Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 9.30am on Tuesday 12th December 2023 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board Member
Prof Kathleen Carolan	Director of Nursing & Acute Services *[till 12:10]*
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
Mrs Gaynor Jones	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
Mrs Amanda McDermott	Chair, Area Clinical Forum *[till 10:00]*
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 *[minute ref: 2023/24/84]*
Mrs Carolyn Hand	Corporate Services Manager
Mr Lawrence Green	Health & Safety Lead *[minute ref: 2023/24/91]*
Mr Craig Chapman	Head of Information and Digital Technology *[minute ref: 2023/24/90]*
Mrs Kirsty Clark	iMatter Operational Lead *[minute ref: 2023/24/92]*
Dr Katie McMillan	Planning and Performance Officer *[till 12:00]*
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)
Mrs Erin Seif	PA to Director of Finance

2023/24/74   Chair's Announcements

Mr Robinson welcomed Gaynor Jones to her first board meeting as a new Non-Executive director of NHS Shetland.

NHS Shetland has received two letters of commendation from the University of Aberdeen for the undergraduate medical training which takes place in Shetland. The educational experience provided by NHS Shetland has been highlighted for excellence by the University for staff being very welcoming and supportive throughout the placement.

Mr Robinson expressed thanks on behalf of the board to staff for their continued hard work in the health and care system where individuals and teams go the extra mile for each other and the community. Mr Robinson wished everyone a relaxing festive break and especially thanked those staff who will be keeping services running over the public holidays.

2023/24/75   Apologies for Absence

There were no apologies for absence.

2023/24/76   Declarations of Interest

There were no declarations of interest

2023/24/77   Draft minutes of the Board Meeting held on 19th September 2023

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

2023/24/78   Board Action Tracker

The Board Action Tracker was noted.

2023/24/79   Matters Arising

There were no matters arising from the previous minutes.

2023/24/80   Quality Report Update   *(Board Paper 2023/24/41)*

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

- There is work being undertaken across the board in relation to attracting, training and retaining staff, for instance NHS Shetland participated in a careers event in October and other engagement activities with young people in schools to showcase health and social care professions.

- NHS Shetland recently had a visit from colleagues at SGov who undertook a series of listening exercises asking nurses, midwives and health visitors what it currently feels like to work in the NHS. NHS Shetland is the only island board to be invited to participate and feedback from the event is very positive and had been a good opportunity to talk about nursing and midwifery from a remote and rural perspective.

- The report includes a picture of NHS Shetland's international graduate Roseline Yakubu, who was invited to meet His Majesty the King as part of a welcoming ceremony hosted at Buckingham Palace to welcome international graduates into the UK. Roseline was very honored to be invited and to talk about her life in Nigeria and also her life in Shetland.

DECISION: the Board noted the Quality Report Update.

2023/24/81   Healthcare Associated Infection Report   *(Board Paper 2023/24/42)*

Mrs Carolan presented the report which detailed the usual strong performance in respect of good governance around infection control, prevention and compliance.

DECISION: The Board noted the Healthcare Associated Infection Report.

2023/24/82   Finance Monitoring Report 203/24 at Month 7   *(Board Paper 2023/24/43)*

Mr Marsland presented the report which has previously been presented to the Finance and Performance Committee and added that the month 8 position was currently being worked on for November. The main points for member's information were:

- the board remains overspent at the end of October with the underlying reasons being the same as in previous months. There is currently a deficit of approximately £1.3m forecast.

- Funding allocations were received from SGov in November but the dental allocation remains outstanding. The total value of allocations expected has not changed from that reported to the board in October, and there will be a review the expenditure forecast after completion of the November fund.

- Scottish Government have informed all boards that the expectation is that they will have a year-end downturn, which is in the Annual Delivery Plan for this year and EMT have begun to look at possible actions to comply with this instruction.

- The upcoming budget statement in December is not expected to change the financial position on an ongoing basis and boards will continue to face a challenging financial position over the next 3 years.

