



Finance and Performance Committee Meeting Minutes

Thursday, 30 May 2024 at 09:30

Members:

Meghan McEwen (Interim Chair), Davie Campbell (Non-Executive and Vice Chair), Paul Corlass (Recovery Director), Des Creasey (Non-Executive), Laura Skaife-Knight (Chief Executive),

In Attendance:

Stephen Brown (Chief Officer), Debs Crohn (Head of Improvement), Anna Lamont (Medical Director), Jarrard O'Brien (Director of People and Culture), Sam Thomas (Director of Nursing, Midwifery, AHP and Acute Services), Phil Tydeman (Director of Improvement) and Louise Wilson (Director of Public Health), Julie Colquhoun, Corporate Governance Lead.

1.	Welcome and Apologies Apologies were noted from Jean Stevenson, Non- Executive
2.	Declarations of Interest No declarations of interest were received.
3.	Minute of meeting held - 18 April 2024 Members approved the minute as an accurate record The Chairs Assurance Report was approved for onward submission to the Board.
4.	Matters Arising The Chair asked for an update in terms of the National cases re: zero hours contracts and liabilities. The Recovery Director advised members a provision has been made in NHS Orkney's Annual Accounts in respect of the liability.

	The Chair received an update on the National Planned Care submission from the Medical Director, noting that it had been submitted on time and no feedback has been received as yet from Scottish Government.
5.	<p>Action Log</p> <p>The action log was reviewed and updated accordingly</p>
6.	<p>Integrated Performance Report – FPC2425-11</p> <p>The Head of Improvement presented the report noting the areas where the Board are performing well, and those that require improvement. She went on to highlight:</p> <ul style="list-style-type: none"> • NHS Orkney remains one of the top three performing Boards for emergency access. • Performance against the 18 week referral to treatment decreased very slightly in April • Out outpatient waiting lists continue to grow • Treatment Time Guarantee performance remained largely the same as the previous month <p>D Campbell, asked if there is any data in terms of experience for patients using the mobile MRI scanner versus the off island experience, and the impact of that in decision making for investment. The Medical Director referred to the data in the Planned Care Deep Dive Report, next on the agenda, and advised members that there is some work taking place on exploring options available to us when the current arrangement ceases at the end of 2024/25.</p> <p>The Director of Nursing, Midwifery, AHPs and Acute Services advised that there is patient experience gathered when the mobile scanner is here.</p> <p>The Chief Executive highlighted concerns about regional governance in relation to the MRI scanner decision and said this has been discussed at the North of Scotland CEO meeting.</p> <p>The Chair noted some areas from the report:</p> <ul style="list-style-type: none"> • Reference to focussing on waiting lists - she asked what the focus was on specifically • The acronym used "CAPTAIN" - she asked what this means • Neuro developmental waiting lists - she asked for an update on this - the Medical Director advised that this is data that is not readily available • Key costs in pay for AHPs - she suggested it was not an accurate reflection of the true cost - the Recovery Director noted and committed to correcting

	<p>The Chief Executive suggested that there is a need to move into improvement plans, actions and having clear trajectories for improving performance in relation to waiting lists, and moving beyond diagnosis. She went on to say that this means that the hard work really starts now.</p> <p>Members noted the update provided.</p>
7.	<p>Deep Dive - Waiting Times by Speciality - FPC2425-12</p> <p>The Director of Improvement presented the key points noting that the work aligns with the priorities and deliverables in the Corporate Strategy. He advised members that the work has met the brief as requested by the Committee, noting there are some areas not included in the report. All data has been substantiated by the clinical and operational staff and administration teams.</p> <p>The Medical Director noted the uniqueness of NHS Orkney's Waiting Lists, which are made up of some that can be influenced, ie on island activity related lists and those that are commissioned or where we rely on Service Level Agreements for activity. Waiting lists and the demand for all services has seen an increase.</p> <p>The areas of particular concern are those areas where staffing is limited, notably ENT and ophthalmology and diagnostics for endoscopy and colonoscopy, with work taking place in these areas to see the improvements that are necessary.</p> <p>Members were advised that there are gaps in data around paediatrics and mental health, acknowledging that there has been a lot of scrutiny in terms of the data provided. The Medical Director confirmed that there is complete confidence in the data provided in this report.</p> <p>The Medical Director advised members that in terms of cancer waiting times, NHS Orkney is maintaining 100% compliance in the 62 days standard.</p> <p>The Chief Officer (IJB) referred members to a number of key strands of work that that are being done elsewhere as improvement workstreams, such as those on recruitment and retention and challenges in terms of digital development, noting that a lot of these themes are picked up in what is presented in this report. He went on to note the challenge for the Health Intelligence Team in getting the data we require from our systems every month for the IPR. He also reflected that in doing this piece of work it became clear there is an absence of an operational group to look at performance across community services to ensure appropriate scrutiny and that people can learn from others.</p>

