

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held in public at 9.30am on Tuesday 13th December 2022 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board Member
Mrs Kathleen Carolan	Director of Nursing & Acute Services
Mr Michael Dickson	Chief Executive
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Kathy Hubbard	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mrs Emma Macdonald	Local Authority Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director
Mrs Amanda McDermott	Chair of Area Clinical Forum

In Attendance

Mrs Carolyn Hand	Corporate Services Manager
Ms Lucy Flaws	Planning, Performance and Projects Officer [item 2022/23/79]
Ms Heather Tulloch	Senior Charge Nurse [item 2022/23/76]
Ms Michelle Wilkinson	Infection Prevention and Control Nurse [item 2022/23/76]
Mr James McConnachie	Business Continuity and Resilience Officer [item 2022/23/82]
Mrs Erin Seif	PA to Director of Finance
Ms Edna Mary Watson	Chief Nurse (Corporate) [item 2022/23/80]

2022/23/70 Chair's Announcements

Mr Robinson welcomed Joe Higgins to his first Board Meeting as the recently appointed Whistleblowing Non-Executive Director. An induction programme was being set up and members noted this was the first time the Board had been at full complement for some time.

The board was pleased to learn that Lincoln Carroll had been reappointed to the Board for a further four years, providing increased continuity.

The vaccination sessions at Gilbertson Park end this week before the clinic is dismantled and the venue returned to its normal use. Mr Robinson thanked the vaccinators, volunteers, Shetland Islands Council, and everyone involved in making the building and facilities available for use during the roll out of the vaccination programmes for the last two years. The first Covid vaccine was given in Shetland on 11th December 2020, and since then over 67,000 Covid vaccines had been administered.

NHS Shetland is seeing laboratory confirmed Covid, and also a small number of confirmed cases of flu. Anyone requiring an appointment after this week should contact the vaccination team directly using the details listed on NHS Shetland's website and social media.

Mr Robinson was encouraged to see the good work covered at the Excellence in Care event in December organised by Kathleen Carolan. It was commendable that staff have continued to drive quality improvements in many areas of the board's service provision despite what had felt like a very difficult few years for healthcare organisations. The board extended its congratulations to all the winners.

On behalf of the board, Mr Robinson thanked all staff for their hard work and professionalism in the last 12 months and acknowledged those who will keep the board's vital services running over the festive period.

2022/23/71 Apologies for Absence

Apologies were received from Lincoln Carroll and due to the adverse weather and power outages, from Brian Chittick, Natasha Cornick and Jane Haswell.

2022/23/72 Declaration of Interests

There were no declarations of interest.

2022/23/73 Draft minutes of the public Board Meeting held on 20th September 2022

The draft minutes were approved as an accurate record with no amendments.

2022/23/74 Board Action Tracker

The Board Action Tracker was noted.

2022/23/75 Matters Arising

There were no matters arising from the previous minutes or action tracker.

2022/23/76 Quality Report Update

(Board Paper 2022/23/44)

Mrs Carolan presented the report and highlighted the key points for members' information:

- Since the October board meeting, the team have spent time looking at winter preparedness. NHS Shetland is currently experiencing winter pressures and the Winter Plan is well tested.
- The Excellence in Care Awards were held on 2nd December where 11 teams presented improvement work they had undertaken in the last 12 months. There were many examples of firsts for Scotland and it was a proud moment for NHS Shetland. From the 11 presented, there were 5 awards given to colleagues for the work that they have done and presentations are available to listen to in the Teams channel.
- Staff are in the early stages of preparing for the adult protection inspection, which will take place in 2023. This is being led by the Public Protection Committee for Shetland and across the partnerships. The Clinical Governance Committee reviewed the quality scorecard and good assurance was given about the robustness of the processes around quality assurance for the board.

Discussion

Mrs Hubbard said she had enjoyed the experience of being involved in the Excellence in Care Awards event and was very impressed that despite staff working under so much pressure over the last couple of years, they had the energy and commitment to innovate and continue to develop improvements.

