

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 16 February 2021 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Mr Malcolm Bell	Non-Executive Board Member
Mr Colin Campbell	Non-Executive Board Member
Mrs Kathleen Carolan	Director of Nursing & Acute Services
Mr Lincoln Carroll	Non-Executive Board Member
Mrs Natasha Cornick	Non-Executive Board Member
Mr Michael Dickson	Chief Executive
Mrs Lorraine Hall	Director of Human Resources & Support Services
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

In Attendance

Mr Lawson Bisset	Head of Estates, Facilities & Medical Physics
Mr Brian Chittick	Director of Community Health & Social Care
Mrs Carolyn Hand	Board Secretary
Ms Elizabeth Robinson	Public Health and Planning Principal
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Mrs Carol Campbell	Communications Officer

2020/21/70 Chairman's Announcements

Mr Robinson said that given the many demands on staff currently, some of the routine standing items were either not included on today's agenda, or did not have written papers, however exception reports were welcome.

After the continued efforts of staff and volunteers over the previous weekend, as of yesterday morning 7041 people had received their first dose of the Covid vaccination which is 37.6% of the adult population. Whilst there remains no room for complacency in continuing to follow all the public health guidance, it is encouraging that some of the most vulnerable members of the community and front line health and care staff will have a level of protection from risk of serious illness and dying.

Mrs Natasha Cornick has been reappointed to the Board for a further four years which offers good continuity in so many key areas of the board's business.

On behalf of the Board, Mr Robinson thanked Edna Mary Watson for all her work as Chair of the Area Clinical Forum, in providing an integrated clinical voice to the Board since June 2014. Edna Mary continues in her role as Chief Nurse for the Community. Following an election process the Board has made a recommendation to the Cabinet Secretary for a new Chair of Area Clinical Forum and an announcement of that news is hoped for shortly.

Simon Bokor-Ingram has now been appointed on a substantive basis as the Chief Officer for the Moray Health and Social Care Partnership. On behalf of the Board, Mr Robinson congratulated Simon and wished him well. Recruitment to the Chief Officer post in Shetland will commence in due course.

Members were reminded that the third workshop for the board's Clinical and Care Strategy will take place on Monday 15th March. The finalised programme and a link to the event will be circulated shortly.

2020/21/71 Apologies for Absence

Apologies for absence were received from Dr Kirsty Brightwell and Mrs Susan Webb.

2020/21/72 Declarations of Interest

There were no interests declared.

2020/21/73 Minutes of the Board Meeting held on 6 October 2020

The draft minutes were moved by Mrs Cornick and seconded by Mrs Haswell and were therefore approved.

2020/21/74 Board Action Tracker

Item 5

Mr Marsland said the updated sections of the Corporate Governance Handbook were now upload to the website and the action was therefore complete.

2020/21/75 Matters Arising

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

Due to technical issues, the planned patient experience story on the neonatal intensive care service was deferred to the April Board Meeting.

2020/21/76 Finance Monitoring report 2020/21 (April to December)

(Board Paper 2020/21/57)

Mr Colin Marsland updated the Board highlighting the following issues:

- At month 9 the board was £2.1m overspent with the primary cause being the £1.7m spend on Covid-19. Funding received from SGov was not sufficient to meet the board's forecast.
- At the beginning of Feb the Board had now been given an updated allocation which was expected to match the Covid-19 forecasted spend
- There is one nationally outstanding Covid-19 allocation which is the calculation of funding for the £500 bonus which staff should receive at the end of February
- The cost of locums covering vacant posts is still a cost pressure and not sustainable in the long term
- Efficiency savings post month 9, had discussions with NHS Grampian around three different areas which has resulted in recurring savings coming to the board
- Forecasting that in the current financial year (including covid 19 funding for the drugs shortfall) that the board will achieve the savings target in 2020/21
- Working on the out-turn forecast position for the rest of the year which will hopefully get us back to a break even position

Discussion

In response to a question from Mr Sandilands regarding the impact of rising PPE costs, Mr Marsland said the majority of PPE supplied to boards for Covid-19 is free of charge apart from non-latex gloves. These have temporarily gone up in price due to an international market shortage caused by demand. NHS Shetland does not purchase many of these gloves, but potentially the cost could be up to £39k. However, the board be including this as one of the impacts in its forecasted covid-19 spend for 2021/22.

