

# Shetland NHS Board

## Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 27 April 2021 via Microsoft Teams

### Present

Mr Gary Robinson	Chair
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 & 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
Mrs Amanda McDermott	Chair of Area Clinical Forum
Mr Ian Sandilands	Employee Director
Mrs Susan Webb	Director of Public Health

### In Attendance

Mr Lawson Bisset	Head of Estates, Facilities & Medical Physics (item 21/22/10)
Mr Brian Chittick	Director of Community Health & Social Care
Mrs Carolyn Hand	Corporate Services Manager/Feedback and Complaints Officer
Ms Elizabeth Robinson	Public Health and Planning Principal
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Mrs Emma Garside	Clinical Governance and Risk Lead (item 21/22/12 &13)

### 2021/22/01 Chairman's Announcements

Mr Robinson said Shetland had seen a low prevalence of new Covid cases in recent weeks and it was important to sustain all efforts to keep transmission to a minimum, particularly as some restrictions start to ease.

As of yesterday 68.8% of the Shetland population have received their first vaccine dose, and 43.6% their second, which puts Shetland at the highest percentage of second doses across all the Scottish Boards and as a result, where possible, more of the most vulnerable people in our community. Large vaccination clinics are planned for later this week so the percentage of first doses will also increase.

Amanda McDermott was welcomed to her first Board Meeting as the new Chair of the Area Clinical Forum. Many board members have met with Amanda in recent weeks as part of her induction and the Board thanked all colleagues for supporting Amanda stepping into this role.

The Board is pleased to report that Jane Haswell has been reappointed to the Board for a further four year term which provides the organisation with continuity in a number of areas, including the clinical governance agenda and the IJB.

Mr Robinson announced that this was Susan Webb's last Board Meeting with NHS Shetland as Director of Public Health. She has undertaken the role since 2017 alongside her role as Director of Public Health for NHS Grampian. NHS Shetland thanked Susan for the commitment she has shown to both Boards during such a challenging period. Moving forward, Susan will be continuing in her role as Director of Public Health with NHS Grampian, while NHS Shetland will be making alternative arrangements for Director of Public Health input.

**2021/22/02 Apologies for Absence**

There were no apologies for absence.

**2021/22/03 Declarations of Interest**

There were no interests declared.

**2021/22/04 Minutes of the Public Board Meeting on 16 February 2021**

The draft minutes were approved with no amendments.

**2021/22/05 Board Action Tracker**

The action tracker was noted without further comments.

**2021/22/06 Matters Arising**

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

**2021/22/07 Quality Report – Update on Progress**

(Board Paper 2021/22/01)

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

- There is a focus on patient feedback, engagement and experience which had been provided from a range of services.
- The work done around the Clinical and Care Strategy also includes a significant engagement strand. The draft strategy will be brought back to the advisory groups and contributors to assure them that their comments and

aspirations are reflected in the document. The intention is to present the strategy to the board in June. **ACTION: Mrs Carolan**

- Colleagues in community care have conducted quality assurance support visits to all care homes. Amanda McDermott (lead for Excellence in Care in the acute setting) is supporting a number of teams to develop their care assurance systems. Recently available data on quality assurance already shows improvement since this work began.
- A piece of work being taken forward with the Anchor Programme including how to upscale early action interventions across the whole system for health and care.
- A review of the Shetland Children's Plan is being conducted and the Joint Children's Partnership are agreeing the strategic actions for 2021. There is also development work being conducted across the partnership looking at neuro developmental pathways.

### **Discussion**

Mr Robinson asked what the new timescale was for delivery of the Alcohol Brief Interventions (ABI) programme. Mrs Webb explained that ABI was primarily delivered through the primary care setting that it has been difficult to progress for a number of reasons including the recording of activity outwith primary care. An improvement plan had been set up pre-pandemic and members agreed it would be useful to have an update on this possible at a future Board Development Session. **ACTION: Health Improvement**

The reference to timescale in the report is in connection to training and the ability to deliver the ABI. It has been possible to utilise covid contact tracers to increase capacity to deliver the lifestyle interventions begun pre-pandemic.

In response to a comment from Miss Manson, Mrs Webb said the way ABI was measured originated within primary care and data that could be counted was very prescribed. The screening element has been taking place but then perhaps not always translating into the need for ABI for individuals.

