

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Monday 19 February 2024** at 10:00 via MS Teams

Present:

Meghan McEwen, (Chair)
David Campbell (Vice Chair)
Des Creasey, Non-Executive Board Member
Mark Doyle, Director of Finance
Laura Skaife-Knight, Chief Executive

In Attendance:

Carrie Somerville, Planning, Performance and Information Manager
Anna Lamont, Medical Director
Paula Tinniswood, Recovery Director
Debs Crohn, Head of Improvement
Joanna Kenny, Non-Executive Board Member
Isobel Grieve, Non-Executive Board Member
Jason Taylor, Non-Executive Board Member
Keren Somerville, Head of Finance (Deputy)
Michelle Mackie, Interim Deputy Director of Nursing (Deputy)
Sara Lewis, Consultant in Public Health (Deputy)
Maureen Swannie, Head of Strategic Planning (Deputy)

F104 Apologies

Apologies were received from Samantha Thomas, Director of Nursing, AHPS, and Acute Services, Jean Stevenson, Non-executive Director, Louise Wilson, Director of Public Health and Stephen Brown, Chief Officer IJB

F105 Declarations of Interest

No declarations of interest were received.

F106 Minute of Meetings:

- **29 November 2023** – The Chair proposed an amendment to item F66 on the minute, members agreed.
- **8 January 2024**

The Committee **approved** the minutes, with the amendments as noted.

F107 Chairs Assurance Reports:

The Committee **approved** the CAR, the Chair noted that at the meeting on the 29th of November 2023 there was an issue escalated about papers not being submitted in a timely manner, suggesting that this will also be a matter of concern from this meeting.

F108 Matters Arising

Items F68 and F69 paper to next meeting to confirm payments made and the totals, closed off at next meeting

F109 Action Log

The Action Log was discussed and updated accordingly.

Action No 06-23/24 - the Chief Executive proposed to members that the Digital Update should be developed in line with the need for a full review of digital governance, the addition of a new Corporate Risk around Digital and a quarterly strategic report to come to F&P and SLT.

Action No 08-23/24 – the Chair asked to ensure clear and consistent use of the narrative in terms of locum, agency and bank, suggesting that we cannot interrogate and seek assurance if the terminology is used differently.

Risk

F110 Finance and Performance Committee Risks – FPC2324-69

The Medical Director presented the committee risks, noting they have not been reviewed recently and as such presenting for discussion and review. The Medical Director focussed on the Corporate Finance Risk **ID 510**, currently scored at 25.

D Campbell expressed concerns about the presentation of the risk register, specifically no detailed mitigation, no clear action plans, suggesting that as it is presented it is just an update for noting, not a report for scrutiny.

The Chair asked who attends Risk Management Forum and where it reports to.

Post meeting note

The Risk Management Forum reports to the Audit and Risk Committee.

Members of the Risk Management Forum:

Carrie Somerville, Diane Smith, Lynn Adam, Ryan McLaughlin, David Miller, Lawrence Green, Ali Sabiston, Iain Gray, Richard Rae, Lorna Wilson, Wendy Lycett, Maureen Firth, Katrina Kelday, Nick Crohn, Helen Thain, Alan Scott, Moira Sinclair, Elvira Garcia, Sharon Smith, Anna Lamont.

A conversation followed in terms of ownership of risk **ID 349** suggesting that it should be the Director of Nursing, Midwifery and AHPs in her Professional Leadership role. M Swannie advised that a thorough audit is required of the use of PARIS as a health record system.

J Taylor, as Chair of Audit and Risk, asked for the issues to be raised to Audit and Risk Committee.

The Chief Executive brought to the attention of the Committee that digital agility and ability and access and availability of robust and timely data will be 2 new risks to be added.

Conclusion/Decision

Members **discussed** the risks.

In year performance

F111 Integrated Performance Report – FPC2324-70

The Head of Planning, Performance and Information presented the sections relevant to the Committee, highlighting areas of success and those areas that still require improvement.

D Campbell welcomed the maturity of the report and the presentation, however stated he needed to understand how the report is aligned to other committees, he further asked about the mitigation, in particular how we further develop to actually see improvements.

The Chair reminded members that meetings are not mitigations.

The Chief Executive suggested that whilst there is still a need to focus on improving the quality of the report, in terms of the problem areas, they will now feature in improvement plans, owned by the Executives and visible across the organisation. She went on to state that as per the efficiency programme there are 12 new workstreams being set up, and each area of improvement should slot into one of those workstreams.

