

Orkney NHS Board

Minute of meeting of **Finance and Performance Committee** of **Orkney NHS Board** held on **Thursday, 18 April 2024** at 09:30 via **MS Teams**

Present:

Meghan McEwen, Board Chair
David Campbell (Vice Chair)
Laura Skaife-Knight, Chief Executive
Jean Stevenson, Non-Executive Director

In Attendance:

Sam Thomas, Director of Nursing, AHPS, and Chief Officer for Acute
Hannah Casey, Public Health Manager
Anna Lamont, Medical Director
Paul Corlass, Recovery Director
Jarrard O'Brien, Director of People and Culture
Julie Colquhoun, Head of Corporate Governance
Phil Tyedman, Director of Improvement

F105 Welcome and Apologies

Apologies were received from the Director of Finance, the Head of Planning, Performance and Information, Des Creasey, Non-Executive Director and the Head of Finance Louise Wilson, Director of Public Health

F106 Declarations of Interest

None received.

F107 Minute of Meeting held:

28 March 2024

14 March – approved
28 March – approved

Key risks escalated lack of clear delegated financial approval processes, cost pressures that did not appear in the Financial Plan.

F108 Matters Arising

The Public Health Manager advised that the loggist training has been arranged for the 9th May and crisis management training for senior leadership team members is currently being planned. The Director of Nursing, Midwifery, AHP and Acute Services advised that the crisis management training is only relevant to a very limited cohort of staff.

F109 Action Log

The action plan was discussed and updated accordingly.

There was discussion about item 08-23/24 not being fully completed. More depth and clarity to return to a future meeting.

The Recovery Director advised that reporting through the IPR a draft for the May Committee will present 23/24 full years data, with the first report for 2024/25 to the June Committee.

F110 Finance Report Month 12

The Recovery Director shared key deadlines in respect of the 2023/24 financial year end. Conclusion of all accounts are agreed across the Health Boards, on Monday 22 April confirming the month 12 end of year financial position. He advised the accounts will be produced by May 2024, which will be presented to the Committee on 30 May 2024, with final accounts due to be submitted in June.

Members were advised that a late paper will be submitted for Board on 25 April to confirm the final position, reporting that the latest position is showing £5.2 million overspend, which is in line with what the Scottish Government are expecting, an improved position from that reported in November 2023 of £6.245 million.

The Recovery Director advised that there was a pressure in terms of agenda for change non-pay noting, the allocation was not sufficient to meet the pressure, he advised there has been some funding received to reflect the gap. He advised the Board will deliver as expected, and the deadline will be met in terms of the annual accounts process.

D Campbell asked if the variances reported were related to agency or locum spend, and if there were noticeable improvements in this area. He was advised that there is nothing unusual in terms of the run rate, nothing different in terms of the Month 12 position and showing a continuation of what we have seen previously.

Members were advised of national cases around zero hour contracts and entitlements to holidays which will be reported to the Committee in terms of the risk to protect NHS Orkney into the future, it is likely some of these will crystallise during the year.

Decision/Conclusion

Members **noted** the position and update provided.

F111 Scottish Government Feedback on 3-year Financial Plan and NHS Orkney response - FPC2324-86

The Chief Executive presented the 2 letters in the papers. The first letter being the formal Scottish government feedback to the organisation in response to the submission of 3-Year financial plan, she noted the Government have stated that they cannot agree our plan, the reason being that the deficit is above the brokerage.

The second letter shared, was the formal response to the Scottish Government, which provided assurance around the improvement plans in place, being clear that we now have a Director of Improvement in post to put more weight behind delivery, the Chief Executive noted that the letter describes our ambition to deliver. She advised that the 3-year plan will come to public board in the following week.

In terms of the implications of Scottish Government not supporting the plan, she advised a 1:1 meeting is expected with Richard McCallum which will give better understanding of what is expected for NHS Orkney in terms of how much further we might have to stretch savings.

Decision/Conclusion

Members **noted** the letters and updates provided.

