving forward other departments were likely to face challenges, as referral numbers were increasing across the board.

The Board Chair and M McEwen both praised the improvement in content and presentation of the report by comparison to the last meeting.

The Board Chair raised concerns regarding the increasing sickness absence levels for staff, however the Chief Executive assured members that this was the case across NHS Scotland as a whole. It was agreed that it was important to understand the reasons behind absence, rather than only the numbers, and that more information and input from our Human Resources department would be helpful.

The Director of Public Health questioned the mental health waiting times as the report stated the number of patients waiting over 84 days, however the upper limit of this waiting time was not stated. It would be helpful to know what continued triage was undertaken for these patients. She also asked if the figures for Child and Adolescent Mental Health Services (CAMHS) could be extracted to see how the waiting times compare. The Director of Nursing, Midwifery and Allied Health Professionals advised that two agency practitioners were being appointed to help ease the burden on the team and recruitment for practitioners would follow. He highlighted that the biggest issue for the mental health service was the lack of a psychiatrist within the team.

Concerns were raised that perhaps patients were not being referred by GPs as they are aware of significant waiting times and this had an adverse affect on the patient's wellbeing, at times resulting on admission through Accident and Emergency. It was also raised that there might be a correlation between poor mental health and presentation of other conditions, resulting from the lack of mental health service. The Board Chair proposed that the development of a more successful mental health strategy could decrease the burden across the board.

M McEwen queried whether the funds available for recruitment could be used in other ways to help deliver services more efficiently, in the event that practitioners could not be recruited.

Members agreed that the current state of the mental health service should be raised to the Clinical and Care Governance Committee for further discussion and action as the Board could not afford to delay action until the mental health strategy was finalised and implemented. The Chief Executive stressed that the Board should be made aware that we are unlikely to meet the targets for AOPs by then end of the year.

Decision/Conclusion

Members noted the Performance Report and welcomed a report to the next meeting highlighting issues faced.

7 Laboratories – Annual update on service including workload and testing – FPC1920-17

The Laboratory Manager delivered the annual update. He stressed that the report had been put together by R Wardrop, the Laboratory Manager with NHS Shetland

Key points discussed were:

- Balfour Hospital Laboratory was maintaining budget in non wage expenditure in alignment with the Abbott MSC and previous year's expenditure, wage expenditure was also on budget. The laboratory was in a far better financial and service position than it had been for some time.
- The Abbott MSC and the last staffing business case had vastly improved the resilience of the Laboratory in terms of service and reliability. There had been very few service issues since June 2016 and the laboratory was in a position to consider expansion of services to meet the needs of NHS Orkney.
- The laboratory team were praised for their significant level of hard work to maintain the full service during the migration to the new site.
- Significant preparation was underway for Brexit as all equipment and consumables come from within the EU. The laboratory held 3 months worth of stock, with lengthy expiry dates, meaning the services should be prepared for any initial issues in maintaining a supply chain.
- The current machine was unable to provide statistics or information for review due to its age. The computer system used was unlikely to be supported by Clinicsys for much longer. Alternative systems were available and were being researched and tested.
- To provide resilience, the laboratory had two of each piece of equipment, if one breaks service can continue whilst awaiting an engineer.
- There had been a significant reduction in the use of locums, although a few had been utilised during the migration period.
- Point of Care testing costs had increased due to some laboratory provisions being handed over to A&E and HDU. This had improved the service significantly meaning patients results were often ready before the doctor sees them and on-call staff were no longer required within the laboratory.

Members raised concerns regarding the SLA with NHS Shetland, the Head of Hospital and Support Services advised that NHS Orkney had contemplated ending the SLA with NHS Shetland in 2017. Members believed that we had outgrown the SLA in recent years therefore a need had arisen to review our internal team and evaluate our service with a view to suspending the SLA and potentially removing it entirely by the end of 2019/20. The Head of Hospital and Support Services, the Interim Director of Finance and the Laboratory Manager would liaise to provide a report by December on the feasibility of suspending the SLA and any implications. R Wardrop and our Laboratory Manager had previously agreed that both Boards would continue to maintain a close working relationship in order to share expertise, if the SLA were to end.