Mr Robinson said indications were that the board could expect to bear the cost of the pandemic well into 2021/22. Mr Marsland said that £0.7b had been confirmed to the SGov by the UK government and announcements of additional funding were expected in the near future.

Mr Marsland reported that the board potentially has £3.7m identified as costs relating specifically to covid-19 in 2021/22 financial planning. The key difference to the financial plan for next year is what the board is assuming the uplift for NHS boards is ie 1.5% rather than 3%. There are certain costs tied to this so the impact to the board is between £350k and £400k. The board did receive NRAC uplift parity funding because it is 0.4% above its NRAC parity fair share.

Mrs Haswell asked when the board would receive an update on the progress of the Programme Management Office work. Ms Robinson said staff were not yet in post and colleagues were working through a process of closing off old projects to understanding where they are. At the end of February a plan and process would be presenting to EMT setting out the way forward and this would come to the board at the next available opportunity.

The Board noted the Financial Monitoring Report 2019/20 as at Month 9.

2020/21/77 Healthcare Associated Infection Report

(Board Paper 2020/21/55)

Mrs Carolan presented the routine HAI report saying it had been a very busy period for the health protection and Infection Control Team. The key points in the report for members' attention were:

- The ICT had delivered 300+ sessions of training for staff in all settings
- Been to all primary care and 7 care homes during the outbreak and completing supportive visits to care homes in north isles during Feb
- Maintained all required audits in the hospital setting predominantly and continue to have good compliance against infection control and prevention standards.
- Sets out the infection control and prevention requirements for the board around Covid-19

Discussion

Mrs Haswell said that with CCPGC currently stood down, it was important that members saw these papers and it was important to have sight of which national screening programmes were stepped down also.

Mrs Carolan added that the ICT had met weekly throughout 2020 and into 2021 and also reinstated the formal Infection Control Team in December 2020. Along with the Control of Infection Committee, they were looking at infection control, infectious diseases, health protection and other health measures in the round. Those governance assurance arrangements are in place formally.

The board commended the teams involved in attaining the impressive compliance figures reported in the paper which was an achievement under difficult circumstances. Mrs Carolan said she would include this message in the weekly newsletter to staff.

ACTION: Mrs Carolan

Ms Robinson added that the support of the Infection Control and Prevention Team had been vital in dealing with the pandemic. Prior to the last 3-4 years, the work of the team had primarily been focused on hospital, but they had

been supporting the community in a way which was crucial in terms of how we move forward.

The Board received the HAI report and **noted** the Board's performance.

2020/21/78 4th Consultant Surgeon Post (Board Paper 2020/21/56)

Mrs Kathleen Carolan presented the paper explaining it represented ongoing work that has been done in order to try to create more sustainable senior medical teams and succession planning.

The proposal is to try a test of change which involves offering more flexible contracting arrangements and this will focus on working with the SGov to offer opportunities to work with the Global Citizenship programme which allows clinicians to work flexibly. The way in which the surgeons are proposing this test of change will work is that there will be a reorganisation of the workload to accommodate the 4th post.

The reason there is not currently a 4th Consultant Surgeon is due to a decision made in 2015 whereby the board did not feel there was sufficient surgical work to justify a 4th post by increasing the number of sessions in the team.

Mrs Carolan said the paper was about succession planning, resilience and patient safety and there was a very modest financial investment required in order to introduce this 4th post so that the incoming surgeon would be supported by the existing team. If the early round of recruitment was unsuccessful, the team would be open to looking at other tests of change that involve other types of flexible contracting.

Discussion

Mrs Carolan said there may be some additional administrative costs and these would need to be worked out within the directorate. At this stage, the consultants are seeking the board's agreement of the concept and the operational consequences will be worked out if successful in terms of recruitment.

Mrs Hall said that from a workforce planning perspective, she endorsed the proposal on paper and NHS Shetland is not the only board to be recruiting for surgeons so anything to make the post more attractive would be welcome.

Mr Bell asked whether succession planning or a more sustainable rota system was more important. Mrs Carolan explained how the two were interdependent. In terms of surgical provision, the board must have surgeons who provide a remote and rural skill set. The proposed model has two beneficial effects:

- 1) it allows consultants or junior doctors who are aspiring surgeons to see there is a viable career in remote an rural without being based on a particular island all the time and allows you to pursue other interests and
- 2) it also means that the board has some level of sustainability. The modest increase required to make this model a viable test for change is set against the backdrop of the costs incurred with supplementary staffing fill these posts by any other means.