The Chair added that where there are issues that arise that as a Board we are not aware of there needs to be an exception reporting route outwith the regular reporting schedule. P Tinniswood was clear that the governance of the Improvement Programme is about escalating and reporting by exception.

The Chief Executive reminded members that it has previously been reported that Performance Review meetings will come into the reporting schedule, with this and the workstreams nothing should be slipping through the net or any surprise.

The Chief Executive expressed concerns about the multiple schedule operation cancellations, one patient has been cancelled 10 times, cancelled operations will continue to be a part of the IPR and the improvement programme (Theatres Workstream) will report to The Director of Nursing, Midwifery, AHP and Acute Services as SRO.

Post Meeting Note from Theatre Senior Charge Nurse

Cancellations can happen for a wide variety of reasons, as you know. I am planning on asking the HI team to see if they can pull me some data off Opera each month so that I can look more closely at the reasons cancellations.

I have done a manual look at the January and February data, and cancellations by the hospital (not by patients) were broadly in the following categories:

- *snow and weather related - we did not have an anaesthetist one day due to snow so had to cancel some procedures. Snow also prevented the arrival of some loan kit for orthopaedic operations which meant they had to be cancelled.*
- *anti-coagulants not stopped for the required period - we have had a few procedures cancelled from endoscopy lists because the patient had not stopped anti-coagulants for the required period before the procedure (eg stopping it for 3 days rather than 7). In some cases the patient had received*

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different pre-op advice from the surgeon in clinic, to what the surgeon doing the procedure wanted. There is a Datix regarding this issue which is with me for investigation.

- On two days in February the on-call team were called out the night before for an emergency and this left us unable to staff lists the following day, so some patients were cancelled.*
- We had to cancel two gynae patients for ablations because our ablation machine broke.*
- We had one day where we had to cancel 3 procedures under local in order to do two emergencies that could not wait.*
- We had a few cancellations for lack of inpatient bed availability, including at least one where the patient had not stated they did not have an escort but on the day did not have one and there was no bed availability in the hospital to offer them one.*
- Patient not fit on the day, so cancelled by the anaesthetist or surgeon.*
- There were water issues in CDU which meant that they could not sterilise some of our equipment, which meant we had to cancel two cystoscopies.*

I am working on the following mitigations at the moment:

- CDU resilience - there is potentially some money available from the Scottish Government to procure more instruments so that we can be more resilient to CDU going down. Gary Drever and I are looking into this. I believe this issue was also identified by the Improvement Hub.*
- I have done a piece of work to ensure that Outpatients and Day Unit follow the same NHS Orkney guidance regarding anti-coagulant advice, and the Clinical Admin team refer patients who have queries back to Outpatients rather than giving advice themselves. We have started including an advice slip with all General Surgery appointment letters to alert patients that they should have received anti-coagulant advice and to contact Outpatients if they are unsure. I have raised the issue with Monique and Anna as well, because it seems as though locum doctors are not always aware of the NHS Orkney guidance, or are applying it inconsistently.*
- We have obtained a replacement ablation machine.*

In all cases where we have to cancel a patient, we aim to be able to offer them an alternative date for their procedure at the time of cancellation.

D Creasey asked the Chief Executive if there was a feel for which areas we have lacking data quality and robustness, he was advised it is a mixed picture across operational, financial improvement and quality and safety.

Conclusion/Decision

Members **discussed** and **reviewed** agreeing they could take **limited assurance** given data quality and integrity.

F112 Colonoscopy Update – FPC2324-71

The Medical Director presented the Chairs Assurance Report from the last meeting of the Incident Management Team, presented to the Committee as a result of the need

to use Waiting Times Initiative money, advising members that until there is a substantive Consultant in place there will be an intermittent requirement in terms of access to the money.

The Chair asked what the risk is of other diagnostic pathways being disjointed.

D Campbell, cross committee assurance where does this go. The Medical Director advised that the assurance report had previously reported to the Quality Forum, with an update requested to come back in March with a view to moving to business as usual.

Decision/Conclusion

The Chairs Assurance Report was **discussed** and assurance received from the Financial perspective.

Recovery and Improvement

F113 Finance Reports – FPC2324-72

Month 9 - The Director of Finance reported an overspend at the end of December 2023 of £4.765 million, and overspend of £5.967 million.

Month 10 – The Director of Finance presented an updated report in terms of the position at the end of January 2024, showing a marginal improvement from the Month 9 position.

D Campbell expressed concern in terms of the papers not showing a step change in improvement given that we are in financial escalation, he went on to say the presentation of the papers is still the same and there is no evidence that the spend is slowing down. He went on to say that there is also confliction in terms of what is being presented, in one paper we are reporting improvement in terms of a reduction in agency and in another it is showing as increasing.

