

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee of Orkney NHS Board**
held on **Wednesday, 17 June 2020 at 10:00**

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, Board Chair

In Attendance: Christina Bichan, Chief Quality Officer
Julie Colquhoun, Head of Corporate Services
Debs Crohn, Head of Digital Transformation, and IT
Fiona MacKellar, Employee Director
Iain Stewart, Chief Executive Designate
Jason Taylor, Non-Executive Director (observing)
Kim Wilson, Deputy Director of Nursing (for item 338)
Louise Wilson, Director of Public Health
Christy Drever, Committee Support (minute taker)

322 Apologies

Apologies were noted from David McArthur, Gerry O'Brien, Marthinus Roos, Sally Shaw and Keren Somerville.

323 Declarations of Interests – agenda items

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

324 Minutes of Meeting held on 28 May 2020

The minute of the meeting held on 28 May 2020 was accepted as an accurate record of the meeting and was approved, subject to the following amendments:

- 253, Page 2, 1st bullet point – “presenting” should read “presented”
- 253, Page 2, 2nd bullet point – “Elective work or had been scaled back” should read “Elective work had been scaled back”
- 253, Page 2, 2nd bullet point – “advised that’s some services” should read “advised that some services”

325 Matters Arising

There were no matters arising.

326 Action Log

The action log was reviewed and updated as required.

Performance Management

327 Performance Management Report – FPC2021-13

The Chief Quality Officer presented the Performance Report which provided an

update on performance with regards to the Local Delivery Plan standards. Key points highlighted were:

- Performance in the Emergency Department remained positive
- Access to services had reduced in the last reporting period as a result of the scaling back of elective services to support the Covid-19 pandemic response.
- Urgent access had been maintained in line with national guidance and incrementally restarting service provision was being taken forward as part of remobilisation, guided by clinical prioritisation.

The Chair queried the steady decline in performance against New Outpatient Standard (12 weeks) over the past 7 years. The Chief Quality Officer advised the demand for services had regrown significantly within the time period. She explained that they were largely visiting services so there had been difficulties in keeping up with demand. She further explained that data which falls under Outpatients had also changed, previous reports had included local services, where recent data reports on consultant led services. With local services being stripped out of the report the data shows a more accurate picture of performance.

The Board Chair sought clarity surrounding the data for Cancer as there appeared to be conflicting statistics, with the report stating that “100% of patients started treatment within the 31-day standard. 75% of patients also started treatment within the 62-day standard”. The Chief Quality Officer advised that there were different principles against each standard which meant that though this data appears to conflict, in fact it did not.

J Stockan queried if the impact of those patients who were not coming forward for services when they should have been due to Covid-19, had been recorded in any way. He raised concerns over the need to change perceptions, as there was a greater health risk to those who do not come forward. The Chief Quality Officer advised that there were patients who had presented themselves to services much later than would be expected under normal circumstances. She noted that these had been recorded in Datix, with the intention of building a fuller picture of the delays to accessing treatment. She advised that many Primary Care practices had suggested they were busier at present than they had been before the Covid-19 pandemic began, and suggested that members of the public might have changed their mindset and were beginning to access services again. She reminded members that national communications were being shared by both NHS Orkney and local media on social media platforms. The Employee Director suggested that there continued to be a delay in patients seeking treatment from some services and that the communications should cover these too. The Chief Quality Officer agreed to ensure this was picked up within communications in future.

Decision/Conclusion

Members noted the update and were assured of progress.

328 Near Me Update – FPC2021-14

The Chief Quality Officer presented the Near Me Update which provided an update on the rollout of Near Me across services. Key points highlighted included:

- The Near Me project was in place before Covid-19, however since the pandemic it had been rolled out much quicker and on a much wider scale.
- More data would be provided in future, with the initial report showing uptake

rates and overall growth.

The Chief Quality Officer clarified that the need to utilise Near Me for clinics during the pandemic had increased use by visiting consultants as virtual consultations were the preferred option for patient and staff safety, with face-to-face now being a last option where possible. The Chief Quality Officer advised that there were still some small issues with the Near Me service, which were being worked through.

The Chief Quality Officer advised that the Rheumatology clinician, who could not travel to the island for clinics as normal, had been able to continue consultations either via Near Me or telephone call. She advised that while many clinicians would prefer face-to-face consults, this was not an option for visiting consultants at present, and the Project Manager in NHS Grampian had embraced working with NHS Orkney and Near Me, allowing good insight and conversations to be had to arrange services.

