

## Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held in public at 9.30am on Tuesday 13<sup>th</sup> February 2024 via Microsoft Teams

### Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director <i>[till 12:00]</i>
Mr Colin Campbell	Non-Executive Board Member
Prof Kathleen Carolan	Director of Nursing & Acute Services
Mr Lincoln Carroll	Non-Executive Board Member <i>[till 12:15]</i>
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 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 <i>[till 12:15]</i>
Ms Jo Robinson	Interim Director of Community Health & Social Care

### In Attendance

Ms Lucy Flaws	Planning, Performance and Projects Officer
Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)
Mrs Erin Seif	PA to Director of Finance

### 2023/24/101 Chair's Announcements

Mr Robinson thanked Board Members for recently attending valuable developmental workshops including Active Bystander training, a Clinical Governance development session 'Healthcare Professionals, Criminality and Clinical Governance' and culminating in the planned Blueprint for Good Governance workshop where the Board will develop an action plan to move forward its good governance framework following a reflective self-assessment process.

Members noted the update on the building work and imminent expected delivery of the modular building that will house the MRI scanner at the Gilbert Bain Hospital. The board will be providing an update to the community soon but it is positive news that NHS Shetland is much closer to being able to provide MRI scans in Shetland.

Mr Robinson extended the Board's thanks to all staff for their efforts in ensuring care for patients during the recent challenging weather conditions. Thanks were expressed to Jim McConnachie, Resilience and Business Continuity Officer, in the pivotal role he undertook both across the NHS and the Health and Social Care Partnership, along with all partner organisations, including Shetland Islands Council and the Coastguard team.

Cases of winter respiratory infections remain across Shetland, including covid and flu. The best way to protect against serious illness is to be vaccinated and although Shetland has a higher uptake of flu and covid vaccination compared to the rest of Scotland, Shetland's uptake rates are lower than last year. The winter programme runs until the end of March and the spring covid booster will begin for those at the highest risk. There is also concern about the threat of measles, with significant outbreaks in England and a small number of cases in Scotland. NHS Shetland asks everyone to ensure they and their children are up to date with MMR vaccination to protect against serious illness and help prevent the spread of measles to babies and vulnerable people.

NHS Shetland is continuing to comply with what is requested from the UK Covid-19 Inquiry or the Scottish Covid-19 Inquiry. The timings of the public hearing is likely to be impacted by the illness of Lord Brailsford, Chair of the Scottish Covid-19 Inquiry. The Inquiry's other work is continuing as planned, both the investigations and the focused engagement period of its listening project Let's Be Heard. Meanwhile the UK Covid-19 Inquiry is progressing, focused up till now on political decision making. Staff are encouraged to seek support from Corporate Services should they require it, if they are contacted directly in relation to providing a statement to the Inquiry or wish to speak about any aspect of the work being undertaken.

#### **2023/24/102 Apologies for Absence**

Apologies were received from Kathy Hubbard.

#### **2023/24/102 Declarations of Interest**

There were no declarations of interest

#### **2023/24/103 Draft minutes of the Board Meeting held on 12<sup>th</sup> December 2023**

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

#### **2023/24/104 Board Action Tracker**

The Board Action Tracker was noted.

#### **2023/24/105 Matters Arising**

There were no matters arising from the previous minutes.

#### **2023/24/106 Healthcare Associated Infection Report** *(Board Paper 2023/24/60)*

Professor Carolan presented the report and assured members that in terms of infection control and prevention, the Infection Control Team and the Control of Infection Committee had both met recently. Key points for members' information included:

- A significant level of respiratory illness had been circulating in the Shetland community in the last few months and management of a number of outbreaks in the community and in the hospital was reflected in the report.
- There is good compliance across the board's multi professional teams in respect of infection control standards.
- There were no linked cases in respect of those infections covered in the report.

**DECISION:** The Board noted the Healthcare Associated Infection Report.

#### **2023/24/107 Finance Monitoring Report 2023/24 at Month 9** *(Board Paper 2023/24/61)*

Mr Marsland presented the report which informed members that at Month 9, NHS Shetland was £2.6 million overspent with a projected overspend for the financial year 2023/24.

