

Finance and Performance Committee

22 May 2025 Minutes

Attendance

Members

Melanie Barnes (Interim Director of Finance), Stephen Brown –(Chief Officer – IJB), Davie Campbell (Chair Non-Executive Director), Debs Crohn (Head of Improvement), Kirsty Francis (Procurement Manager), Jarrard O'Brien (Director of People and Culture), Tammy Sharp (Director of Performance, Transformation and Deputy Chief Executive), Carrie Somerville (Head of Planning, Performance and Information), Keren Somerville (Head of Finance), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services, Alan Scott (Head of Estates), Jean Stevenson (Non-Executive Director),

Guests

David Miller – (Resilience Manager), Lynda Bradford (Head of Health and Community Care), Joanna Kenny (Non-Executive Director), Deborah Langdon (Chief Finance Officer – IJB), Sarah Walker (Head of Infection, Prevention and Control), Elvira Garcia (Consultant in Public Health)

1. Cover Page

Finance and Performance Committee's Purpose

To review the financial and non-financial targets of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively.

Quorum:

Three members present including at least two non-executive Board Members, one of whom must be Chair or Vice-Chair, and one Executive Member.

2. Welcome and Apologies (Presenter: Chair)

The Chair (Davie Campbell) opened the meeting at 09.30 am and welcomed Tammy Sharp to the meeting.

Apologies received from Laura Skaife-Knight (CEO).

David Miller (Resilience Manager) attended for agenda items 10.1 - Integrated Emergency Planning Cover Paper and 10.2 - Business Continuity (Azets) Audit Update.

Kirsty Francis (Procurement Manager) attended for agenda item 13.6 - Procurement Strategy 2025-203

Joanna Kenny (Non-Executive Director) and Ryan McLaughlin (Employee Director) attended for agenda items.

- 14.2 - Deep Dive Agenda for Change implications for the Board
- 14.3 - Vacancy Control Panel Annual Report 2024/25

Members agreed the meeting was quorate in accordance with the Boards Code of Corporate Governance.

3. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

4. Minute of the Finance and Performance Committee held 27 March 2025 (Presenter: Chair)

Page 8 - Board Chair raised concerns around savings for the IJB and asked that the minutes are amended to provide clarity that the comment was in relation to the language being used.

Decision/conclusion

The Minutes of the meetings held on 27 March 2025 were accepted as an accurate record of the meeting and approved.

5. Action Log

The Board Chair asked for confirmation that a review of the Vacancy Control Panel (VCP) had been undertaken. The Director of People and Culture confirmed that the review has taken place and will be presented to the Senior Leadership Team (SLT) in June 2025 for onward assurance to Committee.

Decision/conclusion

The action log was reviewed, no outstanding issues (see action log for details).

6. Matters Arising (Presenter: Chair)

No matters arising were raised.

7. CHAIRS ASSURANCE REPORTS

7.1. Finance and Performance Committee Chair's Assurance Report - 27 March 2025 FPC25/26 -17 (Presenter: Chair)

The Committee Chair presented the Chairs Assurance report of the Finance and Performance Committee meeting held on 27 March 2025.

Decision/Conclusion

The committee noted the update.

7.2. Capital and Strategic Estates Group Chair's Assurance Report FPC25/26-19 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chairs Assurance report from the Capital and Strategic Estates Group meeting 12 May 2025.

The Board Chair asked for assurance in terms of short-term accommodation and asked that the Capital and Strategic Estates Group provide assurance to the Board in terms of short, medium, and long-term needs and conversations in relation to the Old Balfour and King Street.

Interim Director of Finance confirmed this is on the agenda for the next meeting, a joint meeting has been arranged with Orkney Island Council (OIC) to look at opportunities - this is a standing agenda item for the Capital and Strategic Estates Group.

J Stevenson asked for an update on issues within the Maternity Department - Head of Estates confirmed the issue has now been resolved and the room is being used by patients. Further remedial work is being undertaken to mitigate any risk in the future.

Decision/Conclusion

The committee discussed and noted the report.

7.3. Sustainability Steering Group Chair's Assurance Report FPC25/26-20 (Presenter: Interim Director of Finance)

Interim Director of Finance presented the Chairs Assurance report from the Sustainability Steering Group meeting 12 May 2025.

