

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 12 October 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
Dr Susan Laidlaw	Director of Public Health
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
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)

#### 2021/22/68 Chairman's Announcements

Mr Robinson welcomed everyone to the meeting.

During the recent visit, Caroline Lamb, Director-General Health and Social Care, had been confirmed that Michael Dickson will continue to provide interim leadership to NHS Orkney till the autumn of 2022. NHS Orkney will begin recruitment for a substantive Chief Executive early in 2022. The National Clinical Director Professor Jason Leitch had recognised the value of partnership working between NHS Orkney and NHS Shetland, and that by sharing resources where appropriate this strengthens the ability to deliver services.

The Board formally thanked Mr Dickson for his commitment to both boards, and also extended their thanks to all staff working in different ways to ensure resilience within teams across both organisations.

Teams are now working through the delivery of a very complex vaccination programme, including first, second and third booster doses of Covid vaccine alongside an expanded flu programme.

Mr Robinson said that whilst being appreciative of all the hard work involved in running the clinics, thanks also went to the public for their patience and offered assurance that teams were working through the prioritised lists.

**2021/22/69 Apologies for Absence**

Apologies were received from Natasha Cornick.

**2021/22/70 Declarations of Interest**

There were no interests declared.

**2021/22/71 Minutes of the Board Meeting on 17 August 2021**

The draft minutes were approved with no amendments.

**2021/22/72 Board Action Tracker**

The action tracker was noted.

**2021/22/73 Matters Arising**

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

**2021/22/74 Quality Report – Update on Progress**

(Board Paper 2021/22/36)

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

- Development of the Strategic Assessment for the Case for Change for the replacement of the GBH is progressing well so it is now intended to present this to the Board Meeting in December. This fits the timescale for the Capital Investment Group which is where the Strategic Assessment will be presented after the Board.
- Some of the notable engagement work is in the Shetland Early Action Programme and there will be a dedicated item at the next Board Development Session to consider the findings and evaluations from that programme.
- There has been a focus on iMatters and managers are now in the process of looking at the results and considering them on a team level to enable the creation of action plans. The Board and EMT are also part of that process.
- Work continues on the development of the 4<sup>th</sup> iteration of the Remobilisation Plan. Services continue to be under considerable pressure so the plan reflects that the recovery phase will take a lot longer, particularly in terms of impact around urgent care, mental health and elective care.
- To complement the development of the Remobilisation Plan, the team are considering the organisation's operational requirements in terms of winter planning. The Winter Plan will be presented to the Board in December.

- A celebration event is planned for December which will give staff from all teams the opportunity to showcase their work and also enable the board to celebrate what staff are doing in order to improve patient care and improve outcomes.
- NHS Shetland had an unannounced Healthcare Associated Infection inspection in September. The board received a very good report and staff were able to demonstrate their knowledge and skills very adeptly. The Infection Control Team had also undertaken a separate cleanliness survey with patients giving feedback about their experiences about being in hospital. They observed lots of good practice from staff and they were given lots of information about infection control which was relevant and reassuring.

## **Discussion**

Mrs Hall said it was important to recognise the positivity reflected in the report and thanked all the staff who had worked hard over the last 18 months over a wide range of priorities including the Remobilisation Plan.

The board's Staff Health & Wellbeing Hub has been launched and there is a rolling banner on the board's intranet site with lots of information for staff in terms of keeping themselves mentally and physical well.

Mr Campbell said Linda Turner and Michelle Wilkinson should be complimented for the Hospital Cleanliness Survey. An interesting finding from the survey was the positive feedback from patients regarding the various aspects of infection control in the hospital, particularly the fact that the type of communication found to be most effective was noticeboards and posters. Mrs Carolan added that some additional posters had been produced as a result of the survey and these were also on display in the hospital for visitors to see information about infection control plus anyone who might be going into the ward areas.

In response to a question from Mrs Haswell, Mrs Carolan explained that the Surgical Site Surveillance was part of a national programme and the board is not required at this time to collect data for national publication. If a patient in Shetland has a surgical infection this is picked up through the board's normal adverse event route and this data can be included in the report in future.

In response to a question from Mrs Haswell regarding progress with Business Continuity Plans, Dr Laidlaw reported that the Business Continuity & Resilience Officer (BCRO) had improved and simplified the process and in particular made the paperwork easier to use. The BCRO is working with departments to ensure use of the new template is in place and focus will be on those who have not been updated recently or where issues exist. There will be further reporting through the Audit Committee and EMT. There is a Business Continuity Group where a running table of which departments still need to do their plans is

discussed which enables the team to keep an overview of progress across the board.