Members discussed the model and agreed it was a sensible way forward as it addressed succession planning, maintained a stable surgical service for Shetland whilst potentially contributing to the Global Citizen programme.

Mrs Hall added that since 2017 there had been an NHS Scotland enthused programme around Global Citizenship and there is a unit within SGov which supports individuals that are interested in the programme.

The Board approved the creation of a 4th Remote and Rural Consultant Surgeon post for the Gilbert Bain Hospital.

2020/21/79 Monthly Covid-19 Update

Ms Robinson gave a verbal update giving a wide overview of what had been happening around Covid-19.

Nationally there had been a significant rise in the number of cases from October onwards. In Shetland, by 31st January, there had been 210 cases rising slightly with the outbreak on 19th December. After a huge amount of work by everybody involved in tackling that outbreak, it was now possible to declare this over.

Members were shown slides illustrating the timeline of the outbreak beginning on 18th Dec and the associated community transfer and spread throughout households. Ms Robinson presented statistics on self-referrals for Covid 19 tests, compliance with SGov guidance and lateral flow testing.

Mr Robinson thanked Ms Robinson for the helpful presentation giving members a snapshot of the incredible amount of work that had gone on over the past year.

2020/21/80 Performance Monitoring Report 2020/21

(Board Paper 2020/21/59)

Ms Robinson gave a verbal update exception report saying the main concern at the last board meeting has been the length of wait for psychological therapies. Positive progress had been made with the appointment of a

Consultant Psychologist in January and has already greatly reduced the waiting list and is anticipating having no waiting list by the end of March. However, members were advised that there are 20 people so far who are on the waiting list who haven't responded to invitations to link in for their assessment so these people will be followed up separately but generally the service is going in a very positive direction.

The Board noted the exception report update.

2020/21/81 Remobilisation Plan update *(Board Paper 2020/21/60)*

Ms Robinson gave a comprehensive presentation updating members on the early 3rd draft of the Remobilisation Plan which must be submitted to SGov by the end of March. There will then follow a process of engagement, conversation and negotiation over the coming months so the Board will see a more developed version in due course.

The document is based on the SGov's roadmap for moving from covid back to normal using principles around building resilience, minimising the amount of death and ill health through Covid and non-Covid disease. Ms Robinson explained the work underway under a number of headings within the guidance from the SGov.

- Living with Covid
- Primary and Community Based Care
- A Whole System Approach to Mental Health and Wellbeing
- Planned Care and Clinical Prioritisation
- Redesign of Urgent Care
- Patient Experience
- Addressing Inequalities and Addressing Innovation
- A Sustainable Workforce
- Staff Wellbeing and Resilience

Ms Robinson said at this stage she only sought the views of members as to whether this was the right direction of travel or whether there were any omissions from the plan.

Discussion

Mr Robinson said that he was aware that SGov had published its report into primary care that morning and one of the key findings was that the standard weekday 9-5 GP service is no longer meeting people's needs. He hoped this would be considered before the final draft of the Remobilisation Plan.

Mr Chittick said he had not yet seen the report, but initial discussions had been held around linking the Remobilisation Plan in with primary care and the interface between primary care and secondary care moving forward.

Mr Sandilands said he was concerned about the level of support what would be available to social care staff through SIC occupational health service in relation to Covid and the impact it has on staff mental health. It was acknowledged that this issue was more appropriately brought up at IJB.

Mrs Haswell said community and health literacy was important as a means to provide access to knowledge in order for engagement to result in meaningful partnership. Another challenge is how to communicate the opportunities for new and innovate small micro social enterprises through community lead support.

Mrs Carolan highlighted the challenge of building recovery and the pace of that recovery incorporating key risks as well as opportunities. It should be acknowledged that NHS Shetland works very closely with partners within Shetland but also with partners outwith Shetland so some of their pace of ability to recover will also impact on our recovery aspirations.

Mrs Carolan added that the final plan should provide an outline around the rural general hospital model in its totality in addition to the work set out around elective care.

Mr Carroll suggested areas for inclusion under the heading of mental health services should be offering staff the opportunity to do training, the third sector supporting people in their own homes, and moving forward with the learning difficulties service.