The Director of Public Health enquired how much supervision and control the laboratory team had over the equipment within the GP practices. The Laboratory Manager advised that his team had no governance over this; however they had advised the Lead GP that they would like to in order to provide assurance. Members

agreed that point of care testing governance should be raised to the Clinical Care Governance Committee.

The Laboratory Manager advised that he sits on the North of Scotland Board alongside R Wardropp to ensure that the isles Boards had 2 voices as well as independently representing NHS Orkney. The Chief Executive agreed that he encourages this as it had helped to raise the profile of issues faced by remote and rural Boards.

Some members raised concerns that current IT system within the laboratory presented significant risks including the inability to extract accurate figures and the potential of other systems being unable to work in conjunction. IT systems were known to be an issue across NHS Scotland therefore this was seen as a long term piece of work. It was agreed that a review of the costs and development of a 5 – 10 year plan to manage this risk would be needed.

Members discussed the potential to “grow our own staff” through training including encouraging staff to undertake the degree in biomedical science. This would help tackle any recruitment issues. The Head of Corporate Services praised the success of one member of laboratory staff achieving her degree. She advised that when the new Head of Digital Transformation and IT starts with NHS Orkney, it was her intention to work together to develop the IT team to deal with heavy systems areas such as the laboratory to provide more expertise in house. The Laboratory Manager was keen to help work towards this in order to develop both his own team and the IT team.

The Board Chair stated that it would be helpful to see the data within this report tightened up, to allow the Board to be more confident in the figures. However, he was very encouraged by the current report, stating that it was very positive showing the lab to be reasonably cost effective at present.

Decision/Conclusion

The Committee noted the report and welcomed a report to the next meeting updating members on progress.

Financial Management and Control

8 Financial Management Performance Report for period ended August 2019 – FPC1920-18

The Interim Director of Finance delivered the Financial Management Performance report to the Committee. Highlighting the following key items:

- The Board was reporting an overspend of £0.740m for the 5 months to 31 August, an adverse movement of £0.246m on the position reported to the end of July (£0.496m). This overspend comprises £0.803m attributable to Health Board and an under spend of £63k to the Integration Joint Board.

The Interim Director of Finance gave a verbal update for the period ended 30 September 2019. Key items highlighted were:

- The revenue position for the 6 months to 30 September reflected an over spend of £1.015m, which was an adverse movement of £0.275m on the

position reported to the end of August of £0.740m.

- This overspend comprised £1.175m attributable to Health Board and under spend of £0.160m to the commissioned services by the Integration Joint Board. To deliver a balanced budget, the forecast assumed a heavily caveated balanced outturn position for Health Board.
- The single biggest risk to the delivery of a balanced outturn was the uncertainty surrounding the extent of the overspend on medical staffing. Following discussions with Scottish Government the following revision had been agreed:
 - £3.4m Capital to Revenue transfer - £1.40m was to be transferred into revenue, £1.5m was to be returned with the balance remaining in capital, for items which fall under the de-minimis level.
 - Medical Staffing of £2.14m had been revised down to £1.8m, but unlikely to be received.
 - £1.8m additional depreciation for the new hospital which would be funded.
- Without this funding a breakeven position would prove extremely difficult but the Board continued to work toward delivering a breakeven position.
- During the month there had been a 5.3% increase in the NHS Grampian SLA cost. It had also been difficult to forecast the outturn for usage of this SLA as appropriate figures from NHS Grampian were awaited.

Members agreed that, if costs continued to rise, it might prove more economic to send more patients to NHS Grampian for treatment and increase the SLA, rather than trying to keep patients here for treatment and continue paying locum rates.

J Stockan advised that NHS Shetland seemed to be in the same situation, with increased locum costs causing an overspend. The Chief Executive advised that he was working with NHS Shetland to evaluate the costs of utilising the SLA versus repatriating. Members agreed that working together might strengthen our case for discussions with the Scottish Government.

