

## Attendance

### Present:

Members: Davie Campbell, Julie Colquhoun, Alan Cooper, Paul Corlass, Debs Crohn, Issy Grieve, Meghan McEwen, Ryan McLaughlin, Laura Skaife-Knight, Brian Steven, Jean Stevenson, Phil Tydeman

Guests: Daniel Boyd, David Miller

### 1. Welcome and Apologies

Apologies were received from the Director of Nursing, Midwifery, AHP and Acute Services. Discussion took place around membership of the Committee, it was noted that there will be opportunity to review this with the annual review of core documentation scheduled later in the next month. It was further noted that there was no representation from the IJB with the Chief Finance Officer from the IJB nor the Chief Officer present.

### 2. Minute of the meeting held 11 July 2024 (Presenters: Chair)

The minute was approved as an accurate reflection of the meeting. J Stevenson asked that the minute showed her apologies.

### 3. Chairs Assurance Report from meeting held 11 July 2024 (Presenters: Chair)

Members noted the Chairs Assurance Report that went to Board on 22 August 2024. The Chair asked for an update in relation to meeting with the budget holders, the Recovery Director advised that progress is being made, having met with major budget holders, but committed to completing this work prior to the end of his tenure. M McEwen asked when the Outpatients Improvement workstream might become more visible. The Chief Executive advised that the Planned Care Board is overseeing this work which has only met on 2 occasions to date. Members heard that the Outpatients Team are a fragile team, however a successful development session has taken place which will be written up and come through our governance system. She went on to suggest that the Medical Director will join the November meeting to update on this work.

M McEwen, recognising the fragility of the Outpatient Team, suggested the Staff Governance Committee are asked to give an idea of other teams who are in a similar position. The Chief Executive supported the proposal, acknowledging that the People and Culture Review will report to the Staff Governance Committee in November, which may give recommendations in terms of OD capacity.

### 4. Matters Arising (Presenters: Chair)

M McEwen referred to section 7.1 of the minute, reflected and repeated her concerns about the corporate risk on digital, acknowledging there are a number of departmental level risks, which she has asked are reviewed considered and consolidated into the main corporate risk, this has not been taken onboard. The Head of Improvement acknowledged the need to review and proposed a post meeting briefing would be issued in this regard.

### 5. ACTION AND ESCALATION LOG

5.1. Action Log (Presenters: Chair)

The action log was reviewed and updated accordingly.

5.2. Escalation Log (Presenters: Chair)

The Chief Executive proposed the Escalation Log is sent to the leads and updated prior to coming back to the next Committee.

Members supported this proposal

6. PEOPLE

6.1. \*Key Messages from the Director of Finance Meeting (Presenters: Recovery Director)

The Recovery Director shared key highlights from the report. Members acknowledged the challenging position nationally, the efficiency work and ongoing work on 15 box grid and difficult choices. The Recovery Director gave an update on the Commercial Improvement Task Force Group, which will go to the Improvement Board. He went on to advise that NHS Orkney remains compliant with the ask on supplementary staffing. Members were referred to the deficit relative to the resource limit, recognising the reliance on multi-speciality consultants, the workforce model within the Balfour, and the need to understand the difference.

The Chief Executive noticed the reduction in Theatre utilisation, from 74% to 48%. She went on to say there are 3 areas that will have a focus from November - outpatients, theatres and delayed transfers of care. It was also noticed that NHS Orkney's sickness absence levels are currently at 6.1% against the national average of 6.3%. Members heard that there is work underway focussing on the short and long term absence, which are both showing increase, performance review meetings and a focus on stress and anxiety related absence.

The Recovery Director advised that Directors of Finance met in the last week, where a medium term financials framework was discussed, which Boards will be asked to use to develop their medium term financial plans. In addition the cyber attack and lessons learned from Dumfries and Galloway was discussed. The Head of Improvement advised that the presentation from this work cannot be shared as it is still a live investigation.

Members were assured with the update.

7. PATIENT SAFETY, QUALITY AND EXPERIENCE

7.1. Corporate Risks aligned to the Committee (Presenters: Head of Patient Safety, Quality and Risk)

The Chair noted that there is an update required on Risk 655.

M McEwen advised that in terms of the NIS audit it is not a triangulation source of assurance in terms of cyber security.

