

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held in public at 9.00am on Tuesday 14th February 2023 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 Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Director of Community Health & Social Care <i>[from 09:15]</i>
Mr Michael Dickson	Chief Executive
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mrs Jane Haswell	Non-Executive Board Member
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
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)

2022/23/94 Chair's Announcements

An increased number of Covid and flu cases are circulating in the community which is impacting on staffing levels across health and care teams. Staff are flexing into different roles in some areas and because of this we know non-essential business may be temporarily impacted.

NHS Shetland are still encouraging those aged 16 to 49 with no underlying health conditions that have not yet had a first, second or booster dose of the Covid vaccine to do this as soon as possible. The offer of a booster dose will end for this age group on 31st March in line with the close of the winter vaccination programme. Anyone requiring an appointment should make contact with the vaccination team directly (details are on the board's website and social media).

There was a well-attended event at Shetland Museum at the end of January for the donation of Harriet Middleton's portrait from artist Stuart Pearson Wright. Harriet and her team of MRI mappers have raised over £100,000 towards the provision of an MRI scanner in Shetland. The tender process will be complete in March 2023 and work will begin to set a timeline for enabling works and installation of the MRI equipment. Whilst the board prepares for a permanent MRI scanner, it will continue to access a mobile service, with the next visit on 20th March.

2022/23/95 Apologies for Absence

Apologies were received from Natasha Cornick.

2022/23/96 Declaration of Interests

There were no declarations of interest.

2022/23/97 Draft minutes of the public Board Meeting held on 13th December 2022

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

2022/23/98 Draft minutes of the private Board Meeting held on 13th December 2022

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

2022/23/99 Board Action Tracker

The Board Action Tracker was noted.

2022/23/100 Matters Arising

Mr Campbell clarified that the Joint Audit and Governance Chairs meeting would still take place in 2023/24 (on 23rd May 2023). The business of this meeting would then be incorporated into the Finance and Performance Committee remit for 2024/25.

2022/23/101 Quality Report Update

(Board Paper 2022/23/58)

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

- The board now has access to monthly feedback from undergraduate learners in nursing. NHS Shetland support a significant number of nursing students from a wide range of universities and is part of the board's responsibility to support the wider nursing workforce. A few of these learners end up working for NHS Shetland and students can play a really crucial role in terms of feeding back around quality. The feedback from students highlight that their placements have been very highly rated in all the settings and the organization should be proud of this as it is something that few boards have been able to maintain through and beyond the pandemic.
- Mrs Carolan thanked all staff who had been working very flexibly over the last few months coping with adverse weather and increased respiratory illness. Without the support of staff, the board would not have been able to maintain service provision.
- Safety Walkrounds have restarted and staff feedback about these, alongside systems pressures, was that it is important to continue to put these leadership walkrounds in place. Staff found it very supportive to have those conversations which links in with iMatters recommendations around visibility. Three walkrounds have taken place so far – Scalloway Health Centre, the Adult Mental Health team and the Maternity Department.
- Despite the system pressures, the board has maintained a focus on quality and safety and the report contains examples most notably that NHS Shetland have been involved in regional audits of our chemotherapy service and also adult protection where the findings and recommendations are afrom that.
- It has been reported for some time that the board had limited data around cardiac arrests and the management of people following a cardiac arrest. Mrs McDermott has redesigned the role of the Resuscitation Officer to become a Practice Education Resuscitation Officer role and will be advertised soon. This role will conduct some of the assurance work and more vitally provide the training input to our staff.
- There is a slightly increased falls rate because of the higher number of patients who have been medically fit for discharge in hospital for longer due to the overall system pressures. Those falls have in the main been without harm and there is a balance between supporting people to be independent in hospital and managing their falls risk. The report details the ongoing work to reduce the number of falls overall.
- The report contains a link to a piece of national research that one of our nurses has been involved in where she ensured that NHS Shetland was one of the early adopters for the

Evaluation of Cardiac Rehabilitation in the Community which fits with the board's wider aims of providing a greater emphasis on preventative measures and early intervention.

Discussion

Members agreed that the very positive learner and practice education feedback should be celebrated and congratulated everybody involved.

Mrs Hall said that the students enjoy the vast majority of their time in Shetland and find it an excellent ground in terms of their development in whatever field they might pursue. With regard to iMatter leadership recommendations, the board is conducting Time to Walk and Talk sessions and also throughout February and early March Non-Executives will be visiting colleagues in the Estates and Facilities, catering and domestics and laundry departments. A report on these visits will be prepared and shared through the staff newsletter and in the Quality Report also.