Currently awaiting removal of Nitrous Oxide equipment

Board Chair acknowledged the incredible work taking place on Sustainability and asked that the de-carbonisation project be shared with our patients and Community. A poster is being presented at an upcoming NHS Scotland event - there is a need to celebrate our work and include Key Performance Indicators for Sustainability in our Integrated Performance Report (IPR).

Decision/conclusion

The committee discussed and noted the report.

7.4. Improving Together Programme Board Chair's Assurance Report FPC25/26-21 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Chair's Assurance Report from the Improving Together Programme Board meeting held on the 9 May 2025. The Board has delivered its savings target for 2024/25, and good progress is being made in 2025/26.

There is a risk in terms of delivering the savings attached to the Workforce Workstream, the risk has increased as a result of accepting Scottish Government transitional funding.

The Board Chair asked for clarity on the plan for pay and non-pay investments and asked that the business case process be brought to a committee.

Interim Director of Finance advised that a business case template has been agreed by the Senior Leadership Team.
Medical Director confirmed that all Business Case are subject to a Quality Impact Assessment (QIA) and Risk Assessment - Scottish Government have asked the Board for the QIA to be shared with other Health Boards.

The Director of People and Culture confirmed that the advertisements for substantive Director of Finance and Director of People and Culture will be live on Friday 23 May 2025.

Decision/Conclusion

Committee discussed and noted the update.

7.5. Planned Care Programme Board Chair's Assurance Report FPC25/26-22 (Presenter: Head of Planning, Performance and Information)

The Head of Planning, Performance and Information presented the Chair's Assurance Report from the Planned Care Programme Board meeting held on the 16 April 2025.

The Board has challenged the response from Scottish Government for planned care support - 3 additional clinics have been scheduled (at-risk)

The Committee Chair asked for further clarity on urgent and suspected cancer referrals. The Head of Planning, Performance and Information advised that a review is taking place to understand the volume of urgent and suspected cancer referrals being received to ascertain if referrals being received are appropriate. The Medical Director confirmed that we are a positive outlier in terms of meeting the 31- and 62-day performance measures. The Board Chair raised concerns and asked for assurance in relation to patient care being impacted if demand is outstripping capacity. Medical Director advised that the reason the issues is being escalated is due to the ask from Scottish Government.

The Board Chair asked how success is being defined in relation to the use of the Phio app. Chief Officer IJB advised that the measure of success is the number of patients accessing/engaging with the app online and reduction in the waiting lists.

Post meeting note to be issued by the Head of Planning, Performance, and Information in relation to the volume of urgent and suspected cancer referrals being received.

Decision/Conclusion

Committee discussed and noted the update.

7.6. Digital Information Operations Group (DIOG) Chair's Assurance Reports FPC25/26-23 (Presenter: Head of Improvement)

The Head of Improvement presented the Chair's Assurance Report from the Digital Information Operations Group meetings on the 24 March and 28 April 2025. Points of escalation discussed:

- National Services Scotland have gone out to the market to procure a new system to replace One Trust. There is a risk costs may increase, or another supplier may be awarded the contract this may result in cost pressure on the Board. The contract has now been extended for a further 12 months at no cost to the Board.
- There is a risk that the lack of project management support for several National Digital Projects is impacting on our ability to deploy solutions in a timely manner - this will be reviewed as part of the Improving Together (efficiency) programme as this is not just a risk for Digital Projects.

Board Chair asked for clarity on project management and Child Health Programme to delivery digital dictation and the vulnerability this may cause - Head of Improvement confirmed the Child Health Programme is a national programme and the Board have no control over its delivery. Whilst project management support is in place for Phase 1, this is in addition to the day job for current staff, this will need to be reviewed.

Decision/Conclusion

Committee discussed and noted the update.

8. Update from National Directors of Finance Meeting FPC2526 -01 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented an update from the National Directors of Finance.

Business Systems - Directors of Finance have raised concerns regarding the programme. The Director of Finance and Chief Executives have agreed to go out to procurement for Business Systems.

The Interim Director of Finance has set up a Short Life Working Group (SLWG) to oversee the requirements for the Board to implement new Business Systems.

Decision/Conclusion

Members noted the update.

9. Corporate Risks aligned to the Finance and Performance Committee FPC2526 -02 (Presenter: Interim Director of Finance)

Lynda Bradford and Stephen Brown left the meeting. entered the meeting at 10.01 am. The Interim Director of Finance presented the Corporate Risks aligned to the Finance and Performance Committee.

