

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 10.30am on Tuesday 19th September 2023 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board Member
Mrs Kathleen Carolan	Director of Nursing & Acute Services [till 10:50]
Mr Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Chief Executive
Mrs Natasha Cornick	Non-Executive Board Member
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Kathy Hubbard	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mrs Emma Macdonald	Local Authority Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director
Ms Jo Robinson	Interim Director of Community Health & Social Care

In Attendance

Ms Lucy Flaws	Planning, Performance and Projects Officer
Ms Edna Mary Watson	Chief Nurse Corporate
Mrs Carolyn Hand	Corporate Services Manager
Mr Antony Visocchi	Director of Dentistry
Ms Ruth MacMillan	Executive Manager, Adult Social Work
Mrs Marianne Williamson	PA to Director of Human Resources and Support Services
Dr Louise Polson	GP Trainee
Ms Amy Gallivan	Senior Communications Officer
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)
Mrs Erin Seif	PA to Director of Finance

2023/24/51 Chair's Announcements

Mr Robinson congratulated Ruth MacMillan on her selection to the 'Developing Senior Systems Leadership Programme' run by NES. Ruth's mentors are Brian Chittick and Denise Morgan, Chief Social Work Officer, who will support Ruth through her learning and development journey.

The GMC recently confirmed that the Rural and Remote Credential (Unscheduled and Urgent Care) had been published on the GMC website. Two doctors have been invited to be champions for the credential and Dr Pauline Wilson has been appointed to the Royal College of Physicians in Edinburgh as their Rural Advisor. One workstream looks at physician training programmes for rural and remote areas which is good progress in improving medical workforce resilience and strengthening models of care in Shetland and Scotland.

Mr Robinson extended the Board's congratulations to Kathleen Carolan, Director of Nursing and Acute Services who has been awarded the academic title of Visiting Professor at the Department of Nursing and Midwifery with the University of Highlands and Islands. She is the first person to be awarded a professorial role with the UHI who is in nursing practice (rather than an academic role) and the aim is to strengthen the collaboration between commissioners of education and academic providers. Kathleen wants to use the role as a way of

demonstrating the positive impact that nurses have in remote and rural healthcare and building the evidence around this.

Advanced Nurse Practitioner, Jane Astles, has successfully completed a number of internationally recognised courses to become a fully qualified instructor in paediatric advanced life support (EPALS) with the National Resuscitation Council. Jane can now teach the paediatric life support programme locally.

District Nurse Specialist, Rachel Stout has completed a master's degree in Advanced Nursing Practice – District Nursing. Rachel is one of a growing number of advanced practitioners in Shetland who are leading multi-professional teams in settings in the community and the hospital.

The Speech and Language therapy team recently held an Insights Session which highlighted the work done by the team, predominantly in community settings, enabling those with a communication deficit to achieve their fullest potential and reach positive destinations in both their professional and personal lives. Mr Robinson wished to highlight this service provision as an example of true partnership working; commissioned by the IJB, funded in partnership with the Council and delivered seamlessly to support people in Shetland's community.

2023/24/52 Apologies for Absence

Apologies were received from Lorraine Hall.

2023/24/53 Declarations of Interest

There were no declarations of interest

2023/24/54 Draft minutes of the private Board Meeting held on 22nd June 2023

The draft minutes were approved as an accurate record with no amendments.

2023/24/55 Draft minutes of the public Board Meeting held on 22nd June 2023

The draft minutes were approved as an accurate record with no amendments.

2023/24/56 Board Action Tracker

Current system for recall and review of patients on orthodontic waiting list

Mr Chittick said this would be picked up in the presentation of the Oral Health Strategy 2023-2027 later on the agenda. The Board Action Tracker was noted.

2023/24/57 Matters Arising

There were no matters arising from either set of previous minutes.

