

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 12 August 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
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

#### In Attendance

Mr Brian Chittick	Director of Community Health & Social Care
Mrs Carolyn Hand	Corporate Services Manager/Feedback and Complaints Officer
Mr Luke Holt	Advanced Nurse Practitioner ( <i>minute 2021/22/56</i> )
Mr James McConnachie	Business Continuity & Resilience Officer ( <i>minute 2021/22/62</i> )
Ms Elizabeth Robinson	Public Health and Planning Principal
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)

#### 2021/22/47 Chairman's Announcements

Mr Robinson welcomed everyone to the meeting.

Greater clarity was expected soon around the start date for Covid19 booster vaccinations and whether flu jabs will be given at the same time. This will be for anyone aged 50 and over and those over 16 that usually qualify for a flu jab.

The Board is pleased to note that Dr Chloe Evans, GP at Scalloway, is taking up the Interim Associate Medical Director for Primary Care post later this month. Chloe is already working on a new Chronic Pain pathway with colleagues and has a passion for inclusive, person-centred care. On behalf of the Board, Mr Robinson thanked Dr Dylan Murphy for his time working in this role over the last few years.

#### 2021/22/48 Apologies for Absence

Apologies were received from Natasha Cornick and Dr Susan Laidlaw.

#### **2021/22/49 Declarations of Interest**

There were no interests declared.

#### **2021/22/50 Minutes of the Private Board Meeting on 25 June 2021**

The draft minutes were approved with no amendments.

#### **2021/22/51 Minutes of the Public Board Meeting on 25 June 2021**

The draft minutes were approved with no amendments.

#### **2021/22/52 Board Action Tracker**

The action tracker was noted.

#### **Item 2 (ref 2020/21/59) - Formal update on Psychological Therapies**

Mr Campbell said an update would be presented to the Audit Committee in September 2021 and the date for update to the Board should be amended accordingly.

#### **2021/22/53 Matters Arising**

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

#### **2021/22/54 Quality Report – Update on Progress**

(Board Paper 2021/22/26)

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

- A number of pieces of work have been done as part of the Patient Experience and Engagement Strategy and these are referenced in the Clinical and Care Strategy development.
- Work is ongoing with partners to review the Shetland Children's Partnership and also phase 2 of the Shetland Early Action Programme.
- Work to develop the Strategic Assessment (SA) to create a Case for Change for the replacement of the GBH. It is expected that the engagement strategy within that workstream will be completed by January 2022 and the board will receive the SA at the Feb 2022 meeting.
- In partnership with the IJB, there is prioritisation of work to support urgent care. National reports have indicated that there has been a significant increase in emergency activity in primary and secondary care.
- Support for the expansion of same day emergency care which is diverting patients away from urgent care requirements into a more planned approach.
- There is a Primary Care Improvement Plan being developed in order to support primary care services and, in line with the Clinical and Care

Strategy, lots of work is being done focusing on early access and early intervention.

- A new piece of work to be reflected in the Remobilisation Plan v4 is an increase in planned care to be offered to patients in Jan-March 2022. Working with NHS Grampian to look at ways to deliver an increased service to Shetland largely for patients accessing specialty services such as orthopaedics, ophthalmology, oral surgery. This will work down waiting lists and prevent people deteriorating.

### **Discussion**

Mr Sandilands asked what impact there might be on staffing with the arrival of the mobile theatre unit. Mrs Carolan said some highly specialised practitioners would be required in order to deliver that service, but the board would be offering its own staff the opportunity to contribute to that piece of work if it did not affect their normal service delivery.

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

### **2021/22/55 Healthcare Associated Infection Report**

(Board Paper 2021/22/27)

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

- The Infection Control Team (ICT) and the Health Promotion Team continue to work very closely supporting hospital and community care settings including the care homes so that care assurance work is ongoing.
- The ICT will be supporting an internal audit in September and the findings will go through the normal clinical governance channels
- Since the report was produced, NHS Shetland has been the first board to go through the new decontamination standards and performed very well. There were no requirements to the board's decontamination services as a result of that review.