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

**09:50 Patient Experience of Age Related Macular Degeneration Service**

Mrs Carolan introduced a short video recorded by Christina McDavitt, the Lead Nurse in the Outpatient Department and also the intra ocular injector for the board's macular degeneration service. The patient describes her experience before the introduction of the local service and what that service means to her.

Members learned how the current service had evolved since it was set up in 2019 and the roles played by those involved in the clinics including the visiting Consultant Ophthalmologists from NHS Grampian, local staff and volunteers from the macular degeneration group.

The current blended model for the service gives the board more resilience because it uses technology to enable clinical decision making remotely, it reduces unnecessary travel for patients, improves patient experience and improves outcomes. It also means the board can repatriate more patients by offering them a local service. The service remains reliant on a few clinicians but the development of more nurse injector roles is being explored so that service can be delivered almost entirely by local clinicians with the continued oversight requirement from Aberdeen ophthalmology service.

Mrs McDermott added that it was still advantageous to bring the Consultant Ophthalmologist to Shetland to review new patients and provide clinical supervision of the nurses who are attaining the injection skills.

Mrs Carolan explained how the savings made by redesigning the service has been reinvested back into the outpatient department to enable the board to employ additional staff with a special interest in ophthalmology.

**Discussion**

Members discussed the video and agreed the overwhelming message was how the availability of the local service was life changing for those patients who access it.

In response to a question from Mrs Haswell regarding upskilling opportunities for nurses in Shetland, Mrs Carolan said the uniqueness of the model is the remote clinical oversight aspect. By creating this new service locally, it has been possible to create a clinical specialist role for ophthalmology which opens up opportunities for nurses to work at a senior level and to have advanced clinical skills as well as directly benefiting patients.

Mrs McDermott added that having the skill set on island has also provided opportunities around treatment of glaucoma and a similar model had been replicated for virtual glaucoma which has also been dependent on the consultant ophthalmologist travelling to the island.

In response to a question from Mr Carroll, Mrs Carolan said there was no requirement for any additional space or resources within these services. The board had invested in a laminar flow system which allowed for the use of a generic clinic room rather than having a dedicated room for ophthalmology. Work continues looking at digital health links and ensuring the commitment of NHS Grampian to continue delivering the service in this way.

### **2021/22/76 Healthcare Associated Infection Report**

(Board Paper 2021/22/37)

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

- A 2 day observed, unannounced inspection of the Gilbert Bain Hospital had taken place and a link to the published report is available in the paper.
- There were 8 commendations for good practice and a couple of recommendations which were largely around process such as closing out completed jobs from estates and being additionally vigilant around the decontamination of equipment for patients.
- The action plan will be monitored through the Infection Control Team and then on the Control of Infection Committee.
- The ICT continue to support business as usual and they are about to start additional care assurance visits in the community from October.
- Patients are very satisfied in terms of the information that they receive and also about how they are observing practice, the staff behaving in respect of infection control and prevention in the hospital setting.

### **Discussion**

Mr Dickson acknowledged the hard work of the infection control and prevention team which had been very different 2 years ago. The workload demands placed on the team had grown exponentially and the support and resources that they offer to the community, care homes etc was excellent. The team have worked throughout the pandemic without large numbers of additional staff and without their support and expertise, it would not be possible for the board to receive such a positive report.

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

### **2021/22/77 Finance Monitoring report 2020/21 (April to August)**

(Board Paper 2021/22/38)

Mr Colin Marsland updated the Board highlighting the following issues:

- At M5 the board currently £1.9m overspent. Key to getting back into recurrent financial balance is sustainable services with staff in substantive contracts whilst maintaining effective key patient services.
- The board has £1.3m additional costs of locums as outlined in table 1.
- The impact of this is that the board must redesign its services which are patient focused and deliver them under financial constraints.
- In terms of 2021/22, the board is currently £0.7m behind its efficiency savings plan with a target of £2.4m to be delivered on a recurring basis over time to comply with the SGov and the UK Gov drives to ensure that public sector bodies are efficient in making better use of resources.
- The board has received additional Covid19 funding for particular services but the main core funding for the pandemic has yet to be received for Q2.
- The return due to be submitted to SGov at the end of Oct which will provide an update on the board's position with regard to its Remobilisation Plan #3 and future funding should be released as a result.

## **Discussion**

Mr Chittick reported that a GP had been recruited for Scalloway starting in November plus a GP in Brae hopefully starting in the new year. Both posts will be on substantive contracts which will reduce some of the locum burden. The recruitment of GPs remains challenging nationally and the board is looking at alternative ways of encourage doctors to substantive posts, for example by 'Rediscover the Joy' or rotational posts. There has been some success in Unst recruiting to a rotational substantive provision of care in a remotest area.

