

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held at 11:00am on Tuesday 18 August 2020 via Microsoft Teams

#### Present

Mr Gary Robinson	Chair
Mr Michael Dickson	Chief Executive
Mr Malcolm Bell	Non-Executive Board Member
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board member
Mrs Kathleen Carolan	Director of Nursing and Acute Services
Mr Lincoln Carroll	Non-Executive director
Mr Brian Chittick	Director of Community Health & Social Care
Mrs Natasha Cornick	Non-Executive Board Member
Mrs Lorraine Hall	Director of Human Resources
Mrs Jane Haswell	Non-Executive Board Member
Mr Colin Marsland	Director of Finance
Mr Ian Sandilands	Employee Director

#### In Attendance

Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	PA to Chairman (Minutes)
Ms Elizabeth Robinson	Public Health and Planning Principal ( <i>till 12:00</i> )
Mrs Emma Garside	(minute 2020/21/22)
Mr Lawson Bisset	(minute 2020/21/20)

#### 2020/21/12 Chairman's Announcements

Chair, Mr Gary Robinson, welcomed members to the first public virtual meeting since the start of the pandemic. He thanked staff and key workers, many of whom had worked above and beyond in response to the global pandemic. Thanks were also extended to the people who had heeded the public messaging and helped Shetland keep infection rates at a manageable level.

Mr Robinson welcomed Dr Kirsty Brightwell to the Board as Medical Director, and also with some GP input. Mr Brian Chittick was thanked for his dedication and effort in covering the role during an extended interim period and the Board was pleased he had taken up the role of Director of Community Health and Social Care for the next year.

As part of the Quality Report update paper, there would be a presentation by Dorothy Storey and Gowri Saravanan from the Stroke Support Group and two rehabilitation patients, who would address the Board and explain first-hand how they experienced services.

**2020/21/13 Apologies for Absence**

Apologies for absence were received from Miss Shona Manson, Ms Edna Mary Watson and Mrs Susan Webb.

**2020/21/14 Declarations of Interest**

There were no interests declared.

**2020/21/15 Minutes of the Agile Meeting held on 10 July 2020**

The minutes were approved.

**2020/21/16 Matters Arising**

- Mrs Haswell said members had received assurance that readmission rates had not increased during the pandemic.
- Mrs Hall confirmed that the Information Governance and Awareness Training had been discussed at EMT and cascaded to silver and bronze command. Timeframe for completion of the online training by all staff would be the end of September.

**2020/21/17 Finance Monitoring report 20/21 (April to June)**

(Board Paper 2020/21/23)

Mr Colin Marsland updated the Board highlighting the following issues:

- At the end of June the Board was £1.6M overspent primarily due to the fact that the Scottish Government had not yet allocated funds to boards for Covid-19 expenditure.
- There was still the issue of an underlying gap linked to addressing efficiency savings to deliver financial balance.
- Cost pressures with the continuation of some locum consultants in services. Work was underway to look at medical staffing models.

**The Board noted** the Finance Monitoring Report 2020/21 Month 3.

**2020/21/18 Budget Setting 2020/21 & Medium Term Plan**

(Board Paper 2020/21/24)

Mr Marsland said the Board was being asked to approve the budget of £67.2M which included an efficiency saving of £2M. The budget did not include any funding for Covid-19 as boards were being asked to set budgets for this separately.

## **Discussion**

In response to a question from Mr Campbell on the impact of Brexit on pharmaceutical inflation and whether this was built in to the budget, Mr Marsland said this was still unclear. Historically the board's drug costs have been below 4%, however this reflected savings made in prescribing and the budget was based historically on what it had been over a number of years.

Mr Campbell asked what the board's commitment was to fund the forensic medicine service. Mr Marsland explained that the Scottish Government was allocating £106k to deliver the service in this financial year. The current service was under review and was provided by an external consultant to ensure the board met the obligations of the Islands (Scotland) Act. Mrs Carolan added that there was no financial risk this year but NHS Shetland was part of work looking at forensic medicine across the region which was expected to change the cost of the service going forward.

With regard to staff vacancies, Mr Robinson asked what the difference was between the board's establishment and the actual number of employees. Mr Marsland said that in the first quarter of the year, the number was well above the establishment due to the number of additional staff employed due to covid-19.

**The Board agreed** the proposed budget as set out and the planning assumptions.

### **2020/21/19 Annual Procurement Report 2020/21**

(Board Paper 2020/21/25)

Mr Marsland presented the report and informed members that the report had previously been reviewed and approved by the Procurement Steering Group.

Mr Carroll asked that the board support local businesses where possible in terms of procurement.

Mrs Carolan informed members that the board had made positive progress around procurement in 2019/20 which had been highlighted in the annual review of procurement and was reflected in the report.