- In addressing the financial position, the board must consider how it delivers the efficiency savings targets set by the SGov and also how it works towards a more stable and sustainable workforce which delivers the plan for services. The major cost pressures identified relate to the spend on staff who are not engaged on NHS terms and conditions. Actions have been taken forward in different streams to look at how the board addresses this and a paper went to IJB recently.

Discussion

Mrs Cornick asked if the IJB led workforce rebalancing referred to the change to the GP out-of-hours model and if so, why this was not a recurring saving. Mr Marsland explained that the revised model being taken forward in the budget for this year is due to when using locums to fill gaps, the GP out-of-hours service was above the cost budgeted for. Ms Robinson added that the presentation made to the IJB last week showed over time the reduction in locum GPs out-of- hours that would be required and a replacement with ANPs as these come on stream. There are also other plans currently being drawn up in terms of a different skill mix of staff that can provide primary care services. Mr Chittick explained that the workforce balance vs. the out-of-hours change had been a test of change and therefore a non-recurring saving, but it should be possible to include this as part of developing the board's Sustainability Plan.

Mrs Jones asked how much the temporary staffing overspend would be mitigated by the recruitment in dental services. Mr Marsland reported that there is currently a staffing shortage within the service and a draft budget is set, but there are challenges in recruiting to posts (including locums) to fill gaps. The dental service are currently forecast to break even on its allocation based on the plan that has been submitted. The dental budget was set assuming all posts were filled by staff on NHS terms and conditions but understood that there would need to be a plan in place to make additional non-recurrent savings to offset any additional costs that occur in using staff engaged on non NHS terms conditions. Mr Chittick explained that in the dental service there should be 8.12 WTE dental officers and the current position is approx 6 WTE. The gap is currently offset by locum utility assisting the board to provide some access. There is pressure on the dental budget to fund 8.12 WTE posts as pay increases but the budget allocation has not increased over the last few years.

Mr Robinson asked that Board Members receive the latest monthly figures circulated to board members to allow them to see the updated financial position as soon as available.

ACTION: Mr Marsland agreed to forward information on a monthly basis

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

2023/24/83   2023/24 Performance Report Q2 (July to Sept 23)   *(Board Paper 2023/24/44)*
Ms Flaws presented the report for member's awareness. A fuller version was considered at the Finance and Performance Committee on the 30th November. Performance against the indicators remains similar to Q1 with challenges around visiting services or regional partners involved in the pathways. Where services are fully delivered by NHS Shetland, performance is better but the board is still impacted by workforce challenges and gaps.

The report includes narrative on the outcomes of discussions with Scottish Government around the Annual Delivery Plan. Overall SGov were happy with the board's progress regarding Q1 and Q2 updates and recognised the work being done around climate change, the inclusion of custody care in the Urgent and Unscheduled Care Review from an inequalities perspective, CAMHs waiting times performance, the board's creative approach to workforce challenges as well as noting the disproportionate impact experienced in small handed teams. The SGov team will review Q3 and Q4 progress towards the end of April and in the meantime, work will commence on the draft 2024/25 Annual Delivery Plan with a view to presenting this to the Board in February before it goes through the approval process.

The report includes a spotlight on the Dietetics Improvement Project which is an example of where doing a piece of improvement work within the organisation's own system has led to changes within a team's skill mix and made sustainable changes to maintain quality of service.

Discussion
Members commented that the additional narrative against the matrix was very helpful. Ms Flaws gave thanks to the busy teams who provide the information, often in addition to having

to report to many other different places. The intention was to streamline the process of gathering and reporting this information and it was hoped that the work being done with the Strategic Delivery Plan to align it with the Annual Delivery Plan and the performance report should make this much easier.

DECISION: the Board noted 2023/24 Performance Report Quarter 2 (July to Sept 2023).

2023/24/84   Strategic Risk Register Report   *(Board Paper 2023/24/45)*
Ms Watson presented the report which had previously been considered by the Risk Management Group in June, September and November and also by all the board's governance committees. Any comments received from these committees had been fed in to each review.