F112 Scottish Government Feedback on Annual Delivery Plan

The Chief Executive advised members that the Board has still not received formal feedback, shared some informal positive messages in terms of workforce and realistic medicine sections, there is still more to do in terms of Dentistry Primary Care, Mental Health planned care, Cancer and inequalities.

The Chief Officer noted he would welcome the feedback from Scottish Government in terms of the Mental Health Primary Care funding, given the money was allocated then taken back.

The Chair reflected the challenges with the financial allocations for services, given the small numbers it makes it impossible to recruit, yet the expectation is to deliver.

Decision/Conclusion

Members **noted** the update.

F113 Deep Dive – Waiting Times by speciality (outpatient and planned care) outline plan

The Medical Director presented the outline plan of work, presented to committee to ensure it meets the requirement of the Committee. She advised that the outline covers current waiting times in Acute and Community looking at the areas of concern, the reasons for the concerns and the risks relating to the services, moving on to recovery plans and alignment to Corporate and Clinical Strategy.

There was some discussion about how this work could feed into the planned care return, with the Recovery Director asking to include the Finance Team in this work in terms of actions that might include additional capacity and investment.

The Medical Director suggested that this work will inform next years planned care return, advising this is a clinical focussed review, with recommendations coming back to Finance and Performance Committee.

The Chair reflected on what had been asked of by the Committee, in terms of the goal which was to understand how long people are waiting for appointments and that we have some credible and accurate data by speciality, rather than worrying about improvement plans. She went on to say that an improvement plan is welcomed but to get the data is the key ask and where the effort should go.

J Stevenson asked for assurance that dental and ophthalmology were included which was confirmed by the Medical Director.

S Thomas noted that having the data and clarity is part of the corporate strategy and those open and honest conversations with the Community.

The Chair suggested that she would like to see how much we are spending on travel for patients and the number of journeys.

The Medical Director summarised next steps, proposing to expand on the data that is returned, rather than focussing on the analysis, removing section 5, 6 and 8.

The Chief Executive shared the views of the Chair, suggesting the review should give us the starting point in terms of where we are with all things planned care, a holistic and rounded picture across every speciality to come back to the Finance and Performance Committee. She added that the right people need to be involved in this work and proposed extending the time of the next meeting to enable discussion.

Decision/Conclusion

Members **discussed** the scope of the deep dive.

The Chief Officer left the meeting.

F114 Planned Care re-submission

The Medical Director presented the updated version of the submission, advising members that following feedback from Scottish Government she is currently updating and will share post meeting. It was noted that this is the first time NHS Orkney has submitted this return, having previously been covered in a letter to Scottish Government.

In terms of the numbers, the Medical Director advised that she is working with the improvement team to estimate percentage improvements.

The Chair asked that the clinical advisory committees are involved in future work.

The Medical Director advised that much of the return is dependent on information in terms of activity relating to the SLAs, which makes it difficult to report on planned care trajectories, noting that she has recently discovered that some of the services commissioned from NHS Grampian are being sub commissioned to NHS Forth Valley. We commission, some are being sub commissioned to NHS Forth Valley.

The Chair reflected the unsatisfactory timescales inflicted in terms of the return sharing the exercise will be of great value.

The Recovery Director asked that the finance team support to understand the variables and constraints noting we may be missing opportunities to access funding.

Members **noted** the re-submission.

F115 Improving Together Programme – Governance Update

The Director of Improvement presented the paper, noting previously the Committee had seen proposals for a new governance structure for Improvement.

Members were advised that a report would come to the next meeting showing the breakdown of efficiency schemes and savings, closing off the development phase and

3.1

moving into implementation phase, embedding an accountability framework for NHS Orkney.

Listening to staff, it is clear that the intensity of weekly workstream meetings has been challenging, the Director of Recovery advised that some of these are now concluding and others will be reviewed in terms of frequency.

Members were presented with the Terms of Reference for 3 meetings that sit outside of the regular established governance structure:

- QIA panel chaired by Sam and Anna, no scheme implemented without their approval.
- Delivery and Information Group monthly chaired by Head of Improvement, an Operational Group,
- Monthly improvement board, chaired by the Chief Executive which is a slimmer efficiency governance structure, introducing simplified standard reports from April, lighter touch and less time focus for staff.