	<p>The Chief Officer noted the absence of paediatric services and mental health services and the Chair noted that these are 2 of our most vulnerable groups.</p> <p>The Director of Improvement referred members to the 20 recommendations in the report, which will be presented to SLT to begin the prioritisation work, noting that one of the priorities should be the establishment of a new Planned Care Programme Board.</p> <p>D Campbell asked how we can use the data to strengthen the communications to the public. The Chief Executive noted that one of the KPIs in the Corporate Strategy is about communicating waiting times to the Community in a clear way, advising members that they are also looking at a simple score card that can be shared with our community and our staff.</p> <p>The Director of Public Health, referring to the waiting lists for the return patients for some specialities, asked whether there is opportunity to increase capacity in how we manage all the outpatient follow-ups, and asked about procedures of low clinical value.</p> <p>The Chair noted that at the national Chairs meeting there was encouragement to maintain closer contact with job planning which is seen as a vehicle with which we can start understanding those procedures of low clinical value.</p> <p>The Director of Improvement advised that Boards are not required to report outpatient follow-up returns nationally, and he went on to say that one of the recommendations in the report is to review the patient initiated follow-ups and those of limited clinical value as part of the outpatients improvement programme.</p> <p>The Recovery Director in referring to the waiting times, advised there is funding available to the Board to optimise our waiting list positions. He asked what the activity plan is for the coming year that can be used to source some of the funding. The Chair proposed that this should be first piece of work that will be taken to the Planned Care Programme Board. The Medical Director reminded colleagues that a Planned Care return has already been submitted to the Scottish Government with activity data included.</p> <p>D Creasey asked how we prioritise the recommendations, which are going to give the best return, the Director of Improvement suggested that this is given some consideration prior to going to SLT.</p> <p>The Recovery Director asked how the activity for the off island activity is recorded and monitored. It was noted by the Committee that to have the activity data alongside the waiting list data would give a more rounded picture. The Director of Improvement proposed taking an update report to the</p>
--	--

	<p>Committee on the progress of the Outpatient Improvement Programme in July 2024.</p> <p>The Chair asked that the implementation plan for the recommendations in the report come back to the Committee in July 2024 and an update on the various improvement plans that are currently in place.</p> <p>Members noted the report.</p>
PEOPLE	
8.	<p>Key messages from the Director of Finance Meeting – FPC2425-13</p> <p>The Recovery Director presented the key messages from the National Directors' of Finance Group, noting the main areas of conversation were around funding and agenda for change non-pay reform.</p> <p>The Chair asked how the Executive Team can reflect back in National Forums that there is a gap between the pay and the cost pressures.</p> <p>The Medical Director noted that this has been discussed at the Medical Directors group.</p> <p>Members received the update provided.</p>
PATIENT SAFETY, QUALITY AND EXPERIENCE	
9.	<p>Integrated Incident, Risk Management and Patient Safety System - FPC2425-14</p> <p>The Medical Director presented the proposal for the purchase of a new Integrated Incident, Risk Management and Patient Safety System. She advised members that the current system DATIX is sitting on an unsupported server, which is presenting a corporate risk. She advised that the recommended system, InPhase, has been purchased by Scottish Government, off framework, as a system for NHS Scotland, which NHS Orkney and all Boards are being encouraged to migrate on to.</p> <p>The Head of Improvement advised that there are a number of priorities that need to be progressed in 2024/25 which will be prioritised and aligned to the key deliverables of the corporate strategy. She went on to note the risk in terms of capacity in the organisation to adopt a number of new transformational systems within a short period of time. Members were reminded of the risk that comes with continuing with the status quo.</p>