Mrs Haswell added that it would also be helpful to have broader feedback and insight into the screening questions and the actual interventions. The role of the community link workers within primary care is important to acknowledge.

In response to a question from Mrs Cornick regarding the use of remote technology to enable Patient Safety Conversations to recommence, Mr Chittick explained that the framework to trial this in a variety of acute and community settings was completed pre-pandemic. Mr Chittick agreed to discuss the

logistics of using of remote technology alongside meeting with patients, with the Medical Director and the clinical governance team. **ACTION: Mr Chittick**

Mr Chittick confirmed that the new framework would still include NEDs, lay members plus colleagues from other services as this would be a good way of sharing learning and helping collaborative working.

Miss Manson said from a whistleblowing perspective, she was really keen to resume Patient Safety Conversations adding that these two areas link very closely with each other.

In response to a question from Mrs Haswell regarding the Ward 3 sepsis audit, Mrs Carolan explained that the data in the report showed that the audit is ongoing and included data for Q4. Future work would focus on ensuring that audits are happening pan-hospital and across all settings.

Mrs Haswell acknowledged that there had been increased activity through Care Opinion and asked if there was a way to increase public awareness of the platform, for example utilising the mass vaccination clinics.

Mr Chittick said that his team was already using a questionnaire for people attending the mass vaccination clinics as a way to capture learning and trends that could then influence how the board's annual vaccination programme is delivered in the future. This is being done both electronically and as hard copies available at the mass vaccination clinics.

In response to a question from Mr Campbell relating to improving the observation chart accuracy for Wards 1 and 3, Mrs McDermott explained the procedure for recording early warning score calculations under the Excellence in Care measures. Boards using Patient Track see 100% compliance because the electronic scoring system (Patient Track) does not allow for some of the simple errors. Patient Track representatives have delivered a presentation of the system and provided a quote of £50,000 per year which is not economically viable based on 44 beds. The only possible affordable solution which is being explored would be to join with NHS Grampian and/or NHS Orkney in order to get a better deal. Mrs McDermott has had a preliminary discussion with NHS Orkney and the second part of that conversation will be held in due course.

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

#### **10:00 Patient experience of neonatal intensive care service**

Clare Stiles introduced a video of a conversation with a patient describing her experience of coming into hospital for the birth of her premature baby.

Members discussed the points raised by the patient and acknowledged that flight availability was not in the gift of NHS Shetland. Mr Dickson assured members that the Board have always found Northlink and Loganair to be very supportive partners to the extent that in the past they have changed schedules to support the needs of patients and to get samples on and off island. The challenge is balancing decisions against consequences for someone else.

It was agreed that the video had demonstrated the importance of asking people what matters to them and listening deeply to what they tell the organisation as the responses can sometimes not be what was expected.

Mrs Carolan explained that mothers who were travelling in this way are told they can contact the maternity unit at any time during their journey so if they felt that they needed the midwives to intervene then this would be the case and an air ambulance tasked if this was the safer option.

Dr Brightwell said there were potentially many different ways of looking at the points raised and the challenge was how to gather and collate the information in such a way that it helps the board to understand how to tackle these priorities and improve services.

Board Members expressed their appreciation to Clare for allowing them to hear such a heartwarming story and asked her to extend the Board's thanks to the patient and everyone involved in making sure that what was a difficult situation was handled so sensitively.

## **2021/22/08 Healthcare Associated Infection Report**

(Board Paper 2021/22/02)

Mrs Carolan presented the routine HAI report saying that there were no exceptions in respect of healthcare associated infections. The key points in the report for members' attention were:

- An additional 1.5 WTE Infection Control Nurses have been appointed. They have been part of the team since the pandemic started and now have substantive posts. Funding comes from the support the board received to expand Infection Control Teams through the pandemic. Practitioners are working across the hospital, primary care and community settings.
- The Infection Control Team participated in the recent World Health Organisation 'Hand Hygiene Day' by supporting people with hand hygiene techniques across a number of sites alongside continuing to do their awareness raising work and education.