2023/24/58 Quality Report Update

(Board Paper 2023/24/27)

Mrs Carolan presented the report and highlighted the key points for members' information:

- Despite the Board continuing to experience sustained pressures across the system, teams had continued to maintain focus on quality and safety. Members were assured that clinical governance groups had all received very detailed presentations on the improvement and patient safety work being taking forward along with Leadership Walkrounds, some of which were patient safety focused. The CExec and other directors had led professional conversations and staff had welcomed the opportunity to access senior clinicians and managers across the organisation to have these conversations.
- A number of large-scale digital projects had been rolled out and NHS Shetland was now one of the boards in the North region who had a digital prescribing management system in place. A new system to support laboratory services had been rolled out and the Board was in the process of rolling out a digital system called Allocate to support eRostering. The end goal for all of these digital programmes was to reduce duplication.

- There were large scale capital projects ongoing including the business case for the replacement of the Gilbert Bain Hospital, which was part of the Project Initial Agreement work. This work was on track, as was the capital project around the MRI scanner. Delivery of the MRI scanner was expected in spring 2024.
- The Board was working towards its Excellence in Care event for 2023 and further information would soon be circulated to teams and Board members regarding identifying new pieces of work to be showcased in December as part of the awards ceremony.

Discussion

Mr Higgins asked if a pilot scheme was planned for the introduction of the 'What Matters to Me' approach for patients who had had heart failure. Mrs Carolan explained that the Lead Cardiac Nurse Specialist was identifying participants to be part of the study and once development work had progressed, this may be something the Board could revisit at a future Board Development Session.

Mr Robinson said he was pleased to see a significant uptick in progress with the delivery of Alcohol Brief Interventions in the last quarter but acknowledged this was still short of the Board's target. Ms Flaws agreed it was more positive when the majority of the increase had been recorded within the primary care setting which was one of the target areas for these conversations to take place. This was linked to the roll out of the training run by the Health Improvement Team. Dr Laidlaw explained that the figures in the report related to Fast Alcohol Screenings and the intervention was what happened if the result of the screening was positive and if the person wanted to then have a conversation.

Mr Robinson extended the Board's thanks to the Executive Directors, managers and staff who had been involved in rolling out the Allocate training and in the ongoing work on this extensive piece of work across the organisation.

DECISION: the Board noted the Quality Report Update.

2023/24/59 Annual Feedback and Complaints Report 2022/23 (Board Paper 2023/24/28)

Mrs Hand presented the report which would be submitted to Scottish Government, Scottish Public Services Ombudsman and Healthcare Improvement Scotland before the end of September. The report set out the ways in which the Board gathered feedback about services and also acted as a high level summary of the feedback and complaints received in the year and the actions taken because of them and any learning for the future. The format included the Board's performance against nine key performance indicators, which NHS Shetland was mandated to report on in line with the national complaint handling procedure.

- The Board did not record large numbers of positive feedback centrally, because this tended to go directly to the staff at the point of service.
- In the year 2022/23, the Board received 78 concerns and 70 complaints; of the 70 complaints, there was a fairly even split between Stage 1 and Stage 2 complaints (the difference relating to how they are handled and the time available to respond to them).
- The Board had not consistently met the five and 20 working day targets set nationally for response to complaints, but the considerable effort put in by staff to achieve the timescales whilst providing a thorough response was acknowledged.
- The report highlighted access to some services and in particular dental, which was already a pressure point pre-pandemic. NHS Shetland had not been able to provide the service it wanted to for the local community. A paper later on the agenda would set out the Board's strategy to address that.

- Some concerns had been raised about services provided by NHS Shetland's partner boards but there was limited ability to control the waits that experienced by patients. These complaints must be redirected to the board of treatment but NHS Shetland staff do everything possible to expedite people's treatment and support them while they wait.
- Members were assured that improvements had been made to the way the Board sought feedback about people's experience of making a complaint. The process was now more timely, with complainants being asked to provide their experience on the back of making a complaint.
- At the time of reporting, none of the 2022/23 complaints had been escalated to the Ombudsman although it was acknowledged the SPSO had a slight backlog remaining from the pandemic.

Everyone thanked the small team of complaint investigators for their hard work and also Katherine Cripps who dealt with feedback and complaints on a day-to-day basis.