The main changes to the Register since it was last presented to the board include:

- a new reporting template developed by the Clinical Governance Committee and the Chair of the Audit and Risk Committee has been implemented across all committees with positive feedback.

- a standardised approach has been developed regarding review dates.

- a new section on testing of controls was added earlier this year, with some limited progress to date on reporting of testing of controls. This is supported by the Clinical Governance and Risk Team.

- a new section has been added to enable the governance committees to record their feedback following discussion of individual risks.

- 3 risks have had an upward trend in the last 6-8 months
  - (SR08) Workforce risk: discussed at Finance & Performance and Staff Governance Committees. A dedicated EMT and clinical governance session was held on 6th December to review the risk and the draft is being finalised for circulation and approval thereafter.
  - (SR13) Access to Services: continues to be high risk which reflects the known challenges across services in being able to recruit and retain staff across the partnership.
  - (SR14) Estates risk has been maintained at 12 (high risk). The Head of Estates will host a session to review all estates risks. The plan is to consider whether there is merit in adopting this approach more widely within the organisation.

- The risk score for (SR06) Information governance training for NHS staff has increased which reflects the significant challenge in improving the position in terms of staff completing mandatory training.

- Risk scores which have decreased are
  - (SR02) Finance which decreased in Q1 but the board had concerns around the wording. The Clinical Governance team are working with the DoF to look at this and it is anticipated a new version of SR02 will be presented to the board in early 2024.
  - (SR16) Covid Outbreak remains in high risk category but has had the level reduced slightly, however remains high risk due to the vulnerability of staffing etc.

- One organisational risk has been closed - NMC registration checks.

- Directorate level risks - 2 risks were drawn to the board's attention
  - Medical Staffing
  - Audiology (as single handed practitioner post)

- Risk Appetite and Controls – noted in the board's Risk Management Plan the plan to work with risk owners and the intention is to actively commence work from Jan 2024 onwards.

- Proposals - the intent remains to host the Community Health and Social Care health risks on the local authority JCAD system. The board had been awaiting training for the new system. The team is now in the process of having training and access resolved to enable

them to use the current JCAD system as it stands and to enable the NHS to have better oversight of the health risks that sit on that register.

- 2 emerging issues have been discussed by RMG and action taken
  - the use of WhatsApp: a local review of the board's position has been undertaken, some issues identified and short life working group set up to address these and provide guidance to the organisation and staff.
  - Reinforced autoclaved aerated concrete (RAAC) used in some buildings: checks were carried out in some buildings within NHS Scotland and the board's Head of Estates has confirmed that this is not a significant concern for NHS Shetland.

Discussion
Mr Higgins commented that he felt very reassured by the work being done to develop the board's Risk Registers where having up-to-date and well maintained registers are a key requirement of the organisation.

Mr Chittick informed board members that the intention was to have a Board Development Session early in the New Year focussing on risk appetite. Work will be done with the Risk Management Group which would then be scaled up with board members.

With regard to SR06: Information Governance Training for NHS Shetland, Mr McCulloch suggested it would be useful to have more understanding of the reasons for the gaps in order to put some meaningful change in place to support staff. Mr Chittick confirmed that EMT were working with the staff Learning and Development team around mandatory training and ways to gain a better understanding of the gaps in order to make improvements around uptake.

Mrs Hall explained that the Learning and Development team have made some improvements to the information for staff on the Intranet to make it clearer what statutory and mandatory training is applicable to everyone (plus role specific training). From January 2024 onwards, the team would be looking at the competencies in terms of different roles. Reports are available to each director to enable them to understand where members of their team stand in regard to their training. Work is also underway to understand what could be done to release staff to enable them to undertake the training that is required for their role.

DECISION: the Board noted the Strategic Risk Register Report.

