

# Minute Finance and Performance Committee

## 29 April 2026

### Attendance

Fiona MacKay (Chair – Non-executive Board Member), Debs Crohn (Head of Corporate Governance), Tammy Sharp (Director of Performance and Transformation), Sam Thomas (Executive Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Dave Harris (Director of People and Culture), James Goodyear (Interim Chief Executive), Jason Taylor (Non-Executive Board Member), Sharon Keyes (Head of Facilities and NPD Contract), Mohammed Sohail (Chief Finance Officer – IJB), Damien Reid (Interim Director of Finance), Dr Louise Wilson (Director of Public Health), Ryan McLaughlin (Employee Director), Stephen Brown – Chief Officer IJB), Dr Anna Lamont (Medical Director) and Jean Stevenson (Non-executive Board Member) and Alan Scott (Head of Estates).

### 1. Cover Page

#### Finance and Performance Committee Purpose

To review the financial and non-financial targets of the Board, to ensure 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 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 (Fiona MacKay) opened the meeting at 09.30 am and welcomed members.

Apologies received from, Davie Campbell (Non-Executive Board Member – Interim Board Chair) and Richard Rae (Head of Information Technology).

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 25 March 2026 (Presenter: Chair)

The Chair asked for comments on the minutes of the meeting being held on 25 March 2026.

#### Decision/conclusion

Minute of the meetings held on 25 March 2026 were accepted as an accurate record of the meeting and approved subject to amendments discussed.

### 5. Matters Arising

No matters arising were raised.

## **6. CHAIR'S ASSURANCE REPORT - Finance and Performance Committee Chair's Assurance Report – 25 March 2026 (Presenter: Chair)**

The Chair presented the Chair's Assurance report of the Finance and Performance Committee meeting held on 25 March 2026 for assurance noting that this will be presented at Board 30 April 2026.

### **Decision/Conclusion**

The committee took assurance on the Chair's Assurance Report from the meeting held 25 March 2026 for onward submission to the Board 30 April 2026.

## **7. Action Log (Presenter: Head of Corporate Governance)**

The Head of Corporate Governance presented the Finance and Performance Committee Action Log 2026/27.

### **Decision/conclusion**

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

## **8. Corporate Risks aligned to the Finance and Performance Committee (Presenter: Interim Director of Finance)**

The Interim Director of Finance presented the Corporate Risks aligned to the Finance and Performance Committee highlighting the risk of delivering £2.5million in savings. Members noted that whilst we under delivered on our efficiency programme, as a result of receiving additional funding from Scottish Government, our overall savings target has been achieved.

The Medical Director and Chair recognised the need to review our Corporate Financial Sustainability Risk as we move into 2026/27, noting the need for operational risk management and a review of how the Corporate Risk Register is presented.

The Interim Director of Finance advised that there have been no changes to the corporate financial sustainability, delivery of digital projects and the lack of digital maturity risks. Positive conversations have taken place with NHS Grampian in terms of supporting our digital programmes, noting there is a need to prioritise our limited digital resources to focus on local priorities.

The Interim Director of Finance asked if the digital risk should be updated now MORSE has been rolled out in our Community Mental Health Service. The Head of Corporate Governance advised that digital risks were updated last week, the Medical Director advised that some risks may be updated less frequently - the interval is determined by the risk score. As an organisation aim for 3 months.

### **Decision/Conclusion**

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

## **9. Integrated Performance Report (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation presented the Integrated Performance Report (IPR) aligned to the Finance and Performance Committee.

Performance improvement is evident in targeted areas, including cancer pathways, diagnostic cardiology, and aspects of diagnostics; however, overall system resilience remains constrained, and several improvements are fragile and capacity-dependent.

A number of national standards continue to be met or are close to target, including Cancer Waiting Times (31-day and 62-day), Scottish Ambulance Service turnaround times, and pre-noon discharge performance. These areas provide assurance that critical patient pathways are protected.

Performance in several areas, particularly A&E 4-hour compliance, new outpatient appointments and diagnostics are sensitive to relatively small fluctuations in demand, acuity, workforce, and flow.

Progress towards eliminating over 52 weeks continues, with the overall number of patients waiting beyond this threshold reducing significantly.