A new risk has been raised in relation to the closure of the Central Decontamination Unit,

Island Games risk will be closed in July 2025.

Safety of the Old Balfour risks remains on the Corporate Risk Register.

The Corporate Risk in relation to financial sustainability has been reviewed and lowered due to acceptance of transitional funding.

Board Chair asked that a risk be raised in relation to project management support for delivery of digital transformation. Interim Director of Finance to raise a risk in relation to lack of project management capacity and capability with the Risk Management Group.

Decision/Conclusion

Committee took assurance on the progress and mitigations presented on the latest Corporate Risk Register

10. PLACE

10.1. Integrated Emergency Planning Update FPC2526 -03 (Presenter: Resilience Manager - David Miller)

The Boards Resilience Manager presented an update on the Boards Integrated Emergency Planning. A live test was planned for April 2025 which was cancelled due to operational staffing issues.

A desktop and live exercises has been planned for June 2025.

The Committee Chair asked for confirmation that the live exercise will not be cancelled due to staffing resources.

DoNMAHP advised that the previous live play exercise did not go ahead as desktop exercises had not been carried out before the live exercises. Team Leads have are aware of the live play and desktop exercises and staffing are in place to ensure the event is not cancelled.

Board Chair raised concerns about the timing of planning for the exercise and asked that SLT check delivery ability of the exercises.

The DoNMAHP advised that planning is in place, key observers are aware of their roles, and actors are being confirmed. The principle of the live exercise is to test emergency planning, full information would not be shared prior to the events. Assurance was provided in relation to staffing being in place to run the event and achieve the right lessons learned for the Organisation.

Decision/conclusion

Members welcomed the update.

10.2. Business Continuity (Azets) Audit Update FPC2526 -04 (Presenter: Director of Public Health, Guests: Resilience Manager)

The Boards Resilience Manager presented an update on the Azets Business Continuity Audit. The Audit is now nearing the event.

Objective 3 - Equality Impact Assessment was approved by SLT 5 February 2025. Business Continuity Planning (PCB) training has taken place with all managers. NHS Grampian have shared their BCP training with the Board, this will be modified for staff and included in the RESPECT training.

Objective 5 -Recovery time work has now been completed - full access will be provided to incident managers should this be required due to sensitive data of information being shared.

The Board Chair asked if a Key Performance Indicator (KPI) could be added to the Integrated Performance Report (IPR) in relation to the number of managers who have attended BCP training and asked if BCP could be discussed at Performance Review Meetings (PRM's).

Director of Performance, Transformation and Deputy Chief Executive advised that conversations have taken place regarding the IPR and PRM's - minimal changes will be included in the short term but a full review will take place this year.

Decision/conclusion

Members welcomed the update and took assurance on progress.

10.3. NHS Orkney Preparedness Plan – Island Games 2025 FPC2526 -05 (Presenter: DoNMAHP)

The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (DoNMAHP) presented the final NHS Orkney Preparedness Plan – Island Games 2025.

Concerns raised previously by the Committee in relation to Polyclinics and Medical Director for the games and road closures have now been included in the plan - private prescriptions will be issued removing the need for the Board to prescribe medication.

Assurance as provided in relation to there being no staffing issues across the Organisation.

The DoNMAHP confirmed that robust plans are in place to address road closures - issues in relation to getting patients and staff to and from The Balfour. Services have been mapped to mitigate any risks; collection points have been identified for patients to reduce the number of vehicles being used. Road closures have been shared with all staff and rotas in place.

Island Games preparedness meetings have been reduced in the run up to the games,

J Stevenson asked for clarity about accommodation at Orkney College. DoNMAHP advised that the accommodation is not the responsibility of NHS Orkney, if accommodation is required for staff this is in place.

J Stevenson asked if the NHS24 Inform leaflet had been update - DoNMAHP confirmed this has been updated.

J Stevenson asked for confirmation of where the Resilience Manger would be based during the games - DoNMAHP confirmed the Resilience Manager will be based on Mainland Orkney.

The Medical Director commended the report and the work that has gone into it and asked what the plan would be if translation services are required.

The DoNMAHP advised that the Board has access to language line, information will be provided to competitors in relation to use of language line and the need to bring translators if required.

The Committee Chair asked how the plan with be evaluated and monitored. DoNMAHP confirmed a de-brief will take place 7 days after the event with a full de-brief 4 - 6 weeks later. Lessons learned will come through governance channels and shared with the Committee.