2023/24/85   Programme Initial Agreement 2022-2024 update   *(Board Paper 2023/24/46)*
Mrs Carolan presented the paper and reported that the development of the Programme Initial Agreement (PIA) was on track. In addition to developing the business case to consider the future of the Gilbert Bain Hospital, the team is progressing a number of other work streams within the PIA approach including a number of community based events, workshops and engagement sessions. There had been positive feedback to date from Scottish Government regarding the approach being taken to develop the initial agreement, however no definitive guidance for Scotland has been published by Scottish Government as yet.

Mrs Carolan explained that all the health boards had been asked to provide a comprehensive 5-10 year capital program to go alongside their PIA submission (in addition to the long range 20 year plan that forms the PIA). In recognition that this was additional work, the timeline for the submission of our PIA has been extended, giving the board 6 months additional funding to do the work. It is expected to be able to bring the PIA to this board in spring 2025.

Discussion
Mr Campbell asked whether the £425k funding from Scottish Government would be delivered in a lump sum in 2024/25 or if it would be fed in over the term of the 10 year program. Mrs Carolan explained that the board was expecting it as an additional one-off capital allocation this year because the funding is being used to pay for the local project team and also some of the external technical experts who are supporting this piece of work.

Mr Robinson commented that he was pleased to see the continued capital funding coming to support this work, especially given pressures on capital funding at present.

DECISION: the Board noted the Programme Initial Agreement 2022-2024 update.

2023/24/86   Draft Strategic Delivery Plan 2024-29   *(Board Paper 2023/24/47)*

Ms Flaws presented the report and explained that the draft had been refined following discussion at the Board Development Session on 14th November 2023.

Ms Flaws described how the plan builds on existing strategies and reflects the different aspects of NHS business and its role within the community and nationally. The plan recognises the complexity of balancing all these roles and what NHS Shetland is striving to achieve.

The 3 core objectives laid out in the plan are:
1. to provide excellent services for people
2. to create the conditions for a sustainable organization
3. to support the building blocks of healthy communities

Ms Flaws explained that between the drivers and priorities, the organisation's performance reporting framework will be built in order to track progress and understand where more focus may be required. Measures will include service delivery, outcome and experience, and also feedback on evidence based projects or improvement work.

Members learned how there was now considerable work planned with teams across the organisation and the wider partnership to look at activity and outputs in order to understand what next steps are required to achieve the desired outcomes. This work will assist the development of a meaningful Workforce Plan, Digital Strategy and also feed into the Financial Sustainability and Recovery Plan and take into account the different pressures and challenges faced by NHS Shetland.

Mr Chittick explained that the board was being asked to approve the strategic intent that will then allow colleagues to specifically engage with staff in strategic areas in a focused way in order to develop an operational plan and the activity needed to support that moving forward. The plan will be brought back to the board for final sign off with the final actions and driver diagrams setting out planning assumptions to move forward operational plans and delivery.

Discussion
Members praised the report and agreed that it highlighted the importance of the role that the NHS Shetland plays in the wider Shetland context particularly as an anchor organisation in improving the health and well-being of the whole community.

Ms Flaws commented that the Strategic Delivery Plan builds on other existing sources which contain extensive information on engagement work such as the Clinical and Care Strategy, Program Initial Agreement, Shetland Partnership Plan, Population Health Survey, and learning from feedback and complaints. The plan intends to build on this engagement by developing impact assessments of the planned changes to understand how these will impact our population and to have meaningful conversations with people.

In response to a comment from Mr Campbell regarding investing in preventative and proactive care, Mr Chittick said that this was a piece of work that would be progressed through partnership working with SIC, looking at the priority aspects plus the social determinants where it may be possible to jointly influence behaviours and outcomes. Ms Flaws added that this was also an area of focus for SGov where there was guidance on a Scotland approach to areas such as prevention of readmission, managed clinical networks and realistic medicine and how circumstances build healthier communities.

Mrs Jones asked if the community partnership commission with third sector services to provide independent community engagement work. Mr Chittick explained that there are links with Health Improvement Scotland in terms of community participation and also some independent support with the PIA project round of community participation. There had not been any third sector agency commissioned due to the lack of capacity locally.