Discussion

In response to a question from Mrs Cornick around the support available to staff who found themselves involved in the investigation of a complaint, Mrs Hand said it varied from case to case with some individuals feeling very able to receive a complaint and respond due to experience, whilst others appreciated the chance to talk through the process and accessing ongoing support. The complaints team could also act as a point of contact for the Central Legal Office if required.

Mr McCulloch added that staff side representatives were also available to support staff as were the confidential contacts within the organisation. Dr Brightwell added that the Board was conscious of the effect on individuals and the healthcare professions more widely.

Mrs Cornick asked what quality assurance checks were in place in order to ensure the complaints investigation process was robust, fair and of a high standard. Ms Robinson said there was an informal audit of complaints by the clinical directors who also acted as a main contact for complaints and could assist managers through the investigation process if they had not been involved in one previously.

Mrs Carolan explained the process of assigning investigations in order to identify who was best placed to investigate them. An investigator could be asked to provide further information if an investigation report was submitted which was felt not to be rigorous enough or had not pinpointed the correct outcomes. Dr Brightwell commented that some quality assurance was gained through each complaints review process whereby directors carried out a review of all the relevant information. External scrutiny was provided by SPSO when cases were referred.

Mrs Hand added that in the main SPSO were content with the level of scrutiny that had been provided by NHS Shetland and had not expressed concern about the Board's complaint handling procedures from what they had seen.

Mr Chittick said that following the final response letter being issued, the investigation leads offered to meet with complainants in order to explain the process of reaching the conclusions and discuss perceived gaps from the complainant's perspective.

DECISION: the Board noted the Annual Feedback and Complaints Report 2022/23.

2023/24/60 Healthcare Associated Infection Report *(Board Paper 2023/24/29)*
Mrs Carolan presented the report which detailed the usual level of good governance around infection control, prevention and compliance.

Mrs Carolan highlighted to members that for the four Staphylococcus Aureus Bacteraemia (SAB) cases noted, each patient case would have been looked at from a root cause analysis point of view in conjunction with Professor Peter Haughey, Consultant Microbiologist. Members were assured there were no concerns around any of those individual cases and no linked cases.

The Board noted the Healthcare Associated Infection Report.

2023/24/61 Medical Director Annual Report & Duty of Candour Report 2022/23

(Board Paper 2023/24/30)

Dr Brightwell presented the report which detailed the activity towards professional governance of medical staff and the appraisal of doctors associated with NHS Shetland. Key points highlighted to members were:

- An increase in the number coming forward to undertake appraisal training which should enable the process to become more sustainable whilst continuing to work with NHS Orkney and NHS Western Isles.
- Wendy Cooper, Medical Education Administrator was awarded a runner up at the NHS Education for Scotland awards as support staff. Wendy was instrumental in providing support to the junior doctors when they first joined NHS Shetland.
- Some senior clinicians were undertaking 'Role of the Trainer' training at present due to the lack of educational and clinical supervisors as a result of the turnover with new staff. The Board had been lucky to secure some local training through NES.
- The psychiatry placements for the GP and specialist trainee within the hospital had now moved to the Child and Women's Health Department. With the retirement of the substantive Consultant Psychiatrist, responsibility had moved to the Consultant Paediatrician and the rotational Obstetric and Gynaecology Consultant.
- The Director of Medical Education had worked closely with colleagues in NES to improve trainee allocation with a view to appointing trainees to remote and rural areas first. It is hoped this would considerably reduce the work involved in changing rotas at the last minute and securing locums when necessary.
- The Duty of Candour report reassured members that the Board had processes in place to review all adverse events and Dr Brightwell reviewed each of these for duty of candour instances.
- General Medicine was ranked in the top 2% in the UK for training experience as voted by the trainees themselves which was a huge credit to Dr Pauline Wilson and her teams.

Discussion

Mr Robinson added the Board's congratulations to Wendy Cooper on receiving her award which was a brilliant achievement up against strong competition.

DECISION: the Board noted the Medical Director Annual Report & Duty of Candour Report 2022/23.

2023/24/62 Finance Monitoring Report 203/24 at Month 4 (April to July)

(Board Paper 2023/24/31)

Mr Marsland presented the report and stated that the Board was £1.6 million overspent at the end of July and the reasons for cost pressures were the same as last year.

