

## **Attendance**

### **Present:**

Members: Stephen Brown, Davie Campbell, Kirsty Cole, Julie Colquhoun, Paul Corlass, Des Creasey, Rona Gold, Issy Grieve, Joanna Kenny, Anna Lamont, Meghan Mcewen, Ryan McLaughlin, Jarrard O'Brien, Laura Skaife-Knight, Jean Stevenson, Jason Taylor, Sam Thomas, Phil Tydeman, Louise Wilson

Penny Martin, Peoples Choice winner in Team Orkney Awards, attended with her nominee, sharing with members a little background on her Paediatric Physiotherapist role. Iona Corse, nominee shared a bit about her experience with her little boy first seen at 3 months old, when he wasn't meeting key milestones. Iona advised that Penny did everything she could, sharing she didn't just work with Gregor, she worked with the entire family. Penny helped explain everything in detail to the family, in terms of the diagnosis for her little boy, above what would be expected for a physio. Penny shared her experience in terms of the service challenges, and the extras that are necessary in terms of service delivery, sharing the significance of the service to children at an early stage. Members heard of the challenges in the small teams, recognising where there are gaps and fragility, but they are still diagnosing the problems. The Chief Executive shared her thanks to colleagues who delivered the Team Orkney Awards, and the Orcadian as a key partner and Sponsor.

### **1. Apologies**

The Chair welcomed Kirsty Cole, Paul Corlass and Phil Tydeman, apologies were received from Mark Doyle, Director of Finance

### **2. Declaration of Interests**

There were no declarations of interest received.

### **3. Minutes of previous meeting held on 22 January 2024**

The minutes were approved as an accurate record.

### **4. Matters Arising**

I Grieve referred members to page 6 of the minute where she had asked about confidence in the External Auditors, she asked the Recovery Director if the year end is on track, and was advised that there is a significantly strengthened process and everything is on track.

### **5. Action Log**

The actions were discussed, noting the Mental Welfare Commission Report will go to the Joint Clinical and Care Governance Committee, so can be removed from the action log. Members were advised that in terms of reporting on overtime, the Executive Team receive the information on a monthly basis, with May's IPR inclusive of the data moving forward.

### **6. Board Chair and Chief Executive Report to Board (Presenters: Laura Skaife-Knight, Meghan Mcewen)**

The Chief Executive presented the key items from the Report

- 3 month period of engagement on the Corporate Strategy, been a hugely important exercise
- Launched the Improving Together Programme
- Celebrated the Staff Awards, listening to staff this was important to them. Awards were possible thanks to the Endowment Fund and the Sponsors including The Orcadian.
- Gold Award for work with the Armed Forces.
- Met with the Chief Executive of Loganair, real proactive communication agreed a shared commitment to improving that service.
- Attended the RNLI Service representing NHS Orkney to mark 200 years at the St Magnus Cathedral.

The Chair shared the success and positive engagement in terms of the Corporate Strategy, she also advised that she was delighted to be able to present Certificates to Breastfeeding Peer Supporters who are making a huge difference as a service.

D Campbell asked how we build on the success of the Community Engagement events, should we be considering going out to Communities with Board meetings. The Chair shared that going to the Community is a much more powerful approach.

## **7. Key Issues**

### **7.1. Corporate Strategy and Engagement Report (Presenter: Laura Skaife-Knight)**

The Chief Executive presented some key headlines, having completed a 3 month engagement exercise, through a number of mechanisms the heart of the question was "what matters to you". She advised that the themes were loud and clear, and in many respects no surprises.

The Chief Executive noted the Corporate Strategy sets out a new promise, new values, new strategic objectives and a plan for how we will apply and measure progress, advising members that the new proposed structure of agendas, along with a new proposed Board Assurance Framework and Risk Management Framework will ensure the strategy aligns to the governance and assurance system.

The Chair thanked the Chief Executive for her leadership around the development of this Corporate Strategy. She shared some of the key messages from the engagement sessions advising community feel strongly how great the care is in NHS Orkney, GPs picking things up early, they know and connect with the Community, heard about how people want us to do more in Orkney. Community wants us to do more for them and be clear what that offering might be. Thanked the Community and the honesty during the conversations.