M McEwen reminded members that when making savings, there was a need to work towards driving down waiting times, so care should be taken to ensure these were managed together.

Members agreed that locum expenditure presented a significant risk which needed managing effectively to bring down the overspend. The Head of Hospital and Support Services advised that he was currently drafting a report evaluating the medical and nursing provisions within NHS Orkney, which would cover locum provisions. Once this report was finalised it would be taken to the Value and Sustainability Delivery Group and clinical directors would feed back through the Board, with the hope to begin delivering savings in 2020/21.

The Value and Sustainability Lead assured members that he and his colleagues were going to team meetings throughout NHS Orkney to promote the need to think differently and provide savings at every level throughout the Board

The Director of Public Health advised that it might be best to focus on areas where health related outcomes could improve and plan how best to do this whilst providing savings.

The Interim Director of Finance reiterated that the report to the Scottish Government

at the end of September 2019 was that NHS Orkney planned to deliver a breakeven position. He would also submit a formal recovery plan as requested, by the 31 October.

Decisions/Conclusion

The Committee noted the Financial Management Performance Report and were assured of progress.

9 Integration Joint Board Expenditure and Revenue Report – FPC1920-19

The Chief Finance Officer presented the Integration Joint Board (IJB) Expenditure and Revenue Report, advising that figures were subject to change and that she was keen to link the report more closely to the strategic plan in future. Key points illustrated to members were:

- The financial position of Orkney Health and Care as at 31 August 2019, showed a current underspend of £228,000, however a forecast underspend of £114,000 was expected based on current activity and spending patterns.
- A significant part of the underspend was due to staff vacancies and therefore was a non recurring saving. This also means that several services were not being delivered to their full potential, including the Child and Adolescent Mental Health, Children and Families and Speech and Language services.
- An overspend was reported in rehabilitation which had been believed to be in relation to an over establishment of Band 3 Therapists within the service. Work would need to be undertaken to identify either a reduction in resource or formally establishing the correct budget.

The Chief Finance Officer advised that the Chief Officer and Interim Director of Finance had met with others recently to undertake a baseline budget review and this would be submitted back to the IJB.

The Interim Director of Finance queried whether he and the Chief Finance Officer should work more closely to ensure the alignment of the reported position of the IJB with that of NHS Orkney as their current reports differed. The Chief Finance Officer agreed that she was happy to review the figures again to provide assurance.

J Stockan raised concerns that while we must ensure we provide excellent services, budgets cannot continue to be overspent. Some members wondered if the underspend on some budgets could be kept as a reserve, where others thought this money should be used to provide services where demands are not being met. The Board Chair advised that once funding had been handed over to the IJB, they could decide how best to utilise it to provide the best services for the people of Orkney.

Decisions/Conclusion

The Committee noted and approved the report and were assured of progress.

10 Savings Plan – Off Island Travel / SLA – FPC1920-20

The Value and Sustainability Lead delivered the Off Island Travel and Service Level Agreement update. The key items illustrated to members were:

- The 2019/20 savings target of £750K would be challenging, given the rise in activity levels in 2018/19;
- There remained a need to extract more timeous activity information to better understand service demand so that future service delivery options could be considered more fully to maximise efficiencies and deliver cost savings
- Travel savings potential remains huge through increasing the number of virtual clinic appointments, where appropriate, work on this was starting to gather momentum;
- Near Me virtual clinic take-up had increased during 2019/20.
- Whilst providing the target of £750k could prove challenging, savings were being made, however the current overspend needed to be addressed first.

Members were advised that there had been a lack of activity data available for the Grampian SLA at the time of writing the report; however since then, some information had been received for the first quarter of the year. It was agreed that it would be too early to advise on the position at the end of the year, and would be helpful if we could run our own reports within NHS Orkney to provide more timely information. Members wondered if the patient travel data could be used to track what services patients would be receiving, meaning we could collect estimated SLA data in advance of treatment being given.