Mrs Hall informed members that positive work had been done by the ICT with teams in Occupational Health and Health & Safety to continue with the risk assessments and ensure that staff can be supported to come back to work using the extremis measures protocol. The board acknowledged that this was additional work undertaken by staff and thanked clinical and nursing colleagues.

The Board congratulated staff on their hard work in achieving the commendable results for hand hygiene and cleaning compliance etc set out in the report.

Mrs McDermott reported there was a new Tissue Viability Nurse in post who is providing training to the acute and community teams through teaching sessions over MS Teams. Sessions are recorded so that staff can watch them back at their convenience. The community nurses have access to the sessions and ways for care home staff to access the recorded training are being explored. The Tissue Viability Nurse has already provided some care home staff with face-to-face training sessions so they have already received some of the content which has been delivered for the acute and community nurses.

Mr Robinson said the report highlighted some of the excellent work being done and hoped it would give some reassurance to the community that Shetland's care settings are a safe place given the high standards that are being maintained.

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

**2021/22/56 "Why don't we access clinical guidelines to answer clinical questions?" - Presentation by Luke Holt**

Luke Holt described how he had conducted his Research Quality Evaluation as the final part of the dissertation for his Masters degree on how clinicians use evidence when they are treating patients and specifically on otitis externa.

Members praised Luke for his interesting, thought provoking presentation and discussed the identified learning points raised.

Luke said he was hoping to change his working pattern to allow him the additional time so co-author his research with his supervisor. Mrs Carolan offered the board's support to assist him with publishing his research as it was relevant in the remote and rural context and also in the wider realistic medicine perspective.

**2021/22/57 Duty of Candour and Medical Director Annual Report**

(Board Paper 2021/22/28)

Dr Kirsty Brightwell presented her first annual report since taking up the post of Medical Director and the report follows on closely from Mr Chittick's work during the pandemic. The key points highlighted to members were:

- Workforce challenges continue in Shetland across primary and secondary care. Work continues with colleagues to stabilise some of the issues and think longer term.
- Work continues alongside the clinical governance team to streamline reporting so that the board can be more assured of the clinical governance aspects of the workforce. The realignment of meetings and committees is almost finalised.

- Clinical appraisal and revalidation – previously it had been NHS Grampian who had professional governance of doctors but after considerable work, robust processes had been developed and were not in place locally for appraisals and revalidation to the GMC.
- Duty of Candour – the report states that NHS Shetland have not had any Duty of Candour in the year 2020/21. This was not surprising because organisational duty of candour is quite specific piece in terms of the act with 2 thresholds for duty of candour from the organisation required to be triggered. Individual clinicians may have duty of candour so the board must have robust processes in place. Dr Brightwell described the processes and assured members that these were successful in identifying any issues.
- Staff are working with Healthcare Improvement Scotland to do some benchmarking work on some of the board's processes to ensure the board is in line with the rest of Scotland.

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

### **2021/22/58 Feedback and Complaints Annual Report 2020/21**

(Board Paper 2021/22/29)

Mrs Carolyn Hand explained the annual report covered the various ways the board gathered feedback about healthcare services and summarised the learning from this valuable source of information. Key highlights included:

- The report shows the board's performance against the 9 key performance indicators that are mandated in the national Complaint Handling Procedure.
- The report captures the feedback that is registered with the Corporate Services team. In 2020/21, the board recorded 140 contacts (10 thank yous, 79 concerns and 51 complaints).
- The top thematic concerns from feedback received included issues related to Covid19 and complications arising from the way NHS Shetland had delivered care.
- The report includes examples of actions taken following complaints and identified improvement measures that have been put in place.
- Of the 51 complaints we received, 29 were handled at stage 1 (early resolution) and 22 at stage 2 which is almost identical to last.
- In terms of performance, the team's ability to respond to stage 1 complaints decreased slightly with an average of 5.4 days against a 5 day target. Conversely, the stage 2 response times had improved from 55 days in 2019/20 to 33.8 days in 2020/21 (against the 20 working day

target). The board had previously noted that responding to complex complaints in 20 working days could be challenging, particularly when a complaint spanned another organisation or required input from clinicians who do not work for NHS Shetland. The number of complainants who get back in touch or escalate their concerns remains low and it was recognised that a response could cause distress for some people and it was therefore very important to allow sufficient time to be as complete and accurate as possible.