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

## **2021/22/09 Finance Monitoring report 2020/21 (April to February)**

(Board Paper 2021/22/03)

Mr Colin Marsland updated the Board highlighting the following issues:

- At month 11 there was a small surplus of £96,000 underspent partly due to receipt of all funding in respect of covid 19.
- It is expected the board will break even at the end of the financial year so there are no material issues of concern to report to board members.
- In strategic terms, there are two issues remaining in terms of resilience and sustainability - namely staffing models due to the continued use of locums, and service redesign taking into account SGov expectation that the board achieves 3% efficiency savings year on year.
- In terms of savings targets for 20/21, the board has achieved these although some are on a non-recurring basis. Work is being done to review these plans to put them into a baseline of what is expected to be the recurring savings and to monitor these.

### **Discussion**

In response to a question from Mr Robinson, Mr Marsland reported that the finance team were currently reviewing the recurring and non-recurring savings and it was expected that the board would go into 2021/22 with the same level of the gap as this year. At the present moment, the non-recurring savings are slightly higher but some of the work being done in acute services should enable these to become recurring savings. Despite the board not being able to reduce the savings gap in line with the target in order to reach financial balance by 2023, it has not taken a step back during the pandemic.

Mrs Cornick said that taking into account that the board's accounts had balanced for the last 3 years, would it still be required to pay back any surplus to SGov as in previous years. Mr Marsland explained that it would depend on the government's overall position. The current advice in respect of this financial year, is that there is no guaranteed carry forward of underspends at this moment in time. NHS Shetland has a small underspend at the end of this financial year and SGov will advise once it has reviewed its position.

**The Board noted** the Financial Monitoring Report 2019/20 as at Month 11.

## **2021/22/10 Capital Programme Progress Report 2021/21 update and Annual Fire Report**

(Board Paper 2021/22/04)

Mr Lawson Bisset presented the update highlighting the main points for members information:

- The installation of the new CT scanner is making good progress with a temporary scanner operating in the hospital car park to enable the service to continue. The new CT scanner is on site ready to be installed once the enabling contractor has completed works within the existing scanner space. Board members joined Mr Bisset in thanking colleagues, contractors, patients and the public for their hard work and support through the various phases of the project to date.
- There is a draft 'Net Zero Route Map' for NHS Shetland to achieve Net Zero by 2045. NHS Shetland is one of the first boards in Scotland to pilot this and the draft is being reviewed with colleagues in Health Facilities Scotland. A report will be presented to the board no later than the October board meeting for comment and approval of proposals to get the organisation to Net Zero by 2045.
- Fire Audit Report – There is improvement in respect of the number of unwanted signals produced. The Scottish Fire and Rescue Service have a representative at the quarterly Fire Committee and the board works in collaboration with them to ensure compliance.

## **Discussion**

In response to a question from Mr Robinson around any desire to achieve Net Zero sooner than 2045, Mr Bisset explained the government target was 75% reduction by 2030 and full net zero by 2045. Nationally, some public bodies are considering targeting 2030 and this is being explored as part of the review of the draft Route Map. There is merit in doing it earlier but this brings financial consequences for the board.

There was discussion on the Annual Fire Report and Mr Bisset explained there were two strands of assurance for the board – the official audit conducted on an annual basis by him as the nominated Fire Officer for the board and also an active programme of fire risk assessment audits carried out on an annual basis by qualified staff. A Fire Action Plan is produced and reviewed at the Fire Committee with the Scottish Fire and Rescue Service on a quarterly basis to monitor and maintain good progress.

Mr Bisset reported that he and colleagues in the Staff Development team were exploring the possibility of developing an alternative delivery model for fire training because it is recognised that face-to-face might not be permissible for some time. There is already a fire training module on Turas so any other online training for Fire Wardens etc will be supplementary.

In response to a question from Mr Sandilands regarding increasing the number of charging points for electric vehicles, Mr Bisset explained that the board and SIC meet regularly to explore how best to utilise resources to offer a Shetland wide structure of charging points.

Members discussed the board's fleet of electric vehicles and Mr Marsland reported that currently have 20% of vehicles are fully electric and 5% which are hybrid. The current leases for the majority of the fleet cars expire between September 2021 and June 2022. With SGov funding, the hope is that the board can move to only having one non-electric (or hybrid) car by June 2022. The van fleet will take longer due to a lack of electric vans available in the required size. SGov have awarded funding for one van which is yet to arrive and the cost of funding additional electric vans is not built into the board's current financial plan.