Mr Robinson said he was pleased to see Training for the Alcohol Brief Interventions included and hoped the board would see a further uplift in performance reported in future reports.

The Board noted the Quality Report Update.

[09:40 Presentation by Heather Tulloch, Senior Charge Nurse and Michelle Wilkinson, Infection Prevention and Control Nurse describing service improvement work around pressure ulcer care which won an award at the recent Excellence in Care awards]

In response to a question from Mr Higgins, Michelle explained it would be possible to implement this work in the community and that the PURPOSE-T (Pressure Ulcer Risk Primary and Secondary Evaluation Tool) scoring tool was designed to be used in any area. The community nursing team are aware of the tool and there is a link nurse meeting every month where this is discussed widely.

Mrs Carolan highlighted that since introducing the new assessment tool, the team have supported patients for the last six months using the tool, and no patients have developed pressure sores which is a positive accomplishment for the team and the ward. NHS Shetland is the first board in Scotland to use the PURPOSE-T assessment tool in this way and it is hoped it can be implemented across all settings in Shetland in the next few months.

Members thanked Michelle and Heather for their informative presentation which brought home the real merit of this improvement work not only in improving patient care and also freeing up nursing time.

2022/23/77 Healthcare Associated Infection Report *(Board Paper 2022/23/45)*

Mrs Carolan presented the report and highlighted the board's good compliance with infection control and prevention across the whole system in infection control and prevention.

The Board noted the Healthcare Associated Infection (HAI) Report.

2022/23/78 Financial Monitoring Report 2022/23 at Month 7 *(Board Paper 2022/23/46)*

Mr Marsland presented the report and informed members that at month 7 the board was £2.4m overspent which equates to 5.2% of the budget. As previously, the underlying cause remains in staffing, namely non NHS contracts budget which is £2.1 overspent. As identified in actions plans, looking at how the board can actively recruit successfully to these posts is essential to developing both sustainable financial plans and a stable workforce.

In terms of the efficiency savings and the board, there are plans in place that will deliver the £3.1 million target this year. However, only 20% of that £0.4 million is currently achieved on a recurrent basis. Part of the focus for 2022/23 budget setting focused on looking at how the board can create both a sustainable financial plan within resources. Additional cost measures are required in the current financial year to reduce the deficit as the board is currently heading for low spend that had been forecasted £4 million at present. The position is under review and will be re-evaluated at the end of month 9.

Discussion

In response to a question from Mr Campbell regarding the causes for the overspend in the Acute and Specialist Services budget, Mr Marsland explained that part of the reason why the WTE differs to the budget is the Planned Care post currently do not have a whole time equivalent. There is a technical issue with the way the finance system reports and creates WTE whereby it does not facilitate entering data one month by month, which is the method for managing the budget. Therefore, the staff gap in acute services is slightly less than was planned because the Planned Care post does not have a budget against them. The establishment of the post is being funded by Covid-19 re-mobilisation funding and held on a spreadsheet which all vacancies are mapped against to identify where vacancies exist before the posts are recruited to.

Mrs Macdonald asked at what stage the board would need to recognise that it cannot financially sustain the current workforce through the use of locums to fill vacancies and start to plan services without locum costs.

Mr Dickson acknowledged it was a multi-factorial issue. The funding associated with positions is ring fenced and the challenge for the board is to deliver a different agile model of care. Colleagues are working hard to explore different models of care and ways to deliver that work across the north of Scotland. There is also a shortage of workforce nationally, with a high demands for key specialties which is the issue felt by NHS Shetland. In addition, due to ongoing housing pressures locally mean that even if it were possible to successfully recruit to a post, moving to Shetland and securing accommodation can be very problematic.

Mrs Carolan added that 2022/23 had been as challenging as 2021/22 in terms of Covid recovery and there had been many costs associated with delivering care this year that were not incurred in previous years plus lower financial allocations for services that had been planned to deliver in a particular way. The origins of some cost pressures in 2022/23 are clearly identifiable and are not specifically associated with the fragility of models, but more to do with Covid which is not clearly discernible from the board's financial reports at present.

