

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 6 October 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
Mrs Natasha Cornick	Non-Executive Board Member
Mrs Jane Haswell	Non-Executive Board Member
Miss Shona Manson	Non-Executive Board Member
Mr Colin Marsland	Director of Finance
Mr Ian Sandilands	Employee Director
Miss Edna Mary Watson	Chair of Area Clinical Forum
Mrs Susan Webb	Director of Public Health

#### In Attendance

Mr Brian Chittick	Director of Community Health and Social Care
Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Ms Elizabeth Robinson	Public Health and Planning Principal ( <i>till 12:00</i> )
Mrs Carol Campbell	Communications Officer

#### 2020/21/30 Chairman's Announcements

Mr Robinson thanked staff for their continued efforts and significant work is continuing to plan for winter pressures which is more challenging this year in light of Covid-19 concerns.

As part of national and local flu vaccination campaigns, the public and encouraged to get their flu vaccinations if they fall into an eligible category. This is particularly important this year, more than ever. Staff should also take up the vaccination in order to minimise the risk of spreading the illness to potentially vulnerable patients.

The Board typically has an excellent uptake of flu vaccinations by our frontline and non-frontline staff groups and this year we are aiming for 80% to be vaccinated.

The Occupational Health co-ordinated vaccinations are currently limited to NHS and Shetland Islands Council care workers but it is hoped we will be able

to offer the vaccine to other groups later, depending on the number of vaccines made available to us.

Members were reminded about the upcoming virtual Excellence in Care event on Friday 16<sup>th</sup> October which will focus on celebrating and sharing the quality improvement work that has been undertaken in the last 12 months.

Members were also made aware of the first of three workshops for developing a Clinical and Care Strategy which will take place on Friday 23<sup>rd</sup> October. This work is being led by Kathleen Carolan and Kirsty Brightwell and the aim is to review priorities and the specific themes emerging.

Before the start of the meeting's agenda, Mr Robinson invited Susan Webb to provide members with a brief Public Health update on Covid-19 due to the rapidly evolving national picture.

### **2020/21/31 Covid-19 update**

Mrs Webb said there is currently an increase in new positive cases nationally. At the beginning of September there were about 140 new cases per day and this has increased to approximately 730 new cases per day. Whilst the number of tests being undertaken has decreased, there is an increase in positivity (currently 12% testing positive). There is also an increase in hospital admission and an increase in those requiring intensive care support. The areas most affected are the central belt of Scotland, GG&C, Lanarkshire, Lothian and also an increasing trend in A&A and Tayside.

Discussions are ongoing in gold command at a national level around the possible introduction of a 'circuit breaker' and an update on those decisions are expected later today.

Locally, in September, Shetland saw 4 new cases and 81 contacts traced. The local Test and Protect team did a fantastic job with 98.5% of contacts traced and advice and support given. This takes the total of number of positive cases in Shetland to 60.

Mrs Webb described the NHS24 activity information which showed an increase in contacts made particularly in the out-of-hours period.

Since the beginning of June there have been nearly 6,000 tests carried out, many of these are routine surveillance particularly within certain care homes and certain groups within NHS. The team is in discussion regarding moving the care home testing from being analysed within the Lighthouse Lab in Glasgow to the regional hub for the north based in Aberdeen. There is lots of planning work going on to support timely reporting of results.

Outbreak Control Plan – the team has been working closely with education colleagues providing advice to headteachers around how to support safe and effective running of schools, provided guidance for parents etc. They reflected on what worked well following the case in a school in Shetland and also things that could be improved on. Shared that with Educ.

Communications Plan - Reports from around Scotland suggest complacency has set in where the perceived risk in communities is low. The message we must continue to reinforce is around face coverings, hand hygiene, environmental hygiene and physical distancing and most importantly, if you have any symptoms to self-isolate and request a test.

Learnt lessons from neighbouring island Boards include that it was easy to import an infection, and a rising number of cases across Scotland clearly increases the risk of a case coming to Shetland.

