

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held in public at 9.30am on Tuesday 30th April 2024 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
Mr Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Chief Executive
Mrs Natasha Cornick	Non-Executive Board Member
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

In Attendance

Ms Jo Robinson	Interim Director of Community Health & Social Care
Ms Claire Bisset	Dietician Lead [<i>agenda item 7</i>]
Ms Lucy Flaws	Planning, Performance and Projects Officer
Dr Katie MacMillan	Project Officer, Public Health Department
Ms Edna Mary	Chief Nurse Corporate
Mrs Carolyn Hand	Corporate Services Manager
Ms Laura Farrell	Communications Officer
Dr Samuel Freeman	Rural Fellow in Anaesthetics
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)
Mrs Erin Seif	PA to Director of Finance

2024/25/01 Chair's Announcements

In early April the Board welcomed Mr Neil Gray, Cabinet Secretary for NHS Recovery, Health and Social Care to Shetland for a short visit. Mr Gray visited the Overtonlea Care Centre in Levenwick, Scalloway Health Centre, a number of sites at the Gilbert Bain Hospital. Staff from across the health and social care partnership also prepared several insightful presentations to showcase some of the brilliant work in Shetland including how team work in an integrated way, demonstrating strong working in partnership with other stakeholders in Shetland to provide good outcomes for our population in Shetland from a health and care perspective.

NHS Shetland recently acknowledged receipt of a petition on behalf of the people and relatives of Shetland's south mainland communities asking for the Board to reconsider its position in order that Dr Esther Mitchell is reinstated at Levenwick Health Centre or allowed to apply for the vacancy her dismissal has created. The petition has been signed by 475 people. The board wishes to be open and transparent about its response and thanked everyone who signed the petition for the feedback. The board also acknowledge the positive comments about the excellent care provided by Dr Mitchell and wished to assure people that staff are monitoring access to clinical appointments and reviewing staffing levels both at Levenwick following the rapid transition to being a Board managed practice, and across all our primary care sites.

Mr Robinson highlighted the success of the NHS Shetland's Mouth Cancer awareness day which took place on 24 April in Lerwick. Supporting the event were Dr's Abu Eid and Katie Hannah from Aberdeen Dental Institute who provided learning opportunities for our clinical

workforce whilst screening clinics were facilitated by our local Oral and Maxillofacial staff who work in collaboration with counterparts at NHS Grampian. The Board thanked the dental team for facilitating the day and in particular Angela Hopwood, our lead Oral Health Improvement Nurse for organising the event, and Dr Andy Kinnear for undertaking the screening clinics.

Amanda McDermott steps down as the Area Clinical Forum Chair in mid-May and the board is in the process of seeking a new appointment to this role. Mr Robinson extended the board's thanks to Amanda for her work in her role as a Board Member, which is in addition to her very busy substantive remit as Chief Nurse Acute.

Mr Robinson also formally thanked Elizabeth Robinson who leaves the organisation next week to take up a substantive role of Public Health Consultant with NHS Grampian after 29 years and held a number of important work portfolios during that time, not least latterly through the pandemic and remobilisation with a focus on planning and Public Health.

The Board welcomed David Wagstaff as the new Head of Estates, Facilities and Medical Physics. David has been working in the organisation within the Programme Initial Agreement project but now moves to a new role which amongst many responsibilities will also oversee key capital projects, including the new MRI scanner coming online.

2024/25/02 Apologies for Absence

Apologies were received from Lorraine Hall.

2023/24/03 Declarations of Interest

There were no declarations of interest

2024/25/04 Draft minutes of the Board Meeting held on 13th February 2024

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

2024/25/05 Board Action Tracker

The Board Action Tracker was noted.

2024/25/06 Matters Arising

There were no matters arising from the previous minutes or Action Tracker.

2024/25/07 Quality Report

(Board Paper 2024/25/01)

[Patient Experience presentation from a patient who gave feedback on the dietetic service]

Claire Bisset thanked the patient for talking about their experience and expressed how rewarding it was to see first-hand the positive impact that a service and a person-centred approach could provide.

Members discussed the presentation and Mrs McDermott asked if there was sufficient resourcing for the service in order to provide the correct level of intensive support in people's homes. Claire explained the increased funding in the service in recent years had enabled the team to redesign the service, maintain a priority based approach and capacity in the team to be flexible and manage issues within the service without impacting on clinics. Mr Robinson commented that this was a good example of investing resource into one service in order to save in another whilst improving the experience of patients and carers. In response to a comment from Jo Robinson regarding developing the skills of care staff working with residents in independent livings settings, Claire highlighted the care and compassion shown by staff across these settings.

Professor Carolan presented the Quality Report and said that one of the areas focussed on was quality improvement and redesign. Highlights in the report included:

- the Excellence in Care event had taken place at the beginning of March and the report summarised some of the projects that have been taken forward including the 5 winners.

- the LEO (Leading an Empowered Organisation) leadership programme: colleagues from Scottish Ambulance Service and other areas of the NHS and care system have been invited to take part and colleagues are going through Cohort 2. A learning event from Cohort 1 had taken place where findings from rapid improvement work was shared. Ways to build in LEO in a more sustainable way are being explored and funding through endowments had been possible for the first 2 cohorts.
- Since December, the organisation had experienced various system pressures but had been able to maintain services well due to work on resilience through the Winter Plan. No surge capacity was required throughout winter which was testimony to staff finding innovative ways to sustain services through times of pressure.
- Provision of visiting specialist services: work was underway to address some long access waits experienced by patients in certain specialties eg. Ophthalmology.
- the MRI scanner will arrive early May, and it is expecting that by late summer the service will be up and running and will help the drive to reduce waiting times for Orthopaedics as well as well as supporting many other services.
- Engagement with the public: a number of activities have taken place working in partnership with children's services in particular.
- The visit by the Cabinet Secretary in April had been an opportunity to showcase work being done locally and also to highlight some of the challenges. It had also been an opportunity to discuss the impact of the SGov decision to pause capital projects and present the good work achieved in developing the board's Project Initial Agreement.