Ms Flaws added that the relationship with the third sector and Open had developed within the Shetland Children's Partnership and there is also an active third sector interface involved with IJB in the Health and Social Care Partnership and through that forum it is possible to tap into interests and views from various avenues. Ms Robinson made the point that all staff employed by NHS and SIC are also all part of the Shetland community and have experiences and knowledge that can play into the feedback loop.

DECISION: the Board approved the draft Strategic Delivery Plan 2024-29

2023/24/87   Islands with Small Populations: Strategic Intent   *(Board Paper 2023/24/48)*
Ms Robinson gave a brief verbal update and said the intention was to present a paper to the board meeting in February.

Work is being undertaken across the partnership regarding Shetland's islands with small populations and a second locality plan has been produced which helps to determine what the needs, concerns and issues are around the islands with small populations. At the Board Development Session on 21st November, the role of the NHS as an anchor organisation was discussed and its part in keeping Shetland in balance.

The paper to be presented to the board in February will look more closely at NHS Shetland's strategic intent towards the islands with small populations and will then enable the board to move forward with developing the appropriate clinical models going forwards.

DECISION: the Board noted the Islands with Small Populations: Strategic Intent update

2023/24/88   Shetland Children's Partnership Plan 2023-2026   *(Board Paper 2023/24/49)*
Mrs Carolan presented the plan which was a complete refresh and takes ownership of the objectives that are set out by the partner organisations whilst being realistic in terms of what the partnership can and should be focusing on in the current climate.

Areas focused on in the plan include:

- targeting resources to early intervention, prevention and supporting vulnerable families, whilst recognising it is not possible to do everything. These are the areas where greatest impact could be achieved.
- bringing together a consolidation of the resources invested in children's services in Shetland in an attempt to show what these are. The next step will be to look at ways to assess the level of resource that is focused on early intervention and prevention.
- making a clearer articulation of the measures and outcomes, and to outline how impact from the work being done in partnership will be evidenced.
  the areas of health focused on are pre-birth to pre-school age range for children, recognising that these are the most important years for development in a child's life. The next steps for the Children's Partnership are to consider how the impact of the work will be monitor the impact of the partnership approach over the next 1-3 years.

Mrs Carolan commented that what had been different over the last 18 months is the extent of close working with third sector organisations in Shetland which had strengthened the partnership approach. There was now more genuine engagement with young people which makes this plan stand out from those developed in the past.

Discussion

Mrs Cornick praised the way the plan was written and laid out and suggested it was an exemplar of how a plan should set out what the board's plans were and how progress would be measured. One of its main strengths is that it is written with compassion and humanity.

Mrs Macdonald asked how the board could stress to decision makers the importance of early intervention when it comes to prioritising services and when setting financial plans for the future. Ms Flaws said some progress had been made through the work of the Emotional Well-being and Resilience Project (which has evolved into Anchor for Families) in sharing evidence with decision makers. This also forms part of the role of the NHS in influencing change as an anchor organisation along with partners within the wider community.

Dr Laidlaw said it was also important to focus on inequalities in equity and the need to identify the people who are the most vulnerable, those who have the most capacity to benefit, and where there are inequities around access to services or opportunities.

Mrs Carolan added that due to time constraints it had not been possible to bring colleagues from the third sector to talk about their work in order to help develop the depth of understanding. The proposal now is to host some seminars (starting in Feb 2024) for board members and colleagues from Children and Families Committee where it will be possible to bring example of the pieces of work taking place and share experience stories.

DECISION: the Board approved the Shetland Children's Partnership Plan 2023-2026.

2023/24/89   Winter Plan for Ensuring Sustainability including the Festive Period 2023/24 *(Board Paper 2023/24/50)*

Mrs Carolan presented the paper which is the board's annual operational plan for supporting services to be resilient through winter. NHS Shetland enjoys good engagement across all sectors, including Scottish Ambulance Service to bring the plan together.

The sections shown in green within the report are complete and those in yellow are still to be validated, but will be finalised before the Christmas period. A number of tabletop exercises have taken place with colleagues across the whole system in order to rehearse how the plan would be used and to reflect on some of the challenges experienced last winter. A copy of the final plan will be available for staff on the intranet.