The Board Chair felt very comfortable that the necessary work has been undertaken by NHS Orkney but asked for assurance in relation to ambulance services noting the number of St Johns Ambulance attendance at the Guernsey Island Games. DoNMAHP advised that Scottish Ambulance Service (SAS) are providing 2 additional vehicles and staff throughout the Island Games. Those working at the policy clinic are clinicians and first aid trained.

Decision/conclusion

Members received and approved the final NHS Orkney Preparedness Plan – Island Games 2025 for onward submission to the Board in June 2025.

11. PATIENT SAFETY, QUALITY AND EXPERIENCE

12. High level plan for reporting Patient Safety, Quality and Experience to Committee FPC2526 - Verbal update (Presenter: Medical Director, DoNMAHP)

The DoNMAHP provided a verbal update on the high-level plan for reporting Patient Safety, Quality and Experience (PSQE) data to the Committee and asked members to confirm what additional data is required and how cross Committee working could be implemented.

The Head of Planning, Performance and Information is currently reviewing all metrics in the IPR - PSQE metrics could be brought into the Finance and Performance Chapter of the IPR including Serious Adverse Event Reviews and Complaints.

The Medical Director advised that a weekly report is already produced for PSQE, and this could be shared with the Committee as part of the IPR.

The Board Chair made it clear that no additional papers should be presented to Committee –data presented to Committee for assurance should be included in the IPR including theme trends and data analysis.

Decision/conclusion

Members discussed the proposal and agreed that PSQE metrics (Serious Adverse Event Reviews and Complaints) will be included in the IPR.

13. PERFORMANCE**13.1. Integrated Performance Report - FPC25/26-06 (Presenter: Interim Director of Finance)**

The Head of Planning, Performance and Information presented the finance and operational standards chapters of the Integrated Performance Report.

Points to note are as follows:

What's going well?

- Collaborative approach to primary care service delivery
- Financial performance shows positive assurance against all metrics for finance.
- Cancer standards are 100% for the national target.

Areas for Improvement

- Vacancies with primary care, community nursing and dentistry remain challenging.
- Planned care performance remains off track in several areas.

The Committee Chair asked for confirmation on the diagnostics and ED target scores and asked that the amber RAG status rating be re-introduced into the IPR.

The Committee and Board Chair asked for narrative to be reviewed to ensure it states what actions are being taken so it's clearer on what work is underway to recover performance where off track.

Director of Performance, Transformation and Deputy Chief Executive confirmed that there is a need for the amber status to be included in the IPR and actions and impacts need to be much clearer. The Board Chair welcomed this change and asked that workforce challenges and any impacts be included in one section and not in each metric.

The Board Chair asked for assurance on Delayed Transfers of Care (DToC) noting the lack of progress to address this asking what actions are being taken as it is clear the current Resource Management Meeting is not addressing the issue.

The DoNMAPH advised that there has been a slight increase in the number of DToC's recently due to issues at St Rognvolds and SmiddyBrae. A joint paper will be presented to IJB in July 2025, once confirmation has been received for unscheduled care this will be used to look at our frailty model and front door. A

workshop is taking place shortly to look at Hamnavoe house and future demographic needs of our population. Board Chair asked if the Strategic Planning Partnership is looking at different models of care as this situation cannot continue. DoNMAPH and Chief Officer to bring an update to the next Committee meeting.

Board Chair took the opportunity to note that our financial performance is rated green and thanked the Interim Director of Finance and team for excellent progress in this area.

Decision/conclusion

Members took assurance on performance.

13.2. Annual Accounts and External Audit 2024/25 - Verbal update (Presenter: Interim Director of Finance)

The Interim Director of Finance provided a verbal update on the Annual Accounts and External Audit 2024/25.

External auditors are halfway through the Annual Accounts and External Audit 2024/25 audit - no significant issues have been raised to date.

Weekly meetings are taking place with Auditors, Auditors will be on site first week in June 2025.

Decision/conclusion

Members took assurance on performance.

13.3. Feedback from 3-Year Financial Plan, Transitional Funding and Annual Delivery Plan (2025/26) FPC2526 -07 (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on feedback from 3-Year Financial Plan, Transitional Funding and Annual Delivery Plan (2025/26).

No feedback has been received from Scottish Government on the Annual Delivery Plan 2025/26 - this is not unique to NHS Orkney - feedback expected in June 2025. Committee agreed that the Board Chair, CEO, and Interim Director of Finance will raise concerns with Scottish Government regarding feedback on the ADP not being received until the end of Quarter 1.

