



Finance and Performance Committee Meeting

Minutes

NHS Orkney

Thursday, 11 July 2024 at 09:30 BST

@ Our Values, aligned to those of NHS Scotland, are: · Open and honest · Respect · Kindness Our Strategic Objectives are: People Ensure NHS Orkney is a great place to work Patient safety, quality and experience Consistently deliver safe and high quality

Attendance

Present:

Members: Davie Campbell, Julie Colquhoun, Paul Corlass, Des Creasey, Debs Crohn, Meghan McEwen, Laura Skaife-Knight, Sam Thomas, Phil Tydeman

Absent:

Members: Jean Stevenson

1. Apologies

Apologies were received from J Stevenson.

2. Declarations of Interest

No declarations were raised.

3. Minute of meeting held - 30 May 2024

The minute from the last meeting held on 30 May 2024 were approved as an accurate record.

3.1. Chairs Assurance Report (Presenters: Chair)

The Board Chair, as Interim Chair of the Committee, presented the report referring members to the main points of escalation.

The Chief Executive, noted the need to focus on the areas that were escalated.

4. Matters Arising

No matters were raised.

5. Action Log

The action log was discussed and updated.

6. PEOPLE

6.1. Key messages from the Director of Finance Meeting - FPC2425-27

The Recovery Director presented key points from the National Director of Finance Meeting, members were advised of the areas from a Finance perspective that require reports to the Scottish Government.

Members heard that the Quarter 1 allocations have been received, which will be reported in detail at the next meeting and that there has been confirmation that the pension increase will

be funded. The Recovery Director advised members that the Difficult Choices return that had been submitted was acknowledged by Scottish Government. Members noted the update and key messages.

7. PATIENT SAFETY, QUALITY AND EXPERIENCE

7.1. Corporate Risk Register - FPC2425-28

The Medical Director joined the meeting to present the Corporate Risks for the Committee. Members heard that this is a continuous process of improvement, with 8 risks assigned to the Finance and Performance Committee, noting that the presentation of the changes to risks will be more at a glance in future iterations of the paper. Members were referred to risk 510 which is the highest risk. The Chair noted that the last time risk 510 was updated was May 2024, and asked if any substantive changes had been made since. He also asked if the migration of cCube had taken place. The Medical Director advised members that risk 510 could be reduced due to the significant mitigations in place, and proposed the risk owner considered updating. There was discussion around the accountability for reviewing the risks, which sits with the risk owner.

The Board Chair proposed that Digital Maturity should be escalated as a larger risk, acknowledging the work that is taking place there are no connections being made to align the risks that are recorded, she referred to risks C2402, 349, 312 and the cCube and GPIT risks. It was agreed that the Risk Management Forum should have a more detailed look at this. The Chief Executive supported the review of the digital risks and to escalate this as a more detailed risk, acknowledging that things have progressed further since the updates presented. The Medical Director asked that various committees to have a more active role in reviewing the risks - she advised that at the Senior Leadership Team there were recommendations to review the risks as discussed.

Members discussed the risks, proposing some changes are made to the digital risks, and the corporate financial sustainability

7.2. MRI Service Provision 2025-26 - FPC2425-29 (Presenters: Medical Director)

The Head of Radiology presented the paper advising members of the impact of the withdrawal of the mobile MRI unit.

Members heard that the North Imaging Alliance has been disbanded, as such the funding for the MRI unit has been withdrawn, as a result Scottish Government have asked that an options paper be submitted.

Member head that the options proposed to Scottish Government to fund are options 3 and 4, the paper has been submitted to Scottish Government

The Chief Executive shared her concerns about the prospect of a service being withdrawn, proposing that she write to John Burns to set out on the impact on performance patient experience and finance, need to get into the detail and get ahead of this, 3rd aspect on what needs to feedback on the risk register, need to raise as an issue at Board, deeply concerning position to be in.

The Board Chair asked for some additional information on the waiting times information and patient experience, deterioration in people and overall health and wellbeing whilst waiting. Comms strategy sooner rather than later around all of this.

The Recovery Director asked about the timelines related to the options.

Members agreed to the proposals presented, recommending to raise at Board and to include the costs of patient travel in the paper.

8. PERFORMANCE

8.1. Month 2 2024/25 Report - FPC2425-30

Presenter - Recovery Director

The Recovery Director shared key messages from the Month 2 financial position, advising members that the month 3 position has to be reported to Scottish Government on 19 July 2024. He assured members that the financial position is as per plan at Month 2, and is confident that things are as reported for month 3.