Mr Sandilands asked if there were sufficient staff within the Trace and Protect team to manage a larger local outbreak. Mrs Webb said that the plan was to manage staffing levels on a national basis with surge capacity coming from across Scotland. Staff in Shetland have already been supporting other boards who have had an increasing number of cases. The board will continue to recruit contact tracers until we have achieved the target set by SGov.

Members agreed the presentation had been very helpful and an update would be welcomed at the next meeting. **ACTION: Mrs Webb**

The Board thanked Mrs Webb, Elizabeth Robinson, Dr Susan Laidlaw and the wider public health team for their hard work and approach in managing Shetland's response to the pandemic from the very first cases locally which had enabled Shetland to be in the position it is today. Mr Robinson added that it was still important to drive home the message of not being complacent.

**2020/21/32 Apologies for Absence**

Apologies for absence were received from Mrs Lorraine Hall.

**2020/21/33 Declarations of Interest**

There were no interests declared.

**2020/21/34 Minutes of the Board Meeting held on 18 February 2020**

The minutes were approved.

**2020/21/35 Minutes of the Private Board Meeting held on 18 August 2020**

The minutes were approved.

**2020/21/36 Minutes of the Public Board Meeting held on 18 August 2020**  
The minutes were approved.

**2020/21/37 Board Action Tracker**  
**Item 2**

Mrs Haswell said this item referred to a specific piece of work within the CCPCG Terms of Reference and was now complete.

**2020/21/38 Matters Arising**

There were no matters arising within from the draft minutes or Action Tracker.

**2020/21/39 Quality Report – Update on Progress**

(Board Paper 2020/21/34)

Mrs Carolan presented the progress report and highlighted the key points in the report for members' attention:

- 'Excellence in Care' event planned for mid-October includes a category on the way in which staff have supported each other as well as patients during the pandemic
- Clinical and Care Strategy workshop, 23 October 2020 – links explaining the ways in which staff, partner agencies, focus groups and the public to join are being publicised
- Results from recent Unicef Baby Friendly Standards Review were some of the best Unicef have seen with parents commending the team for the ways in which they provided support during the pandemic
- Review of clinical and care governance structure has begun using lessons learned during the pandemic. Engagement planned with colleagues to look at how agile governance may look locally.
- Started some 'tests of change' to look at how care will be managed during the second wave of the pandemic. Initial evaluation is promising and a decision will be made at the end of Oct about whether to continue to have these services in place of the winter months.

**Discussion**

Mrs Haswell said the work to gather patient experience was at the foundation of the review of the Clinical and Care Strategy Review process going forward. It was important to stress the message that the Board was actively listening to views of staff and patients in the community as this was at the centre of shaping services in the future.

In response to a question from Mrs Cornick regarding the recommencement of Patient Safety Conversations, Mr Chittick said the plan had been to keep to the same format as previously with the addition of a colleague from another health and care setting. Due to the pandemic this work was paused but the Clinical Governance Team and the new Medical Director would be looking to take this forward with the consideration of possibly hosting Patient Safety Conversations on a virtual platform.

In response to a question from Mrs Cornick regarding learning for the Board from adverse events, Mrs Carolan said despite there being no category 1 events, teams had taken the initiative to stage debriefs and 10% of the time there was potentially valuable learning identified as a result. Teams are also encouraged to have conversations at partnership level where there is care across more than one service. Mrs Carolan added that the Board should expect to see a debrief after a significant event, but it was also encouraging to see this level of self-generated work by teams. Mr Chittick added that this work could also provide evidence of action and learning if a complaint was escalated to the SPSO for instance.

Mrs Haswell drew members' attention to Appendix D concerning the Clinical and Care Governance structure which provides members with assurance that there are robust processes in place since the CCPG Committee was stood down in March.

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

#### **2020/21/40 Healthcare Associated Infection Report**

(Board Paper 2020/21/35)

Mrs Carolan presented the report and informed members that there was good compliance across the range of measures included. The report included additional narrative about the wider work of the Infection Control Team.