**The Board approved** the Annual Procurement Report 2020/21.

## **2020/21/20 Capital Programme Progress Report 2020/21 Update**

(Board Paper 2020/21/26)

Mr Lawson Bisset presented the report which provided an update on all elements of the Capital programme and Assets compliance, monitoring and reporting. The report also sought the Board's approval to dispose of 90 St Olaf Street (previous dental practice).

NHS Shetland was one of 3 Scottish boards to be selected to be a pilot for consultants to carry out a feasibility route map for zero emissions by 2045. It was hoped the investigation would be completed by the end of 2020/21.

### **Discussion**

In response to a question from Mr Sandilands on progress with waste reduction, Mr Bisset explained that collating the information was difficult due to the contractor used by the board going bust. A contingency arrangement was currently in place with a new contractor starting by the end of September. Benchmarking information would then be presented to the board quarterly as part of the report.

Mr Sandilands asked if the issue of shared staff accommodation would be addressed in light of Covid-19 restrictions. Mr Bisset said his team was liaising with the Infection Control Team to ensure that the Montfield accommodation complied with the guidance

**The Board noted** the report and approved the disposal of 90 St Olaf Street.

### **11:35 Patient experience of stroke and rehabilitation service**

Mrs Carolan introduced Dorothy Storey and Gowri Saravanan, specialist stroke nurses along with patients Eileen and Laurence.

Board Members expressed their appreciation at being able to hear first-hand about the experiences of service users and thanked Eileen and Laurence for their feedback and their time.

## **2020/21/20 Performance Monitoring Report for Q4 (Jan-March)**

(Board Paper 2020/27)

Mr Dickson presented the report highlighting the main key points for members' attention.

- The number of patients currently waiting longer than 18 weeks for Adult Mental Health services and psychological therapies in

particular. There was a plan in place for addressing this going forward.

- Delayed discharges sat at a low level and since the beginning of the pandemic the number had been held at zero.
- The rapid uptake of MMR immunisation in response to the past local measles outbreak that required significant contact tracing.

## **Discussion**

Mrs Haswell asked if the board was looking at ways to actively encourage engagement and targeted patient experience. Mrs Hand reported that the first 3 months of the pandemic were quiet from a feedback and complaints perspective but contact was beginning to pick up again. Platforms such as Care Opinion were not well utilised locally, but there was discussion about getting more promotional material out to boards and this would be disseminated across the organisation.

Mr Sandilands asked if the reasons were known why the MMR uptake had been low in the past. Mrs Carolan reported that this was discussed at the quarterly Infection Control Team and the trend seemed to be certain families who opted out of vaccinating their children and this was enough to skew the figures for Shetland. Recent measles outbreaks nationally had resulted in families reconsidering vaccination.

**The Board noted** the Performance Report for January to March 2020.

## **2020/21/21 Quality Report – Update on Progress**

(Board Paper 2020/21/28)

Mrs Carolan presented the progress report and also commended staff for the high quality health and care provided by them during the pandemic in very challenging circumstances. Key points in the report for members' attention were:

- HR section highlighting how the board had supported staff during recent months
- Introduction of Clinical Pathways Group and Ethics Sub Group
- Contribution made by students across professions and practice education
- Increased engagement both internally and externally eg. regular updates of information to patient and staff
- Review in progress looking at cases of pressure sores to understand circumstances
- Recruited a Consultant Geriatrician who would join the team in October

- Patient feedback from patients who would have travelled to Aberdeen for intra ocular infections (this service was repatriated prior to the pandemic)
- Digest of staff experiences during the pandemic from members of the HR team. It was hoped to continue this with stories from other teams.

### **Discussion**

Mr Robinson said there had been some positive progress with the Alcohol Brief Interventions programme prior to the pandemic but the Board should be mindful of the potential impact of lockdown on some peoples' drinking habits and should strive to continue the good work.

**The Board noted** the Quality Report progress update.

### **2020/21/22 Risk Management Summary Report 2019/20**

(Board Paper 2020/21/29)

Mrs Garside presented the report which had previously been presented to the Audit Committee on 10 August 2020. At that meeting the proposed KPIs had been discussed and concern was raised that they did not correlate with the objectives so these would be reviewed and discussed at the Risk Management Group.

**The Board noted** the Risk Management Summary Report.

### **2020/21/23 Healthcare Associated Infection Report**

(Board Paper 2020/21/30)

Mrs Carolan presented the report and informed members that there was a national piece of work ongoing to look at the measurable outcomes around HAI in light of Covid-19. Key points in the report for members' attention were:

- The work of the Infection Control Team was commended as they had been an invaluable support to colleagues in the hospital, primary care and care home settings as well as health improvement and estates.
- The Infection Control Team had been working with HFS and the local estates team on business continuity plans for the last 2 months due to an issue with decontamination services. Issues should be resolved in the next few weeks.
- It was hoped to have continued input from a Consultant Microbiologist as well as two short-term posts for Infection Control Nurses to continue the integrated approach.