- One significant improvement the team have introduced in the last few months is a complaint triage meeting. Meetings take place 3 times a week between the complaints team and three clinical directors and has proved helpful in quickly identifying who will proceed with a complaint investigation at the beginning of the process which should translate to improvements in response times.

Mrs Hand thanked all the directors who support the complaint investigation process and also Katherine Cripps who keeps the system moving smoothly and does a lot to support the people who need to make complaints.

#### **Discussion:**

There was discussion around the most appropriate way for the board to receive updates from the Whistleblowing Champion.

It was agreed that this should be reported to the board by exception when there was a significant issue for attention. Mrs Carolan added that it would be most appropriate sitting within the 'Quality and Clinical' agenda rather than being aligned to complaints as feedback would be received from staff rather than service users.

Mrs Carolan said the report highlighted some good examples of situations which have not worked well for patients and where services have responded, taken on those concerns and endeavoured to improve things for patients in the future.

In response to a question from Mr Carroll regarding keeping patients informed when a delay in response is expected, Mrs Carolan explained keeping in touch with a complainant was one of the key things the team is keen to ensure. Response letters that go from the Medical Director always list the actions that have already been taken or actions to be taken to ensure there is learning explained that the patient understands for their own care or perhaps for the next person. There is also a meeting between Mrs Hand and the clinical directors to examine the previous quarter's reports to identify any issues not progressing on

time or any cross organisational learning that should be reported to the Joint Governance Group.

Mrs Hall assured members that whistleblowing is reported through to other committees of the board (Clinical Governance Group and Staff Governance Committee) so elements pertaining to quality, safety, equality, effectiveness, education and staff support will be going through to those committees. Members agreed it was important that the board enable staff to raise concerns where they feel that the service that NHS Shetland provides is not one of a standard that it should be delivering.

**The Board noted** the Feedback and Complaints Annual Report 2020/21

### **2021/22/59 Patient Experience presentation**

Mrs Carolan introduced Tony McDavitt and Dr Chloe Evans and explained that they had recorded the experience of a patient and the clip had also been played and discussed at the Joint Governance Group. Tony and Chloe are also doing some improvement work around the chronic pain pathway which this story illustrates.

### **Discussion**

Members discussed the chronic pain pathway work and learned about the importance of health psychology in the process and look forward to seeing how this holistic approach progresses.

Chloe this work also offered the opportunity for a really consistent approach across Shetland - a consistent language around pain, a consistent approach medically, and a consistent approach in terms of the other services.

On behalf of the board, Mr Robinson thanked Tony and Chloe for sharing this powerful patient experience and also extended their appreciation to the patient for sharing their story.

### **2021/22/60 Finance Monitoring report 2020/21 (April to June)**

(Board Paper 2021/22/30)

Mr Colin Marsland updated the Board highlighting the following issues:

- At month 3 the board was £1.3m overspent.
- The expenditure position includes all Covid19 costs (£1.1m being fully funded by SGov). This is the board's planning assumption in respect of the remobilisation plan for 21/22, but funding at present is only £0.7m and technically therefore a £0.4m gap. However, funds are held by the IJB for Covid19 carried over from 20/21 which matches this shortfall.

- SGov are conducting quarterly returns in 21/22 on financial monitoring and will be arranging meetings with individual boards. NHS Shetland have recently submitted the Q1 return to SGov and are in the process of arranging a meeting to discuss the implications and understand our Covid19 expenditure which is above that which SGov are currently funded.
- The overspend goes back to 2 historic issues, namely that the efficiency savings have contributed to the board being overspent by £500k. There are £2m efficiency savings still to be identified in the current year.
- At present the only savings identified are in respect of acute savings (a conservative value for the 4 year part of the repatriation savings from previous years).
- The other main cause of the overspend is locums being used to fill essential posts which are not funded through Covid19.

## **Discussion**

In response to a question from Mr Campbell regarding the projection for the end of this financial year, Mr Marsland said it was too early to predict if the board would achieve a break even position, however to do so required a lot of work from the staff in the organisation to get to that position. SGov is clear they expect boards to work towards achieving financial balance in 2021/22 with their Covid19 expenditures spent. Historically at this point in the year the board is overspent, however through the management and actions of staff have managed to break even in previous years.