Key risks remain in relation to ophthalmology, community child health, and orthopedics.

Financial performance continues to be an area of risk driven by medical spending and under achievement of 2026/27 efficiency programme.

The EDoNMAHP advised that the 4-hour compliance target in the report is from January 2026, current performance is 98%. Assurance provided on the work which has been undertaken to reduce the number of Delayed Transfers of Care, this will be reflected in the next IPR brought to Committee.

The Medical Director advised that there has been a local challenge within our diagnostic ultrasound service which has led to a dip in our 6-weekly performance. There continues to be delays in relation to our Serious Adverse Event Reviews, due to the number of reviews which are being impacted by external factors, will be reviewed by the Medical Director.

J Taylor asked for assurance in relation to the validations of patient waiting lists. The Medical Director advised that the Board is working with colleagues to valid waiting lists, this is done nationally by contacting patients to ascertain if they wish to remain on the waiting list. Clinical validation is also undertaken in particular within our endoscopy service. We continue to work with the Centre for Sustainable Delivery (CfSD) to validate our waiting lists.

The Interim CEO provided additional assurance that we recognise that people are on waiting lists for too long, confirming that no pressure is flowing into the organisation in relation to waiting lists. The Chair welcomed that good validation of waiting lists is taking place.

J Taylor asked for assurance in relation to DTOCs and asked for an update in relation to attracting staff. The Chief Officer IJB advised that we are working with Scottish Government and have a number of initiatives in place to attract staff to Orkney, noting that an additional 2,500 working age adults required in Orkney over the next 9 years to meet the needs of our population.

J Stevenson asked for an update on the number of patients waiting for day case surgery and asked if a target could be included for theatre utilisation. The EDoNMAHP advised that there are no national standards for theatre utilisation, a piece of work is underway to look at theatre utilisation supported by our Improvement Team.

The Medical Director asked Committee to note that reducing waiting lists impacts our ability for patients to be seen in outpatients, there continues to be challenges around staffing and would expect that waiting lists for outpatients to fall over the next 12 months noting we have focused on patients waiting over 52 weeks.

The Interim CEO advised that demand and capacity resourcing will be brought through our Planned Care Programme Board, assurance will be provided to Committee via the Planned Care Programme Board Chair's Assurance Reports.

The Chair recognised that the pre noon discharge target has been met for the first time, there has been a significant reduction in the number of DTOCs. The Chief Officer IJB advised that we have utilised Frailty at the Front Door funding to recruit additional agency staff to focus on hospital discharge.

J Stevenson asked for confirmation of the financial benefits arising from the reduction in the number of DTOCs. The Interim Director of Finance advised that it is challenging to justify financial benefits alone of reducing the number of DTOCs.

The Chair asked Executive Directors if mitigating actions could be included in the IPR as this is how we demonstrate to the Public how we are performing. The Medical Director acknowledged the need for mitigating actions to be included in the IPR going forward.

J Stevenson noted the improvement in performance in relation to endoscopy and asked for assurance that actions will continue to ensure performance is maintained. The Medical Director confirmed performance will continue to be monitored.

J Stevenson asked for confirmation on the intrapartum target being correct. The EDoNMAHP advised that there are challenges in relation to the data extraction requiring a manual extraction.

The Chair thanked the team for the work in producing the IPR.

#### **Decision/Conclusion**

Committee took assurance on the Integration Performance Report.

### **10. Finance and Performance Committee Annual Report 2025/26 (Presenter:Chair)**

The Chair presented the Finance and Performance Committee Annual Report 2025/26 for discussion and approval.

The Chair reminded members that the report reflects comments from the Committee Development Session held 16 March 2026.

Section 2.3 Tammy Sharp to be added to the list of attendees.

Director of Public Health to be added to attendance list for February 2026.

J Stevenson asked that in the areas of Improvement that the RAG rating would remain in the IPR as well as the Statistical Control Chart. The Director of Transformation and Improvement advised that the RAG rating will remain.

#### **Decision/conclusion**

Committee approved the Finance and Performance Committee Annual Report 2025/26.