Members agreed that the use of digital clinics provided great potential for patients to avoid unnecessary travel, with some clinics even available within the patient's own home. Many departments within NHS Grampian were embracing this provision however there are some limitations and some patients would still need to travel off island. M McEwen suggested that whilst this was an excellent provision to offer, it would not save on the SLA, only on the travel costs, as specialists are still required to run the clinic and medical staff might be needed on island, as well as the technology required.

The Chair suggested that the dependency we had on some specialisms provided by NHS Grampian might mean there was a limit to the amount of savings that could be made from the SLA.

The Chief Executive agreed to contact Jonathan Hinkles, Managing Director of Loganair, to discuss travel costs, especially focusing on the potential for discount escort fares. The Board Chair suggested that if this avenue was unsuccessful, the Board might have had grounds to go to the Scottish Government to request assistance.

The Interim Director of Finance advised that staff travel had significantly increased by approximately 20% in the last year, and K Francis was currently looking into the reasons behind this to advise how to reduce it.

Decisions/Conclusion

The Committee noted the report and were assured of progress.

11 Capital Plan 2019/2020 – FPC1920-21

The Interim Director of Finance delivered an update on the Capital Plan 2019/2020. The key items illustrated to members were:

- The Scottish Government was to provide £6.405m Capital Resource Limit, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment and includes the NPD funding for the New Hospital and Healthcare Facility of £5.427m from which the Board had agreed a capital to revenue transfer of £1m.
- The formula based resources for 2019/20 accounted for £0.978m. The Board received notification of the same in its May 2019 allocation letter. Committed expenditure was detailed in the paper
- funding through the 2019/20 allocation letter was awaited.
- From the total allocation we had spent £2,384,000.
- The Medical Equipment Group had recently approved another £800k spend on Capital.

It was confirmed that the Heilendi building was due for some minor refurbishments and should be ready for January 2020 for the Community Mental Health Team to move into the facility.

Members expressed concern over the difficulties in getting a contractor for the work due to be undertaken at isles practices as many contractors are not willing to work on smaller islands due to the expenses incurred.

J Stockan advised that the capital plan was in a very good position and expressed that he was keen to see the final details of the plan at the next Board meeting.

The Chief Executive expressed that the final project costs needed to be closed and a report pulled together to advise on the final cost of the hospital project in its totality.

M McEwen asked if the expense of the two departments still to move from the old Balfour site had been factored into the financial plan. The Head of Hospital and Support Services advised that the costs of this would be minimal and there were already plans in place to cover it.

Decisions/Conclusion

The Committee noted and approved the report and were assured of progress.

12 Cost Reduction Framework – FPC1920-22

The Interim Director of Finance provided an update on the Cost Reduction Framework. He advised that:

- The £750k savings which had planned to be delivered within 2019/2020 were unlikely to be delivered, meaning an increase in planned savings for 2020/2021.
- The medical staffing overspend had been reduced to an expected out-turn of £1.8m at the end of 2019/2020, ahead of the trajectory of £2.144m. This would generate a non recurring saving of £344k.
- Expected migration costs had reduced to £0.6m, providing a non recurring saving of £700k.
- The running costs of the new hospital had been expected to be £1.143m, however the expected out-turn was now £900k, providing potential recurring savings of £243k.
- £118k had been held back from inflation as a recurring saving.

Decisions/Conclusions

Members noted the update and welcomed the action being taken to progress.

13 Future Financial Planning – FPC1920-23

The Interim Director of Finance delivered the Future Financial Planning report for noting.

Decisions/Conclusions

Members noted the report and were assured of progress.

Governance

14 eHealth and IT Update – FPC1920-24

The Head of Corporate Services delivered the eHealth and IT Update. She noted that a great deal of work was still ongoing however the update should give members an understating of the context within which the team were currently operating.