Mr Marsland said this year all 14 territorial health boards are currently forecasting an overspend against their budget, which is the first time that this has happened in the history of the health service in Scotland. The challenges in terms of staff workforce, are not unique to Shetland, and are shared across the wider international market for healthcare professionals.

On behalf of Mrs Cornick, Mr Robinson asked how senior management communicate with and support budget holders within the organisation to help keep them engaged with the task of finding efficiency savings.

Mr Dickson said it was clear from the work highlighted through Excellence in Care that there are already innovative ideas for ways to deliver services in a different and productive way rather than stopping doing anything. NHS Shetland provides very good care for patients so redesigning services in a different way has many benefits. Using different professionals in a different way provides a model which offers career developments to staff that would not be available if some patients continued to receive care in NHS Grampian.

Kathleen Carolan added that through the Hospital Management Team and equivalent teams in the IJB, colleagues are keen to consider the whole system challenge rather than individual departments making savings. Heads of service embrace the challenge rather than feeling frustrated about making savings that they do not then materially see impact positively on their own team directly.

In response to Mrs Macdonald who asked if it was not inevitable that NHS Shetland would have to decrease the level of service it provides when it can no longer financially sustain them, Mr Dickson said there are were challenges in striking a balance between providing a balanced budget and delivering a high level of care in a small rural island setting. There needs to be a clear conversation in order to understand and accept exactly what NHS Shetland is able to provide and, if it is not possible to substantively recruit to key positions, then it rests with the board to devise new innovative ways of working or alternatively accepting that the model of care is not sustainable.

Mr Marsland added that the repatriation of services, has increased the organisation's staff workforce as it had trained and developed staff locally to deliver the services which were otherwise delivered off island. Therefore, depending how a service is delivered, it does not necessarily mean in reduction in workforce. The board's workforce is the largest part of its cost base, so it may be impacted but level of impact depends on the redesign of the service.

The Board noted the Financial Monitoring Report 2022/23 at Month 4.

2022/23/79 Performance Report Quarter 2 (to Sept 2022) (Board Paper 2022/23/47)

Lucy Flaws, Planning, Performance and Projects Officer presented the quarter 2 performance update for the period July to September 2023. The report had previously been reviewed by the new Finance and Performance Committee on the 24th November where no concerns were raised.

Key points highlighted to members were:

- Some sections of the report have been omitted where information could not be gathered eg. sustainability. The report gives a complete base level from which to formally review the content of the report with the new Information Services Manager to make it a more effective tool for assurance for the board.
- Quarter 2 had seen considerable pressure on services, and there are a number of contributing factors as detailed in the report. The A&E team experienced an increase in the number of patients overall and people attending have been more unwell and often complex. Pressures elsewhere in the system create bed pressures for admission and also pressures for getting discharged back into the community setting. Teams and services have performed really well under that pressure.
- Significant effort has been put into communication across the health and social care services to be as responsive as possible to any challenges, but ongoing issues around recruitment and a number of services carrying vacancies, means that there is little room for these services to flex to meet the changes in demand. It is likely the NHS and partners will see similar challenges and pressures going into winter.
- The pressure locally is illustrated by the delayed discharges data which illustrates the local impacts of pressure also on the wider regional and national systems. Some waiting times data, particularly those linked with visiting consulting services or including tests that happen off island, also has an impact on experience of care in Shetland.
- Recruitment remains challenging which adds to the pressure both within NHS services and also in social care which contributes to some pressures within the hospital when people are unable to secure appropriate places back in the community setting.
- Sickness absence has improved in Quarter 2, but there is still considerable disruption due to Covid. More absence is likely going into winter which will be seen in the remaining quarters of 2022/23. The Occupational Health team is working hard to ensure that all staff who can be vaccinated are vaccinated and the board's workforce is protected as much as possible.

