

Orkney NHS Board

Minute of virtual meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 22 July 2021** at **9:30**

Present: Davie Campbell, Non-Executive Director (Chair)
Michael Dickson, Interim Chief Executive
Mark Doyle, Director of Finance
Steven Johnston, Non-Executive Director

In Attendance: Christina Bichan, Head of Assurance and Improvement
Lynda Bradford, Head of Health and Community Care (for item F25)
Stephen Brown, Chief Officer, IJB
Christy Drever, Committee Support
Pat Robinson, Chief Finance Officer of the IJB
Alan Scott, Estates Manager (for item F26)
Keren Somerville, Head of Finance
Louise Wilson, Director of Public Health

F20 Apologies

Apologies were noted from David McArthur and Meghan McEwen.

F21 Declarations of Interests – agenda items

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

F22 Minutes of Meeting held on 27 May 2021

The minute of the meeting held on 27 May 2021 was accepted as an accurate record of the meeting and was approved, subject to the following amendments.

Page 6, Bullet Point 5 should read “By comparison, NHS Orkneys GP prescribing costs were comparable with other Boards.”

Page 6, Paragraph 2 should read “Members queried the future environmental factors affecting use of drugs or medical gases and alternatives.

F23 Matters Arising

Page 2 – 7 Technology Enabled Care Programme Board

The Director of Finance provided clarity surrounding the purpose of the Technology Enabled Care Programme Board (TECPB), highlighting:

- The TECPB had been reinstated, with a redrafted remit planned to go to the meeting in August.
- The Digital Strategy was in the process of being reviewed, to outline plans for the next 3 years over key areas. The Strategy would encompass all areas of NHS Orkney, including the Integration Joint Board, GP Surgeries and third sector partners.
- The final versions of the remit and Digital Strategy would be brought through the Finance and Performance Committee once it had been reviewed by the TECPB.

F24 **Action Log**

The action log was reviewed and updated as required.

Performance Management

F25 **Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update – FPC2122-09**

The Head of Assurance and Improvement and Head of Health and Community Care presented the Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update, highlighting the following key points:

- Reporting of performance data for the CAMHS service remains suspended however The Operational Manager of the Community Mental Health Team and Head of Health and Community Care had been focusing team efforts to improve the quality of data and additional hours had been funded within the administrative team to ensure data reporting was able to recommence.
- The timeline for resuming submission of data for national reporting was September 2021.
- The Mental Health Task and Finish Group work had been continued with the three sub-groups continuing to meet regularly. Through these subgroups' improvements are being progressed in relation to Referral, Mild-Moderate Treatment Modalities and Communication. This work was now being led by the Head of Health and Community Care and the Steering Group and Oversight Groups had not been re-instated given the negative impact additional meetings had on capacity and in particular on clinical time.
- Additionally, the introduction of Distress Brief Intervention (DBI) had also been progressed with a 2-year test of change being approved at the last meeting of the Integration Joint Board. Looking ahead, consideration was being given to how all three sub-groups and the DBI test of change could be rolled into the work of the Mental Health Strategy group to provide one streamlined programme of work.

Members were advised that the Scottish Government were updated regularly and were pleased with progress and projected timescales.

The Interim Chief Executive stressed the importance of lessons learnt, including understanding what the barriers were to supplying quality data returns and sharing the learning across services from this. The Head of Assurance and Improvement highlighted that her team monitored any data quality issues across all services and highlighted these to be rectified as quickly as possible. She highlighted that this particular case had been more significant than would normally be expected, and that learning would be taken and shared with colleagues via the Executive Management Team meetings.

The Head of Health and Community Care advised that the team had introduced regular auditing of case notes prior to scanning into C-cube.

Decisions/Conclusion

Members noted the update and were assured of progress, looking forward to

further updates in future as applicable.

F26 Property Asset Management Strategy – FPC2122-10

The Estates Manager presented the Property Asset Management Strategy on behalf of the Head of Estates and Facilities, highlighting the following key points:

- The strategy had been integrated with the new North Regional Asset Management Plan.
- The strategy details the state of all assets, including all essential work needed to make buildings physically and functionally suitable.
- Many properties had been rated as high priority, including several on the outer isles. These ratings consider the suitability of a space, and in many cases the properties were repurposed homes. This meant more work might be needed to bring these properties to the same level of suitability as other properties, including space utilisation, water systems and fire safety standards.
- An application had been submitted for funding for a consultant to come on island and review properties from an environmentally friendly perspective. Following this assessment, a further application for funding would be placed to undertake any improvements identified

Decisions/Conclusion

Members noted the update and were assured of progress.