D Creasey commended the Strategy itself, captures the challenges and the way delivery will be measured.

J Kenny 7.1 lists the type of listening activities, virtual session that meant people in the isles were involved, likes that clarity and accessibility of the document, it is living document that can be worked with and abide by, congratulate everyone who has been involved in taking it forward.

I Grieve noted her appreciation for the way the strategy is presented, asking for a little bit more information in how we will monitor achievements. The Chair advised that the Corporate Strategy and ADP will be presented as a streamlined report every quarter. Looking to try and establish the priorities to other agendas.

The Chair advised that the new Board Assurance Framework will play a huge part in how we monitor delivery of the strategy objectives.

The Employee Director noted the level of engagement across staff and Community, how do we feedback to those who engaged, share how they think we are doing. He asked about the reference to the Clinical Strategy, do we have plans to look back on how we are doing in terms of the Clinical Strategy. The Chair advised that every community group that was visited will receive a thankyou and copy of the strategy and an invite to go back in 6 months to see how it feels, and what we heard from them.

The Chief Executive advised that subject to the strategy being approved, we will refresh the Clinical Strategy with the input from the Clinical Directors, sense checking against the Corporate Strategy objectives.

R Gold echoed the points shared, noted the great leadership, highly commendable to all those in the community who took time to comment, huge respect to the people who pulled the information together.

J Taylor noted his appreciation for the Strategy, noting the ambition for the metrics for improvement, asking whether we could be more ambitious. The Chief Executive noted the point, stating it is important to be ambitious, but equally realistic. The Director of Nursing, Midwifery, AHPs and Acute agreed that the small steps were important, celebrating progress as and when it is made.

D Campbell noted the Communication Strategy that was wrapped around this, noting the community honesty and how well informed the community are in terms of the current challenges.

The Employee Director advised members of the positive joint APF and Staff Governance development session, thanking the Director of People and Culture, and team for their input, he asked whether the People Objectives could be aligned to the iMatter survey feedback.

Members **approved** the Corporate Strategy and **noted** the engagement report and feedback.

## **7.2. Integrated Performance Report (Presenter: Laura Skaife-Knight)**

Members received key messages from the Chief Executive on the Integrated Performance Report.

Noting the positives

- emergency access performance - thanked Sam for her leadership
- workforce metrics - making good traction
- statutory and mandatory training - 70 - 90%
- sickness absence below the national average - noting the absence on stress and anxiety increased

Areas of focus

- reducing waiting times
- reducing cancelled operations through the improvement programme
- year end overspend

The Director of People Culture shared key points from the Workforce section, advising members of work in progress in respect of an increase in absence related to stress and anxiety, positive increase in appraisal numbers with additional appraisal training being delivered. He referred members to the increase in turnover rate advising members of a recruitment campaign being planned as well as looking at retention in terms of the current workforce.

The Employee Director noted that a deep dive into the stress and anxiety statistics would be reported through the Staff Governance Committee, observing that it is potentially not as high as it could be, advising members that people are not always comfortable sharing this kind of absence

J Taylor asked for additional narrative in respect of the hours used for bank, overtime and excess hours, what are the hours used for and the WTE equivalents.

The Director of People and Culture advised the Board that North of Scotland Boards, including NHS Orkney, have been recognised for the International Recruitment work that has taken place, the teams involved in the Board were commended for this work. The Chair noted the effort and time that has gone into the improvements in terms of Statutory and Mandatory Training.

The Medical Director highlighted key metrics from the Planned Care Section of the report:

- Improvements in management of significant adverse events
- Colonoscopy Improvements
- Reduction in terms of incidents reported

The Director of Public Health asked how we might take learning from SPSO reports into the organisation. The Medical Director advised that where any reports and learning is relevant to Orkney they will be shared.

The Recovery Director presented highlights from the Finance Section noting the February position shows an improvement in the reported deficit of £5.15 million at the year end. The Chair noted the reference to accounts payable, deterioration in performance in October, asking if we should expect a similar situation at year end.