In terms of efficiency savings, the Board was looking to phase these monthly and the report showed this in twelfths although this may be required to be amended to take account of plans over the summer months in order to identify savings and produce the draft outline efficiency plan saving plan.

With regard to the year-end position, work was required by EMT and the Board as a whole to put in the required corrective action to return the Board closer to break even, otherwise the organisation would be overspent at the year end and therefore not meet its statutory obligations. Work would be ongoing throughout the year to address these issues and take forward initiatives.

The report made the assumption that the primary care drugs overspend would continue at the same rate, but at present the Board had only received information for the month of April due to a scanning issue at PSD related to pharmaceutical payments.

Mr Marsland pointed out that £1.2m funding received from Scottish Government for primary care had been added to the baseline on a recurrent basis, and there was no longer an ongoing challenge which made it easier to plan those services.

Discussion

In response to a comment from Mr Robinson regarding Scottish boards potentially receiving some additional funding following the £200m awarded to the NHS in England recently, Mr Marsland reported that the Directors of Finance had a meeting with the Scottish Government the following week and any implications would be expected to be advised at that meeting.

Mrs MacDonald asked if there was an opportunity for the Board to have a conversation with Scottish Government around what it cost to deliver safe quality care in Shetland in the context of the Board being underfunded rather than overspent.

Mr Marsland explained that individually and collectively, all boards were already having those discussions with Scottish Government as almost every board in Scotland was facing a challenging financial position. One of the issues was the health budget was not sufficient to meet all the demands of the service but there was not going to be any significant change in the NRAC model in the short term to affect the funding for remote and rural. Scottish Government maintained the stance whereby boards were required to break even at present and had written to boards advising them that they must achieve their financial targets and work towards the 3% savings target set.

Mr Chittick said one of his Chief Executive priorities was to look at recovery and sustainability. Part of that was costing out the differences between the care provided by NHS Shetland and the nuances that arose from being a remote and rural Island health board. Some of the challenges were around how the Board was funded and some aspects around the short term funding included non-recurrence of funding, especially for preventative work. If the Board was striving to be sustainable around the services it provided and the people being treated, it was also about reducing the numbers of people coming into services and investing in that. The Board had performance meetings with the Chief Operating Officer for NHS Scotland and this was an opportunity for a reciprocal conversation with the Scottish Government around some of the nuances and being able to articulate that case effectively.

Mr Robinson commented that it was important to note that whilst additional funding would be advantageous, more flexibility would also be helpful in terms of meeting local priorities. Discussions with Scottish Government were at an early stage but had been positive so far.

DECISION: the Board noted the Finance Monitoring Report 203/24 for April to July.

2023/24/63 Scottish Government Annual Delivery Plan 2023/24 – NHS Shetland

Activity

(Board Paper 2023/24/32)

Ms Flaws presented the narrative version of the Annual Delivery Plan and explained there was a parallel document which contained more specific actions, milestones and risks.

The Annual Delivery Plan (ADP) was the response to the requirement from Scottish Government, with submissions for discussion to be made earlier in the summer. The ADP had been approved in the past few months following a process of feedback and review. Scottish Government colleagues were generally happy with the content of the plan and there was an expectation that the Board would resolve any of the gaps that were identified over the coming months.

The request from Scottish Government reflected the national movement towards the recovery and renewal element of the remobilisation recovery and redesign framework for NHS Scotland, which was published during the pandemic. NHS Shetland had performed well to recover services post pandemic but there was still a need for renewal and redesign work to move towards a sustainable model of delivery.

The ADP was based around 10 drivers for recovery and the headlines aligned well with the Board's local priorities and reflected much of what was currently reported to the Board. There were areas where it was hoped to further align the Board's reporting going forward.

NHS Shetland had undertaken a considerable period of engagement recently to produce the Clinical and Care Strategy and the priority areas identified were well aligned with the strategic priorities in the Health and Social Care Partnership which were in turn similar to Government drivers and fit with the Shetland Partnership Plan which NHS Shetland was a key member of. The quality of NHS Shetland's integration work with local partners in the Health and Social Care Partnership and the Shetland Partnership was noted in the ADP feedback.