Members were advised that we are spending 40% less on agency since same point last year. Members were assured that the reduction in spend on agency has no direct impact on patient care, quality and safety, the reduction is predominantly as a result of targeted recruitment.

The Board Chair asked that by the end of the financial year it would be helpful to understand the performance against budget in delegated services, she reflected concerns about the ambiguity in governance system, she went on to ask that we have clarity on how are we performing against what we are commissioning.

The Interim Chief Financial Officer for the IJB, advised members that the quarter one report will go to the IJB on 4 September, she advised that along with NHS Orkney Finance colleagues she will be pulling together the OIC commissioned services and NHS services financial position for that meeting

The Chief Executive asked that some thought is given to the relationships between the 2 Finance Teams, with a view to looking at how the activity that takes place out-with the meeting cycles.

Members noted the update.

8.2. Budget Setting 2024/25 - FPC2425-31 (Presenters: Recovery Director)

The Recovery Director presented key points on the update on the actions being taken and the budget cleansing work that is in progress.

Members heard that the Finance Team will meet with the budget holders in the next quarter, starting with the Executive Directors and that efficiency programme tracking is now work in progress.

The Chief Executive welcomed the 2 stage approach presented, advising members that a good discussion was held at the Senior Leadership Team on this.

Members noted the update provided and were assured on the positive progress.

8.3. Annual Delivery Plan 2024/25 - Scottish Government Feedback - FPC2425-32

The Head of Improvement presented the Annual Delivery Plan for noting, with the approval letter and response from NHS Orkney. Members heard that the ADP was approved at the 27 June at Board and that reporting going forward would be on a quarterly basis aligned to the new performance management framework.

The Board Chair noted that there was additional work required for the ADP in terms of health inequalities and improving population health, she asked that this is escalated to the Board for discussion. The Chief Executive noted that there is lots of work going on, but reporting is disparate, she advised members that conversations are taking place on how this can be improved.

Members noted the Annual Delivery Plan and associated documents.

8.4. Outpatient Improvement Workstream Progress Report - FPC2425-33 (Presenters: Director of Improvement)

The Director of Improvement presented the update report providing an overview of the improvement workstream for Outpatients, part of the Improvement Programme. He went on to say that an outpatients group has been established with the 2 areas of focus being increasing the number of near me appointments and maximising clinics and clinic templates. He advised

that a clear narrative on outpatients will be completed within the next 2 weeks and will be reported through the Planned Care Board for accountability and challenge. Members heard that there is some trepidation in terms of change from the staff. In terms of engagement it was noted that the Medical Director is the Clinical Lead for this particular workstream. Members were assured by the update.

8.5. NIS improvement plan progress report - FPC2425-34 (Presenters: Corporate Records Manager)

The Head of Improvement presented the paper providing assurance that there is good progress being made with this audit and the digital maturity assessment.

Members heard that the Board are asked to submit the NIS evidence by 7 October, with a report expected back in December.

Discussion took place in relation to the cyber security landscape. The Chair acknowledged the huge amount of work and asked that DIOG to help us understand the cyber security threat and risk position that does not rely exclusively on the NIS audit.

The Chief Executive suggested that a session take place with the full Board around digital, focussing on cyber security, using the lessons learned from Dumfries and Galloway to inform checklist.

Members noted the update and agreed on some follow up actions.

8.6. Planned Care Board Terms of Reference - FPC2425-35 (Presenters: Director of Improvement)

The Director of Improvement shared the Terms of Reference for the Programme Board, which will hold accountability for the delivery of Planned Care which will report to the Committee.

Members heard that the Planned Care Board will have oversight of the spend against the £250 national allocation, which needs to come back to this Committee in some detail, along with some trajectories by speciality to see results.

The Chief Executive proposed some cross committee work in 3 - 5 months to look at the big changes, what are the learnings as Board and Board Committee members in terms of change and culture to avoid future mistakes.

Members noted the Terms of Reference.

9. POTENTIAL

9.1. Chairs Assurance Report Improvement Board - FPC2425-36

Presenter - Chief Executive

The Chief Executive presented key points from the Improving Together Programme Board held on 24 June:

- the challenge in terms of reaching the £4million savings
- the risk in terms of capacity and senior leadership in the finance team
- the high risk schemes
- IJB attendance required routinely at the Improvement Board

Members noted the update and items escalated.