D Creasey noted the key costs pay slides shows that there is an increase in substantive costs and a reduction in agency and bank. The Director of Nursing, Midwifery, AHP and Acute noted there may be an increase in terms of sickness absence, however hoped it would be minimal as there are other controls in place.

D Campbell welcomed the integration of Finance Reporting into the IPR asking if the improvement work and trajectories in terms of savings could also be included in this section in future iterations.

K Cole asked what controls we have in terms of training programme Junior Drs. The Director of Nursing, Midwifery, AHPs and Acute services advised that recruitment to longer term training posts has been successful, with some Drs staying for 12 months to get that true remote and rural experience, advising members that NHS Orkney will welcome its first FY2 trainee in 2025.

### **Operational Standards**

The Director of Nursing, Midwifery, AHP and Acute services presented key points:

- bed occupancy figures showing increase in bed occupancy.
- delayed discharges continue to be managed
- Peer Review of Emergency Department will complete and report through SLT and Staff Governance Committee.
- Theatres workstream is providing more data on the cancelled operations, reporting that 44% have been cancelled by the patient themselves

The Medical Director noted the position is stable in terms of Outpatient performance albeit still below where we would like it to be with overall wait in some areas continuing to increase, she advised of the work taking place through Improvement Programme to reduce travel and waiting times by better use of digital systems.

The Chief Officer presented key points from the Community section:

- psychological therapies and CAMHS consistently meeting targets
- podiatry and physiotherapy are still managing to bring down waiting lists
- Speech and Language Therapies continues to be a cause of concern however successfully recruited to a permanent Speech and Language Therapist into Children's Services and a 6 month secondment from another Board into Adult services.

J Taylor asked about the text reminder system update that may contribute to reduction in DNA's, the Chief Executive advised this was work in progress.

R McLaughlin asked for more detail in terms of Orthotics, the Chief Officer advised that work on a new SLA was progressing well.

Members **scrutinised** the performance report.

### 7.3. Corporate Risk Register (Presenters: Anna Lamont)

The item was removed from the Agenda to do some additional work outwith the meeting.

## 8. Financial Performance

### 8.1. Financial Performance Report (Presenter: Paul Corlass)

The Recovery Director presented key headlines from Month 11.

- £4.7million overspend reported
- £2.985 million of £3.775 million savings achieved, 75% non-recurrent
- Pressures continue to be reliance on temporary staffing and inflationary uplifts.
- The Recovery Director reported the Capital programme continues to be underspent.

The Recovery Director presented Month 12, end of year position £5.156 million deficit.

- £3.8 million delivered as savings, large percentage is non-recurring
- £3.1 million spent in the period of capital
- On target to submit the annual accounts in June

The Recovery Director advised that at the point of escalation the size of deficit 8.6% is highest across all Health Boards, which shifts slightly in 2024/25 coming in line with other Boards.

D Campbell noted the stabilisation in position, and targets being met. He noted that there continues to be an overspend reported against electricity costs against the Estates Team, suggesting that the budget needs to be set to reflect the inflationary costs.

J Taylor noted the request of brokerage and asked when repayment would be expected to start. The Recovery Director noted that there is a meeting planned with Scottish Government to run through end of year position where they will advise on next steps.

J Kenny welcomed the improvement in the presentation of the information in the report. The Chief Executive advised that the external support has been extended, moving into delivery phase we have a new Recovery Director, and a Director of Improvement who will work with us to prepare to stand on our own feet upskilling our teams.

Members **reviewed** the in year and end of year position.

## **8.2. Improving Together Efficiency Programme (Presenter: Phil Tydeman)**

The Director of Improvement presented the new governance structure for the delivery phase of the programme referencing key points:

- 12 workstreams as the areas of focus to get to £4million, all workstreams have met, and have a long list of ideas, focussed efforts around where we will achieve the most saving
- All workstreams will have completed Quality Impact Assessments
- May Finance and Performance Committee will receive a validated position in terms of Phase 1 and some of Phase 2.

D Creasey asked if there are risks aligned to the savings, and what confidence there is around the recurring versus non-recurring, the Director of Improvement advised that through the QIA all savings will be risk assessed and brought through to Committee, advising that the majority of the schemes identified are recurring.