	<p>The Chief Executive noted the number of digital papers on the agenda, proposed approving the digital papers, subject to a paper coming back to the Committee in July 2024 to be absolutely clear on the top digital priorities in year with real visibility of implementation, training and engagement plans, full oversight of digital spend and cost pressures in year. Clear timelines for each of the priorities, digital capacity, the training and implementation plan the cost pressure a link to our risk register and corporate strategy. The Chair asked for assurance that there are no further digital cost pressures recognising that there have been a number in 2024/25 already.</p> <p>D Campbell noted the need for advice in terms of cyber security and cloud based systems and upgrades - the Chair asked that the Digital and Information Operational Group (DIOG) provides the advice to the Committee that can be escalated to the Board on the cyber security concerns and what our position is in using cloud based systems.</p> <p>The Director of People and Culture noted the opportunity to transform what we do in the digital space, which underpins the Corporate Strategy.</p> <p>The Recovery Director noted the management case and the need for programme management for effective implementation. He supported the proposal in terms of the cost involved.</p> <p>The Director Nursing, Midwifery, AHP and Acute Services shared concerns in terms of clinical capacity for the implementation of another clinical system. The Chair noting the risks associated with not progressing asked for assurance in terms of the DATIX back log and clinical engagement around the change in risk management, she went on to suggest that whatever timeline is aligned to the implementation there should be additional time added.</p> <p>Members approved the recommendation in the paper, subject to the with the additional assurance paper to come back to the next meeting.</p>
10.	<p>Community EPR - MORSE - FPC2425-15</p> <p>The Chief Officer (IJB) presented the paper noting that there is no infrastructure in place for an Electronic Patient Record for community based services. He went on to note the number of risks that will be mitigated in having a community Electronic Patient Record.</p> <p>The Head of Improvement advised members that the MORSE system interfaces with Trackare and GP systems, and supports a text messaging service. She went on to say that the IJB have approved the funding for year 1.</p>

	<p>The Recovery Director shared his support for the proposal, noting the funding required from year 2 - 2025/26.</p> <p>The Chair shared concerns in terms of organisational capacity to deliver all of the digital systems. The Chief Executive suggested that whilst doing nothing is not an option, the prioritisation work requested needs to be completed first, in addition to clear direction in terms of receiving future business cases mid year, and how we allow for that in our annual planning. She went on to say that there are a number of emerging cross cutting themes in terms of governance, which needs to be given some thought moving forward in relation to governance arrangements, including digital transformation.</p> <p>The Chief Executive noted that the delegated financial approvals paper has still not been completed which has resulted in everything coming into Finance and Performance Committee and SLT for approval which must be addressed and now urgently so after requesting this information from the Finance Team for circa 6 months. The Chair went on to say that DIOG needs to be given a budget, and the autonomy to make investment choices and decisions, giving clearer delineation between assurance and operational governance, ensuring that professional groups are able to influence and shape areas of work.</p> <p>Members approved the procurement noting the need to plan for budget setting for future years provision, and subject to the assurance paper coming back to the next meeting.</p>
11.	<p>GPIT - FPC2425-16</p> <p>The Head of Improvement presented the contract of award letter, noting the capacity challenge in terms of implementation, alongside the other digital systems improvement work. She went on to advise members that in terms of the national systems she is investigating regional working opportunities.</p> <p>D Campbell asked for some assurance in terms of capacity and capability in respect of implementation of the transformation in the digital space. The Chair asked that DIOG provide the Committee with some insight into this for the next meeting.</p> <p>Members noted the letter.</p>
12.	<p>Waiting Times Guidance Implementation Plan - FPC2425-17</p> <p>The Head of Improvement presented the Waiting Times Guidance Implementation Plan, much of which was discussed during the Planned Care deep dive conversation. Members were advised that some of the implementation dates have been updated to reflect some short term capacity</p>

	<p>issues in the team which has meant some of the actions have not progressed as had been anticipated.</p> <p>Members noted the updated position.</p>
13.	<p>PHS Waiting Times Review - incorrect published data brief – FPC2425-18</p> <p>The Head of Improvement presented the paper, noting the incorrect data that was given in relation to cancelled operations. She advised members that the issue has been rectified, having worked closely with Public Health Scotland to ensure the data is updated on their website.</p> <p>The Chair asked that an progress report in respect of the PHS waiting times implementation plan is taken to DIOG with assurance given through the Chair's Assurance Report to the Committee.</p> <p>Members noted the update.</p>
PERFORMANCE	
14.	<p>23/24 year end draft accounts - FPC2425-19</p> <p>The Recovery Director presented an overview of the Annual Accounts. Members were asked to note the end of year position, acknowledging the brokerage given, and received assurance that things are all on track for the Annual Accounts, advising members that the first draft will be submitted to Scottish Government post meeting. The Chair took assurance from the update noting the improved oversight and connection of the process.</p> <p>The Chair asked how we communicate the brokerage received, at the same time communicating the need to maintain the momentum for continuing to achieve savings.</p> <p>Members noted the position</p>
15.	<p>Month 1 2024/25 Report - FPC2425-20</p> <p>The Recovery Director advised members that there is no update in terms of the month 1 position, however the Annual Accounts paper does present a comprehensive overview of the month 12, year-end position.</p> <p>Members noted the update.</p>
16.	<p>2024-25 Financial Plan next steps - FPC2425-21</p> <p>The Chief Executive presented the letter received from Scottish Government which sets out the expectations that the Board will do everything it can to</p>