Ms Flaws informed members that there had been a move nationally to make information more easily available and accessible. There are several data dashboards available on the Public Health Scotland website where anyone can explore the same data that is shared in this report. There are always caveats with data especially for a small board, and everything should be interpreted with caution and context.

Discussion

Mr Robinson asked whether there was a continuing improving trend in the 62 day target for urgent referral with suspicion cancer to treatment. Mrs Carolan explained it depended on the type of cancer because if patients have colorectal, breast cancer, head and neck or urological cancers, their care is almost certainly going to be shared with NHS Grampian. Patients waiting in those pathways will wait longer because their care is more complex and access to diagnostics is very challenging at present. There are also some specific workforce issues around oncology consultants in the north east region, which obviously affect NHS

Shetland patients. The board's performance varies from quarter to quarter due to the small number of people who are diagnosed with cancer in Shetland each quarter. In Q3 it is expected that the figure will be lower because there are patients who have been diagnosed with those cancer tumour types described that were starting to have their treatment, which was well beyond the 62 day mark for some.

Mr McCulloch complimented the presentation of the report which was easy to read and the annotations used to articulate the complexities of interpreting the data were really helpful.

The Board noted the Performance Report Quarter 2 (April 2022-March 2023).

2022/23/80 Strategic Risk Register Report

(Board Paper 2022/23/48)

Edna Mary Watson introduced the report which was the second presentation of the strategic risks to the board since their approval in April this year.

Key points highlighted to members were:

- the Clinical Governance Team have updated the Risk Register to show the Strategic, Organisational on Directorate risks along with the highest risk rank table in order to make it more transparent and easy for people to read.
- a draft dashboard has been created to allow everyone across the organisation to see what the risks are at each of the level.
- a column has been added to the Risk Register to record when the governance group or standing committee should review the risks which provides an opportunity to review of the risks and whether there are issues or concerns.
- Risks have been reviewed over the last 6 months and a new risk that has been put forward around Chemical, Biological, Radiological and Nuclear (CBRN) and is detailed in the report. As discussed recently at RMG and Audit Committee, it was agreed to continue on its strategic level due to the fact it has a wider remit than only NHS Shetland for a multi-agency response if required.
- There is one closed risk to report which concerns Covid during the recovery phase. It had been felt that this risk (as it stood) could currently be closed because time had moved on, and other measures are in place that have now reduced that level of risk.
- Changes upwards have been made in all the risk scores by 4 points from 8 to 12 on the workforce, finance and the flu pandemic risk in terms of an increase in either the likelihood or the consequences on these risks that have increased their scores.
- It had been agreed at the Audit Committee in March that the mental health strategic risk could be de-escalated to directorate level risk and then subsequently at the June other concerns were raised, but the committee was content that the risk as it stood should remain at directorate level. A new risk should be written concerning the challenges between the clinical workforce and some of the clinical governance processes within mental health.
- The procedure which outlines to process to escalate and de-escalate risks from each of the levels has been developed.
- There is a proposal to join the Directorate level registers and host this on the local authority register so allow easier management of the risks in the Health and Social Care Partnership.

- Audit Committee members have requested training on risk management and it is hoped to deliver this before the end of this financial year.
- The Clinical Governance team have done some work on horizon scanning concerning issues which may become major risks to the organisation ranging from the National Care service, the cost of living crisis and whether there should be a new strategic risk round winter preparedness for this year which would collate a combination of potential risks posed for this winter in particular.

Discussion

Mr Robinson said the board could feel reassured that the horizon scanning was being done and that staff are looking at what potential there is for any incident that impacts.

The Board noted the Strategic Risk Register Report.

2022/23/81 Winter Plan for Ensuring Sustainability including the Festive Period 2022/23 *(Board Paper 2022/23/49)*

Kathleen Carolan presented the report and explained it was a live operational plan. Some sections are still being developed along with colleagues in the community care team.