D Creasey suggested that the papers are presenting as a show and tell of numbers, reminding members that for 2 years there has been a presentation of numbers and presentation of a position, without the detail behind it. He went on to say that is it difficult to have confidence in some of the savings, when as a Committee we are not receiving the detail and the risks around them, we see this the story varies and it gets worse but why, what is driving it.

D Campbell asked for assurance around the Executive Team working owning and working together to address what is behind these numbers, position mitigation and results.

The Chair asked for an explanation in relation to the reference to reserves in the reports. The Director of Finance explained we get money for a particular job or workstream, and the money is held until it is needed, if it is not used it is released back into the system. The Chief Executive suggested there needs to be some form of visibility of the reserves and the decision making in terms of what is being moved from where to where.

After some discussion about the presentation of the report and the information that the Committee would like to see, the Director of Finance agreed to look at the format of the report going forward.

D Campbell raised his concerns about the capital plan, in particular the £1 million swing at this point in the financial year. The Director of Finance advised the Committee that the Capital set aside will be allocated across the Estate. In terms of the swing the Director of Finance reported that prescribing data is behind which is a contributing factor, and with additional spend in relation to SLA it is likely we will land somewhere in £5.9million, highlighting there is a number of challenges including inflationary pressures that will come in before the year end.

The Chair suggested that it is hard to interrogate this data, in respect of the question around the SLA costs the Board should know how many people we have sent and what they have been sent away for. The Medical Director advised the Committee that in some cases there is no SLA, and there is no established ability to link between the demand, the cost and the activity.

The Chair noted that the Patient Travel costs are captured in the external commissioning line and asked for it to be presented separately moving forward.

Decision/Conclusion:

Members **noted** the financial position at month 9 and month 10

ACTION: Information to come back to the March meeting to show where the adjustment is in terms of reduction of Agency.

F114 Draft Financial Plan – FPC2324-73

The Director of Finance presented the updated plan following initial discussion on 8 February 2024. He advised members that there had been a meeting on 12th February with Fiona Bennet from Scottish Government who gave feedback on the presentation of the financial information. The Director of Finance went on to share that there are still areas of concern in particular locum and agency, safe staffing and establishment review.

The Director of Finance shared concerns around the plans for the delivery of £4 million savings, he went on to say that based on the information available to him there are still a lot of issues.

The Chair reflected that she is not seeing evidence of learning from last year, she shared concerns about the presentation of the plan, and given the Director of Finance Director has no confidence in the delivery, is a cause for concern.

D Creasey shared his significant concern about the assumptions, he expressed a lack of confidence in how the 6% target will be achieved, when to date NHS Orkney have not delivered on 2%. He went on to say if the plan goes to Scottish Government in this format it is setting the Board up to fail.

The Chair asked again for some of the numbers behind some of the assumptions, suggesting there is no confidence in them, suggesting that what is presented is a list and that there needs to be more than a list to be able to give the necessary scrutiny.

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The Medical Director suggested there is a need for clarity on whether the Board can perform on the level we are accountable for with the 6% savings target, she went on to say that whilst there is a need to be ambitious, there is also a need to remember we are not just accountable for Finance but for the delivery of healthcare. The Chair said it would be great to be able to show the risks to performance within the perimeters of this report.

D Campell asked when the Committee is likely to see linkages between taking costs out, and innovation, and start doing things differently, he expressed concerns about moving into 2024/25 with no clear delivery plans challenging on how much can really be delivered when we are not seeing innovation and change.

The Chair, referencing the safe staffing savings, stated that there has been no visibility or reporting in relation to readiness for the Safe Staffing Act, and as such it is uncomfortable to make decisions when we need to think about the quality and safety implications.

The Chair, referencing the £2.4million savings target attached to the IJB, shared that at a recent IJB development session it was very clear that it is unlikely there will be savings delivered.

P Tinniswood suggested that key to the discussion are the timelines shown on page 6 of the Efficiency Programme Report. She went on to say that the team will work closely with the organisation to meet the timelines, and submissions to SG, stating they are working at pace.

P Tinniswood went on to say that in the 5 weeks the team have been working with the Board, they have had no sight of a sustainability programme, suggesting that FSO was an extension of the finance department, there was no involvement with the Executive Team to work up deliverable schemes to make an impact across the organisation. She stated that the data extracts and data sets are not what are required to cost up and work up the savings in the way that is required. Committee members were advised that budget owners do not have true ownership of their budgets.