Some areas for development were noted within the report and discussed with colleagues in Scottish Government. These were recognised as:

- digital strategy and data,
- financial sustainability (linking with workforce planning)

Work was underway to produce an NHS Shetland Local Strategic Delivery Plan to bring together all local priorities and actions to create a road map which would assist future planning and take the Board beyond single year planning, support development in the organisation and also within key partnerships such as the Shetland Partnership.

Ms Flaws said progress with the ADP would be reported quarterly to Scottish Government and offered to present these reports to the Board if members would find this helpful. Board Members would be involved in discussions for developing the Strategic Delivery Plan.

Discussion

Members thanked Ms Flaws and colleagues in the team for their work in pulling all strands of the strategic planning work together from various partners into a coherent plan for the Shetland community.

Mrs Cornick said the ADP showed maturity in the planning of the Board's system and how it dovetailed with the Board's own strategic priorities. Mrs Cornick said it would be helpful to see progress on delivery and implementation of the plan presented to the Board quarterly.

Mr Chittick added that after discussion with Ms Flaws and colleagues around how to performance manage this work, it was felt that there was learning to be had from the Performance Management Group around how planning linked to aspects of risk, quality, safety, workforce and finance. KPIs for the ADP had been reviewed to ensure that the Board was measuring the correct information and reviewed locally to ensure it met the requirements of Scottish Government also. The Finance and Performance Committee would be able to give good oversight of progress, access and risks before onward presentation to Board.

Mrs Carolan commented that in addition to quarterly reporting on the ADP to Scottish Government planning functions, the Board also had monthly, eight weekly and quarterly conversations with the Scottish Government delivery team to understand where there may be local risk, regional risk, or national risk around some services.

Mr Robinson acknowledged the excellent support the Board received from Vaila Simpson and her team in SIC community development who supported all five statutory partners within the Community Planning Partnership and also the wider network. The draft annual report for the first time included a number of case studies (including from NHS Shetland) and members were encouraged to read this when published.

Mr McCulloch commented that it would be helpful to have an understanding of what the learning needs were and where the challenges were with regard to specific services, departments or professional groups.

DECISION: the Board noted the Annual Delivery Plan 2023-23 – NHS Shetland Activity

2023/24/64 Oral Health Strategy 2023-2027 *(Board Paper 2023/24/32)*

Mr Visocchi presented the draft Oral Health Strategy and said the three-phase report related to improving and sustaining dental service provision for the Shetland population. The strategy was a departure from the norm and if NHS Shetland approved the planned way forward, it would be the first and only health board in Scotland with this delivery model. Scottish Government had recognised this was an exemplar for island boards (and possibly for remote and rural mainland boards) but the central issue was funding negotiations.

Mr Visocchi reported that the Board had managed to secure the underwriting of £15k additional funding initially for 12 months because the position at that time was due to the real terms reduction in the service.

Discussion

Mr Chittick commented that this paper was being presented at Board rather than the normal governance route through IJB first as it concerned dentistry as a commissioned service. With the merging of recent Board meetings, the opportunity to discuss in October was lost and the contract for general dental services was due to change in November. Ms Robinson confirmed that the Oral Health Strategy 2023-27 would be presented to the IJB on 5 October.

Ms Robinson commented that the plan to conduct public engagement had been developed in response to existing feedback on the provision of dental services, including complaints.

In response to a question from Mrs Hubbard regarding the likelihood of recruiting dentists to Shetland, Mr Visocchi said he had received many positive responses and NHS Shetland would not require to recruit many dentists in order to make a big difference. As the underwritten funding from Scottish Government was only for 12 months, some contracts would require to be offered as fixed term and it was hoped that two new dentists would be starting in the new year for the transition phase while negotiations continued.

In response to a question from Mrs MacDonald regarding how the Board would be assured of progress going forward, Mr Visocchi said the simplest way was to continue to monitor the dentist:patient ratios because this was the driver for this current re-focussing of provision. At the time of the meeting, NHS Shetland had twice the number of patients per dentist than the Scottish average.