The plan has been developed by NHS Shetland, the Health and Social Care Partnership and other NHS partners such as NHS 24 and the Scottish Ambulance Service. There is specific focus on business continuity plans that may need to be implemented due to industrial action and the impact of industrial action from other trade unions in terms of logistics.

The escalation plans have been updated where there is increasing pressure in the system.

The board has not received any specific funding for winter pressures this year and the plan is being delivered within core budgets.

Discussion

Members commended the report which sets out clearly plans for winter and clearly showed learning from previous experience has been taken into account which gives the board assurance that staff are prepared for what the likely challenges will be.

The Board approved the Winter Plan for Ensuring Sustainability including the Festive Period 2022/23.

2022/23/82 Business Continuity Policy and Emergency Planning & Resilience Annual Report 2021/22 *(Board Paper 2022/23/50)*

James McConnachie introduced the paper which is divided into the two sections presented.

Business continuity stems from the Civil Contingencies Act 2004 and is one area of organisational resilience which is placed upon the board of NHS Shetland. The Business Continuity Policy has previously been presented to the Finance & Performance Committee in November and is before the board for final ratification. The policy reflects work that has been conducted in the last year around the board's business continuity life cycle which is a continuous improvement cycle of 'plan to review' and sets out the board's aspirations through business continuity within NHS Shetland. The policy lays out the roles and responsibilities, main areas and priorities for business continuity within NHS Shetland and core support etc. Members learned that the next step in the process will be to move on to an analysis phase within this life cycle, which is the Business Impact Analysis then onto the board's Business Continuity Plans.

There is ongoing training available on business continuity which is hoped will be embedded within the organisation. Mr McConnell will be hosting workshops through December and January with managers to talk through the different documents and look at the resilience issues. There are a number of exercises planned for 2023 involving the NHS including 'Operation Safe Steeple' which will be held in February in relation to a fictional counter terrorist incident in Lerwick.

Mr McConnell said that sustainability had become an emerging threat in recent years and work has begun looking at the Climate Change Risk Assessment which was carried out earlier in 2022 and the plan is to develop the findings into policies and a strategy moving forward. The Climate Change Steering Group is exploring ways to create a document that is applicable to all parts of Shetland in those mitigation areas.

Work has progressed in the area of Chemical, Biological, Radiological and Nuclear (CBRN) in 2022/23 and nine people have been trained in the wearing of the Powered Respirator Protective Suits (PRPS) necessary in a hazardous material type incident. Six new training suits have been sourced through NHS Grampian through redistribution of wealth around Scotland. The respiratory units in the suits require a rechargeable battery which is an inexpensive item.

Mr McConnell reported that the board's Major Incident Plan had been tested in the last few months and there appeared to be an ongoing trend of it being enacted. The original plan written several years ago had been refreshed, but requires a further refresh and work has begun to liaise with the relevant people to develop a plan that more reflects the 2020s and current working practices.

Discussion

In response to a question from Mr McCulloch regarding blended learning approaches, James McConnell described the 2 levels of training available to staff. The first is an introduction to business continuity aimed at all staff including new starts. The second level is the blending workshop which includes a presentation on civil contingencies, followed by working through the impact analysis documentation and talking through the solutions.

Mr Campbell said that the Audit Committee has been closely observing progress on business continuity planning and resilience work for the last two years and commended Mr McConnell and his team for the significant advances in all aspects. As an audit committee feel assured that the process is now on track. Integrating with the board's partners, IJB and the SIC is crucial and the success of the Business Continuity Plan is dependent on corporation of all colleagues.

Mr McConnell said that there is constant engagement with partners in the SIC through the Health and Social Care Partnership around areas of commonality. Both organisations are covered by much of the same legislation and the ISO standards that are applicable to everybody.

Dr Laidlaw added that the IJB became a Category 1 Responder relatively recently and there is a considerable amount of work underway with the Health and Social Care Partnership to align the work and develop their Category 1 responsibilities. It is hoped to be able to report on further progress next year.

The Board approved the Business Continuity Policy and Emergency Planning & Resilience Annual Report 2021/22.