The Board Chair asked that the Committee reflect in correspondence engagement from senior leaders in the development of the transitional funding response.

Decision/conclusion

Members welcomed and noted the update.

13.4. Strengthening performance management and governance of the Robertsons Contract FPC25/26-08 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented a proposal to strengthen performance management and governance of the Robertsons Contract and is providing additional leadership and scrutiny.

To strengthen performance management and governance of the Robertsons Contract, the monthly review meeting membership will be extended to include finance, performance, and infection prevention. Formal reporting on the Robertson contract will be through the Capital and Strategic Estates Group for onward assurance to the Finance and Performance Committee. Governance arrangements will be reviewed in 6 months.

The Board Chair welcomed the refreshed approach, lessons learned have been implemented. There is a need for metrics for Robertson's contract to be included in the IPR to ensure the contractor is being held to account and performance shared with the Committee.

The Head of Estates advised that NHS Assure are in the process of undertaking a full review of the Robertson's contract.

Decision/conclusion

Members discussed and took assurance on the proposal to strengthen performance management and governance of the Robertsons contract (The Balfour).

13.5. Improving Together (efficiency) Programme Plan 2025/26 FPC2526 - 23 (Presenter: Interim Director of Finance, Head of Finance)

The Head of Finance presented the Improving Together (efficiency) Programme Plan 2025/26 for approval.

A challenge in closing the financial gap is the need to implement clinical and non-clinical transformation.

Interim Director of Finance advised that there is a need to ensure delivery of the programme if we are to achieve the requirements set out in accepting transitional funding from Scottish Government.

Decision/conclusion

Members discussed and approved the Improving Together (efficiency) Programme Plan 2025/26.

Kirsty Francis (Procurement Manager) attended the meeting at 11.15 am.

13.6. NHS Orkney Procurement strategy 2025-2030 FPC2526 -10 (Presenter: Interim Director of Finance, Guests: Procurement Manager)

The Procurement Manager presented the NHS Orkney Procurement Strategy 2025-2030 which replaces the last strategy which expired in March 2025.

NHS Orkney Procurement strategy 2025-2030 focuses on the following areas:

- Governance
- Compliance
- Investing in our staff
- Collaborative procurement

The Committee Chair thanked the Procurement Manager noting how easy the strategy is to read.

The Board Chair welcomed how easy the strategy is to read and asked for clarity on the audience for the strategy and engagement in its development. There is a need to ensure community wealth building, our anchor strategy, and the procurement strategy is built into the implementation plan for the Population Health Framework which is to be released shortly.

The Procurement Manager advised that the Procurement Strategy has been aligned to our Corporate Strategy and our Anchor Strategy - the strategy is our baseline document which requires organisational wide delivery.

The Interim Director of Finance advised that the strategy will be reviewed on an annual basis, this will ensure that the population health framework can be included.

Decision/conclusion

Members approved the NHS Orkney Procurement strategy 2025-2030.

13.7. Contract Register/Service Level Agreement (SLA) Update FPC25/26-11 - (Presenter: Procurement Manager)

The Procurement Manager presented the Contract Register/Service Level Agreement (SLA) Update, which was brought to Committee following the lessons learned from the Laboratory Contract.

The Procurement Manager advised that the new Laboratory Contract will be implemented from September 2025.

The Direct Engagement Contract is due to expire in 6 months, a market development event will take place in June 2025 with procurement in July 2025.

Board Service Level Agreement work continues overseen by the Director of Performance, Transformation and Deputy CEO and Procurement Manager.

The Interim Director of Finance asked the Committee if they were content with the information presented - further improvements are welcome.

The Board Chair asked for digital licenses to be included in the Contract Register and asked for confirmation of the Loganair expenditure and trends over time.

The Procurement Manager advised that the costs presented in the report are the full amount for 2024/25 including patients and staff travel.

The Medical Director advised that a paper will be presented to the Board in relation to spending on Loganair as part of the Travel and Escort Policy. The use of Near Me is being overseen as part of the Outpatients improvement workstream. Further discussion to take place ahead of Travel Policy coming to Board.

Decision/conclusion

Members welcomed and noted the update.

13.8. Finance Improvement Implementation plan (Response to Viridian Report) FPC25/26 -12 (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an update on the Finance Improvement Implementation plan (Response to Viridian Report).