The Head of Corporate Services praised this as a success story for NHS Orkney, allowing increased capability in the use of digital tools across the organisation and encouraging staff to embrace the use of technology. The Board Chair reiterated the praise and queried whether the service could be rolled out farther, possibly to the third sector, including mental health services. The Chief Quality Officer confirmed that her team had been in positive conversation with Women's Aid Orkney, and were keen to embrace the use of the services with other partners. The Board Chair agreed to bring the topic to the next Third Sector Forum Meeting in the hope to progress the use of Near Me and to embed its use farther within the community.

The Interim Director of Finance sought clarity surrounding the costs and potential savings incurred within the Service Level Agreement with NHS Grampian. The Chief Quality Officer confirmed that the cost for a consultation remained the same, regardless of whether it took place virtually or in person. However, there was an opportunity to make savings within travel costs for patients and escorts whilst the patient benefit remains the same, and also increase value by providing increased consultations per session as the consultant no longer needs to take time out for travel.

The Employee Director raised that all teams should be made aware of the availability of Near Me clinics, as many remained unsure of which consultants were working virtually. The Chief Quality Officer advised that the services were still emergent, meaning that normal referral pathways remained in place. When a patient need was identified from a referral, NHS Orkney then contact the consultant secretary to enquire if the clinic could take place virtually. This ensured that each referral was patient centred and arranged on an individual basis.

J Taylor queried how many clinics were thought to be able to move to virtual in the future, and what level of saving could be made on travel because of this. The Chief Quality Officer proposed that around 30% of outpatient's appointments off island were review appointments, which it was expected could largely take place virtually as standard. She stressed that due to the Covid-19 pandemic, it was unlikely that normal services would fully resume for some months, with urgent treatments only and increased emphasis on capturing which services could be provided on island.

J Stockan stressed the need to promote the successful uptake of Near Me as a positive step forward to embed in future practice for clinicians and build community confidence.

Decision/Conclusion

Members noted the update and were assured of progress.

329 Workforce Update – Verbal

The Chair advised that he had been working alongside the Head of Corporate Services to bring a complete workforce report to the Committee meeting on 23 July 2020. He advised that this report would be structured in a similar way to the Performance Report and would include bank staffing, overtime and families of staff.

The Head of Corporate Services added in that she had been developing a workforce dashboard which would cover various Governance Committee's needs. She noted that key areas of interest for the Committee on the dashboard would include sickness absence, overtime excess hours and bank staffing, to allow the Committee to see a fuller picture of the workforce, rather than independent figures.

The Chair suggested that this would make a good starting point for the workforce report, with any additional information added if required.

The Chief Executive Designate advised that he had been in discussion with the Senior Management Team to bring all information together in one dashboard to allow a whole picture of the organisation. This would include performance, workforce, finance and quality. The Chief Quality Officer advised that she had been in discussion with the IT department regarding setting this up.

Decision/Conclusion

Members noted that a full report would be brought to the Committee on 23 July 2020.

330 Technology Enabled Care Strategy 2020 – 2023– FPC2021-15

The Head of Digital Transformation and IT presented the Technology Enabled Care Strategy 2020 – 2023. Key points highlighted included:

- The Near Me rollout had been a large part of the strategy
- All Health Boards were required to put in place a local implementation plan for driving forward digital transformation and the Covid-19 outbreak had brought this need forward
- The Community Mental Health Team in particular were doing a great deal of consults using Near Me and found it to be of great benefit for both the team and the patients.
- There had been an eHealth strategy in place from 2015, which had been refreshed to reflect the need to support both health and care sides of NHS Orkney services.
- The strategy had gone out for consultation across the workforce and NHS Orkney partners.
- The responsibility for funding digital transformation falls on NHS Orkney.
- Digital transformation had massively supported the Covid-19 response both within NHS Orkney and across Scotland and links into both the corporate strategy and workforce planning.
- There were three main priorities for the programme: Office 365 roll out, Hospital Electronic Prescribing Medicines Administration (HEPMA) and the need for a Community Electronic Patient Records System.

The Head of Digital Transformation and IT stressed that she believed the uptake of virtual clinics during the Covid-19 outbreak showed the NHS Orkney workforce would embrace digital transformation and clinicians would drive this forward

The Head of Digital Transformation and IT advised that there were no digital record systems which would tie in with the systems used by Orkney Islands Council. She had been in discussion with the Chief Officer and other IJB colleagues and it had been decided that all Orkney care homes would be given NHS email addresses to allow records to be shared safely. She acknowledged that the recent increased use of Microsoft Teams had aided partnership working significantly, allowing easier collaboration and communication.