2022/23/83 Draft 2023/24 Business Programme*(Board Paper 2022/23/51)*

Mrs Hand presented the draft plan and thanked Pauline Moncrieff for work to get the proposed dates allocated which can be challenging when scheduling into the correct weeks where reporting deadlines need to be taken account of.

On the assumption that the draft Business Programme would be approved, members were asked to endeavour to adhere to the calendar as much as possible due to the difficulty to move them and find alternative dates.

One action required is to formally review what business will be considered at which board meeting after a period with a number of agile meetings and different priorities during the pandemic.

Discussion

In response to a question from Mrs Hubbard, Mrs Hand advised that if any board member identifies an issue such as a diary clash, they should inform the Corporate Services Team as soon as possible. The team can then establish if the quoracy of a committee might be jeopardised (otherwise the date would stand).

Mr Campbell advised the board that it had been agreed at the last Finance & Performance Committee meeting (and also agreed by the Audit Committee) that the Joint Audit Committee and Governance Chairs meeting scheduled for 23rd May 2023 would now be incorporated into the business of the Finance & Performance Committee meeting to receive the board's annual accounts for 2022/23.

The Board approved the Draft 2023/24 Business Programme.

**2022/23/84 Corporate Governance Handbook updates – Section 5:
Scheme of Delegation***(Board Paper 2022/23/52)*

Mr Marsland presented the paper and explained that annually the board must review the Scheme of Delegation which is the authority it delegates to the budget holders to spend within their budget. The updated Scheme was approved by the Audit Committee in November.

The principal change is the increase in the level of expenditure which the Director of Finance and Chief Executive can jointly approve in respect of invoices from Shetland Islands Council in relation to the IJB reserve.

Discussion

In response to a question from Mr Robinson, Mr Marsland said comparisons had not been made with the Scheme of Delegation for NHS Orkney, but compared to most of the other boards, it will be much higher for certain individuals in the Scheme and at the lower level would be a similar level.

The Board noted the Corporate Governance Handbook updates – Section 5: Scheme of Delegation.

2022/23/85 Committee Membership*(Board Paper 2022/23/53)*

Mrs Hand presented the paper and explained that with the board membership now at the full complement, the recommendation is that the board is asked to point Mr Higgins to the relevant committees by merit of being the new Whistleblowing non-executive. Other appointments being sought are a new chair for the Remuneration Committee, new chair for Staff Governance Committee and to consider a new substitute member for the Integration Joint Board.

Mr Robinson said that he had held discussion with Non Execs prior to the Board Meeting and proposed the following nominations based on expressions of interest:

- Natasha Cornick was nominated as Chair of the Remuneration committee. Seconded by Colin Campbell.
- Emma Mcdonald was nominated as Chair for Staff Governance committee. Seconded by Bruce McCulloch
- Jane Haswell was nominated as substitute member for IJB. Kathy Hubbard seconded
- Joe Higgins was appointed to Clinical Governance Committee, Staff Governance Committee and a Trustee on the Endowment Committee.

The Board approve the Committee Membership.

2022/23/86 Public Records (Scotland) Act – Progress Update Review

(Board Paper 2022/23/54)

Mr Robinson introduced the paper for members' awareness.

The Board noted the Public Records (Scotland) Act – Progress Update Review.

2022/23/87 Local Annual Fraud Services Report 21/22

(Board Paper 2022/23/55)

Mr Robinson introduced the report for members' awareness.

The Board noted the Local Annual Fraud Services Report 21/22.

2022/23/88 Shetland Public Protection Committee Annual Report

(Board Paper 2022/23/56)

Mr Robinson introduced the report for members' awareness.

The Board noted the Shetland Public Protection Committee Annual Report.

2022/23/89 Approved Committee Minutes for noting

Members noted the committee minutes.

2022/23/90 The next meeting of Shetland NHS Board will take place on Tuesday 14th February 2023 at 9.30am via Microsoft Teams.

The meeting concluded at 10:55