The report sets out some of the financial assumptions, but the primary issue is workforce and the board's inability to recruit to key posts. A recent analysis had been done of the NHS England workforce which showed that over 20% of its staff are not from UK which has almost doubled since the figure in 2009. This illustrates the challenges around planning and the ability of the UK to generate its own workforce which affects NHS Shetland as much as any other organisation in the UK.

Members noted that the dental allocation had been received and there are ongoing discussions between boards and the Scottish Government regarding this cash settlement.

**DECISION:** the Board noted the Finance Monitoring Report 2023/24 for April to December.

#### **2023/24/108 2023/24 Performance Report Q3 (Oct to Dec 23)** *(Board Paper 2023/24/62)*

Ms Flaws presented the report and informed members that the up-to-date data had been provided wherever possible but that not all Q3 data had been published. Where the data has

not been available, this will be considered at the upcoming Finance and Performance Committee meeting where there will be an opportunity to consider the management data that has not been fully processed. Areas of pressure highlighted for members' attention were:

- Continued pressure within the unscheduled care system demonstrated in the delayed discharges and also in the A&E 4 hour wait target reporting. Considerable work takes place between the acute hospital teams and the community and social work teams to minimise delayed discharges wherever possible.
- Psychological Therapies - changes within the team have resulted in another period of pressure within the service. After improvements being made in the previous year, the impact of these changes had seen a growing waiting list. However, one measure in the report shows there is good activity taking place due to there being a stable primary care team in place who can see many people who come onto the waiting list. The team are looking at different regional options for support until local capacity is more stable.
- The diagnostics and waiting times for elective care and cancer performance will be discussed in detail at the Finance and Performance Committee. There are still pressures, particularly where working with regional partners. The board has been involved in a piece of work with regional and national planning and clinical colleagues looking at the sustainability of services both from a financial and staffing point of view. The work recognises the pressures that all these services are experiencing (some nationally), but particularly in remote, rural and island boards.
- Teams continue to strive to maximise efficiency and make best use of the resources available including management of long term conditions in order to support people better while they wait or in some instances try to offset the need for certain supports.
- A successful bid by the Primary Care Multidisciplinary Team had been submitted to Scottish Government for Pharmacotherapy and Community Treatment and Care (CTAC) services in primary care. Confirmation of the extent of funding is still awaited but the plan is to deliver as much as possible within primary care eg. shifting the balance of care, addressing inequalities of access to primary care and support for outreach nursing work. Shetland is one of only 3 sites selected.
- Dementia Voices – AHP Improvement work: a piece of scoping work to understand the gaps in providing the best service to patients has been undertaken by engagement with those with lived experience of dementia and their families and carers plus professionals working with people with dementia. The findings will be presented to IJB in the near future.
- Good Mental Health for All: the Health Improvement Team undertook this project with support from the Public Health Information Analyst, and was supported by IJB reserves funding. There was extensive engagement across Shetland, with many different stakeholders looking to understand mental health across all communities rather than specifically those accessing mental health services. A report has been published and a summary is available on the Healthy Shetland website. The next steps will be to produce a strategy that can tie into existing plans, particularly the Shetland Partnership Plan.

## **Discussion**

Mrs Macdonald asked if any trends had been identified for the reported increase in the number of FOIs received and if there was a way to make some information more accessible in order to minimise the impact on teams. Ms Flaws explained that efforts had been made to publish as much performance data as possible, especially those frequently asked topics such as supplementary staffing, but often FOIs ask very specific questions so it is not always possible to redirect to alternative sources. A piece of work conducted by COSLA in 2023 (looking only at requests from within SGov) had shown that it was common for FOI receipts to peak in Q3 and Q4. Mrs Hall added that the Support Services Directorate receive up to five FOIs each

week from a variety of sources and which cannot always be answered by reference to published information on the internet or the board's website. Depending on the complexity of the request, this can equate to 1 day a week from this directorate only.