The Recovery Director referred members to the MRI and the potential financial implications, the Chief Executive advised members that a fully developed paper has gone to the policy team and CFSD at Scottish Government for consideration and that she and the Medical Director are meeting with John Burns on this matter.

Members discussed the corporate risks aligned to the Committee.

8. PERFORMANCE

8.1. Month 4 Financial Integrated Performance Report (Presenters: Recovery Director)

The Recovery Director provided an overview of the Month 4 finance position, reporting that we are on track with the financial plan and ahead on the efficiency target. Members heard that the run rate for the second half of the year needs to slow down with a mitigation plan being developed to support this. It was reported that the agency run rates have reduced in comparison with the same point in the last year, and the Board is on plan, recognising that there are a number of things that could still affect this.

Members welcomed the addition of the tracker in the paper. The Chair recognised and acknowledged the improvement in terms of the forecasting and the development of the charts. M McEwen asked if Directors understand what needs to change to continue to see this run rate - noting how few of the Directors and/or their deputies are present. She shared frustration in terms of the delegated services and IJB are reflected in the report, recognising the IJB does not have operational areas, it is for NHS Orkney to produce recovery plans for those services we deliver within the commissioned limits. M McEwen asked that in the next Strategic Commissioning Plan is developed with a view to reducing the ambiguity.

Members agreed that conversations on the IJB without the Chief Officer of the IJB or the Chief Financial Officer present to help understand the extent of the overspend is challenging. As such it was agreed that the Chair will formally write to letter to the Chief Officer of the IJB and wider executive cohort from the Chair to ask for attendance moving forward, or at least the courtesy of an apology.

M McEwen referring to the presentation of overspends and underspends, asked that the next iteration of this is presented to enable clear contextualisation of the finances.

The Interim Director of Finance noted that in speaking to Scottish Government they have suggested that we are needing to reduce our spend by £300k a month, not the reported £180k, acknowledging that this needs to be understood better for the next meeting.

Members received assurance from the update.

## 8.2. Delegated Financial Limits and Scheme of Delegation Refresh (Presenters: Recovery Director)

The Recovery Director presented the report, in light of national position, the Boards current financial position and the need to have strong financial controls, this piece of work came from a number of cases being presented to committees, where they should or could have been approved at a more operational level, had there been financial delegation to the groups.

Members heard that there is a need to track the decisions we have made and consider post benefit implementation reviews, and how this then feeds into the annual planning cycle. The Recovery Director advised members that the approach set out in the paper has been to the Senior Leadership Team, and he will work with the Interim Director of Finance on trackers, post benefit implementation review and business case tracking.

M McEwen welcomed the proposals in the paper and her contentment to approve, recognising that its something a mature organisation should have. She went on to ask about the suggestion in the paper that there has been investment in Mental Health services, using non recurring funding, potentially adding cost pressure in the organisation.

The Chief Executive supported the proposal, however felt it is too complicated and heavy handed, listening to feedback from staff they are struggling with the amount of change in the organisation, as such need to take this in phases, implementing the financial limits into the final quarter of the year, and then look at simple tracking and benefits realisation.

Members approved the proposals in the paper, recognising the need to phase slowly.

## 8.3. NIS and Digital Maturity Self Assessment (Presenters: Head of Improvement)

The Head of Improvement presented the progress made, advising members that the team are on target to submit the evidence in the next week and shared her confidence in meeting the 50% compliance rate target set in the Corporate Strategy.

The Chief Executive acknowledged that the NIS audit has not been looked at in isolation, but alongside digital maturity. She went on to acknowledge the level of engagement with the team, the leadership and clarity of what we are trying to achieve and how this work links to the corporate strategy, is an excellent case study for what the organisation is trying to achieve. Members were assured and noted that the final report is expected the first week in December.

#### 8.4. Improvement Plan for the Finance Team - update on progress following engagement sessions with the team (Presenters: Recovery Director, Guests: Daniel Boyd)

Daniel Boyd from Viridian Associates joined the meeting to present an update in respect of the improvement plan developed as a result of the Review of the Finance Function. Members were reminded of the review and actions to take the finance function forward, and heard that following submission of the report a number of workshops have been held with the team. Members recognised the risks in particular the capacity in terms of Finance Leadership and the capacity within the team, in addition to the fragility and sickness within the team. The Chair asked what mitigation could be considered to support the implementation given the fragility of the team.