She advised that work was still ongoing on many projects including:

- Increased arrangements to comply with cyber security regulations
- The transition to Windows 10 for all departments
- Implementation of various national programmes, particularly those related to the publication of Scotland's Digital Health & Care Strategy in April 2018
- Migration to the new site. There had been a short period in which to get all systems into place whilst simultaneously running the servers at the old hospital site. The new hospital site also provides a huge opportunity for development in the future, especially when the new Head of Digital Transformation and IT joins NHS Orkney in November.

The Head of Corporate Services advised that there had been a meeting of the Enabling Technology Board recently, to discuss the purpose and membership. A conversation had also taken place with the Chief Officer who advised that the Orkney Health and Care team had been looking to establish a Technology Enabled Care Group. They are looking to combine the two groups in order to save time and resources as well as allowing for an overall view of technology within health and social care provisions.

The Head of Corporate Services advised that all Boards were invited to complete a Digital Maturity Assessment, this assessment was designed to give Boards a baseline from which they could work on an improvement plan, and also gives an indication of where nationally investment was required. The full assessment, which had to be completed before the end of July 2019, had yet to be opened up to enable comparison with other boards and develop our Digital Maturity Improvement Plan.

She also advised that the local capacity plan was kept under dynamic review. It highlighted the extensive workload for the IT team with over 90 medium to complex projects/tasks,

The workload of the department had increased significantly, one of the objectives of the incoming IT Manager would be to review the structure of the team, map the

capacity plan to the team skills and business needs to identify potential gaps, and put in place a development plan for the team. Early thoughts, comparing the workplan to the existing establishment, was that we are likely to need at least 2 WTE Project Officers, a resource that could be allocated to the specific system implementation teams, without pulling key people out of infrastructure and desk top teams.

Members recognised that the IT team for NHS Orkney was relatively small and understaffed, and they were praised for their ongoing work and commitment. It was agreed that technology was becoming more integral to the services provided, and this presents challenges to the Board. However it also provided avenues for improvement and should be given priority. The budget for implementation of new systems needed to be finalised.

The Board Chair advised that whilst it was very important that we embrace the technology available to us, it was equally important to support the members of our community who are unable to do so due to lack of skills, equipment or connectivity. J Stockan agreed that care should be taken to ensure we do not restrict who could access services; however he advised that councillors are looking at the lack of connectivity within the isles as a priority.

The Director of Public Health believed that the eHealth membership should contain more than one clinical champion as a significant part of the discussion would surround clinical areas. The Director of Nursing, Midwifery and Allied Health Professionals agreed and suggested that any eHealth strategy required to be founded upon a clear clinical strategy

Decisions/Conclusions

Members noted the update and took assurance on progress.

15 Chairs Report – Resilience Planning Group and Minutes – FPC1920-25

The Resilience Officer delivered the Chairs Report for the Resilience Planning Group. Key points highlighted included:

- A Business Continuity Audit had recently been undertaken by the internal auditors, Scott Moncrieff. This highlighted that a small number of plans were still to be completed. The updated plans were now with plan holders for signing off.
- In July, a major incident presentation was delivered by the Resilience Officer to the Mortality and Morbidity meeting to increase their awareness of The Balfour Major Incident/Major Emergency Plan. This was being followed up by an input to the Group from Dr Tim Parke who was involved in the development of the Scottish Trauma Network.
- On the 9 October 2019 the Major Incident/Major Emergency Plan received its final approval at the Clinical Care Governance Committee and had now been formally adopted. The plan could now be tested and exercised.
- NHS Orkney Brexit Steering Group discussed the Board's planning arrangements and potential mitigation measures. A strategic workshop hosted by Scottish Government took place soon after and was followed up by a special meeting of the Orkney Local Emergency Co-ordinating Group to review the multi-agency planning arrangements for Brexit.

- An aircraft taking off from Kirkwall Bound for Aberdeen suffered an engine failure, a full emergency was declared. The plane returned to Kirkwall and landed safely. NHS Orkney and OIC were not notified as part of the call-out procedure and as such could not initiate standby arrangements. This follows similar notification failures in Shetland and the Western Isles. A Datix form had been completed and the matter raised with Police Scotland in an effort to resolve the issues would call cascade. The matter had also been placed on the Orkney Local Emergency Co-ordinating Group Agenda.