J Stockan advised that he would be contacting Scottish Government and UK Government offices to push the need to rectify digital inequalities for island communities. He also stressed that we should be promoting NHS Orkneys leadership in use of digital technology and how we are helping tackle the climate emergency by doing so. The Head of Digital Transformation and IT advised that she had been in discussion with Liam McArthur regarding how he could help take digital inequalities forward and had also been contacted regarding potential drone trials within the isles. J Stockan advised that it was best to copy in the Isles Minister to all correspondence with Liam McArthur. The Board Chair stressed that if new technology trials were to take place within the isles, it was important to communicate this correctly, with the public opinion being sought before any project was progressed.

The Chief Executive Designate advised that to ensure the strategy was solid, there needed to be assurance on finance, capacity and capability. The Head of Digital Transformation and IT advised that the finances had been built into the annual plan with funding being built into this year's budget. She acknowledged that the team was small and it had been raised previously that there were large skill gaps within. She advised that there had been discussions regarding the use of Orkney Islands Council staff as trainers for NHS Orkney staff, to increase capability. The Head of Digital Transformation and IT acknowledged that there was a risk surrounding, finance, capacity and capability, and that this was on her risk register and was monitored weekly.

The Interim Director of Finance advised that until the capital allocation was received from the Scottish Government and the Annual Operational Plans were approved, funding could not be approved for IT services. The Head of Digital Transformation and IT stressed that it was difficult for her team to be able to provide the corporate service and supply support to teams, until they were aware of their allocation of resources. She advised that Near Me had a funding allocation, however other services were difficult to plan, presenting risks to the organisation. The Interim Director of Finance advised that once the allocations were approved he would advise the Head of Digital Transformation and IT to allow her to plan more accurately.

The Head of Corporate Services suggested that the pandemic had provided an opportunity to promote the use of digital technology. She stressed that this project was being driven forward and part funded nationally and agreed that while there were significant skills gaps within the team which would need to be addressed, the increased use of digital technology presented a huge opportunity.

The Employee Director advised that she felt the statement in section 5.2 should be more general to support management of waiting lists in various areas.

Members noted that the increased use of electronic learning would decrease the need for staff to travel off island, however it would not completely cease.

The Chief Executive Designate advised that he agreed with the strategy, however he had reservations regarding bringing it to the Boards attention for sign off, without finances in place. The Chair agreed that while he endorsed the strategy in principle, he did not believe the Committee could endorse it fully until the finances had been allocated.

The Chief Quality Officer suggested that the Committee should approve the aspiration and strategic intent, advising that her concern would be with the program delivery timelines, and that business elements would need to be reviewed on an individual basis. The Head of Digital Transformation and IT advised that some timelines would need to be adhered to, however some would potentially be flexible.

The Board Chair stressed the need to clearly articulate the risks associated with this strategy, including the potential need for a training program.

Decision/Conclusion

Members fully supported and endorsed the intent and content of the strategy; however, concerns were raised surrounding risk, finance and clinical support and it was felt that these should be attached before the Board should approve the strategy.

331 Community Electronic Patient Record (EPR) – FPC2021-16

The Head of Digital Transformation and IT presented the report on the Community Electronic Patient Record (EPR). Key points highlighted included:

- The need for a Community EPR within the community teams was a priority within the digital strategy, as some teams were still using paper records and scanning, which presented an information governance risk. This had been highlighted as a clinical need, which would allow continuity of care and security of patient records.
- An options appraisal had taken place, including discussions with Orkney Islands Council.
- A paper had been taken to the Technology Enabled Care Board in February, where a business case had been recommended. This had been delayed due to Covid-19.
- The MORSE Community EPR system had been offered to the Board with the first 6 months at no cost, after which the subscription costs were £55k per annum, with no restriction to the number of licences.
- Many efficiencies had been noted including financial savings, by working in new ways and providing clinical and organisational benefits.

The Deputy Director of Nursing suggested that the Community EPR would reduce travel for staff between patients as they would not need to return to the hospital to input patient notes. The Employee Director agreed that the current way of working was inefficient, incurring travel and overtime costs as well as the risk of patient data being lost. The Head of Digital Transformation and IT agreed that the Community EPR would transform the way community teams worked in future.

The Chair enquired whether £55k per annum included all costs, and The Head of Digital Transformation and IT advised that all staff already had all equipment and the

software was cloud based. The Interim Director of Finance advised that a full business case would be needed detailing the potential savings and costs.

The Chief Quality Officer stressed that the current systems were inappropriate and while she understood the need to have had finances in place, she was pleased that there was now a plan in place for a Community EPR going forward.

The Board Chair suggested that the business case should be taken to the Senior Management Team rather than brought back to the Committee. The Chief Executive Designate agreed and queried whether the funding should be sought from the Orkney Health and Care budget or NHS Orkney as it was for shared services.