Members **received** and update

## **8.3. 3 Year financial plan (Presenter: Paul Corlass)**

The Recovery Director presented key headlines from the paper submitted to the Board for approval advising members that NHS Orkney was expected to deliver against 4 key requirements:

- Minimum 3% recurring savings - 6% equalling £4million is set out in the Plan
- Continue to progress with the areas of focus in the 15-box grid
- Alignment with national priorities
- Continue to reduce the residual financial gap

The Recovery Director advised that NHS Orkney have submitted a Board approved financial plan for the 2024/25 financial period which forecasts a deficit of £5.778m, which is not compliant with the Scottish Government brokerage cap expectation for NHS Orkney of £0.99m. Scottish Government acknowledge the financial pressures facing the Board and the significant amount of work which has been undertaken over recent months to address historical brought forward underlying pressures, and new emerging unavoidable cost pressures. The Board have collectively committed to deliver the financial plan in 2024/25 which is ambitious, yet deliverable.

Members were referred to the Financial Plan Risks on Appendix 1.

The Chair noted that the Financial Plan had been approved at In Committee.

#### **8.4. Finance and Performance Chairs Assurance Reports (Presenters: Meghan McEwen)**

Continue to have unanticipated cost pressures coming forward in relation to digital, and importance of deep dive session chairs of other governance committee meetings to that session, to truly integrate the governance and use the data to best effect.

### **9. Governance**

#### **9.1. Senior Leadership Team Chairs Assurance Reports (Presenters: Laura Skaife-Knight)**

The Chief Executive shared some of the key items and escalation points from the Senior Leadership Team Reports

- Cancelled operations escalated to Finance and Performance Committee
- NIS audit improvement plan escalated to Finance and Performance Committee
- Internal audit plan approved prior to onward reporting through Audit and Risk Committee noting the audit plan has been aligned to the Improvement Programme
- Child Health improvement onward reporting through Joint Clinical and Care Governance Committee
- cCube upgrade approved at the Finance and Performance Committee

Areas requested yet still not received

- Visibility of assumptions in the Financial Plan related to digital spend

Delegated financial approval limits and framework

Members noted the update provided.

#### **9.2. Code of Corporate Governance (Presenter: Julie Colquhoun )**

Members received the Code of Corporate Governance for approval following recommendation of the Audit and Risk Committee.

The Corporate Governance Lead presented the main changes to the document as:

- Amendments to Governance Committee Terms of Reference
- Updates to the Standing Financial Instructions
- Changes to the purpose and aim to reflect the Plan on a Page
- Change to allow the Press to record meetings
- Minor job title, email address updates

R Gold asked that changes are highlighted in future iterations, so that when it is circulated what parts require refreshments.

The Medical Director noted that there needed to be some updates in terms of obligations of responsible officer.

The Board **deferred approval** of updated Code of Corporate Governance in order to get a better understanding of the changes made.

### **9.3. Governance Committee Membership (Presenters: Meghan McEwen)**

Members received the updated Governance Committee Membership highlighting some changes required to the document.

The Chair noted the appointment of Kirsty Cole as Chair of Area Clinical Forum and the addition of a new Sustainability Champion, Non-Executive Rona Gold.

#### **Post Meeting Note**

Member approved the updated membership with amendments out with the meeting.

### **9.4. Operational Governance Review (Presenter: Julie Colquhoun )**

Members were presented with Phase 2 of the Operational Governance review, noted the work that had been completed to date and the work in progress to strengthen the operational arm of the system.

Members **noted** the update.

## **10. Strategy**

### **10.1. Plan on a Page 2023/24 Quarter 4 update (Presenter: Laura Skaife-Knight)**

The Chief Executive presented the Q4 updates on Plan on a Page and Delivery Plan, closing off the last Financial Year.

In terms of updates financial sustainability and quality and safety, patient feedback and learning remain as red.

Any items that have not been completed will carry over into the new reporting in respect of the Corporate Strategy Priorities.

Member **noted** the update.

### **10.2. Annual Delivery Plan Quarter 4 Update (Presenter: Laura Skaife-Knight)**

The Chief Executive presented the update, noting that any incomplete actions will be carried over to 24/25 annual delivery plan.