Key points in the report for members' attention were:

- The team have been supporting primary care and health centres
- The team had been involved in standing up the environmental audits in the hospital
- The team have taken on some work with health centres supporting them look at their infection control compliance requirements

**The Board noted** the HAI report.

#### **2020/21/41 Finance Monitoring report 20/21 (April to August)**

(Board Paper 2020/21/36)

Mr Colin Marsland updated the Board highlighting the following issues:

- At Month 5 the Board was £2.8M overspent with the primary cause being Covid-19 cost pressures
- There are ongoing discussions with SGov over the finding for Covid 19 and an update will be provided to the Board at future meetings
- Underlying cost pressures namely due to the gap in funding from efficiency savings schemes and staffing cost pressures (locums).
- The gap in efficiency savings on a recurring basis in this financial year will require to be addressed as part of the Recovery Plan.

Mr Dickson said it was important to flag, at this point in the financial year, that it could not be guaranteed that the Board would not have to enter into discussions with SGov regarding additional funding.

Mr Chittick said that as IJB Chief Officer, he had been directed to formulate a Financial Recovery Plan covering all services under the banner of IJB. Teams were working on aligning recurring savings into project plans on themes including locum and agency utility, Out of Hours, digital remote and renewal.

In response to a question from Mr Campbell, Mr Marsland said the current assumption was that the underspend in patient travel costs would continue for the remainder of the financial year. It is understood that elective outpatient services in centres such as the Golden Jubilee Hospital and ARI is unlikely to be fully re-mobilised before 31 March 2021. Mr Marsland added that the Board should encourage all organisations to use technology as part of its delivery method rather than potentially non-essential travel.

Mr Sandilands added SWIFT policies and procedures should be kept in place particularly to recruit to single handed specialist posts as this is where locum expenditure can occur most.

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

### **2020/21/42 Re-Mobilisation Plan**

(Board Paper 2020/21/37)

Ms Elizabeth Robinson presented the paper which is the 2<sup>nd</sup> Re-Mobilisation Plan submitted to SGov at the end of July. Ms Robinson described the content of the plan adding that there had been substantial positive engagement across organisations in developing the plan which includes public health, acute and community elements of services. Final feedback is expected from SGov soon.

### **Discussion**

In response to a question from Mrs Haswell regarding patient information sharing processes such as EMIS, Mr Chittick said progress was being made and explained digital infrastructure requirements had been discussed at the

Community Health & Care eHealth Programme Board and then escalated to eISG today. Mr Chittick described the primary care projects being trialed in practices and informed members that an IT technician had been assigned to look at this work. Digitised and electronic notes for services such as AHPs has also been escalated to eISG to allow these services to recover in a new way and allow them to do more remote working.

Mr Bell raised his concern that it appeared that members were being asked to note the Re-Mobilisation Plan which has not been considered by key local partners, namely IJB, as was the instruction of the Cabinet Secretary.

Mr Dickson acknowledged there were inherent tensions between the pressures placed on the Board by NHS Scotland and SGov for responding to tight timescales in terms of the Re-Mobilisation Plan. He reassured Mr Bell that if IJB wished to review the strategic directions of the plan (rather than the delivery model) then directors would be happy to work IJB to adjust these in light of the pandemic.

Mr Chittick reported that he had given an in-depth presentation in IJB in September outlining the whole process of recovery and how that linked into the Re-Mobilisation Plan. He went on to describe the engagement with the operational arm of IJB and completion of the plan's framework. Mr Chittick reassured members that the Strategic Commissioning Plan was currently being reviewed and review groups were just being finalised via Ms Robinson's team. The Strategic Planning Group will consider pandemic management with a strategic outlook what the needs of the population are moving forward whilst acknowledging that that the direction may need to be flexible due to Covis-19.

Mr Bell responded by saying that he did not underestimate the challenging time pressures, but any plans or proposals for service change that involves matters delegated to IJB (by SIC) must be presented and approved by IJB and only after this should issues be updated and directions be updated.