Mr Chittick added that changes to the waiting list was another way to measure progress in access and participation within dentistry. From a governance perspective, information could be provided to the Finance and Performance Committee around any financial risk emerging

from failure to gain leverage in conversations with Scottish Government on the strategy. There was also a clear line of escalation from Finance and Performance Committee to the Board where all Board members would have sight of the risks.

Mr Campbell suggested it would be beneficial to have a more in-depth discussion at Finance and Performance Committee in order to understand the financial plan and implications.

In response to a question from Mrs Carolan regarding funding, Mr Visocchi explained that the hope was that initially the Scottish Government would redirect funding from the General Dental Services and it be rebalanced in Shetland to enable delivery of the service by moving the funding out of the commercial (independent contractor) model into the public dental service model. Mr Chittick added that there was still an independent dental sector in Shetland and there remained the possibility of a blended model of independent and public dental service provision but it was not currently enough to meet demand.

Members welcomed the paper and looked forward to receiving updates on progress.

DECISION: the Board approved the Oral Health Strategy 2023-2027.

2023/24/65 Medication Administration in Care and Education Settings – Draft Policy
(Board Paper 2023/24/34)

Ms Robinson presented the paper and said that considerable work had been undertaken around this policy in liaison between health staff and care staff. As integration had progressed it was recognised that there were a number of overlaps between pharmacists working in and out of care homes, in primary care and in the community and the level of oversight it was possible to deliver around administration of medication had advanced.

There was also a requirement for clarity around roles and responsibilities and the policy detailed the various roles and responsibilities staff had regarding assurance.

DECISION: the Board approved the Medication Administration in Care and Education Settings – Draft Policy

2023/24/66 Temporary Revised Approach to Corporate Governance Arrangements
(Board Paper 2023/24/35)

Mrs Hand presented the paper and explained that merging the August and October Board meetings had been part of the proposal to release capacity back into the system, and apologised for the timing issues which may have been inconvenient for colleagues due to some deadlines not being in the anticipated sequence.

The proposition in the paper was not to cancel any standing committee, but to ask that the agendas be reviewed in order to streamline the business coming to those meetings till the end of the calendar year. The proposal was then to revisit this at the December board meeting and hopefully from 2024 reach a position closer to business as usual.

Mrs Hand said that she would be asking the standing committee chairs to meet with their executive leads to review their committee business plans for the remainder of the year, taking into account national deadlines.

DECISION: the Board approved the Temporary Revised Approach to Corporate Governance Arrangements.

2023/24/67 Procurement Annual Report 2022-23 (Board Paper 2023/24/36)

Mr Marsland explained that Board members had previously received the draft report for comment by e-mail in August. The reason for this was the requirement for the report to be

published on the Board's website by the 31st of August to meet its obligations under the Procurement Reform (Scotland) Act 2014.

DECISION: the Board approved the Procurement Annual Report 2022-23.

2023/24/68 Greatix

(Board Paper 2023/24/37)

Dr Polson gave a presentation giving members a brief overview of Greatix which was a simple way for colleagues to give positive feedback about other colleagues. The scheme came about following conversations during the Covid pandemic when staff morale was low and as a way to capture positive events and share excellence. The form was available on the intranet and went live earlier in the year. Posters with QR codes had been circulated to all NHS Shetland sites and promoted through staff channels and on the intranet.

Mrs Williamson described the online form. Each member of staff who received a nomination received a certificate which could be displayed and/or uploaded to their Turas portfolio.

- Since the beginning of March, 81 nominations had been made, with the majority for individuals but also some for teams.
- The next steps for the Greatix project in autumn was to develop a Communications Plan with a newsletter in order to reach out to teams including the local authority care staff.
- The plan was to explore ways to link Greatix to other feedback systems in order to celebrate the themes of good practice highlighted through nominations.

Discussion

Mr Chittick thanked Dr Polson and Mrs Williamson for compiling the summary on behalf of the organisation and praised the work as an important resource in demonstrating how the Board valued its staff and showed how little things can make someone's day.

Mr McCulloch added that when Greatix was presented as an idea to Area Partnership Forum it was a very good example of the organisation enabling staff to develop a project for the benefit of other staff which should be commended.