M McEwen suggested that this improvement plan should be held within the team, working with the improvement team to progress, to ensure they keep ownership of the plan. The Interim Director of Finance advised members that he has met with the Finance Team, working with them to identify their own personal objectives, reading across to the improvement plan. The fragility of the financial management element of the team was acknowledged.

The Chief Executive reminded members that delivery of this improvement plan is linked to de-escalation. She went on to acknowledge the strong leadership from the Recovery Director, who has demonstrated what can be done with exceptional leadership, by engaging and communication well with the team and letting them fly. She noted that until such time as a substantive Director of Finance and Head of Finance in post, things will not progress as they need to. Members heard that this improvement plan will be overseen by the Improvement Board.

The Recovery Director advised members that 3 team members within the Finance Team have been acted up, who have embraced the opportunity and empowering the team beneath them. The Interim Director of Finance advised members that he has met with the Finance Team, and will continue to work with them to operationalise the recommendations within the report.

It was agreed that the Recovery Director, Daniel Boyd, the Interim Director of Finance and the Chief Executive will meet up to discuss next steps, a more realistic plan and update back to the next committee meeting.

Members discussed and agreed a way forward.

#### 8.5. Unscheduled Care Return (Presenters: Director of Nursing, Midwifery, AHP and Chief Officer Acute)

The Chief Executive advised members of the national allocation for unscheduled care and the proposal submitted to Scottish Government for investment for NHS Orkney. The submission was based on the need to address a number of key areas that are national priorities, eg reducing delayed transfers of care. Members asked that a full evaluation is completed after the 6 month period on the efficacy and impact of the additional resource.

The Chief Executive reminded members about the peer review that was commissioned into ED, which is expected to show gaps in terms of clinical governance, notwithstanding the need to understand how a peer review is commissioned and how it gets agreed.

Members noted the submission and acknowledged that there has not been a response from Scottish Government on the proposal to date.

## 8.6. Chairs Assurance Report - Planned Care Board (Presenters: Director of Improvement)

The Director of Improvement presented the key points from the Planned Care Board held on 14 August 2024. It was noted that the main item escalated is the lack of understanding the spend and activity benefits linked to the expenditure in terms of the Golden Jubilee Service Level Agreement.

Members heard that a full audit of all outpatient activity with NHS Grampian done by Near Me has taken place, and in the last few months more Near Me than face to face appointments have been held. The Director of Improvement advised of other work taking place with the Primary Care Team on those non-linked isles opportunities and engagement with key stakeholders to improve in this space.

Members noted the update provided and items escalated.

## 8.7. Capital Planning Chairs Assurance Report (Presenters: Recovery Director)

Members received an update, and key items for the attention of the Committee, from the newly formed Capital Planning Group which has oversight of the Boards overall Capital allocation. The Recovery Director advised that members that work is underway to streamline with the Strategic Estates Group in the near future.

Members noted the update provided.

# 9. POTENTIAL

## 9.1. Improving Together Programme Workstreams Update (Presenters: Director of Improvement)

Members received an update reporting £3.7million of savings have been identified and the value of pipeline schemes to £1 million, with good confidence in this figure however this does require some different decisions as an organisation, which will be discussed in more detail with the Corporate Leadership Team.

The Director of Improvement shared concern that the Board is not acting as a Board in escalation, suggesting that the message to staff needs to be stronger.

Members heard that the team have mapped out the launch of next years programme which will go to SLT in October, and back to this Committee in November.

Members recognised and acknowledged the reflection that we are not behaving as a Board in escalation. It was further recognised that the run rate and savings required in the next 6 months of the year are vital.

The Director of Improvement advised members that a deep dive into workforce has been agreed, it is hoped some highlights can be reported to the next meeting, acknowledging it will be a Board decision as to what happens with the findings. Members heard that looking at growth between 2019 and 2024 admin and clerical staff has increased by 16 whole time equivalent, with admin and clerical and estates accounting for 42% of our grown in staff, increasing overall by 62 staff. In addition, a banding review has been completed, with 51 staff having a banding review and uplift in band and benchmarking compared to other Boards NHS Orkney is second worst.

The Recovery Director suggested considering these findings with the integrated planning process, to triangulate all the activity, workforce and finance.

The Employee Director offered suggestion that the admin and clerical numbers may be reported wrongly, suggesting that it is important to ensure people are classified in the correct staff group.