Ms Robinson reassured Mr Bell that she and Mr Chittick had already discussed building in more contact with IJB at perhaps a more informal level on an ongoing basis so there could be engagement with strategic decision makers as opposed to executive managers as they had done during the Re-Mobilisation Plan process. Members were asked to have some understanding of the impossible task they had been presented with at 3 week's notice during a pandemic when engagement was very challenging and recognize that they were committed to perhaps doing things better in the future.

Mr Marsland reassured members that SIC Finance Department have been involved in making sure the information submitted includes all costs for the council in mobilization and re-mobilisation.

Members discussed the Remobilisation Plan presentation to IJB at their meeting and the unforeseen events which lead to the plan not being presented to IJB as planned thereafter.

In response to a question from Mr Carroll regarding the learning disabilities services, Mrs Carolan reported that the Learning Disabilities Nurse post was in a recruitment process and the postholder would be working across all age ranges. There was shortlisting and interviews last week for the Learning Disabilities Nurse equivalent in CAMHS so the hope is that it will be possible to bolster these services soon.

In response to a question from Ms Watson around assurance that specialist locum or agency staff can be sourced to support shifting models of service, Mrs Carolan said the board had been lucky to date but the risk areas were around healthcare science. A clear Workforce Plan is being worked up for those services for the next 6 months to help attract staff from a small pool of specialists nationally.

Mr Robinson summarised by saying he would write to the Chair of the IJB following the Board's discussion. **ACTION: Mr Robinson**

**The Board noted** the content and direction of travel described within the Remobilisation Plan.

**2020/21/44 Shetland's Islands with Small Populations Locality Plan**  
(Board Paper 2020/38)

Ms Robinson presented the paper saying she represented Maggie Sandison, Chief Executive of SIC and also Emma Perring, Policy Development Officer at SIC who lead on this work.

NHS Shetland has been involved as a community planning partner and signed up to the Community Empowerment (Scotland) Act 2015 and was part of an ongoing piece of work over a number of years to engage with smaller islands (Skerries, Fetlar, Foula, Fair Isle and Papa Stour). It pulls together the power of conversations and engagement and the clear message is that when populations and services take together, they can come up with innovative solutions to challenges and concerns.

Ms Robinson encouraged members to read the paper and commit to moving forward in a collaborative approach.



## **Discussion**

Mr Robinson said he understood the comments from the island populations were aimed at being constructive and the main message to take away was the importance of working in collaboration with communities. He added his thanks to Mr Chittick, Ms Watson and Mr Bokor-Ingram who had played a major part in the initial visiting and engaging with these smaller island populations.

Mrs Carolan added that there was now the opportunity to use the Clinical and Care Strategy as a way of translating the aspiration in this paper into things that the populations of these islands might expect to see us deliver as a Health and Social Care Partnership.

Mr Chittick explained to members how work was now being restated to re-engage with communities and pick up the discussions on some of the pieces of work highlighted as outstanding in the report.

**The Board approved** the plan, **agreed** to contribute necessary resources (along with other partners) and **noted** that work is ongoing to develop a mechanism that ensures delivery on the outcomes and priorities.

### **2020/21/45 Committee Appointments** (Board Paper 2020/21/39)

Mrs Hand explained that this was being brought to the board slightly later than was ideal and should have come to the meeting in August.

Mr Bell said that Staff Governance Committee had managed to meet a couple of times remotely since the start of the pandemic and there is a vacancy since the resignation of Miss Lisa Ward earlier in the year.

Mrs Natasha Cornick was appointed to the Staff Governance Committee.

## **Information and Noting**

### **2020/21/46 Annual Report of the Activities of the Remuneration Committee 2019/20** (Board Paper 2020/21/39)

**The Board noted** the annual report.

### **2020/21/47 Approved Committee Minutes for Noting**

The committee minutes were noted.

**2020/21/48** The next meeting of Shetland NHS Board will take place on **Tuesday 15<sup>th</sup> December 2020** at 9.30am via Microsoft Teams.