P Tinniswood stated that all efficiency schemes have been identified, they need to be owned by the SROs and the delivery leads, the apportionment in the first instance is looking at budgets across the 12 workstreams, which must be triangulated with risk matrix across all the streams, a financial tracker will sit against the improvement workstreams.

The Committee were reminded that in terms of submission to Scottish Government, there are 2 additional years that need considered and a calculation over years 2 and 3 is necessary to show the improvement programme will look like for Orkney.

P Tinniswood advised the Committee that the Improvement Hub are working with teams on some key areas of improvement such as a dashboard of off island travel, which needs to be developed very quickly, to be able to track and monitor patients going off and on the island, she also advised that the Head of Procurement is working on a system to track and enable visibility on all contracts.

The Chair asked of P Tinniswood, how we get to the state you describe from where we are now.

D Creasey noted the detail in relation to the efficiency programmes described, but asked for detail in respect of the numbers, it was agreed a post meeting note would be submitted to address this point.

The Chair asked why the cost associated with the Breast screening Van is a recurring cost pressure and not budgeted.

The Chair reminded members that a first draft submission of this plan is due on the 23rd of February, and at this point there is no collective owned shared narrative.

The Chief Executive suggested that whilst this paper answers the exam question that every board is asked to answer by the Scottish Government, what this paper does not do is give clarity and in terms of cost pressures articulated, does not show what this means in terms of quality and safety and risk in the rounds. She went on to suggest that in its current format it is not a credible or deliverable plan, that there is more work to be done and the Board is already nearly a month behind other Boards.

The Chief Executive stated that there is a need to be submitting a plan around the £5.8 million, excluding brokerage and considering the areas discussed and put forward a more realistic and deliverable plan. She went on to say that there is a need to navigate our way over the next few weeks around cost pressures performance and quality and safety. Learning from previous versions, the next paper must be clear in what different needs to look like.

The Chief Executive stated that SLT have not seen this plan and the level of buy in is not there, she advised members that she has no confidence in level of buy in.

D Creasey shared with members his understanding there is a need to tick the box for the Scottish Government, the key part as he sees it is the desire to find a credible solution and a credible number that we can strive towards. D Campbell agreed stating that there is a need to present something that is realistic.

The Chief Executive suggested that at the Board Meeting on 22 February, some will be receiving in real-time, there is a need to come to a shared understanding, to ensure the full board is signed up to what that might need to be.

Decision/Conclusion:

The Chair suggested that the Director of Finance and the Chief Executive give consideration to the next conversation with Scottish Government

Members **discussed** the plan and made a number of suggestions for amendment.

F116 Efficiency Improvement – FPC2324-74

P Tinniswood presented the governance framework for the Improvement Programme, advising members that she has been working with colleagues from the Improvement Hub to ensure oversight. Members were advised that a number of meetings have been scheduled this week with SROs and she and her colleagues will be on site to work with the teams so that there is learning and understanding. The Committee were advised that there is visible enthusiasm from most departments, and acceptance that things can be done differently.

P Tinniswood accepted that the time constraints are clear, the team will need everyone to share in that single vision and a positive dynamic and momentum is required, if it is disjointed staff will become concerned, and distressed. The Chief Executive is working on a comprehensive communication plan to ensure the vision is shared across the organisation. The Committee were advised that the Improvement Hub will work up the schemes, make sure they are the best fit, then develop the matrix, highlighting where there is clinical risk or establishment risk. To support this there is the data that is needed, data has not been available to date. She went on to share some positive engagement,

Decision/Conclusion

Members **noted** the update, the Chair proposed escalation of a risk around buy in suggesting there is an absence in clear collective leadership.

F117 Draft Annual Delivery Plan – FPC2324-75

The Head of Planning, Performance and Information presented the draft plan advising members that development has been a collaborative approach, working closely with colleagues from Finance and Workforce to build on the extended SLT planning sessions. She went on to say that supplementary guidance on the development of this plan had been recently received and as a result worked closely with the Improvement Hub, however listening to conversations at the meeting it is proposed to get back around the table with Finance and Improvement colleagues to review the plan and the narrative.

The Chair asked for a position update in terms of what is being done to shift the reported length of stay and delayed transfers of care, she suggested that there are zero actions described beyond meetings.

Post Meeting Note

The Chair expressed concerns in relation to some of the plans, referencing the plan to grow primary care mental health services, which has not been achievable to date. She also suggested that a revisit to the inequalities section is required, given there is no reference to the non-linked isles and inequalities therein.