	<p>improve the position as reported in the final plan and to meet the 3% minimum savings requirement - emphasising the importance of the end of quarter one's performance meeting. She went on to say that following discussions with Scottish Government there is no requirement to submit an updated Financial Plan.</p> <p>Members noted the letter from Richard McCallum and NHS Orkney's response.</p>
17.	<p>Capital Forecast for 2024/2025 - FPC2425-22</p> <p>The Recovery Director presented the paper showing the Capital available for investment, and proposal for a new governance group, the Capital Planning Group, to gain oversight and prioritisation of the programme, reporting into the Senior Leadership Team with assurance to Finance and Performance Committee.</p> <p>Members noted the update and the risks and approved the direction of travel in the governance proposal.</p>
18.	<p>Annual Delivery Plan 2024/25 - Scottish Government Feedback</p> <p>The Chief Executive advised members that she has very recently received a letter from Scottish Government to advise that the Annual Delivery Plan has been approved and will come to the Public Board in June 2024 for final approval.</p> <p>Members noted the update.</p>
POTENTIAL	
19.	<p>Chairs Assurance Report Improvement Board - FPC2425-23</p> <p>The Chief Executive presented the key points from the first meeting of the Improvement Board.</p> <ul style="list-style-type: none"> • length of stay and theatres workstream is to be regarded as an improvement workstream rather than a savings workstream • activity data • reducing the agency spend and lead in time <p>The Chief Executive noted the Director of People and Culture is now Chairing the Vacancy Control Panel, and said new Terms of Reference are in place. BAU arrangements for staff travel and and overtime have also been revised.</p>

	<p>The Chair noted the need for additional time in terms of reduction of agency spend. The Director of Nursing, Midwifery, AHP and Acute Services advised that the additional time is required to carry out recruitment processes to address the locum and agency staff in Laboratory and Pharmacy. The Director of Improvement advised members that the grip and control in the organisation is taking hold with every vacant position being challenged, and a continued focus on workforce spend.</p> <p>Members received assurance from the update provided</p>
20.	<p>Chairs Assurance Report - Digital and Information Operational Group - FPC2425-24</p> <p>The Head of Improvement presented main items for escalation, noting that the group have only met twice, but a huge amount of work has taken place in that time. The key points were:</p> <ul style="list-style-type: none"> • capacity and resources in the digital services team • clinical resource for testing systems within the labs <p>Members noted the update</p>
21.	<p>Improving Together Efficiency Programme Report - FPC2425-25</p> <p>The Director of Improvement confirmed that £2.8 million savings have been successfully identified. He advised the Committee that there is a list of pipeline schemes which will be worked through so that by the end of quarter 1 there will be a clear plan for the £4 million programme.</p> <p>It was agreed that assurance would be sought from Staff Governance Committee on how much expenditure goes toward recruitment.</p> <p>To note and receive assurance from the report</p>
22.	<p>Service Delivery and Financial Choices - FPC2425-26</p> <p>The Director of Improvement presented the response to the ask to reach financial balance at pace, showing what we are currently doing and what is in the pipeline with a RAG status attached.</p> <ul style="list-style-type: none"> • Green is what is within the gift of NHS Orkney • Amber are areas that will need Scottish Government support • Red are those that come with clinical risk or loss of confidence by the Community

	<p>The Chief Executive noted the work that has been done as an Executive Team on this and the Planned Care return has been really productive.</p> <p>The Medical Director advised members that paper presented is as a result of an ask of Scottish Government, not for approval that these particular items are actioned.</p> <p>The Recovery Director noted that in response to financial escalation there is a need for a recovery plan to be submitted which needs to align to this return.</p> <p>Members approved the template for submission on 31 May 2024</p>
23.	<p>Agree Items for Chairs Assurance Report to Board</p> <p>The Deep Dive was acknowledged as well as over all quality of the reports</p>
24.	<p>AOCB</p> <p>No other issues were raised.</p>