The Chair reiterated reinforced the ask that attendance in meetings is not noted as mitigation of risk.

Members **noted** the update.

## **11. Quality and Safety**

### **11.1. DATIX - update and assurance report (Presenter: Anna Lamont)**

The Medical Director presented the report highlighting there are a large number of overdue Datix Incident reports, 34% of the overall reports, she advised of a concerted effort to review and close the new ones coming in, noting that the overdue are very old and inherited. She advised that the Datix system is being used to raise things that

should be raised through normal communication routes, which will require a cultural shift.

J Stevenson noted the reduction in numbers of incidents, asked if there are clear guidelines in place to reduce the numbers of reports. The Medical Director advised that there are training modules, but no standing operating procedures. Members **noted** the update provided.

#### **11.2. Joint Clinical and Care governance Committee Chairs Assurance Report (Presenter: Rona Gold)**

R Gold presented the 3 matters of concern from the Committee.

The Chair noted that there continues to be concerns raised in terms of the Mental Health Transfer bed. The Chief Officer advised that there continues to be funding challenges, and no progress has been made in finding a solution. The Employee Director asked if alternative models are being considered with the financial challenges.

The Chief Officer advised that this far there have been no alternative working models identified to date.

Members **noted** the update.

#### **11.3. Area Clinical Forum Chairs Assurance Report (Presenters: Kirsty Cole)**

The Chair of the Area Clinical Forum presented key items from the Committee.

- Fragility of Dental Services, predominately around recruitment and retention.
- ADTC and ADC have appointed office bearers and will be feeding into the ACF moving forward,
- Meeting in May is to be a development session for the Improving Together Programme

The Chair welcomed the engagement from the ACF in the governance structure. Members **noted** the update.

#### **11.4. HAIRT Report (Presenter: Sam Thomas)**

Members **received** the report.

### **12. Person Centred**

#### **12.1. Themes from Team Orkney feedback (Presenter: Laura Skaife-Knight)**

Members received the update paper noting key messages from Board Walkarounds.

### **13. Workforce**

#### **13.1. imatter - Preparing for 2024/25 survey (Presenter: Jarrard O'Brien)**

Members received the paper setting out the timeline in respect of the 2024/25 iMatter survey.

##### **Post meeting email**

The Director of People and Culture sent a post meeting email advising members that the key messages are the planning for the release of the iMatter survey is well

underway and it will go live on 13 May 2024 and close on 3 June 2024. This year it will not include OIC employees to enable us to get a true reflection of experience amongst NHS Orkney colleagues and to benchmark nationally. An engagement plan is in place within the People and Culture team to support areas to maximise their response rates.

**13.2. Staff Governance Committee Chairs Assurance Report (Presenter: Joanna Kenny)**

J Kenny highlighted a pending risk that was discussed at the Staff Governance Committee in terms of turnover, advising that this will be looked at in more detail through the Committee. She advised on assurance received in relation to the Health and Care (Staffing) Act 2019.

**14. Risk and Assurance**

**14.1. Audit and Risk Committee Chairs Assurance Report (Presenter: Jason Taylor)**

J Taylor presented the main items from the Committee

- NIS audit and Improvement Plan developed and overseen by the Committee.
- Assurance in terms of where we are in the annual accounts process having received positive progress report from the External Auditors.

**15. Any other Competent Business**

No other business was discussed.

**16. Minutes from Governance Committee Meetings**

Members **adopted** the minutes.

**16.1. Senior Leadership Team (Presenters: Laura Skaife-Knight)**

To **adopt** the approved minutes

**16.2. Joint Clinical and Care Governance Committee (Presenters: Meghan Mcewen)**

To **adopt** the approved minutes

**16.3. Area Clinical Forum (Presenters: Meghan Mcewen)**

To **adopt** the approved minutes

**16.4. Finance and Performance Committee (Presenters: Meghan Mcewen)**

To **adopt** the approved minutes

**17. Items for Information**

**17.1. Key Documentation Issued (Presenters: Meghan Mcewen)**

For **noting**