Members agreed that the enthusiasm of the project leads was clear from their presentation and it was evident how receiving a Greatix would make a difference to somebody's day. All agreed Greatix was a hugely positive initiative which it was hoped could be sustained for the long term due to the clear impact on staff wellbeing.

Mr Higgins suggested that, in order to help sustain the project, the Board should consider making this a standing item at the Board or at a standing committee on a regular basis.

DECISION: the Board noted the Greatix project summary.

2023/24/69 Remuneration Committee Annual Report 2022/23 *(Board Paper 2023/24/38)*

Mr Robinson presented the paper in the absence of Mrs Hall. Members were advised to direct any questions to Mrs Hall who would be happy to respond.

DECISION: the Board noted the Remuneration Committee Annual Report 2022/23.

2023/24/70 Adult Support and Protection Inspection Report and Improvement Plan

(Board Paper 2023/24/39)

Ms MacMillan presented the report which provided members with awareness around the recent Adult Support and Protection Inspection Report and the subsequent improvement plan. The report had previously been presented to the Shetland Public Protection Committee, Joint Governance Group and was going to IJB on the 5th October.

A joint inspection was undertaken of the Shetland Partnership by the Care Inspectorate, Health Improvement Scotland and His Majesty's Inspectorate of Constabulary and at the request of Scottish Ministers between October 2022 and March 2023. This was part of a wider inspection programme which inspected all partnerships in Scotland in terms of adult support and protection.

The main points for members to note were:

- the partnership's key processes for adult support and protection were effective with areas for improvement.
- there were clear strengths, support and positive experiences and outcomes for adults at risk of harm, which collectively outweighed any areas for improvement that existed.
- there were effective strategic leadership processes in place with strengths and areas for improvement.
- adults at risk of harm almost always experienced improvements in their safety, health and wellbeing due to a highly effective multi-agency working approach from partner agencies and also the third independent sector.
- the partnership had strong investigation and case conference processes in place for assessing and managing adults at risk of harm and these led to positive outcomes for adults at risk of harm.
- partners worked very well collaboratively with the independent third sector to share information and support adults at risk of harm.
- processes for addressing financial harm, in particular were effective and resulted in positive outcomes.
- The partnership had conducted extensive awareness raising including 'Scambusters' which was also seen as a strength.
- The Strategic Leadership Team promoted audit activity to identify key priorities for adult support and protection, performance and improvement. The business continuity arrangements in place for adult support and protection during the Covid pandemic were thought to be well organised and although there had been staffing shortages at that time, adults at risk of harm were seen as a priority.
- Priority areas for improvement – firm up triage processes for new referrals to focus on the 'true' adult support and protection cases. This was a key area in the Improvement Plan.
- Recording the Duty to Enquire – team to introduce a form to capture all information in one place and to be clear about the assessment and what steps taken (to replace the social work recording system (SWIFT)).
- Provision of independent advocacy locally – the leadership team had challenged the finding of the report which stated the partnership had a temporary arrangement in place with no long term plan. In reality there is a long term plan which was the need to go out to procurement but which would take some time.
- the Public Protection Committee's vision and strategic business plan was the focus of a recent development day.
- the improvement plan used the traffic light system to illustrate how actions were prioritised. This was monitored by the Adult Support and Protection Quality Improvement Group.

Discussion

Ms Robinson confirmed that there was a long term plan around advocacy provision which was presented to the SIC Policy and Resources Committee on 18 September and the business case was approved in terms of going out to tender for an independent advocacy service.

Mr Robinson thanked Ms MacMillan for presenting an excellent paper and helpful narrative.

DECISION: the Board noted Adult Support and Protection Inspection Report and Improvement Plan.

2023/24/71 Shetland's Integrated Children's Service's Plan: Annual Report 2022/23
(Board Paper 2023/24/40)

Mrs Carolan introduced the report and explained that she chaired the partnership with the NHS as the lead organisation for ensuring that the plan was public facing. The report had already been approved at the SIC Children and Families Committee before being presented at the meeting. Ms Flaws had produced the annual report on behalf of the Shetland Children's Partnership and gave a presentation on its findings.

