

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	 NHS Highland na Gàidhealtachd
DRAFT MINUTE of the FINANCE, RESOURCES AND PERFORMANCE COMMITTEE TEAMS	11 October 2024 at 9.30 am	

Present

Tim Allison, Director of Public Health
 Alexander Anderson, Chair
 Graham Bell, Vice Chair
 Louise Bussell, Nurse Director
 Garret Corner, Non-Executive Director
 Fiona Davies, Chief Executive
 Richard MacDonald, Director of Estates, Facilities and Capital Planning
 Gerard O'Brien, Non-Executive Director
 Steve Walsh, Non-Executive Director

In Attendance

Sammy Clark, Performance Manager
 Bryan McKellar, Whole System Transformation Manager
 David Park, Deputy Chief Executive
 Katherine Sutton, Chief Officer Acute
 Elaine Ward, Deputy Director of Finance
 Nathan Ware, Governance and Corporate Records Manager

1 **STANDING ITEMS**

1.1 **Welcome and Apologies**

Apologies were received from Committee members Boyd Peters and Heledd Cooper with Elaine Ward deputising. Apologies were also received from Pamela Cremin with Katherine Sutton deputising.

1.2 **Declarations of Interest**

There were no formal Declarations of Interest.

1.3 **Minute of Previous meeting held on Friday, 06 September 2024, Rolling Action Plan and Committee Work Plan 2024/2025**

The Minute of the Meeting held on 6 September 2024 was **Approved**. The Committee further **Noted** the Committee Work Plan 2024/25 and revised Rolling Action Plan.

The following actions was **agreed** for closure:

- **Action 9** - Financial Position (M2) 2024/25 and Value and Efficiency Update. Agreed to receive quarterly updates on workstreams and relevant 15 Box Grid Elements

2 NHS Highland Financial Position 2024/25 Report (Month 5) and Value and Efficiency Assurance Update

The Deputy Director of Finance spoke to the circulated report detailing the NHS Highland financial position as at end Month 5, advising the Year-to-Date (YTD) Revenue over spend amounted to £39.121m, with the forecast overspend set to increase to £49.7m as at 31 March 2025 assuming those cost reductions/improvements identified through value and efficiency workstreams would be achieved and further action would be taken to deliver a break even position for Adult Social Care.

The circulated report further outlined the underlying data relating to Summary Funding and Expenditure, noting the relevant Key Risks and Mitigations. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; the Cost Reduction/Improvement activity position; the value and efficiency Dashboard position as of August 2024; Supplementary Staffing; Subjective Analysis; and Capital Spend. The circulated report proposed the Committee take **Limited** Assurance, for the reason stated.

There was discussion of the following:

- Argyll and Bute. Members sought reassurance about Argyll and Bute's financial position, noting an overspend, with the Chief Executive explaining it combined NHS and social care forecasts
- Pay related costs. Members acknowledged there had been no allocations for pay-related costs yet and emphasised the need to recognise these costs and plan for anticipated allocations. Pay enhancements and backdated payments were expected in October and November 2024, but costs for band five to six remained under national discussion.
- Value & Efficiency. Members requested a more substantial increase in value and efficiency delivery and recommended providing a detailed month six financial report to clarify current and projected spending, along with key variables. The Deputy Director of Finance recognised the risk in achieving the identified value and efficiency. She advised of detailed updates on this at month six, anticipating it would cover most slippage through balance sheet transactions.
- Value & Efficiency data presentation. Members asked the Deputy Director of Finance to review how the data would be presented at the Board meeting.
- Learning Disability budget. Members had raised concerns about the Learning Disability budget overspend, noting it was impacted by recent package agreements and was being addressed by the Highland Health and Social Care Committee.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to take **Limited** assurance.

3 Planned Care Trajectories and ADP Targets

S Clark gave a presentation by way of an update on Planned Care trajectories. The outpatient waiting list size from April 2023 had been added to the data and showed planned figures that had been agreed with Scottish Government in relation to reprofiled data to show actual figures. It was explained that the increase was largely due to an increase in referrals in certain specialties. It was noted that commissioned activity from other boards through the NTC for Orthopaedics and ophthalmology would be added to NHSH's waiting list data as 'zero day's wait' to align with national patient management tracking data.

The following was discussed:

- Regarding the growing number of outpatient referrals, it was noted that the profile of referrals was an area that needed to be targeted for analysis especially in terms of GP referrals over the past two years. However, it was anticipated that active clinical referral triage would help to address the issue and place patients on more appropriate pathways. The Chief Officer for Acute Services commented that pre-Covid had seen a higher degree of financial support to address waiting lists and that the current SG emphasis was on improvements through efficiencies however there was not a corresponding increase in capacity and that the changing demands of an ageing population had contributed to this.
- It was noted that there was an activity plan agreed with SG that was being delivered on. A detailed paper was offered to explain the plan to address the outpatient waiting list.
- The Chief Executive noted that SG was looking to increase patient mobility across Scotland and that this could pose a challenge for recording which health board's patients were on whose lists. However, it was noted that NHS patients referred to Golden Jubilee Hospital were included in the NHS reporting and not GJH reporting.

After discussion, the Committee:

- **Noted** the refreshed planned care trajectories and update on performance levels.

4 Highland U&USC Plan and Scottish Government Winter Planning Guidance

NHS Highland had instigated a 90-day Urgent & Unscheduled Care recovery plan to align with performance improvement trajectories for Delayed Hospital Discharges and aligned to longer-term Unscheduled Care programme activity. Scottish Government had released their winter planning guidance and preparedness checklist to support board planning activity. The paper was presented to provide assurance to FRPC that there were plans in development which would be submitted later in the month to SG, to implement the SG winter planning guidance and to undertake an analysis aligned to the SG checklist. The paper also provided an update on current performance trajectories on the 90-day recovery plan. The Finance Performance and Resources Committee was invited to take Moderate Assurance from the performance trajectories as part of the Urgent & Unscheduled Care 90-day improvement plan.