Discussion

Mr Robinson commented that it was important to remember the services that are available in the community e.g. NHS 24 online and telephone support plus community pharmacies which can all help take the pressure off the NHS at this time of year.

DECISION: the Board approved the Winter Plan for Ensuring Sustainability including the Festive Period 2023/24.

2023/24/90   Digital Strategy 2024-2029 *(Board Paper 2023/24/51)*

Dr Katie MacMillan presented the draft Digital Strategy for NHS Shetland which is identified as a key enabler in the Strategic Delivery Plan. The strategy aligns with both the national and regional strategic direction and sets out a local vision and the goals for digital technology in NHS Shetland over the next five years.

The proposed vision is to empower people to participate in their own health and care through thoughtful implementation and adoption of digital ways of working together, to focus our collective efforts on technologies which improve health outcomes, enhance staff experience and empowerment, and promote operational efficiency and sustainability.

The different aspects of strategic intent are represented across 4 strategic themes:
- people and services

- systems and infrastructure
- health intelligence and informatics
- information governance and cybersecurity

There are 9 priority areas within these streams optimising the technology that the board already has and implementing new innovative technologies are a priority area within this.

The next steps would be to refine the strategy and develop a phased delivery plan and to do this there would be engagement with staff, the public and communities, and also patient focused process mapping.

Discussion

Mrs Hubbard said those who may not be digitally connected or confident to access their care in this way may be negatively affected by this approach. Dr Macmillan explained that digital literacy is mentioned in the strategy in the context of the workforce, but agreed that it was important to support patients coming into the service where it was expected they would engage with any new digital technologies. Ms Flaws added that there was a lot of learning from the pandemic around digital inequalities that should be developed with community partners looking at connectivity, hardware and literacy.

In response to a comment from Mrs Hubbard regarding information governance and data sharing, Mr Chittick said the aim was to reach the point where the individual becomes their own data controller whereby they will realise better outcomes for themselves.
Dr Macmillan recommended NHS Grampian's 'Service Transformation Through Digital' 5 year strategy as a well written document and offered to share a copy with Mrs Hubbard.
ACTION: Dr Macmillan

In response to a question from Mr Higgins around appropriate training for staff and patients, Dr Macmillan explained that currently there was not a detailed training plan, but acknowledged that it was important to plan this from the beginning of an implementation project when bringing in new technology or to optimise existing technologies. Mr Chapman acknowledged that it was important to develop a strategy specifically around digital training focussing on the 3 strands a) capacity b) consistent approaches c) skills that people already possess.

Mr Higgins asked what degree of autonomy the board had around which technologies it chooses to adopt and to what extent must the board follow a national rollout of technology. Mr Chapman explained that the board had a limited degree of control based on categorisation of each capability that is introduced ranging from a local board expectation (e.g. system replacement) through to a national mandate with a national timetable. NHS Shetland and the other island boards are well represented on all the national fora and have an equal voice amongst the larger boards. Mr Robinson added that NHS Shetland had built a good reputation as being able to trial systems and pieces due to the size of the organisation.

Mrs Carolan raised the question of inter-dependencies in terms of delivering digital for Shetland, particularly with clinical pathways themselves where we share technology with some of the bigger boards e.e. NHS Grampian. Mr Chapman said NHS Shetland will need to actively keep the agenda alive through review meetings with NHS Grampian in order to maintain an equal strategic partnership stance. Mr Chittick assured the board that the Digital Strategy Delivery Group had already identified inter-operability as a priority for the strategy and working towards the development of an operational delivery plan, it may be necessary to place resource across this.

Mr Higgins highlighted the statement in the document which states that these technologies allow the board to have its staff deployed on other (perhaps) more valuable tasks which could be seen as a cost saving opportunity which may not come to fruition. The board needs to be mindful of the core intentions of the strategy and the priority should be to implement them.