With regard to the FOI matrix and the upward trend highlighted in the report, Mr Higgins asked how the board planned to deal with the increasing number of requests and the amount of clinical time it took to respond to these.

Mr Dickson replied that one of the main issues identified is the use of FOIs particularly by political parties to trawl information from all NHS boards. The legislation was never intended to be used in this way and in response to a recent consultation on access to the FOI information, Mr Dickson had responded on behalf of the board to say that there needs to be consideration of its impact because for small boards such as NHS Shetland, the time taken in terms of providing this information is enormous and it detracts from critical patient care.

In response to a question from Mr McCulloch regarding plans to include an additional iMatter question on whistleblowing, Mrs Carolan said she understood the survey will include a broader question set that will include something about whistleblowing organisational culture. Mr Higgins described the two proposed questions around how confident you are to raise concerns and how confident might you be about actions subsequently being taken.

Mr McCulloch welcomed the use of the Care Assurance and Improvement Resource (CAIR) Run Charts as a measurement against progression of time but asked if there was a possibility of using annotations to enable members to better to understand the things that are working well and maybe some of the challenges. Mrs Carolan offered to speak to Christina McDavitt, the board's Excellence in Care lead, about the ability to annotate the system that generates the data to allow the presentation of a storyboard picture if possible in the next update to members. **ACTION: Mrs Carolan to follow up with Mrs McDavitt**

Mr Robinson highlighted that the whistleblowing training is not mandatory across boards in Scotland, but he and Mr Higgins were of the view that it should be in order to increase the staff uptake within NHS Shetland. Mrs Hall reported that the national OD leads were currently looking at statutory and mandatory training in terms of a Once for Scotland offering. NHS Shetland is progressing with its own statutory and mandatory issues and will obviously take notice of the proposals of the national group.

Mrs Macdonald asked when the joint assessment process being developed by the Shetland Children's Partnership would be implemented as this was a key area.

Mrs Carolan explained that the work around neurodevelopmental care had been ongoing throughout 2022/23. A series of workshops had been held at the end of last year because some resource had been received from the CAHMS service to look at how the board will develop a multi-disciplinary assessment approach for children because reaching a point where appropriate support is offered can take a long time. A model and the documentation

that sits behind it had been agreed which comprised of a common assessment which has been adapted from another partnership area. The recommendations from the work conducted are being considered in order to create a care co-ordination approach to bring services together in a way that is supportive for young people and families. One of the recommendations will be to put in place a Care Navigator role and a plan of how this will be resourced will be agreed jointly through the Shetland Children's Partnership but thoughts are that it should be part of the CAMHS and neuro developmental specification resources. The assumption is the recruitment cycle will be completed in the next 6 months and will be progressing towards this more sustainable approach.

Mrs Macdonad asked what role the NHS was playing within the wider partnership to tackle the impact of poverty within families in Shetland whilst making sure there is no duplication of effort with other partners. Mrs Carolan reported that colleagues in Public Health have been working very closely with local authority and the wider partnership across Shetland to look at poverty in its totality and the NHS have been focusing on how poverty impacts on children and families specifically. There is a meeting next week to review the joint plan and priorities will be for next year including a greater focus on poverty because this is one of the most significant threats to children and young people in Shetland at the moment. Mrs Carolan reassured the board that there was no duplication of effort and partners work very closely in order to determine the priority area and opportunities. Lucy Flaws has been working with Emma Perring on producing the recent outturn of the poverty work over the last 12 months.

Dr Laidlaw added that the Public Health team work closely with community planning colleagues around poverty (particularly child poverty) and the current cost of living crisis. One example is training eg. Money Worries training for staff which is delivered jointly through Health Improvement and Community Planning. Dr Laidlaw also meets regularly with Emma Perring and there is particular work for children through the Early Action Board. The cost of living crisis for the whole Shetland population and particularly child poverty is one of the priorities for all partners. Members agreed it would be helpful to have a more focused discussion on this at a future Board Development Session.