Budgets have been finalised, staff appraisals completed, and reporting training has now been completed.

2 actions remain outstanding in relation to external audit.

Delayed actions in relation to reporting will commence from Month 2.

Decision/conclusion

Members received the Finance Improvement Implementation plan (Response to Viridian Report) update on took assurance on progress.

13.9. Quarter 4 financial review meeting with Scottish Government (Presenter: Interim Director of Finance)

The Interim Director of Finance provided an overview of the Quarter 4 financial review meeting with Scottish Government. The meeting was positive, and the Board are on a good trajectory back to financial balance by 2028/29.

Board Chair recognised the excellent relationships which have been built with Scottish Government and would like this to be shared with Non-Executive Directors.

J Stevenson asked for clarity on the action in relation to the review of the Integration Joint Board. The Interim Director of Finance advised that this is a national act as some Health and Social Care Partnerships (HSCP's) have been impacted by financial challenges - this is not the case for Orkney. The review will be presented to IJB in June 2025 and advised that the risk for Orkney is low. The Board Chair added that there is huge variation in how services are commissioned, this is the first step of building a consistent commissioning landscape.

Decision/conclusion

Members noted the update.

14. PEOPLE

14.1. Deep Dive Agenda for Change implications for the Board FPC25/26-13 - (Presenter: Director of People and Culture)

Joanna Kenny (Non-Executive Director) and Ryan McLaughlin (Executive Director) entered the meeting at 11.45 am.

The Director of People and Culture presented a Deep Dive on the Agenda for Change implications for the Board. Implementing the Agenda for Change reform actions will be overseen by the Operational Workforce Group. The first operational workforce meeting will take place on 27 May 2025

DoNMAHP advised that all 3 elements of the Agenda for Change reforms will be worked through to ensure any actions for recruitment are assessed and impacts noted. Back dated pay for some staff is to April 2023 but not everyone will be entitled to this as part of the Band 5 to Band 6 review.

The Board Chair recognised the amount of information presented to the Committee but asked for clarity on how the changes would impact on our mandatory requirements in the Health and Safety Staffing Act to ensure this work is not viewed in isolation.

The Employee Director raised concerns in relation to bank hours and excess hours being used in teams where the reduction in the working week has not been implemented recognising the need for a full Board discussion given the impact the reduction in the working week could have.

The Interim Director of Finance confirmed that overall workforce planning is required to ensure staff reduce their working week, removing the reliance on bank and excess hours.

J Stevenson asked for clarity on the duration of staff handover periods - DoNMAHP advised that this depends on the teams but approximately 30 minutes.

The Director of People and Culture acknowledged that further work is required in relation to rostering changes, core, and mandatory training for nursing staff, recognising that training for part-time staff is the same as full-time staff.

The Interim Director of Finance confirmed that the Agenda for Change pay award has been agreed for 2025/26 and 2026/27 this will create a cost pressure.

The Board Chair asked that Staff Governance Committee are given their place in overseeing this piece of work.

Committee Chair welcomed cross Committee working.

Decision/conclusion

Members took assurance on the work underway to implement the Agenda for Change implications for the Board.

14.2. Deep Dive - Improving Together Workforce Workstream FPC25/26 -14 (Presenter: Director of People and Culture)

The Director of People and Culture presented a Deep Dive on the Improving Together Workforce Workstream which has been approved by the Improving Together Programme Board.

The presentation has also been shared with the Area Partnership Forum and will be presented to the Extended Senior Leadership Team 27 May 2025. The Workstream focuses on 7 key areas.

1. Band 7 and above review

Executive Directors have reviewed all Band 7 and above posts in the context of current vacancies, and what opportunities there may be if posts became vacant.

2. Non-clinical band 6 and below review

The review will focus on what Whole Time Equivalent (WTE) roles we have, what roles we do not have which are being supplemented by bank/excess hours.

3. Sickness management, appraisals, and mandatory training

Areas with high levels of sickness have been receiving additional support from the People and Culture team with the aim of savings being achieved by having people back to work following a period of sickness recognising culture changes are required.

4. Vacancy Control Panel (VCP) review

The VCP review is now complete. Communications will be provided to staff on the outcome of the review, including on how staff feedback on the VCP has been incorporated.

5. Agenda For Change (AFC)

Discussed earlier in the meeting.