Mr Chittick responded saying there was already work under way looking at mental health inequality and particularly looking at staff support. A staff wellbeing rep has been nominated to work across health and care staff (including local authority) and they will be linking into national programmes for staff support and wellbeing particularly on a mental health basis.

With respect to some of the trauma and training for staff, NHS Shetland have linked in with partners in Shetland to undertake the Trauma Risk Management (TRIM) process and trained individuals to undertake this with a realisation that there will be staff who have been affected in a traumatic sense. The team are also in the process of identifying individuals to do Schwartz Round training. The team are reviewing mental health pathways and engaging with staff as part of a wider redesign and this links into the third sector to ensure that individuals are accessing the right pathways with the right professional in the

right place at the right time. Mr Chittick acknowledged that a holistic approach would be needed moving forward as well as building relationships.

In response to concerns raised regarding types of training for mental health staff, Ms Robinson said that health improvement had developed some 3 hour sessions looking at mental health in the workplace and supporting others. These have proved very popular with the 5 courses planned all being fully booked. Working through the Shetland Emergency Planning Forum (recognising there are people in the community talking about self-harm) to look at increasing capacity to do the training. Utilising colleagues from other agencies to deliver the training and to roll-out with much more capacity and more speedily than the health improvement team alone could do.

Ms Robinson agreed to send the course info to Miss Manson in order for her to be able to cascade to interested parties. **ACTION: Ms Robinson**

The Board noted the update on the Remobilisation Plan.

2020/21/82 Capital Programme Progress Report 2021/21 update

(Board Paper 2020/21/58)

Mr Lawson Bisset presented the update reporting that it gave members a comprehensive overview of the current position in terms of capital for this financial year. Members were invited to contact Mr Bisset directly outwith the meeting if there were any particular projects that interested or concerned them.

In summary, notwithstanding Covid and the potential impact of Brexit and the restrictions faced in this financial year, NHS Shetland had achieved its capital programme and also by incorporating additional money from SGov to get additional projects completed within the capital programme. All Covid works had been achieved within the capital programme (using additional funding from SGov). There is a third work stream currently being worked through with colleagues to complete the last of our vaccination centres which will hopefully be drawn to a close in early or mid-March.

Discussion

Mr Robinson asked Mr Bisset to pass on the Board's thanks and appreciation for tremendous work the estates team had accomplished to set up the vaccination centres as well as working in busy areas within the hospital whilst under Covid restrictions. Mr Bisset said he would pass on this message adding that it had been a joint effort and thanks should also go to Mrs Carolan's and Mr Chittick's teams. **ACTION: Mr Bisset**

The Board noted the Capital Programme Progress Report 2020/21.

2020/21/83 Remuneration Committee Terms of Reference

(Board Paper 2020/21/61)

Mrs Lorraine Hall presented the paper explaining that the Terms of Reference are updated on an annual basis and were presented for formal approval. They were discussed at Remuneration Committee who are satisfied that the outputs meet the needs which are governed by SGov circulars.

Discussion

Mrs Carolan pointed out there was a typo at paragraph 3.3 where her job title should read 'Director of Nursing and Acute Services' and the post of Medical Director seemed to have been omitted in error also. Mrs Hall said she would ensure both these were amended. **ACTION: Mrs Hall**

Mr Robinson reported that he was currently waiting to hear back about some board member training in respect of the Remuneration Committee and as soon as he heard back he would share with members. **ACTION: Mr Robinson**

The Board approved the Remuneration Committee Terms of Reference once the agreed corrections are made.

2020/21/84 2019/20 Annual Review letter

(Board Paper 2020/21/62)

Mr Dickson presented the feedback letter stating it was self-explanatory and reflected the hard work of everyone involved.

The Board noted the 2019/20 Annual Review feedback letter.

2020/21/85 Approved Committee Minutes for noting

The committee minutes were noted.

2020/21/86 The next meeting of Shetland NHS Board will take place on **Tuesday 27th April 2021** at 9.30am via Microsoft Teams.

Mr Sandilands said that the message from staff who are working in the vaccination clinics wished to pass on their thanks to the Shetland public for attending for their vaccinations. The response had been incredible even with the recent bad weather with over 95% attendance in the elderly and most vulnerable category.

The meeting concluded at 10:55am.