The Committee asked to see an updated version of the report prior to the Board meeting on 22 February.

Decision/Conclusion

Members **approved for onward submission to the Board.**

F118 Disposal of the old Balfour Site – FPC2324-76

The Head of Estates Facilities and NPD presented the Committee with the next steps required to dispose of the old site. He went on to advise the Committee in terms of the advisors required to move the process on, the first step in the process is the Board declaring the site surplus to requirement.

The Chair asked for assurance that it was surplus to requirement, given the substantial performance issues, the Medical Director responded, stating that the availability of Outpatients space is not our challenge.

D Campbell asked what would happen should public sector not express interest.

The Medical Director asked there has been a full assessment of the grounds in terms of risk, eg asbestos. The Head of Estates, Facilities and NPD confirmed this had been completed.

Decision/Conclusion

Members **noted** the report and approved to progress to the Board.

Digital

F119 Digital SLT with NHS Grampian – FPC2324-77

The Head of Improvement presented the paper, asking members to note we have not had a signed SLA in terms of supporting our digital systems since 2021. She advised the paper has been to the TEC Board and Senior Leadership Team, and is presented for approval.

The Head of Improvement advised members that the money for the SLA is in the budget, including the money for a small uplift for 2024/25, she advised that a call is planned with colleagues in NHS Grampian to look at how we get the best out of our digital record system (Tracare).

D Campbell asked about internal control, in terms of assurance that something like an unsigned SLA is tightened moving forward. The Chief Executive advised members that there has been a concerted effort to collate the SLAs, and through SLT they are going through each one, putting this right and ensuring clear ownership and that the SLAs are fit for purpose. She advised members that there is a lot needed to build relationships with NHS Grampian in this area, reporting things are not in a good place.

The Chair reflected that in her role as Audit Chair some years back, there was an audit report demonstrating no control in relation to SLAs, which was clearly a missed opportunity for learning.

Decision/Conclusion

Members **approved** spend and noted the work to be done.

Resilience

F120 Major Incident – Major Emergency

The Resilience Officer presented the updated plan for approval, explaining the last agreed plan was in 2019. He advised members that since that plan the guidance has been updated by Scottish Government and the plan has been updated accordingly. Members were advised that the main changes are organisational roles and job titles along with the introduction of JESSOP Principles to the plan. The plan was presented to the Senior Leadership Team in January and here today for approval.

The Chair suggested that we need to recognise our geography a little bit more in terms of the wider islands and planning for emergencies, also suggesting she would like to see a little bit more about the training. D Campbell asked how we stress test, to which the Resilience Officer advised a table top exercise and live exercise is in the planning. He went on to advise members that the plan has limitations and if we had a major incident we would struggle, however we do try and train internally.

It was noted that there is a lot to do in terms of training, which does require time and resource, however in terms of not doing that leaves us vulnerable in terms of major enquiries, and reflecting on the COVID-19 enquiry, its all about what decisions were made and what was the rationale.

The Chair thanked the Resilience Officer for the paper and suggested that before we get to exercises there is a lot to do to get it right, the starting point a full educational session with the extended Senior Leadership Team, then onto an exercise, however noted that there is a need to operationalise these plans.

The Medical Director suggested that with the Island Games coming to Orkney in 2025 it may be a useful focus for a mass casualty type of incident as a table top exercise.

Decision/Conclusion

Members **approved** the plan for onward to NHS Orkney Board.

ACTION: operational implementation update to come to this Committee in 6 months.

Governance and Assurance

F121 Finance and Performance Committee Terms of Reference – FPC2324-79

Decision/Conclusion

Members **approved** the updated Terms of Reference

F122 Finance and Performance Committee Business Cycle and Workplan – FPC2324-80

Decision/Conclusion

Members **approved** the updated Business Cycle and Workplan

F123 Grip and Control Board Terms of Reference – FPC2324-81

The Chief Executive share the Terms of Reference of the Grip and Control Board, which has been updated to reflect where we are and where we are moving to.

The Chair proposed that the internal control environment is something that this Board need to be more involved in.

Decision/Conclusion

Members **approved** the Terms of Reference and **noted** the Chairs Assurance Reports

F124 Resilience Planning Group Chairs Assurance Report – FPC2324-82

Decision/Conclusion

Members **noted** the report

F125 Agree key items for Chairs Assurance Report to Board

To be agreed out of the meeting

F126 AOCB

No additional business was raised.

Items for information and noting only

F37 Financial Improvement Group (FIG) Newsletter

Members noted the content of the newsletters

F38 Attendance Record

Members noted the attendance record.