### **11. STRATEGIC OBJECTIVE – PLACE**

#### **11.1. Chair's Assurance Report – Sustainability Group 8 April 2026 (Presenter: Head of Facilities and NPD)**

The Head of Faculties and NPD contract presented the Chair's Assurance Report from the Sustainability Steering Group meeting on the 8 April 2026. Update provided in relation to attendance from the Realistic Medicine Lead, bloom and bletcher sessions are now in place to support staff wellbeing.

Committee noted that the Executive Lead for Sustainability is the Director of Public Health and asked what support may be required going forward, noting representation across the organisation is required.

The EDoNMAHP welcomed the report asking that governance of the report be reviewed.

**Decision/Conclusion**

Committee took assurance on the report.

**11.2. Chair's Assurance Report – Capital and Property Strategic Group 30 March 2026 (Presenter: Interim Director of Finance)**

The Interim Director of Finance presented the Chair's Assurance Report from the Capital and Property Strategic Group meeting on the 30 March 2026.

Members were asked to note the year-end position, the capital plan for 2026/27 will be presented to Committee 25 May 2026.

J Stevenson asked for assurance on the change from leasing pool cars to purchasing. The Head of Estates advised that a paper was presented at the meeting and confirmed that servicing of both leased and purchased cars is undertaken on island.

J Stevenson asked for an update on the Art in Health contract. The Interim Director of Finance advised that we have secured a slight reduction in the contract, but the same service will remain.

J Taylor asked for confirmation on the removal of hand wash basins in patient areas. The EDoNMAHP advised that the need to remove the wash basins is a clinical need set out in the NIPSOM to mitigate risk of splash zones.

**Decision/Conclusion**

Committee took assurance on the report.

**12. PATIENT SAFETY, QUALITY AND EXPERIENCE**

**12.1. Use of GLP 1's (Presenter: Medical Director)**

The Medical Director presented a paper on the use of GLP 1's for discussion, outlining the NHS Scotland position. At present no board in Scotland is prescribing GLP1s, this should be undertaken within Primary Care. NHS Orkney's position is consistent with NHS Scotland follow NHS Grampians formulary and are not for prescribing within Primary Care. Scottish Government have agreed a phased approach but currently there are no timescales noting the financial implications.

Committee were asked to note that our clinicians have raised concerns in relation to pancreatitis, a national study is underway to look at the risks of GLP1s.

The Interim CEO thanked the Medical Director for the paper and asked if any financial modelling has been undertaken for the population in Orkney. The Medical Director advised that until clarity is provided on the criteria financial modelling has not been undertaken and that modelling is not undertaken this financial year.

The EDoNMAHP noted the benefits of GLP1s from a population health perspective on an invest to save basis. The Medical Director advised that the study mentioned earlier will look at outcomes, findings are likely to be available mid-2028.

J Stevenson asked if there is any way of monitoring side effects of GLP1s locally. The Medical Director thanked Committee for their scrutiny of the report, advising that the MRHA are recording

side effects. One of the issues being considered is the effect on post-menopausal women on bone density.

Committee recommended that the Medical Director present the paper to JCCGC for assurance.

**Decision/Conclusion**

Committee discussed, noted, the local, regional, and national position on the use of GLP1s and took assurance on the report.

## **13. STRATEGIC OBJECTIVE - PERFORMANCE**

### **13.1. Month 12 Financial Results and Improving Together Programme (Presenter: Interim Director of Finance)**

The Interim Director of Finance provided an update on the Month 12 financial results and improving Together programme noting a verbal update was provided due to the changing position at year-end.

As a result of additional deficit support funding from the Scottish Government, the Board will reach a break-even position. This result comes from a rebate on our MH SLA, income generated by MH services, additional received income, and postponing one-time savings from the IJB reserves until 2026/27.

The Interim CEO reflected a very positive closing position at year-end, noting the challenging position as we move into 2026/27 noting the circa £3million increase in pay costs.

The Director of Public Health asked if our current position has changed our escalation status. The Interim Director of Finance advised that the Board remains at Level 3 of the Financial Escalation Framework, as our deficit support funding is removed over the next 2 years the Board must be a 3% saving year on year which was not achieved in 2025/26.