Ms Flaws said the vision of the Shetland Children's Partnership was that 'we live longer, healthier lives and that individuals thrive and reach their full potential'. This was something that was only possible with excellent collaborative work with people, their families and communities, and within teams, between teams and between organisations.

Some key themes from the work showing where the strength of the partnership was delivering collaborative work and adding value included:

- Making support easier to navigate and simplifying messaging and support to children, young people and families whilst retaining the vibrancy and variety of services locally.
- Building evidence to support improvement and decision making through continued improvement in the use of access to data and use of improvement methodology across the system to better evaluate work and share with partners.
- Learning from service improvements, sharing experiences and outcomes data in order to gain an understanding of the impact across different contexts.
- Improvement work has built over time to produce meaningful change and in particular engagement with children and young people to understand gaps in provision, designing a brief for a service through to the fund commissioning process.
- Expansion of the relationship based model for supporting children, young people and families who may find it harder to access what they need. Done through consistent messaging and developing ways to work with people to provide support and build resilience.
- The Anchor Project has concluded and has resulted in the Anchor for Families Service which has identified critical success factors and worked to share those findings with other services to identify what is key in a service to ensure it will be successful.
- Advocating for solutions for Shetland that work within the national context by taking learning and examples from other places and where successful can lead to policy change nationally.
- The outcomes and activity within the annual report are aligned to implementing the United Nations Convention on the Rights of the Child (UNCRC) and ensuring those rights are protected and promoted for children and young people in Shetland.

Discussion

In response to a question from Mr Higgins around the stability of funding for services, Mrs Carolan said all public sector organisations including the Shetland Children's Partnership had been looking at ways to income generate rather than taking resources away from services. The current stance in 2023/24 was broadly the same level resource envelope across the

services as in previous years. The challenge was how to continue to have sufficient resources in order to keep a focus on early intervention and prevention whilst undertaking the service redesign work that was needed.

Mrs Carolan said CAMHS formed part of the Children's Partnership and there had been some specific work conducted around emotional wellbeing, where the CAMHS team had been working with third sector organisations to look at how to ensure there was much more early intervention and support through the third sector rather than children coming into either school or CAMHS services where they may have more support needs.

With regard to the results of the Health and Wellbeing Census and the apparent increase in tobacco usage, Mrs Hubbard asked if there was any information around whether young people perceived this as a problem. Ms Flaws explained there is a current piece of work being undertaken by Open and part commissioned and supported by the Alcohol and Drugs Partnership where the peer researchers have looked at the issue of the culture around alcohol and drugs in Shetland. This work is still underway and the data is under analysis but some early findings were shared with the Children's Partnership the previous week. The impression was that Shetland did have issues with drugs and alcohol and what young people saw and experienced among their peers was a reflection of what they saw among their parents and adults in the community.

Mr Campbell asked if there were any reasons why graphs showed that the P1, P4 and P7 literacy and numeracy levels lag behind Scotland's levels. Ms Flaws said this had been the picture for a short period of time and had been under scrutiny by the SIC Education and Families Committee. Local data for 2022/23 did show an improvement in the last year. There was an Excellence and Equity in Shetland Learner's Strategy underway which could be shared with members. **ACTION: Ms Flaws**

Ms Flaws added that poverty formed a small part of the reporting in the paper because it was reported extensively in the Child Poverty Action Report which was due to go through the Council cycle in November before being presented to the Board in December.

Mr Robinson said it was important to acknowledge the level of integration through the Shetland Children's Partnership. Over recent years, Scottish Government Ministers who had visited NHS Shetland had all been impressed by the level of integration achieved which showed what could be done when people worked positively and constructively with local partners.

DECISION: the Board approved the Shetland's Integrated Children's Services Plan: Annual Report 2022/23.

2023/24/72 Approved Committee Minutes for Noting
Members noted the committee minutes.

2023/24/73 The next meeting of Shetland NHS Board will be held on Tuesday 12th December 2023 at 9.30am via Microsoft Teams.

The meeting concluded at 12:00