Members discussed the ongoing cost of locum and agency and the board's continued reliance on them in order to maintain the delivery of services. It was acknowledged this was essential due to national staffing shortages and should be highlighted to SGov as a real cost in delivering services in remote, rural and island communities.

Mr Sandilands added that the cost of accommodation and transport issues was also a financial pressure for the board. The current difficulty in securing accommodation locally can also impact on recruitment across health and social care. Members discussed the advantage of the NHS and IJB exploring options together to help address this issue in the immediate to short term including repurposing buildings. Mr Robinson said these issues had been well known for a number of years and was already a priority for the Shetland Community Planning Partnership.

Mr Robinson added that SGov were looking at a framework agreement for house construction in the islands which would soon go out for consultation which would hopefully result in new homes in the future.



Mr Robinson assured members that everything possible was being done to reach agreements with private individuals and companies to find accommodation as well as highlighting the issue of locums and the shortage of accommodation to SGov whenever possible.

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

**2021/22/61 Performance Monitoring Report 2021/22 Q1 (April to June)**  
(Board Paper 2021/22/31)

Ms Robinson presented the report for quarter 1 of 2021/22 and reported that there were no significant changes since the last quarter.

- Work continued to catch up from Covid19 and there were still some issues concerning accessing appropriately qualified staff to carry out some interventions, non-obstetric ultrasounds for example.
- There remains some unmet need connected to Covid19, for example physiotherapy and child health which have not been met over the last few months.
- There has been significant success in terms of the online smoking cessation programme where much better results have been seen from seeing people accessing the service on line and via telephone.

**Discussion**

In response to a question from Mrs Haswell regarding non-obstetric ultrasounds, Mrs Carolan explained that the medical imaging team is awaiting a new sonographer to take up their post in Sept after which the backlog caused by Covid19 can be addressed with the increase in capacity.

Members discussed the cancer waiting times and the high uptake rate particularly for cervical and breast screening which was a testament to the community's engagement at the crucial early intervention stage. Ms Robinson said that there was also an ongoing programme to increase uptake of screening among people with learning disabilities. This links to themes of health literacy and ensuring that information is accessible and understandable for the people on the receiving end and removing as many barriers as possible to early intervention or preventative services.

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

**2021/22/62 Emergency Planning & Resilience Annual Report 2020/21**  
(Board Paper 2021/22/32)

James McConnachie presented the report drawing members' attention to the executive summary and the details therein. Progress highlighted to members included:

- The report covers the period from the last financial year but also focuses on planned work around organisational standards including business continuity managements systems which have been previously audited in 2017/18, CBRN capacity and the board's anti-terrorist Prevent Duty.
- A Business Impact Analysis has been developed of the last few months and is almost ready to go live.
- There is an eLearning training package available on the Prevent Duty and auditable uptake on staff participation.
- James would be completing training to become a trainer in the use of powered respiratory suits in order to roll this out across the board.
- The UK government has a call for evidence out for board's Resilience Strategies which looks at community resilience involving third sector and private sector partners as well as finding more preventative measures as opposed to always dealing with the consequence management.

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

**2021/22/63 Public Health Annual Report 2020/21** (*Board Paper 2021/22/33*)

Elizabeth Robinson presented the report informing members that in previous years the team would choose a subject for the Public Health Annual Report to encourage debate, but it was decided to focus and reflect on the single topic of Covid19 because there was a lot of learning for the team and across the wider organisation.

Ms Robinson thanked everyone who had supported the public health team in the last year including board members, health board employees, and other team members who public health had not worked with in the past. The public health team had increased hugely during the last year, but the core health improvement team remained small and this fragility would need to be managed going forward.

**Discussion**

Mr Carroll asked if the public health team would be delivering any mental health awareness training for employers to help give them the confidence to talk to their staff about returning to work. Ms Robinson reported there was no additional funding to deliver this and the team had always been massively oversubscribed in terms of the mental health awareness raising and skills development training that we deliver. With restrictions easing, it was hoped that it would be possible to return to face-to-face training whilst recognising that there is a lack of capacity to meet the demand. The public health team have been working with other organisations and 3<sup>rd</sup> sector partners to identify staff

who can be trained as trainers including Mind Your Head staff in order to be able to deliver this type of training.