The Chief Executive Designate advised that he had asked B Wilson to review mental health services and the Head of Digital Transformation and IT advised that she had been involved in demonstrations for the MORSE Community EPR. The Employee Director advised that staff had been very pleased with the demonstration of MORSE and reiterated that it was important to action this quickly as allowing staff to use the current unsafe working systems went against professional standards.

The Interim Director of Finance queried whether other suppliers had been considered, the Head of Digital Transformation and IT advised that an options appraisal had been undertaken, however no other system could provide what was required by our teams.

Decision/Conclusion

Members approved the significant need for a Community EPR, however it was agreed that a full business case was required before it could go ahead, and that this should be taken to the next Senior Management Team meeting. The Chair stressed that this should be undertaken at a fast pace as there was a clinical need for the system.

Financial Management and Control

332 Financial Performance Management Report – FPC2021-17

The Interim Director of Finance delivered the Financial Performance Management Report advising that:

- NHS Orkney was yet to receive its allocation from the Scottish Government, meaning that neither month 1 or 2 reports had been completed. It was believed that these allocations would be received soon.
- NHS Orkney met all three targets set out by Scottish Government Health & Social Care:
 - Revenue Resource Limit (RRL)
 - Capital Resource Limit (CRL)
 - Contain its spending and Cash requirement
- The core RRL was set at £64.272m, against which there was an underspend of £59k. The comparative underspend in 2018/19 was £27k. The CRL was £3.206m for the year, net of receipts, against which there was net investment of £3.205m.
- The Board delivered against its savings target of £750k (£756k achieved in year), of which £118k was delivered as recurring savings, with the remaining balance achieved on a non-recurring basis through various areas of underspends, including vacancies.
- The Integration Joint Board delivered a breakeven position.

- Reports detailing this would go through both the Audit and Risk Committee and NHS Orkney Board meetings.

Decisions/Conclusion

Members noted the update and were assured of progress.

333 Covid-19 – Local Mobilisation Plan Weekly Finance Return – FPC2021-18

The Interim Director of Finance delivered the Covid-19 – Local Mobilisation Plan update, highlighting:

- anticipated additional COVID 19 Health Board costs of £4.5m
- anticipated Health and Social Care Partnership COVID 19 costs of £1.9m
- anticipated Health Board under achievement savings for 2020-21 of £3.8m
- anticipated Health and Social Care Partnership Board under achievement savings for 2020-21 of £1.2m

The Interim Director of Finance advised that there was no guarantee that the Scottish Government would provide funding to meet unachieved savings. He also advised that Richard McCallum had informed all Directors of Finance that retrospective approval had been granted for Covid-19 related costs.

The next update to the Scottish Government was due on the 22/6/2020

The Board Chair sought clarity regarding the use of abbreviations as both IJB and H&SCP appeared to be being used to describe the same group. The Interim Director of Finance agreed that this was the case and agreed that there was a need to use correct language in future.

Decisions/Conclusion

Members noted the update and were assured of progress.

334 Annual Accounts / Audit Update - Verbal

The Interim Director of Finance delivered an update on the Annual Accounts for the year ended 31 March 2020 advising the documents were being finalised alongside the auditors and would be brought to the Audit and Risk Committee and NHS Orkney Board meetings on 25 June 2020. He advised that the auditors had not recommended any significant changes to the original draft and that he would report to the Board that NHS Orkney had delivered against its three financial targets.

Decisions/Conclusion

Members noted the update and were assured of progress

Governance

335 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

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

Board

- Near me Update
- Technology Enable Care Strategy 2020-2023
- Financial Performance Management Report
- Covid-19 – Local Mobilisation Plan Weekly Finance
- Annual Accounts / Audit Update

Clinical and Care Governance Committee

- Community Electronic Patient Record (EPR) – to be raised at the Senior Management Team meeting next week, then brought back to both the Finance and Performance Committee and the Clinical and Care Governance Committee

337 Any Other Competent Business

There was no other business raised for discussion

Items for information and noting only

338 Next meeting

Members noted that the next meeting would bring the Committee back into the normal cycle of meetings and would be held virtually at 9.30am on 23 July 2020.

339 Record of attendance

Members noted the record of attendance.

340 Committee Evaluation

The Chair praised the encouraging update on Near Me usage, the high level of scrutiny of the Technology Enabled Care Strategy and good discussion surrounding the Community Electronic Patient Record (EPR) report.

The Board Chair reiterated that there had been robust discussion and challenge around some topics raised, which showed good governance and scrutiny from the Committee.

The meeting closed at 11:45