**The Board noted** the HAI report.

## **2020/21/24 Feedback and Complaints Annual Report 2019/20**

(Board Paper 2020/21/31)

Mrs Hand presented the report and informed members that trends continued to be positive in terms of the aspiration to resolve more complaints through the Stage 1 Frontline Resolution process.

In summary the team handled:

- 108 pieces of feedback
- 9 thanks
- 47 concerns
- 29 Stage 1 complaints (early resolution)
- 23 Stage 2 complaints

The main themes included staff attitude and access to appointments with Lerwick Health Centre featuring most often. A number of measures in the Primary Care Improvement Plan had been accelerated due to the pandemic, including virtual appointments, which was helping address access concerns.

The complaint handling performance was in the main meeting the response time target of 5 days for Stage 1 complaints but almost double the 20 days target for Stage 2 complaints due to their complex nature, often involving more than one board area and the impact of Covid-19 on clinical colleagues' time.

Mrs Hand expressed her thanks to Katherine Cripps who had taken over from Barbara Foran as Assistant Complaints Officer. Katherine was working hard to improve the response times to Stage 2 complaints whilst still learning the job remotely.

### **Discussion**

Members discussed possible ways to engage with patients who currently did not voice their opinion and a process whereby positive comments of appreciation could be captured by staff and fed back to Mrs Hand and her team. Mrs Hand said that various methods had been tried in the past and it was a challenge to find an effective solution. One possibility might be an online Datix module for Stage 1 complaints where positive feedback could also be recorded but technical issues had delayed the roll out of this.

Mrs Carolan suggested members may find it useful, alongside the next annual feedback and complaints report, to receive a separate report setting out the wider framework of capturing patients' experiences and

appreciation. This was set out in such a way that it illustrated how this was driving improvement work across the organisation.

**ACTION: CH/KDC**

Mr Robinson complimented Mrs Hand on the seamless transition from Barbara Foran's retirement and Katherine Cripps taking up her new post. The Board also wished Ms Foran a very happy retirement.

**The Board noted** the report.

**2020/21/25 Medical Director Annual Report (including Duty of Candour Annual Report 2019/20)** (Board Paper 2020/21/32)

Mr Chittick began by saying the report was being presented slightly earlier than normal because the new Medical Director had just come into post in August.

Mr Chittick summarised the areas highlighted in the report including:

- The changes in the medical leadership in the past 9 months
- Positive progress around recruitment in primary care and Remote & Rural Fellows in anaesthetics and general surgery to work in GBH
- Changes in the model for Obstetric & Gynaecology service
- Review of governance frameworks to provide assurance to IJB and Board
- Internal audit review conducted on risk management with some positive feedback but also areas to work on in 2020/21
- One Duty of Candour case in the last year with the final outcome being that the patient was reassured and satisfied everything had been done that could be
- Appraisals and revalidation had been on hold nationally since lockdown with those due put on hold till 2021

**Discussion**

Mr Carroll reported that Mr Chittick had agreed to join the board of 'Developing Young Workforce', a national programme supporting young people with their future progression into employment. This would be an opportunity for NHS Shetland to engage with young people still in school around stem subjects, work experience etc.

**The Board noted** the Medical Director Annual Report 2019 and Duty of Candour Annual Report 2019/20.



**2020/21/26 Committee Appointments** (Board Paper 2020/21/33)

Mrs Hand explained that this paper was being presented earlier than planned due to recent committee vacancies. Committee memberships would be reviewed holistically later in the year.

- Colin Campbell was appointed to the Audit Committee
- Colin Campbell was appointed Chair of Audit Committee
- Colin Campbell was appointed second substitute to the IJB

**Information and Noting**

**2020/21/27 Approved Committee Minutes for Noting**

The committee minutes were noted.

**2020/21/28 Escalation Report Audit Committee held on  
10 August 2020**

Mr Carroll informed members that this report was presented as a result of concerns raised at the recent Audit Committee by the board's internal auditors around adult mental health services and in particular psychological services.

Mr Chittick acknowledged that the action plan submitted by the team had not been sufficiently robust to reassure the board and a review was being conducted with the findings and updated action plan being presented to the Audit Committee on 29 September and the Board on 6 October.

**ACTION: Mr Chittick**

Mr Chittick also agreed to liaise with the Risk Management Team to ensure this was included in the board's Corporate Risk Register.

**ACTION: Mr Chittick**

The Board noted the report and was content with the internal audit report on psychological therapies waiting times be added to the Corporate Risk Register.

**2020/21/29** The next meeting of Shetland NHS Board will take place on **Tuesday 6<sup>th</sup> October 2020** at 9.30am via Microsoft Teams.