Members acknowledged that in light of the current system pressures, it was a credit to the hard work of all the teams involved that the bid by the Primary Care Multidisciplinary Team had been successful. The consistency of the performance data set out in the report shows the quality of the service being provided and is also testament of the hard work of staff whilst facing workforce pressures across the organisation.

**DECISION: the Board noted 2023/24 Performance Report Quarter 3 (Oct-Dec 2023).**

**2023/24/109 Shetland Partnership Delivery Plan 2023-28** (Board Paper 2023/24/63)

Mr Chittick presented the report which outlines the Shetland Partnership Delivery Plan for 2023-28 and is the main vehicle for the realisation of the Shetland Partnership Plan which is one of the primary documents for strategic planning in Shetland.

The Partnership Plan was published in 2018 and the first Delivery Plan from 2019-22 and the report being presented is the 2<sup>nd</sup> iteration which has been developed taking into consideration where Shetland sits strategically as an island community and acknowledging changes such as recovery post pandemic, post Brexit and the current cost of living crisis.

There is a focus in the new delivery plan on workstream areas such as compassion, climate change, person centred care and inclusive growth. All work streams are underpinned by the Place Based Programme of change where good engagement has taken place in areas such as Brae and the islands with small population (highlighted in another paper on the agenda). The Inclusive Growth Strategic Framework has been drawn together and the climate change agenda is moving forward via both the stakeholders in the partnership and the management leadership team.

Mr Chittick assured members that all these areas were also linked to NHS Shetland's Strategic Delivery Plan, particularly the Shifting the Balance of Care programme, reducing stigma, person centred care, climate change and also sustainability.

Delivery of the Shetland Partnership Delivery Plan will be through the partnership via the Strategic Delivery Plan and also the other enabling plans that support it as well as linking to the board's participation and engagement plans. Mr Chittick explained there were some finance and resource implications, but these are in the context of human resource and time impact.

**Discussion**

Mrs Macdonald asked what plans were in place to help achieve the aims of the plan by embedding the ambitions into everything NHS Shetland proposes to do. Mr Chittick replied that some pieces of work were already being done and just require workstreams to be connected in a more cohesive way. Some other work will be delivered through the board's Strategic Delivery Plan which is a way staff can engage from an organisational perspective. A key pillar of the Strategic Delivery Plan is partnership working which enables many aspects of the plan's ethos to be incorporated into the board's everyday delivery of services to support our community and tackle inequalities. Ms Robinson suggested that in responses to consultation on the Annual Delivery Plan, these should include references to the Shetland Partnership and the Community Empowerment Act, so that those commissioning from the NHS become more aware of legislation such as the Act that NHS Shetland is a partner to.

Mr McCulloch asked if there would be an appetite for a Partnership Training Plan in order to identify the learning needs of staff across the different partners and pool common themes as a more efficient way to deliver training. Ms Flaws explained this had already been suggested

through the work that Lewie Peterson is leading on around the compassion strand where it is reflected in many workstreams eg. trauma informed practice and realistic medicine. It was agreed that it would be helpful for the board's Staff Development to have input on this work too.

Mrs Hall suggested it would be helpful to begin socialisation of the plan with NHS staff through the Area Partnership Forum where managers and trade union colleagues meet and can cascade the information out to encourage and motivate staff in terms of enabling the delivery of the aims of the plan whilst treating them with dignity, respect and compassion. The intention is to include some links in the Staff Governance Action Plan 24/25 and also identify measurable outputs and to take these forward in partnership with the local authority in areas such as education, development, growth and enablement.

In response to a question from Mrs Jones regarding the approaches to address the challenge of capacity building in order to deliver the plan, Mr Chittick explained that from an organisational perspective, much of the work is already being done and the capacity building should come from connecting up strands of work in a more cohesive way across the Partnership to achieve the delivery plan and the outcomes.