Mr Bisset said that SGov have recognised that within NHS there is no strategy around driver training within the transfer to electric vehicles. SGov are in the process of appointing a Transport Officer within Healthcare Facilities Scotland to roll out the strategy across Scotland and begin to identify the gaps within all the boards.

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

#### **2021/22/11 Performance Monitoring Report 2020/21**

*(Board Paper 2021/22/05)*

Ms Robinson gave a verbal exception update report covering the period to December 2020. A more detailed report for the year 2020/21 would be presented at the June meeting.

Little had changed since the last performance report:

- Psychological Therapies Recovery Plan continues to move in the right direction. There is funding from SGov for this and the mental health service in general with significant pieces of work already planned with the third sector and IJB around working with communities and individuals.
- A Business Continuity and Resilience Officer is now in post and is supporting teams and departments in updating their Business Continuity Plans. It is expected that by the next Performance Monitoring Report to the board there will be a significant improvement in progress.

**The Board noted** the exception report update.



## **2021/22/12 Risk Management Summary Report 2020/21**

*(Board Paper 2021/22/06)*

Emma Garside presented the report which covers the work undertaken during 2020/21. The focus in the first half of the year was on the recovery and response to the pandemic which included work on the new processes which were required to be put in place including risk assessments. Also detailed is the work on recovery planning and the risks associated with this.

The report also provides an update on the risk management objectives and priorities for 20/21 and it sets out the new objectives and priorities for 21/22. These have been reviewed with the Medical Director along with developing a draft Risk Management Work Plan which will be reviewed by the Risk Management Group on a 6 monthly basis. The report will next be presented to the Joint Audit and Committee Chairs meeting in May.

**The Board** noted the Risk Management Summary Report 2020/21.

## **2021/22/13 Corporate Risk Register**

*(Board Paper 2021/22/07)*

Emma Garside presented the report which includes a new set of corporate risks which have been agreed by the Executive Management Team (EMT).

A review of the Corporate Risks is one of the priorities for 2020/21 and EMT reviewed the existing corporate risks that were presented to the board in December 2019. Some new corporate risks that have been put forward including those related to covid and the recovery phase. These risks have either been included in the Corporate Risk Register report or have been reassigned as a directorate or departmental risk as a result of the review. The reassigned risks will be reviewed and monitored by one of the appropriate groups. Several risks were closed and a new set of corporate risks were agreed by EMT.

### **Discussion**

Mrs Haswell asked that when presenting the report to Audit Committee that some detail of where those reassigned risks have been placed was included as this would be useful as an overview of all the organisation's risks.

**ACTION: Mrs Garside**

Mr Robinson said it would be helpful for the Corporate Risk Register to go more frequently to the Audit Committee in the future to allow more time to be devoted to the scrutiny of these risks.

**ACTION: Mrs Garside**

**The Board approved** the Corporate Risk Register.

**2021/22/14 Approval of Review of Shetland Islands Health & Social Care Partnership Integration Scheme** (Board Paper 2021/22/08)

Mr Chittick presented the paper saying it was the culmination of the final piece in the review of the Integration Scheme of the Health & Social Care Partnership. The IJB was formally constituted under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and the previous Integration Scheme was approved in February 2015.

The legislation outlines that a 5 yearly review of the Scheme must be undertaken. However due to the emergency stance which health boards and local authorities were under during the pandemic, it was felt that a light touch review would be appropriate. Some of the work done as part of the review included an internal self-evaluation exercise, engagement with other IJBs in order to do benchmarking, and consultation with lead officers, the Strategic Planning Group, NHS Shetland, Shetland Islands Council and the public.

The Integration Scheme was felt to be robust in the delivery of services and aligned to the Strategic Commissioning Plan and members were assured that there were no proposed changes to any of the services within the scheme.

Mr Chittick informed members that following the publication in February 2021 of the Independent Review of Adult Social Care, there were potentially some changes expected within IJBs which will lead to another review of Integration Schemes moving forward.

**The Board approved** the review of Shetland Islands Health & Social Care Partnership Integration Scheme.

**2021/22/15 Whistleblowing Standards Briefing** (Board Paper 2021/22/09)

Dr Brightwell presented the paper explaining that the Whistleblowing Standards came into effect in April and build on previous legislation. The aim is to bring together the standards across Scotland and the NHS and also to include the Independent National Whistleblowing Officer (INWO) in terms of an ultimate review option.