F27 Performance Management Report – FPC2122-11

The Head of Assurance and Improvement presented the Performance Management Report which provided an update on performance with regards to the Local Delivery Plan standards. Key points highlighted were:

- Performance in all areas had shown improvement, with the exception of the 62-day cancer standard. This standard had been affected by bed capacity issues in NHS Grampian and the team were actively monitoring this situation.
- The team was ready to go live with public reporting of average waiting times. This would be published on the NHS Orkney website and social media pages.
- Golden Jubilee Hospital had reopened to routine and urgent referrals, however there was a limit to those accepted each month. It was hoped that the backlog of patients would be cleared by 31 August 2021, after which patient flow should return to normal.
- All clinics and visiting services had resumed, with most working at the frequency they had prior to the pandemic. Clinics were running at a reduced capacity, due to social distancing within waiting areas, and increased infection prevention and control measures in place between patients.

Members highlighted the impressive Covid-19 vaccination data, and thanked all staff involved for their hard work.

Decisions/Conclusion

Members noted the Performance Management Report and were assured of progress against standards.

Financial Management and Control

F28 Financial Performance Management Report – FPC2122-12

The Director of Finance delivered the Financial Performance Management Report, detailing the current financial position of NHS Orkney. Key points included:

- The report had already been presented to the Board meeting in June, however due to deadlines, June reporting was not prepared in time to be brought to the Finance and Performance Committee
- The year to date position was an overspend of £0.792m and at this very early stage we are anticipating a year end outturn of £4.9m overspend. The Covid-19 spend was £0.846m.
- At this very early stage in the reporting cycle the numbers are heavily caveated and based on several assumptions:
 - The year-end position was heavily predicated on the delivery of £1.2m of identified savings.
 - The £4.9m overspend also assumes no further savings delivered against the identified savings targets.
 - It was anticipated that the Integration Joint Board would, in conjunction with NHS Orkney, deliver against its unachieved savings brought forward from 2020/21 of £0.800m.
 - Prescribing costs might be further impacted by ongoing Covid-19 concerns and EU Exit.
 - We continue discussions with other Health Boards to monitor Service Level Agreement activity and the impact of Covid on these costs in year.
 - It was anticipated that full funding for Covid-19 expenditure would be provided by the Scottish Government.
 - Covid cases in Orkney continue to be low, if this changes there could be an impact on projected costs.

Members noted that progress had been made towards recruitment to a substantive medical model, and the Associate Medical Director and Director of Finance kept in regular contact regarding this.

The Director of Finance stressed the need to demonstrate to the Scottish Government that NHS Orkney are making progress towards achieving financial balance and controlling the overspend.

Decisions/Conclusion

Members noted the Financial Performance Management report and were assured of progress.

F29 2021/22 Capital Plan – FPC2122-13

The Director of Finance presented the Capital Plan for 2021/22 highlighting the following key points:

- The Scottish Government was to provide NHS Orkney £0.978k Capital Resource Limit, which would allow NHS Orkney to direct resources into priority areas, predominantly Estates, IT and Medical Equipment.
- The Board would discuss with the Scottish Government a proposed capital

to revenue transfer of £250k.

Decisions/Conclusion

Members noted the update and approved the proposed Capital Plan for 2021/22.

Policies for Approval

F30 Information Governance Policy – FPC2122-14

The Director of Finance presented the updated Information Governance Policy for approval, highlighting that the Information Governance Committee had reviewed the policy on 17th June 2021 and had recommended it for approval by the Finance and Performance Committee.

It was noted that section 4.9 currently reads “This policy and related Information Governance Policies would be approved by the Audit Committee”, which was incorrect as the Audit and Risk Committee was not able to approve policies. This would be amended by the Information Governance Officer to read “Finance and Performance Committee”

Decisions/Conclusion

Members approved the updated Information Governance Policy subject to above change.

F31 Information Requests Policy - FPC2122-15

The Director of Finance presented the updated Information Requests Policy for approval, highlighting that the Information Governance Committee had reviewed the policy on 17th June 2021 and had recommended it for approval by the Finance and Performance Committee.

Decisions/Conclusion

Members approved the updated Information Requests Policy.

Governance

F32 Issues raised from Governance Committees / Cross Committee Assurance

No issues had been raised.

F33 Agree key items to be brought to Board or other Governance Committees attention

Members agreed that the following items should be raised to the Board via the Chairs Report for assurance:

- Children and Adolescent Mental Health Services (CAMHS) Reporting and Mental Health Task and Finish Group Update
- Financial Performance Management Report
- 2021/22 Capital Plan

- Information Governance Policy
- Information Requests Policy

F34 Any Other Competent Business

There was no other competent business.

Items for information and noting only

F35 Schedule of Meetings

Members noted that the next meeting would be held virtually at 9:30 on Thursday, 22 September 2021.

F36 Record of attendance

Members noted the record of attendance.

F37 Committee Evaluation

The Chair highlighted the benefit of receiving the early savings foresight for the coming year and the deep dive into the CAMHS reporting to provide further assurance to the Board.

The meeting closed at 10:41