9.2. Chairs Assurance Report - Digital and Information Operational Group - FPC2425-37

The Head of Improvement presented key items from the meeting on 17 June, the 3rd meeting of the group:

- seeing real digital maturity, having agreed priorities with some good conversations

- risk of things getting added to the digital agenda when we have agreed priorities
- nationally mandated digital programmes
 - theatre scheduling
 - digital dermatology

The Chair of the Board asked that the voice of community services is heard as part of the group. Members noted the report and items escalated.

9.3. Assurance Report from Digital and Information Operational Group - FPC2425-38

The Head of Improvement provided assurance that there is resource and support in house for cyber security and using cloud based systems. as well as support from the National Centre of Excellence for Cybersecurity that is commissioned by Scottish Government.

Members heard that Dumfries and Galloway did not have 2 factor identification in place in their Board, which resulted in the cyber attack, NHS Orkney does have 2 factor identification in place and regularly do penetration testing on the current systems.

D Campbell acknowledged the paper noted the challenges presented in terms of cloud based systems. The Head of Improvement advised members that Scottish Government direction of travel is moving to cloud based systems.

Members were assured that regular testing is done and noted the invitation to the Digital Defender training session scheduled in September.

9.4. Improving Together Efficiency Programme Report - FPC2425-39

The Director of Improvement presented the position, noting that month 3 revalidation will be completed in the week which will enable greater understanding of the gaps and impact on the risk profile. Members heard that a discussion is scheduled with CLT to discuss how the gap is closed and that the escalated the risk around the lack of finance support and capacity has been escalated to a score of 20.

The Director of Improvement advised members that there is work to do over the next 6 months to ensure that when the external resource moves out, the programme and the work carries on forward.

Members noted the update.

9.5. Digital Budgets and Prioritisation - FPC2425-40

The Head of Improvement presented the paper, the output from a full discussion at DIOG to prioritise the work followed by a presentation and discussion at CLT.

Members heard that the 3 priorities were agreed, as those that posed the highest risks, and those that had the budget and the capacity for implementation.

1. upgrade and migration of cCube - members heard that the migration to the new server has been completed
2. MORSE - Community Electronic patient Record
3. GPIT re-provisioning - this is a national programme so NHS Orkney has no control over it and given recruitment to the Primary Care Facilitator has been unsuccessful this particular item is rated amber

The Head of Improvement advised that those priorities that will not progress this year will be risk assess and a quality impact assessment will be carried out to determine the risks of not doing in this financial year, with the updated digital delivery plan will come back to the next meeting.

The Chief Executive acknowledged the maturity in this work, noting the challenging conversations that took place at CLT, with colleagues ability to see the bigger picture rather than their own silos, something to recognise and celebrate. She asked that the paper is presented to the Public Board with a clear communication thereafter across the organisation.

Members were assured by the robustness of the prioritisation exercise and noted all 3 priorities had the budgets in place.

9.6. The Island Games - FPC2425-41 (Presenters: Consultant in Public Health)

The Consultant in Public Health presented report from the Island Games Preparedness Group's first meeting. She advised members that the group does not have any information as yet on the medical requirements for the games. She went on to say that the next scheduled meeting will have the Medical Director for the games present.

Members heard that a multi agency meeting is scheduled for 23 July, which the Director of Nursing, Midwifery, AHP and Chief Officer Acute and Head of Primary Care will attend..

The Chief Executive noted the report, however with only 12 months to go, asked that there is regular reporting through the Senior Leadership Team, with full visibility of the governance landscape, the role of the clinical advisory groups and NHS Orkney's part in this. She went on to say that consideration needs to be given to a new corporate risk in relation to preparedness for the games.

Estimates are there, important to encourage everyone to consider this through a community safety, public protection lens, not about how each component functions it is about how we keep our community safe.

Members noted the update.

10. Agree Items for Chairs Assurance Report to Board

MRI escalation

Island Games

positive assurance around the outpatients improvement programme

DIOG digital prioritisation exercise

cyber security Board development session

positive assurance in terms of the financial plan

ADP corporate strategy into one PMF

11. AOCB

The Chair noted that the updated Terms of Reference are included, reflecting the revert back to bi-monthly arrangements.

12. Correspondence for noting

12.1. 15 Box Grid Letter to Boards

12.2. NHS Boards Local Choices Response (Presenters: Director of Improvement)

12.3. Board Pensions Funding

12.4. NHS Scotland Support and Intervention Framework

12.5. Attendance Record

12.6. Schedule of Meetings

12.7. Finance and Performance Committee Terms of Reference