J Taylor asked for clarity on the reasons for the increase in pay costs. The Interim Director of Finance advised that this is due to us not reducing head count, agency and locum usage and medical staffing. An action plan is in place to look at our medical staffing model.

The Interim Director of Finance advised that a month 12 report will be brought to Committee in May 2026 with an indication of how finance is at the end of Month 1.

**Decision/Conclusion**

Committee took assurance from the update.

### **13.2. NHS Scotland Annual Operating Priorities (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation presented the NHS Scotland Annual Operating Priorities report.

No new targets are delivery targets, but boards are asked to focus on Planned care, productivity, unscheduled care and flow, care closer to home and population health and enablers, improving support for mental health, neuro, digital transformation and moving to a population health organisation. Monitoring of the priorities will be through the Executive Management Team with assurance to Board through Finance and Performance Committee.

There is no requirement for an Annual Delivery Plan, however a summary of local, sub national and national priorities will be produced and brought to Committee.

The Chair asked if our IPR needs to change to reflect the priorities, the Director of Performance and Transformation advised that discussions are taking place, and this will be reviewed.

The Chair asked if we have hospital at home in Orkney. The EDoNMAHP advised that whilst we do not have Hospital at Home, we have a hospital without walls approach.

#### **Decision/Conclusion**

Committee took assurance from the updates.

### **13.3. Transformational Priorities Highlight Reports (Presenter: Director of Performance and Transformation)**

The Director of Performance and Transformation presented the transformational priorities highlight reports for the following four priorities: these being GP Out of Hours, re-design of isles care, older persons and frailty and medical staffing.

#### **Medical staffing**

The EDoNMAHP provided an update on the medical staffing workstream – the workstream remains on track, looking at the core and non-core services, medical recruitment. Grip and control have included moving agency staff to substantive.

The Medical Director advised that an Executive Team workshop is taking place on 29 April 2026 to build on the medical deep dive. Work continues on medical job planning, recruitment processes, and onboarding.

The Chair asked for assurance on how savings will be monitored. The Medical Director advised that a more in-depth savings plan will be brought back to Committee. The EDoNMAHP confirmed that the efficiency programme will continue to monitor savings.

J Taylor asked for additional information on the medical staffing establishment and grip and control measures following the deep dive presented previously to Committee. The Medical Director recognised that the number of WTE's has reduced in some areas, and there is a commitment to bring an establishment review back to Committee.

#### **Older Persons and Frailty Workstream**

The Chief Officer IJB advised that whilst the workstream is off track, engagement in the workstream to date has been positive and will improve outcomes, savings expected from the workstream is in relation to the social care workforce including moving to different working patterns and reviewing managerial structures.

The Chair asked if the Single Point of Contact (SPOC) is just for AHPs. The Chief Officer IJB advised that all referrals will be triaged through the SPOC.

J Taylor asked if the SPOC requires a clinician to be required or if this could be undertaken by a non-clinical member of staff. The EDoNMAHP advised that a SPOC does require a clinician and that this will help prevent admission to hospital.

J Stevenson asked if there was anything on the horizon for an integrated health and care record. The Head of Corporate Governance advised that there is significant complexity in relation to

implementing an integrated Health and Care Record. Work is underway at a national level to roll out the Mycare.scot app, but this is not likely to be fully operational within the next 12 months.

### **Re-design Isles care**

The Chief Officer IJB advised that the re-design of Isles care is currently off track, however there are several models that could be used, this needs to be undertaken in line with the planning with people guidance and Health Improvement Scotland. Conversations in relation to funding for Isles Care are taking place in partnership with Orkney Islands Council.

The Interim Director of Finance advised that our current savings plan does not add up to the amount of savings required, then further discussions will need to take place, recognising the significant costs associated with delivering care on the Isles.

### **GP Out of Hours**

The EDoNMAHP advised that work is on track, work has been commissioned on inter dependencies, these will be mapped out to ensure there are no unintended consequences. Savings should be realised from August 2026 onwards noting the need for public engagement and work on sub-regional unscheduled care.

### **Decision/Conclusion**

Committee took assurance from the updates.