Dr Brightwell described the background to the Standards and their aim to improve the culture within organisations whereby people feel they can speak up early to raise concerns where there are patient safety and public interest issues. Progress to date to implement the standards locally include:

- A small working group are embedding the processes into our services.
- 4 confidential contacts have been identified to date from within clinical services (3 from community and primary care and 1 in secondary care).

- Standard Operating Procedures have been put in place to assist understanding of the quarterly and annual reporting structure to the INWO.
- To inform staff of training available, Dr Brightwell and the Whistleblowing Champion are engaging with clinical management and operational groups to highlight the processes to all staff groups.
- Working with contracted services, volunteers and students who are working alongside NHS services to make them aware of NHS whistleblowing procedures and help them understand how to highlight issues to the board.
- Ensure confidentiality and support for staff where the standards are deemed to apply through the provision of identified Confidential Contacts.

Miss Manson said that ultimately the Standards were about ensuring that people feel confident, safe and able to speak up about issues that concern them. Also making them aware that this does not replace existing HR policies and procedures but instead to understand what the differences are.

There are 2 training modules on Turas (one for managers and a general overview for staff) so it will be important to explore ways to assist staff who do not have access to IT. Members agreed it was important to correctly signpost and support people to the right service because issues may be more appropriately Duty of Candour, Whistleblowing or HR policy issues.

## **2021/22/16 Integration Joint Board Appointment/Re-appointment**

(Board Paper 2021/22/10)

Mr Robinson said the board was periodically required to reappoint NHS board members to the IJB. On this occasion the board have a vacancy to appoint following Miss Manson stepping down to concentrate on whistleblowing duties.

- Mr Robinson proposed that Jane Haswell and Natasha Cornick be reappointed.  
Mr Sandilands seconded the proposal.
- Mr Campbell nominated Lincoln Carroll to the vacant position.  
Mrs Haswell seconded the proposal.
- Mr Robinson proposed that Natasha Cornick be reconfirmed as Vice-Chair of IJB till the end of the rotation on 1 March 2023.  
Miss Manson seconded this proposal

Mr Robinson explained that Miss Manson had also held the role of Chair of the IJB Audit Committee but an appointment to this vacancy will be made at IJB.

Mrs Haswell suggested her preferred nomination for the role of Chair of IJB Audit Committee would be Mr Carroll in light of his experience as Chair of NHS Audit Committee.

In terms of an Interim Chair for the next meeting of the IJB Audit Committee, Mr Chittick said there is already a Vice Chair who should be able to step in. Mr Chittick agreed to clarify this with Anne Cogle in the SIC corporate services support team.

**ACTION: Mr Chittick**

On behalf of the board, Mr Robinson thanked Miss Manson for all her hard work whilst serving on the IJB and as Chair of the IJB Audit Committee.

Mr Robinson explained that Miss Manson was only stepping down from the IJB. However, as the Whistleblowing Champion was an additional member on the board, NHS Shetland must recruit a new Non-Executive Director to replace Miss Manson. The recruitment process is about to commence and it is expected that the advert should be published soon after the election.

Mr Sandilands informed the board that he, Lorraine Hall and Lorraine Allinson had been invited to attend the National NHS Ethnic Minorities Forum which had taken place yesterday. Members agreed that the recruitment process for the new Non-Executive is an opportunity to recruit somebody to the board from Black, Asian and Minority Ethnic group in Shetland.

**The Board noted** that Non-Voting Member appointments/reappointments to the IJB (for the period 20 July 2021 to 19 July 2024) will be considered by the IJB on 3 June 2021.

**2021/22/17      Approved Committee Minutes for noting**

The committee minutes were noted.

**2021/22/18      Any Other Business**

IS informed members that he had taken a call from HRH Prince William and he wanted to pass on his best wishes to all NHS staff for their work during the covid19 and vaccination period.

**2021/22/19      The next meeting of Shetland NHS Board will take place on Friday 25<sup>th</sup> June 2021 at 9.30am via Microsoft Teams.**

*The public meeting concluded at 11:20am .*