Members discussed the update provided.

## 9.2. NHS Orkney Allocations (Presenters: Recovery Director)

The Recovery Director presented confirmed allocations into the Board for information. Members were presented with allocations received, acknowledging that there are allocations till to be confirmed which it is anticipated will be reported as this report develops. Members noted the information presented.

**9.3. Q1 Financial Performance Review Meeting (Presenters: Chief Executive, Recovery Director)**

The Chief Executive presented the materials that were referenced at the Quarter 1 Financial Performance Review Meeting. Members heard it was a positive meeting, given the performance against the plan and progress made to that point.

Members noted the information presented, acknowledging still some way to go as a Board.

**9.4. Proposed de-escalation Criteria (Presenters: Chief Executive)**

The Chief Executive presented the proposed criteria, which has been previously shared with Board In-Committee. Members heard that a timetable for de-escalation is in development and will come to the next Finance and Performance Committee, with a de-escalation self assessment due in October.

Members heard that an important element to consider is lessons learned, referencing the work that the Director of Improvement is doing in relation to the new Balfour.

Members noted the update provided and next steps.

**9.5. Finance Report for the IJB (Presenters: Recovery Director, IJB Finance Lead)**

Members shared concern that the Chief Finance Officer was not present to address questions, as such the item was deferred.

**9.6. Chairs Assurance Report - Improving Together Programme Board (Presenters: Chief Executive)**

M McEwen asked if there is likely to be a need to go out to public consultation about any service changes in relation to the Isles Network of Care Model, and if so does this put the savings at risk. The Chief Executive advised members that a full discussion had been had at the Improvement Board, to ensure that the right engagement takes place with staff, public and patients in the context of the Planning with People guidance.

Members noted the update and items escalated.

**9.7. Chairs Assurance Report - Digital and Information Operational Group (Presenters: Head of Improvement)**

The Head of Improvement presented the reports to members, referring to one particular item from the meeting on 9 September in relation to the DATIX system, advising members that this has now been resolved/

Members acknowledged the extent of the work taking place in the digital space.

**10. PLACE**

**10.1. Island Games Preparedness (Presenters: Director of Public Health)**

The Director of Public Health presented the key areas from the last Island Games preparedness group meeting. Members heard that progress has been made since the last meeting, however concerns were raised that this may not be enough progress.

In response to a query around staff volunteering, the Director of Public Health clarified that where staff are volunteering they are not covered by the NHS Orkney insurance, but will need their own private cover.

The Chief Executive acknowledged that progress has been made, but until such time as we see a medical plan and other plans under development the Committee cannot take assurance. She went on to say that in speaking to other partners, there is a gap in terms of strategic oversight, which she will take on with the CEO from Orkney Islands Council.

I Grieve shared her concerns advising members that she is not assured in terms of preparedness.

Members noted the update provided.

#### 10.2. Major Incident Major Emergency Plan (Presenters: Resilience Officer)

This item was deferred to the next meeting, members were encouraged to feedback to David Miller with any questions. It was noted that this exercise is planned in June 2025, almost immediately before the Island Games are due to start, which does not give time for learning or reflection. The Director of Public Health agreed to consider the timing of the exercise.

#### 10.3. Planned Care Maintenance Funds (Presenters: Director of Improvement)

The Director of Improvement presented the report, highlighting key areas to the Committee. Member heard that the Board has clear sight of the funding to Golden Jubilee, as well as the activity, which it is anticipated will underspend by £296,000. The Director of Improvement advised that there is recurrent funding of £591,000 which they are currently working through. Members noted the update.

#### 10.4. Chairs Assurance Report

The Director of Improvement advised members that the main item to note is the proposal to merge the Capital and Planning Group and the Strategic Estates and Property Group.

Members noted the update.

### 11. Items approved at Board.

- Performance Management Framework and Performance Review Meeting
- NHS Choices Return and Feedback

### 12. Agree Items for Chairs Assurance Report to Board (Presenters: Chair)

Financial position

Acknowledging the great work around the digital maturity and NIS - only Board in Scotland on plan financially

Revenue resource gap - how much we are an outlier

non-attendance by key leaders at the meeting

concern on island games - noting work being done

### 13. AOCB (Presenters: Chair)

No additional items were raised.

### 14. Key Items for Noting (Presenters: Chair)