Mr Marsland described some of the things which are outwith the control of NHS Shetland, for example the changeover of telephone lines to digital and the rollout of R100 broadband technology across Shetland. There will be an ever growing demand for technology and not all within the board's direct control to manage. The board must also be mindful that it must deliver within its resources that it has but will be looking for extra funding where possible.

DECISION: the Board approved the Digital Strategy 2024-2029.

2023/24/91   Health & Safety Policy *(Board Paper 2023/24/52)*
Lawrence Green presented a review of the board's existing Health & Safety Policy which is presented for formal approval. The reason for the review was partly prompted by the need to update the policy with Mr Chittick as Chief Executive and also because the policy was already due to be formally reviewed at the end 2023. A full list of the minor updates made is listed in the report.

DECISION: the Board approved the Health & Safety Policy.

2023/24/92   iMatter 2023 Update *(Board Paper 2023/24/53)*
Kirsty Clark presented the report and explained that iMatter is a tool based on staff experience and is to help individuals, teams and the board understand and improve on staff experience which impacts patient experience. The tool is based on the five staff governance strands and therefore reports through the board's Staff Governance Committee.

Highlights from the report include:
- the board met its targets of 60% response rate and 40% target for action plans completed by the 8 week deadline set by Scottish Government.
- Overall staff feel that their team is a good place to work, they have a sense of achievement from their work and also appreciated for the work that they do.
- There has been an increase in teams feeling involved in decisions relating to them.
- Going forward into 2024, the aim is to improve the response rate for action planning by enabling teams to see the benefits in other teams, in the hope this will encourage them to undertake action planning with their own teams.
- NHS Shetland's results compared very positively in the majority of areas when benchmarked against all other boards in Scotland, particularly that staff feel happy that their friends and relatives would use our services.

Discussion
Mrs Hall commented that iMatter is a window into how staff feel about their organisation and is one of the indicators around morale and motivation and the issues affecting them. The improvement in results compared to last year is a good indication of how the board is not only engaging with staff but listening to what staff have to say. It is recognised that teams struggle to meet the 8 week deadline for action plans (with some being submitted after this date) and Ms Clark is in contact with colleagues in SGov regarding this.
Mr Chittick commented that some anecdotal feedback from staff was that the iMatter process feels a little dated, and he suggested a deeper dive into understanding what the results tell the board in order to put more focus into completing action plans.

With regard to the 2 voluntary questions on whistleblowing, Mr Higgins said that any influence that can be exerted to make these questions remain for future surveys was very important. Baseline quantification of these 2 elements was now understood and it will be possible to track these going forward which will be important for NHS Shetland and nationally.

This aspiration is being expressed already through the Whistleblowing Champions Group, but asked that boards support this too through other forums where possible.

Ms Clark informed members that SGov had just confirmed the board's plan to bring back the Dignity at Work survey for 2024, (and last run in NHS Shetland in 2017) which had included questions on whistleblowing last time. As these questions were optional in iMatter for 2023, it is expected that they will move over to the Dignity at Work survey for 2024.

ACTION: Ms Clark to forward Mr Higgins the link to the 2017 Dignity at Work survey

In response to a comment from Mrs Macdonald around using the learning and experience from Speak Up Week into the board visibility element of the action plan, Ms Clark commented that now Covid restrictions were over, it was important to get out and speak to staff in order to be aware of each other's work.

DECISION: the Board noted the iMatter 2023 Update.

2023/24/93   Corporate Governance Handbook: Section 5 – Scheme of Delegation

(Board Paper 2023/24/54)

Mr Marsland presented the updated Scheme of Delegation which had previously been presented to the Audit & Risk Committee for agreement. There had since been one small change in the correction to job titles of pharmacy team members mentioned in the paper. The main change to the document involves formalising rules around Patient Travel staff authorising and paying low level values of patient claims.

The Scheme of Delegation is a live document and any changes during the year to material factors will be presented to the Audit & Risk Committee (with the next update to the Board in December 2024) as part of the annual business cycle.