ACTION: to be added to the programme for a future Board Development Session

Mrs Haswell asked if there was a possibility of having a reflective learning discussion at a future Board Development Session to assure members of the actions that are either preventative or improvement measures. Mrs Carolan said ways to incorporate implementation of recommendations from learning reviews would be explored. These vary in scale considerably with some being about a critical single event which leads to a learning review taking place, others are due to a pattern of significant adverse events and actions have been taken specifically to better understand that pattern. Mrs Carolan agreed to add additional detail to the report as well as a presentation at a future Board Development Session.

ACTION: Mrs Carolan to discuss with the Clinical Governance team & add to the programme for a future Board Development Session

Mr Robinson gave thanks on behalf of the board to all those who support the high standard of training delivered in Shetland. It should not be underestimated how powerful it is in terms of recruitment that people have a good experience in Shetland, hopefully complete their training and wish to return take up permanent full-time posts.

The Board noted the Quality Report Update.

2022/23/102 Healthcare Associated Infection Report (Board Paper 2022/23/59)

Mrs Carolan presented the report and highlighted the board's good compliance with infection control and prevention across the whole system. There was nothing specific or unique to bring to members attention since the last board report in this respect.

Mr Robinson extended the boards' thanks to Mrs Carolan for all her efforts during the recent broadband outages, adverse winter weather and power outages. Mrs Carolan said it would not have been possible without the efforts of all colleagues across the whole system who had pulled together in order to ensure the delivery of safe services despite a considerable amount of adversity since October.

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

2022/23/103 Financial Monitoring Report 2022/23 at Month 9 (*Board Paper 2022/23/60*)

Mr Marsland presented the report and informed members that at the end of month 9 the board was £3.5m overspent. The forecast overspend for the year being reported to SGov is £3.8m. The £3.8m is also what the forecast outspend overspend is between the travel and accommodation costs and staff costs of the locum and agency staff that we are using on non NHS contract terms. This is obviously not sustainable in the longer term and putting that into qualitative terms, this is effectively overspending on agency and locum staff by £73k per week. Taking a band 7 member of staff, this equates to reducing the numbers of posts by 2 thirds (55 WTE) across the organisation in order to pay for the agency and locum posts. This analysis for any grade of staff is a very high number so a sustainable workforce is key to both financial viability but also ensuring the services we give to patients are secure in the longer term so there is continuity in the treatment they receive.

Mr Marsland informed members that report highlighted the board had spent £21k on recruitment and advertising last year. It is expected this information will also come out in the local media because there has been an FOI submitted regarding how much NHS Shetland spends on recruitment and advertising for medical staff.

In terms of efficiency savings, the board is forecasting that by the year end (and subject to agreement that members are happy with the 2 proposals in the paper) that £2m will be carried forward into 2023/24 which is an increase of 14% on last year.

The SGov have confirmed there is no plan to remove the funding awarded to boards for the National Insurance increase so it is safe to use the money intended for paying for NI increase to offset the deficit which means that there is no requirement for any changes in any current service and has no impact on the board's contingency reserve. Mr Marsland said he understood NHS Shetland was the only board in Scotland with a contingency reserve because there is no requirement in Scotland for this. Looking at the core gap between budgeted expenditure and income, use of the reserve makes the gap to be delivered from savings and efficiencies less.

Discussion

In response to a question from Mrs Haswell, Mr Marsland explained the reason why a contingency reserve had been set up for NHS Shetland. This had been based on the recommendation from NHS England which advises that budgets can be set every year, however in-year unplanned events will occur. Boards can either set a reserve to deal with those events or boards can manage it in-year. The value of the contingency reserve is nowhere near the level of in-year cost pressures NHS Shetland are dealing with. The board could either increase the contingency reserve to be in line with the spending gap, however in the end the total income comes from the SGov and services the board provides to other people. The efficiency saving is the gap between the forecast spend in the budget for all staff and non-pay costs against the income. The level of unforeseen costs that the board is currently running with is so high that the contingency reserve is ineffectual and is only offsetting the savings target that is required because the board has not delivered the saving calendar on the required basis.

In response to a question from Mr Robinson regarding the proposal to removal of the board's contingency reserve, Mr Marsland confirmed that that was the intention.

The Board noted the Financial Monitoring Report 2022/23 at Month 9.

2022/23/104 Approved Committee Minutes for noting
Members noted the committee minutes.

2022/23/105 The next meeting of Shetland NHS Board will take place on Tuesday 25th April 2023 at 9.30am via Microsoft Teams.

The public meeting concluded at 09:45

DRAFT