The following was discussed:

- The situation regarding the Moss Park care home was raised and it was noted that a detailed Board briefing was due to be circulated later the same day. A new mitigation plan was in development to respond to capacity issues. It was felt that SG-set targets as outlined in appendix 4 of the report, would not be significantly impacted by the Moss Park issue and that more details would be provided in relation to the Board Risk Register.
- It was noted that SG had requested that a winter checklist be submitted at the end of the month to evidence due diligence of issues during the coming quarter. This would replace the Winter Plan because it was felt that the pressures across the system were no longer specific to the winter period.

After discussion, the Committee:

- **Noted** the Scottish Government Winter Planning guidance and checklist.
- **Accepted Moderate Assurance** from the report.

5 Environment and Sustainability Strategy Update

The report provided an update to the committee on how NHS Highland was proposing to move towards Scottish Government Net Carbon Zero targets. NHS Highland had set up an

Environment & Sustainability Board which will look to work with internal and external partners to reduce Carbon emissions and to work more efficiently and sustainably. The report recommended Moderate Assurance to the committee and was presented for awareness of progress towards the development of NHS Highland's Environmental & Sustainability Strategy and associated projects.

R MacDonald commented that the team had started reporting on national KPIs and performance indicators from national groups. Data was provided on carbon emissions, power and utility usage from the national environmental and sustainability measuring tool. More detailed figures would be provided with the annual report.

Carbon emissions had seen a slight reduction this financial year, and it was noted that the greatest impact from carbon direction resources would be for Raigmore Hospital. There were ongoing projects across several sites with the aim of achieving a more accurate measurement of consumption. Utility billing had increased due to the rise of the Ofgem price cap. A reduction on some sites had been seen due to initiatives such as a change from heavy to light oil.

An environmental management system was in development to provide better reporting data on finance in terms of building fabric and geographical and environmental impact on the building. Some partnership work was underway with UHI. The staffing for the Environmental and Sustainability team was now filled with a Waste Manager in post, and the next reporting period would include more waste data. The EV infrastructure project was ongoing, and the 'Pure Water Laundry' project was now up and running.

In discussion,

- It was noted that a module was now available to staff for environmental awareness and a request had been made for local champions to consider local initiatives.
- Initiatives to invest in photovoltaic cells or small wind power turbines on Raigmore's site to generate electricity were discussed and it was noted that funding opportunities were currently limited. It was commented that NHS Grampian had been developing a business case for a public private partnership opportunity to consider the use of photovoltaic cells, and related discussion at NHSH was in progress with an energy supplier to explore potential options for different NHSH sites such as the installation of a hydrogen plant. Highland Council had also been considering investment options for adult social care buildings.

After discussion, the Committee:

- **Noted** the progress outlined in the report.
- **Agreed** to take **moderate assurance**.

6 Capital Asset Management Update

The Director of Estates, Facilities and Capital Planning spoke to the circulated report and provided a brief presentation, advising management groups continued to meet monthly. It was noted that NHS Highland's Formula Capital Allocation for 2024/25 was £6.947m. As at month five, seventy-five percent of the departmental capital budget had been released to enable procurement to commence. Progress against spend has been monitored monthly through monthly monitoring reports, monthly one to one meeting with budget holders and through Capital Asset Management Group (CAMG). At the end of month six, it was expected that the remaining quarter of the departmental budget would be released if adequate assurance has been provided. As at month five, the year to date spend is £1.430m with most of the

expenditure within Estates. The circulated report proposed the Committee take Moderate Assurance.

In discussion,

- Steriliser Issue. Members noted other Boards had experiences issues with steriliser decontamination units. It was noted the NHS Highland had decided to purchase a new steriliser through the contingency fund.
- HSE Finding on Oban Hospital. It was highlighted that the HSE finding would be revenue funded and focuses on management and safety rather than major changes to the wards.
- Investment in facilities. Members highlight the need for strategic investment in both old and new healthcare facilities, ensuring efficient use of resources and spaces. While new buildings are well-received, there is room for better utilisation to maximise their potential.

7 Any Other Competent Business

The Strategy and Transformation Performance Manager gave a presentation on NHS Highland Completed Waits. It was highlighted that the Power BI model had been initially produced before COVID and had been resumed due to specific requests from GPs. The model included slicers at the top to select the year and patient priority, with data populated from April 2024. Users could choose between different priorities such as routine, urgent, and urgent suspected cancers. This detailed information could help GPs adjust treatment pathways based on waiting times. It could be used by GPs to refer patients and provide alternative treatment pathways until they received treatment from NHS Highland. The information was planned to be available on the NHS Highland Intranet page within the next month and was part of a broader communications plan.

In discussion,

- Members asked for completed waits to be included in the IPQR. It was noted that further discussion would be required to determine the level of detail required to provide assurance. The Chief Executive advised it was necessary for one element of the IPQR to be removed for every new one added, to prevent the list from growing excessively.
- Concern was expressed regarding limitations of the NHS Inform website for people in Argyll, especially given the reliance on locum doctors who may struggle with accessing sophisticated information. The Chief Executive emphasised the importance of ensuring alternative services were available if GPs do not refer patients due to delays, to maintain quality of care.

After discussion, the Committee:

- **Noted** the circulated report.
- **Agreed** to take **substantial** assurance

8 Remaining Meeting Schedule for 2024

1 November
13 December

The Committee Noted the remaining meeting schedule for 2024.

9 DATE OF NEXT MEETING

Friday 1 November 2024 at 9.30 am.

The meeting closed at 11.15am