The Chair asked about escalation, in terms of how people escalate where things are off track. She also asked that the Terms of Reference language is more around doing than talking.

The Director of Improvement advised members that the Executive Directors have a lot of ownership and oversight of each of the workstreams and weekly escalation will go to the CLT in addition to monthly operational quality and financial KPIs showing this is what we said we would do this month, this is what we have delivered.

The Director of People and Culture noted the refreshing approach, the reflective adaptation and enthusiasm to get great work done.

The Chief Executive asked that the Head of Finance and Director of Improvement are added to the Improvement Board membership, noting she welcomed Scottish government input. She asked that the Director of Public Health is added to the QIA panel.

H Casey – asked that inequalities are reflected in the QIA and that prevention is added as a measure.

Members **approved** the TOR's and the governance structure.

F116 cCube Upgrade – FPC2425-07

The Chief Executive presented the paper having been approved at SLT, noting the ask is for £54k, which will be an additional cost pressure. She shared her disappointment that this had not been included in the financial assumptions made around digital spend in the 3-Year plan, despite asking for assurance at a previous meeting, noting it has proven to be a challenge to find other assumptions made in relation to Digital. The Recovery Director gave assurance that this would come to the next meeting.

The Director of Nursing, Midwifery, AHP and Acute Services updated members on the historical issues relating to the system, in particular that cCube was only ever meant to be a temporary solution for storing papers. She advised that the risk of not upgrading

will have a major impact on clinical care, staff will be unable to access historical data, which could impact on patients and until the Board has considered a full digital system, cCube is the only option available.

The Chief Executive noted the distinct lack of leadership in this space, over the last few years, advising members a lot of work is going on to improve morale in the ehealth and digital team, with new leadership and new governance arrangements and a new workplan. It was noted that NHS Orkney has engaged in national and regional meetings and only very recently re-negotiated our SLA with NHS Grampian and have a digital workstream under improvement.

The Recovery Director advised that a paper with the digital allocations will come to the May Committee, sharing the work that is taking place with weekly meetings with the digital transformation workstreams looking at capital and revenue position, the priorities and resource requirements.

In terms of cCube, the Recovery Director advised he would support from a finance perspective given it is business critical.

D Campbell asked about justification for recommending Option 1 given Option 2 would give resilience and would not be as resource dependent. The Medical Director advised that the critical issue is to do with the usability, sharing that if we move to cloud the data is exposed and vulnerable, she suggested the urgent action is to stabilise the system then look at the options. Moving to cloud will take longer.

The Director of Nursing, Midwifery, AHP and Acute Services advised that cCube is not fit for purpose and we are currently running on version 3, with cCube on version 21. .

Decision/Conclusion

Members **approved** Option 1 noting the update due to come back to Committee in September 2024.

F117 Digital and Systems Financial Assumptions for 2024/25

No paper was received for this agenda item

Decision/Conclusion

Members **agreed** the item should remain on the action log.

F118 Finance and Performance Committee Annual Report – FPC2425-09

The Chair presented the annual report and standard appendices for approval, which go on to the Audit and Risk Committee as part of the annual accounts process. In terms of the committee evaluation she noted the poor response rate, reflecting that there must be a more effective way of doing this. The Head of Corporate Governance advised that using the new OnBoard platform we should be able to evaluate after every meeting, which will prove much more effective.

Decision/Conclusion

Members **approved** the annual report and associated appendices.

F119 Grip and Control Chairs Assurance Report

The Chief Executive presented the final report from Grip and Control advising that business as usual arrangements have now been arranged, with vacancy control now handed over to the Director of People and Culture and new arrangements in place for sign off of travel and overtime.

The Chair thanked the Chief Executive and colleagues involved for the work done in this space, which was necessary at the time.

Decision/Conclusion

Members **noted** the report.

F126 Agree key items for Chair's Assurance Report to Board

Lack of transparency on digital assumptions built into the Financial Plan
Year end month 12 position and order of events ahead of Board
Planned care and data quality issues with accessing data
Lack of clarity of implications of having a non-compliant financial plan

F120 AOCB

No other items were raised.