Dr Laidlaw added that the paper is also in effect a population plan which links in with much of the community based public health and health improvement work already being undertaken and many of those programs sit within projects set out in the plan. There are also close links across significant pieces of work including the Anchor Strategy in terms of climate change, wealth building etc and an active multi-agency group working on the climate strategy work which the board also feeds into. One example from within the Public Health department of sharing resources and working collaboratively is the Senior Public Health Analyst who has been working with the partnership on the locality plans. Through embedding these principles across the organisation, it will help reduce demand across services and into the future, particular around inequalities.

Mr Carroll added that through partnership working, the IJB had worked hard with the community in Shetland and broadly with the third sector in making a positive change to how services had been delivered compared to in the past. Different ways to work collaboratively should be explored including workforce, housing and building the resilience in the community through sharing information with the population of Shetland.

Mr Robinson said he felt the Shetland Partnership was further ahead in many areas of community planning compared to some other areas of Scotland which was a credit to the staff within NHS Shetland who devote their time and effort along with local partners, most especially Vaila Simpson and her team in Community Development in Shetland Islands Council who coordinate all of the local partners.

**DECISION:** the Board noted the Shetland Partnership Delivery Plan 2023-28 and **agreed** to contribute the necessary resources along with partners in order to achieve the outcomes set out in the plan.

### **2023/24/110 Islands with Small Populations**

*(Board Paper 2023/24/64)*

Ms Robinson presented the report to the board as one of the community planning partners and gave thanks to colleagues in the community development team who had developed this locality plan for islands with small populations in Shetland. As part of the community planning journey, the partners have a duty to assess whether there are areas of their geographical area that have poorer outcomes than others, and one of the areas in Shetland is islands with small populations who have worse outcomes than most of the rest of Shetland. This is mainly due to their generally inaccessible geography, dwindling populations in some cases, less access to a variety of work opportunities, logistics of transporting food supplies in etc. It was determined that the 5 islands covered by the plan have worse outcomes and therefore required a locality

plan which focused on the issues required to bring about a greater equity of outcomes for the population of those islands.

The plan has been put together after extensive consultation with the populations of the islands and all the partners and aims to have considerate and effective relationships between all parties to ensure that issues with operational service delivery are resolved in a timely and considerate manner, partners work with communities and organisations to redesign services making best use of resources and where possible, improving outcomes for communities and aspire to reduce public sector spend. The purpose of the plan is also to ensure that the national and local policy considers the impact of implementation on Shetland island communities and that we mitigate negative impacts wherever possible.

### **Discussion**

In response to a question from Mr Campbell regarding the broadband connectivity pilot in Papa Stour, Mr Robinson said it was a UK government initiative that will use a low orbit satellite broadband solution for communities. The costs are shared and likely to be less expensive than a commercial satellite broadband solution and would be positive development for the islanders.

Mr Marsland commented that the board had been advised it was not possible to provide an electrical vehicle for NHS staff working on Fair Isle because their electricity network could not support this. Mr Marsland asked who was responsible for making improvements to the electricity supply on the island in order to make it more efficient and sustainable.

**ACTION: Ms Robinson agreed to find out who has responsibility for the electricity supply and will update Mr Marsland**

Members discussed the renewable energy provision in some of the smaller islands. Mrs Jones wished to declare an interest being involved in a new project called The Rural Energy Hubs which will be rolled out across Orkney's outer isles and in Shetland. It may be possible to adopt similar community projects which include integrated energy systems including electric vehicles. Mrs Jones agreed to update the board as the project rolls out. **ACTION: Mrs Jones**

Members acknowledged the importance of connectivity to digital healthcare provision for rural areas and reducing inequalities which form many of the priorities in the delivery plans currently being developed across the partnership. Mr Chittick said that as the Board moves to be more digitally enabled, while developing programmes of work, this will be incorporated into the impact assessments.

**DECISION: the Board approved** the Islands with Small Populations: Second Locality Plan.

**2023/24/111 Approved Committee Minutes for Noting**  
*(no standing committees had met since the last Board meeting)*

**2023/24/112** The next meeting of Shetland NHS Board will be held on Tuesday 30<sup>th</sup> April 2024 at 9.30am via Microsoft Teams.

*The public meeting concluded at 10:40*