## **13.4. Robertsons Facilities Management Contract Update (Presenter: Interim Director of Finance)**

The Interim Director of Finance presented an update on the Robertsons Facilities Management (RFM) contract, confirming that progress has been made in the last month particularly in relation to testing fire dampeners. RFM have committed to bringing additional resources on site for up to 6 weeks to complete the work required.

Progress has also been made in relation to the tank – a proposal has been submitted by RFM; this will be discussed at the next Infection Control Meeting.

Currie and Brown (external advisors) support the Board with the RFM contract which has been useful. An interim contract manager is in place and RFM continues to recruit for key roles.

The Chair asked for assurance on the planned maintenance, and the Head of Facilities and NPD Contact confirmed that the issues we have seen previously are being resolved.

The EDoNMAHP raised concerns following a recent ward walkaround in relation to the smaller planned maintenance, this has been raised with RFM.

### **Decision/Conclusion**

Committee took assurance from the updates.

## **13.5. Chair's Assurance Report – Improving Together Programme Board 27 March 2026 (Presenter: Interim CEO)**

The Interim CEO presented the Chair's Assurance Report from the Improving Together Programme Board 27 March 2026. The ITPB has now been split into two parts, (1) efficiency schemes, (2) transformational priorities (discussed in item 13.3).

Positive assurance provided that a Cost Improvement Programme for 2026/27 will be in place.

**Decision/Conclusion**

Committee took assurance from the updates.

14. **STRATEGIC OBJECTIVE – PEOPLE** – No papers to be presented to Committee.

15. **STRATEGIC OBJECTIVE – POTENTIAL**

15.1. **Chair’s Assurance Report – Digital Information Operations Group 23 March 2026 (Presenter: Interim Director of Finance)**

The Interim Director of Finance presented the Chair’s Assurance Report from the Digital Information Operations Group 23 March 2026.

Work on the RIS and PACS rollout is significantly off-track risk, resulting in the planned May 2026 deployment becoming unlikely due to challenges with the current provider. National Team is developing an options appraisal which will be shared with Boards shortly.

The move to a new Radiology Information System (RIS) remains off-track resulting in the planned deployment becoming unlikely due to challenges with the current provider. Our Radiology Manager continues to work with colleagues in NHS Grampian, NHS Shetland, and the national team to identify potential solutions.

Although a local Business Systems Project team is now established to lead and support the replacement of our core finance and Human Resources systems. There remains a risk that limited capacity could affect our capacity to successfully implement the necessary changes noting there are opportunities for East of Scotland collaboration.

**Decision/Conclusion**

Committee took assurance from the updates.

16. **Agree Items for Chairs Assurance Report to Board**

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

**Areas of concern**

- Month 12 Financial Performance
- Digital – RIS/PACs
- Robertsons Facilities Management Contract

**Major work commissioned/underway**

- Risk Register updates
- Isles Model of Care and Out of Hours Transformational Workstreams
- Medical Staffing workstream – savings plan to be brought to next meeting

**Positive assurance**

- Corporate Risk and Assurance Report
- IPR

- Waiting list validation
- Pre-noon discharges
- Reduction in the number of DTOCs
- Board Position on the use of GLP1s
- Break even financial position at year-pend
- Assurance provided via Chair's Assurance Reports
  - Improving Together Programme Board
  - Digital Information Operations Group on accelerating digital transformation.
  - Sustainability Steering Group
  - Capital and Property Strategic Group

#### **Decisions made**

- Minutes and Chair's Assurance Report 25 March 2026 approved
- Finance and Performance Committee Annual Report 2025/26

### **17. AOCB (Presenter: Chair)**

No other business raised.

### **18. Key Items for Noting (Presenter: Chair)**

Members noted the following key documents

- 2026/27 - Financial Planning Letter - 11 - NHS Orkney
- Public Holiday for Opening Game of World Cup
- NHS Orkney - Confirmation of Q1 diagnostic funding 2026/27 - 30 March 2026

#### **18.1 Meeting Schedule 2026/27 (Presenter: Chair)**

Committee noted the meeting schedule 2026/27.

#### **18.2 Evaluation of meeting (Presenter: Chair)**

Useful discussions, challenging but supportive.

The Chair closed the meeting at 12.15