DECISION: the Board approved the Scheme of Delegation.

2023/24/94   Review of Temporary Revised Approach to Governance Arrangements

(Board Paper 2023/24/55)

Mrs Hand presented the paper which proposed to members that rather than extend the lighter governance arrangements into the new year, that instead a piece of work is carried our (initially considered during the pandemic), to conduct a business mapping exercise to look at the way information flows through committees and the board in the aim to avoid duplication of effort. Once the work is complete, the plan is to bring some sustainable proposals back to board in the near future.

DECISION: the Board approved the proposed Review of Temporary Revised Approach to Governance Arrangements.

2023/24/95   Draft Board and Committee Meeting Schedule 2024/25

(Board Paper 2023/24/56)

Mrs Hand said that as part of the decision to conduct the business mapping exercise, the number and frequency of meetings had been considered in order to reduce the number of items on some committee agendas. It was decided to keep the pattern as in previous years in order to fit when information is available to come to committee and the endeavour to avoid school holiday and the summer weeks. By managing the way the committee agendas are working, it is hoped this will make the meetings more manageable.

The plan is also to share a draft Business Programme with the board at in order for members to be sighted on what business is expected at each board meeting.

Discussion

In response to a comment from Mr Carroll regarding the lengthy packs of papers members can receive before board and IJB in a short space of time, Mrs Hand acknowledged that the amount of information board members were expected to consume (despite best efforts of staff to get papers out within 5 working days) can be very challenging. It is hoped that part of the

conversation around the outcome from the Blueprint for Good Governance self-assessment will spotlight the information received by board members. Nationally, the Board Secretaries have been divided into smaller teams to do some action learning sets including around how to focus on ways to reduce the size of meeting packs.

DECISION: The Board approved the draft Board and Committee Meeting Schedule.

2023/24/96   Clinical Governance Committee Terms of Reference
(Board Paper 2023/24/57)

Mr Higgins presented the updated terms of reference which were previously reviewed and approved by the Clinical Governance Committee on 5th December. There are no major changes proposed to the operation of the Clinical Governance Committee and no changes to the purpose, objectives or remit of the committee. The minor changes relate to the fact that the committee has 2 joint executive leads with Dr Brightwell and Professor Carolan, which the previous ToR was not consistent in relation to. There is also an update to the list of standing items which are presented at each meeting and an update to the schedule of annual reports which are presented quarterly.

DECISION: The Board approved the Clinical Governance Committee Terms of Reference.

2023/24/97   Public Health Annual Report 2022/23   *(Board Paper 2023/24/58)*

Dr Laidlaw presented the Director of Public Health Annual Report which is an independent report and so is not required to go through the usual approval processes. The aim of the document is to report on activity but also to raise awareness of issues around public health and population health and bring these to the attention of the board, partner agencies and the wider community. The theme for this year's report is climate change and highlighting some of the issues in relation to health. The report will be published on the board's website along with supplementary documentation for information.

Discussion
Mr Marsland informed members that NHS Shetland's Routemap to Net Zero by 2045 can be referenced within the papers for the June 2021 board meeting. In terms of fuel poverty, the new scheme introduced in 2023 is a salary sacrifice scheme for staff replacing their heating systems to be more modern and energy efficient. The board's vehicle fleet is expected to be 92% electric by the end of March 2024.

DECISION: The Board noted the Public Health Annual Report 2022/23

2023/24/98   Shetland Public Protection Committee Annual Report 2022/23
(Board Paper 2023/24/59)

Mrs Carolan had to leave the meeting before presenting the paper but Mr Robinson told members that any comments and questions could be fed back to the Shetland Public Protection Committee via Mrs Carolan.

DECISION: The Board noted the Shetland Public Protection Committee Annual Report 2022/23

2023/24/99   Approved Committee Minutes for Noting
Members noted the committee minutes.

2023/24/100   The next meeting of Shetland NHS Board will be held on
Tuesday 13th February 2024 at 9.30am via Microsoft Teams.

The meeting concluded at 12:30