Members discussed the possibility of reinstating ASIST suicide prevention training organised through the Mental Health Partnership (MHP). The ASIST programme is being reviewed nationally so training is on hold until a new version is published. Ms Robinson explained the partnership was currently on hold due to capacity. Work progresses working with partners to identify funding for a MHP Officer to support the functioning of the Partnership.

Mr Chittick added that meetings had also taken place between the Health & Social Care Partnership and the 3<sup>rd</sup> sector and specific meetings with Mind Your Head to scope out other ways of providing support and focussing on early intervention, prevention and wellbeing.

Mrs Carolan said it would be helpful to have a look back over a very challenging 12-18 months and acknowledge how well people responded to the challenge when no-one knew what it would be like to live through a pandemic. The challenge now was how to think in planning terms as Covid19 becomes more endemic in our population rather than a pandemic. Members were asked to consider how the board's objectives should reflect its remobilisation assumptions in terms of timing and pace.

Mr Dickson said NHS Shetland continued to have ongoing pressures and is also doing some really innovative work so the board needed to consider what opportunities there are and what its priorities are for the next 3 years bearing in mind the uncertain challenges. Ms Robinson said a major aspect of the situation was about managing risk and being flexible to allow services to revert back to an emergency footing if needed. Discussions should continue on an ongoing basis along with modelling and she would be happy to discuss further with Mrs Carolan.

In response to a question from Mr Robinson regarding the reasons for the 4% difference in vaccination uptake between 1<sup>st</sup> and 2<sup>nd</sup> dose, Ms Robinson said a very few people are choosing not to have their 2<sup>nd</sup> dose due to worries around side effects or vaccine safety concerns. However, the scheduling team was still in the process of contacting the last 4% and also the last remaining 1<sup>st</sup> doses. Vaccination of the 16-18 year olds began last week and the immune suppressed population aged 12-17.

**The Board noted** the Public Health Annual Report 2020/21.

**2021/22/64 Procurement Annual Report 2020/21** (*Board Paper 2021/22/34*)  
Mr Marsland presented the report which had already been approved at the

Procurement Steering Group. Points highlighted to members included:

- NHS Shetland aim to mix its procurement between local and national suppliers. An example of one of the benefits of national procurement is, Alpha Solway UK who are one of the PPE suppliers and are providing £50k locally to community benefit outcome this year. In the financial year in question the board had no schemes which had a community benefit element in them. The current scheme is about to be launched and Lawson Bisset has put a community benefit into the development of the latest capital project.
- The issue of nursing recruitment is covered in the report and is a national issue which Mrs Carolan has raised the Chief Nursing Officer.
- The procurement service is being taken back in-house and there will be a period of catch-up and examination to identify any weak links and how to resolve those on a permanent basis.

### **Discussion**

In response to a question from Mrs Haswell, Mr Marsland confirmed that it is a requirement that suppliers adhered to the living wage. Most of the board's procurements are delivered nationally, but the local suppliers have to confirm they meet the living wage (most in Shetland already do).

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

### **2021/22/65 Remuneration Committee Annual Report 2020/21**

(Board Paper 2021/22/35)

Mrs Hall presented the report and assured members that, it is the Staff Governance Committee, via the National Performance Monitoring Committee, that confirm that the activity is conducted by the committee where appropriate. The board is waiting for confirmation this year's assurance from the NPMC. The NPMC have recently written to all Chairs to ensure that they have discharged their duties and for executive appraisal purposes they have used the full range of outcomes. The Remuneration Committee have confirmed to SGov that the board's appraisal process is robust and compliant.

**The Board noted** Remuneration Committee Annual Report 2020/21.

### **2021/22/66 Approved Committee Minutes for noting**

The committee minutes were noted.

**2021/22/67** The next meeting of Shetland NHS Board will take place on **Tuesday 12<sup>th</sup> October 2021** at 9.30am via Microsoft Teams.

*The meeting concluded at 12:00*