6. Pay Investments

The outcome of the review was 6 additional posts have been requested in 2025/26 which will require a business case and will be assessed based on consistent criteria agreed by SLT in November 2024.

7. Other Workforce Opportunities

Reducing the number of agency and locum staff. Recruitment is underway for substantive consultants, with grounds for optimism based on applications received.

The Clinical Services Review (CSR) will provide opportunities for further workforce re-design - this will conclude in June 2025

The Committee Chair asked for clarity on how the non-clinical review of services will progress, noting this will not progress at the same pace as the CSR. The Director of People and Culture recognised the position, this is a starting point.

Committee Chair asked for assurance on communication with staff. The Director of People and Culture confirmed that the messaging will be communicated to staff following the presentation at the Extended Senior Leadership Team Meeting 27 May 2025, this will include engagement with staff side and face to face drop ins.

DoNMAHP confirmed the CSR recommendations will be available by the end of June 2025 recognising the need for engagement with clinical advisory groups - this work is still to be mapped out.

The Director of Performance, Transformation and Deputy CEO advised that digital capability and capacity will need to be assessed in relation to service re-design.

The Interim Director of Finance advised that communications have already been issued to staff through the transitional funding messages.

The Employee Director asked what level of detail will be provided to the ESLT on 27 May 2025 and to make it clear that we are at the planning phase and that what is being presented are proposals. at this stage. The Director of People and Culture advised that the slides presented to the Committee will be presented to the ESLT to ensure we are open and transparent with our staff.

The Board Chair commended the information provided and asked that this work be shared with Non-Executive Directors.

The Board Chair asked for assurance that the recommendations from CSR will have the appropriate infrastructure to deliver and realise the benefits and confirm that we are ready to deliver from June 2025 at pace.

The Director of Performance, Transformation and Deputy CEO confirmed that pace is going to be key, and a plan is now required before the report is published noting the efficiency targets set by Scottish Government.

J Stevenson noted the sickness absence rates within Dentistry service. The Director of People and Culture advised that additional support is being provided to the service including opportunities for further service re-design/

Decision/conclusion

Members took assurance on the Improving Together Workforce Workstream

14.3. Vacancy Control Panel Annual Report 2024/25 FPC25/26 -15 (Presenter: Director of People and Culture)

The Director of People and Culture presented the Vacancy Control Panel Annual Report 2024/25.

Decision/conclusion

Members took assurance on the Vacancy Control Panel Annual Report 2024/25.

15. POTENTIAL**15.1. Digital Delivery Plan 2025/26 FPC25/26 -16 (Presenter: Head of Improvement)**

The Head of Improvement presented the Digital Delivery Plan 2025/26. As set out in NHS Orkney's Year 2 (2025/26) Corporate Strategy a key priority under the Potential Strategic Objective is to accelerate digital transformation.

The Board Chair asked for confirmation of digital capacity to deliver the priorities set out in the Delivery Plan and the need to realise the benefits of the Boards investment in Microsoft 365. The Head of Improvement advised that the priorities have been agreed by the Digital Operations Information Group – regular status reports will be provided to Committee on a quarterly basis.

Decision/conclusion

Members welcomed and noted the Digital Delivery Plan 2025/26.

16. Items agreed for Chairs Assurance Report to Board (Presenter: Chair)

Members agreed on the following items for inclusion in the Chairs Assurance Report to the Board

- Performance of Delayed Transfers of Care
- Lack of capacity and capability to undertake change management
- Not delivering the savings attached to the Workforce Workstream of the Improving Together (efficiency) programme.
- Integrated Performance Report
- Final NHS Orkney Preparedness Plan – Island Games 2025 approved.
- Improving Together (efficiency) Programme Plan 2025/26 approved.
- NHS Orkney Procurement strategy 2025-2030 approved.
- Cross Committee Working

17. AOCB (Presenter: Chair)

No AOCB raised.

18. Key Items for Noting (Presenter: chair)

Members noted the following.

- National Submissions Tracker

- NHS Orkney 2024-25 Quarter 4 Letter and 2025/26 update.
- NHS Orkney - Confirmation of additional Planned Care funding 2025-26 - 13 May 2025

18.1. Meeting Schedule 2025/26 (Presenter: Chair)

Committee noted the Finance and Performance Committee Timetable for Papers 2025/26.

18.2. Evaluation of meeting (Presenter: Chair)

Board Chair noted how the Committee is demonstrating its commitment to Openness.

The Chair closed the meeting at 12.30pm