M McEwen suggested that an update on the Business Continuity Audit would be very helpful to have at the next audit committee.

The Chief Executive warned that while he had every confidence in our internal team post Brexit, he was concerned for the uncertainty of external factors and the provision of supplies to Orkney. Members agreed that a considerable amount of work would need to be done to ensure adequate supplies, however this could only be done after a decision had been made by the Government and European Union regarding a deal.

Members agreed that the failure to notify ourselves and OIC could present a significant risk in future. The Resilience Offer had questioned the call cascade and it clearly defines that the responsibility sits with the Scottish Ambulance Service (SAS). The Chief Executive advised the Resilience Officer to speak directly to the National Director of Operations for SAS, to resolve

Decisions/Conclusions

Members noted the update and were assured of progress.

16 Balfour Hospital Contract Performance – FPC1920-26

The Head of Hospital and Support Services provided the update on Balfour Hospital Contract Performance.

The Chief Executive recognised the level of detail within the report and the significant time and resources required to manage this contract so efficiently and effectively and expressed his gratitude to the Head of Hospital and Support Services and his team for their hard work.

The Head of Hospital and Support Services advised that in line with the Project Agreement between NHS Orkney and Project Co the Helpdesk was set up to act as a single-point of communications in relation to all Hard Services issues.

Reports would be brought to each Finance & Performance committee meeting to update members on performance against contract.

There had been some dispute over the deductions for the lack of provision for Renal and CDU. The Head of Hospital and Support Services advised that his team were keeping detailed records to ensure NHS Orkney did not lose money.

The Board Chair expressed that having cumulative data over a 6 or 12 month period brought to the committee would be very helpful to identify any patterns where there were regular issues.

The Chief Executive stressed that the Board must be able to demonstrate that this contract was being managed effectively. The Head of Hospital and Support Services advised that at present we are in discussion with Robertson's and working through Project Co with lawyers to manage the contract efficiently.

Decisions/Conclusions

Members noted the report.

17 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

18 Agree key items to be brought to Board or other Governance Committees attention

Clinical Care Governance Committee

- Point of Care Testing
- Mental Health Waiting Times

Board

- eHealth and IT Update
- AOP Delivery Update
- Current Financial Position
- Management of the Balfour Hospital Contract

19 Any Other Competent Business

Debtor Estate Update

The Head of Finance updated members that an ongoing dispute over monies owed by a debtor was still in progress and so far no funds from the estate had been released to creditors.

20 Patient Travel Policy– FPC1920-27

The Value and Sustainability Lead delivered the revised Patient Travel Policy for approval. Amendments to the policy included:

- Addition of virtual clinic provisions
- Clarity on patient escorts
- Escalation pathway 3rd tier changed to the Director of Finance
- General update for clarity

Decisions/Conclusions

Members approved the updated policy.

Items for information and noting only

21 Hospital Records Quarterly Report August 2019 – FPC1920-28

Members received the Hospital Records Quarterly Report August 2019 for noting.

Decisions/Conclusion

Members noted the report.

22 Capital Delegated Limits 2019-20 – FPC1920-29

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

23 AOP 2020-21 SGHD Performance and Delivery Team update – FPC1920-30

The Interim Director of Finance delivered the Capital Delegated Limits 2019-20 report for noting.

Decisions/Conclusion

Members noted the report.

24 Circular – DL (2019) 4 – Partnership Agreement Between NHS Scotland Counter – FPC1920-31

The Interim Director of Finance delivered the circular for noting.

Decisions/Conclusion

Members noted the circular

25 Schedule of Meetings 2019/20

Members noted the schedule of meetings.

26 Record of attendance

Members noted the record of attendance.

27 Committee Evaluation

Members noted that, while the meeting had run over time slightly, it had been necessary to discuss the reality of the financial position in detail. The Chair praised members for their involvement in discussions on difficult subjects and the high level of scrutiny involved.

The meeting closed at 12.51