In terms of remote and rural practice, Mr Marsland added that as part of the national initiative, any GP starting a new post with NHS Shetland is entitled to a £10k 'golden hello' and £5k relocation expenses. There are also additional initiatives for incentivising GPs to work in areas of deprivation.

Mr Carroll said the other challenge was housing and accommodation. Mr Marsland reported that the board had been given funding by SGov to develop an investment plan for staff housing this year.

**The Board noted** the Financial Monitoring Report 2020/21 as at Month 5.

## **2021/22/78 Joint Strategic Commissioning Plan draft process update** (Board Paper 2021/22/39)

Mr Chittick explained that as set out in the integrated legislation, IJBs and integration authorities should prepare a strategic plan, seek the views of the Strategic Planning Group, prepare a draft and consult on that draft before preparing a 2<sup>nd</sup> draft for approval by the IJB.

Two papers were presented to IJB in December 2020 and March 2021 setting out the process for review of the plan which is due to expire next year. The paper outlines the evidence and stakeholder engagement being used to form the views on the needs assessment and in particular the links with the Clinical and Care Strategy which will play an integral part in the drafting of the plan. Significant stakeholder feedback from the consultation on the National Care Service will also be incorporated into the draft Strategic Commissioning Plan.

### **Discussion**

Mrs Haswell asked how work was progressing to understand the wider determinants of health in the Shetland Partnership Plan. Mr Chittick reported that a paper will be presented to IJB in December around inequalities and exploring understanding of the determinants in Shetland and how these link with the needs assessment. The paper will include information on planning, collective aspirations, strategic priorities and how these link across into IJB being a partner in the Shetland Partnership.

Members discussed the importance of engagement with partner organisations and the public to gather information on lived experiences and to glean any learning for the board. Mr Chittick said the consultation on the National Care Service had showcased a lot of the good work in Shetland as a result of partnership working across health, care and the third sector to realise the best outcomes for the people of Shetland.

Mr Bell said it was important to highlight that care in Shetland was of a very high standard compared to some parts of Scotland. The areas where improvements may be possible locally mainly concerned issues connected to lack of funding which are outwith the control of NHS or IJB.

Mr Robinson welcomed Derek Feeley's statement that there was a need for a national job evaluation scheme for care staff. One of the impacts of outsourcing care had been a diminution of terms and conditions for staff in that sector, but Shetland had kept care broadly in-house and upheld pay and conditions.

**The Board noted** the planned process for updating the Joint Strategic Commissioning Plan.

### **2021/22/79 Staff Governance Committee Terms of Reference**

*(Board Paper 2021/22/40)*

Mrs Hall said these had previously been approved in February, however it was agreed that the board's Non-Exec Whistleblowing Champion should be added to the membership and whistleblowing should be a standing agenda item as part of the committee's business. This will provide assurance that staff can feel they are supported when they wish to raise concerns, that support is

meaningful, confidential contacts are well trained and able to highlight support for individuals.

**The Board approved** the ToR for the Staff Governance Committee.

#### **2021/22/80 Clinical Governance Committee Terms of Reference**

*(Board Paper 2021/22/41)*

Mrs Hand explained that the membership had been carefully reviewed following the August Board meeting and a few more examples had been included in one of the sections on population health.

Mrs Carolan said that the practical application of the ToR that were approved in June were looked at in preparation for the committee meeting in December. This identified a few things that required amendment, for instance reinforcing the role of the committee in supporting the reduction of health inequalities.

Dr Brightwell added that the timings of the committee meetings had been adjusted due to the need to fit in with JGG and an operational governance group. To allow some flexibility around the timing of the meetings, it was decided to state they would be 4 times a year.

**The Board noted** the minor revisions to the Clinical Governance Committee Terms of Reference.

#### **2021/22/81 Shetland Public Protection Committee Annual Report 2020/21**

*(Board Paper 2021/22/42)*

Mrs Carolan said it has been a very challenging 12 months in terms of public protection and the focus had been on protecting vulnerable people in the community. Training had been continued to be offered along with various ways of supporting people through the 'Caring for Shetland Plan' for example.

Governance work had been undertaken across public protection and one of the aims is to increase focus and resource for the Domestic Abuse Partnership which now sits within the Shetland Public Protection Committee. Quality assurance procedures ensure that people do not fall between services and miss out on opportunities

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

#### **2021/22/82 Approved Committee Minutes for noting**

The committee minutes were noted.

**2021/22/83** The next meeting of Shetland NHS Board will take place on **Tuesday 14<sup>th</sup> December 2021** at 9.30am via Microsoft Teams.

*The meeting concluded at 10:50*