Discussion

In response to a question from Mrs Cornick regarding provision of visiting services, Professor Carolan reported that there were no services that the board was unable to provide with the exception of audiology where a locum was due to commence a level of service for the patients who require it. The position within the organisation was reduced capacity across certain specialities over the last 12 months (ophthalmology, orthopaedics, rheumatology, dermatology and oral surgery) and NHS Shetland is working with other NHS boards to explore the possibility of mutual aid in order to increase the capacity provided by NHS Grampian. Professor Carolan described how information on any indicative delays to appointments were communicated to patients and added that the fundamental challenge nationally was workforce and recruitment to consultant posts in these specialities.

Mrs Macdonald asked how the positive experience of students working in NHS Shetland is captured and fed back to the staff who train them. Professor Carolan explained that there are nurses in teams who are supervisors and assessors of nursing students and who receive direct feedback through the survey [referred to in the Quality Report] and also through the Practice Education Team. Feedback from junior doctors is presented to the board through the report of the Director or Medical Education. Professor Carolan offered to incorporate feedback into a future Quality Report from radiographers and other allied health professionals who come to Shetland to have learning placements.

ACTION: Professor Carolan

Members were assured that NHS Shetland worked hard to ensure the learning experience is high quality and supports newly qualified nurses who choose to come to work in Shetland including into roles in the community setting.

With regard to the Excellence in Care winners, Mr Campbell asked if there was potential to expand and apply the examples of best practice presented at the event. Professor Carolan said the event is used as an informal learning networking opportunity and was recorded and the slide sets from each presenter were subsequently used as a learning tool if other departments wish to access these resources. Professor Carolan said the link to the event had been included in the staff newsletter March, but the recording could be shared with members directly if they wished. Mr Robinson added that the Centre for Sustainable Delivery based at

the Golden Jubilee Hospital was taking forward a piece of work on sharing best practice between boards.

Mr Higgins asked the number of Shetland patients the board could expect to be treated as a result of dialogue with the National Elective Coordination Unit (NECU) to address the planned care waiting list backlog. Professor Carolan explained that at present the board was still establishing the process with the NECU team but in the meantime it also had a commitment from a teams from NHS Lanarkshire to come to Shetland in June to assess, treat and discharge a number of patients who are waiting for a dermatologist. An ophthalmologist from NHS Tayside will also conduct a significant number of cataract operations for patients. These exercises will be treated as a test of change through the summer of 2024 with a view to putting in place service level agreements. Conversations are also ongoing with NHS Forth Valley around rheumatology and the National Treatment Centre in Highland (which is not part of the NECU framework). The hope is that the island team from NHS Highland come visit Shetland to assess patients for joint replacement in Highland. The outlook is that 2024/25 will be a year of scoping and testing to assess what works but it means that patients who need complex care in Grampian, those pathways still exist but for patients who are uncomplicated this will still be in place, but the new framework would give NHS Shetland more scope for increasing the capacity and range of different health boards to work within the future.

Gaynor Jones asked how the organisation plans to achieve the targets set out in the report and what factors impact the results in the qualitative data eg. capacity or low patient numbers. Professor Carolan said one of the main reasons was how the data was presented and the requirement for the board to adopt the national RAG (red, amber, green) reporting system. Members noted that the information in the report highlighted a continuous improvement journey and showed members that the board was learning from significant events. The Clinical Governance Committee review the data more closely and Professor Carolan offered to share some of the relevant conversation with the board ahead of the next meeting in order to provide assurance.

In response to a question from Mrs Jones regarding information on onward destinations for students who have trained with NHS Shetland and how many return, Professor Carolan explained this information was held by NHS Education Scotland but was available to the board as commissioners of education. The data was not held locally with over 120 students from Robert Gordon University alone and their information is held by the university and shared with NES. NHS Shetland does a lot of work to encourage and support students to take jobs in Shetland, where this makes sense for them.

DECISION the Board noted the Quality Report.

2024/25/08 Healthcare Associated Infection Report *(Board Paper 2024/25/02)*

Professor Carolan presented the report and assured members that it was a universally positive picture. The table detailing surveillance for C diff and SAB mention a higher number of patients with those infections. Professor Carolan assured board members that the team have reviewed those cases individually with the involvement of Professor Peter Haughey and there are no linked cases and the majority of those infections are community acquired.

DECISION: The Board noted the Healthcare Associated Infection Report.

2024/25/09 Finance Monitoring Report 2023/24 at Month 11 *(Board Paper 2024/25/03)*

Mr Marsland presented the report which informed members of the Board's financial position at February. The finance team are currently working on the year-end outturn position and external auditors will visit the organisation in May to review the year end position. The annual accounts will be presented to the Board at the June meeting for information, but will not be in the public domain per parliamentary privilege until November or December of this year.

Board members acknowledged the underlying deficit drivers within the paper as those requiring to be addressed and moved forward during 2024/25 and beyond in order to establish sustainable services that are within the organisation's financial envelope.

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

2024/25/10 Strategic Risk Register Report

(Board Paper 2024/25/04)

Edna Mary Watson presented the report and highlighted in detail the main points for member's information and assurance.

Discussion

Mr Higgins commented that risks SR08 (Workforce) and SR02 (Finance) had been under review for some time and asked if the board could expect to receive the updated finalised risks at the next meeting in June. Ms Watson said it was anticipated that both risks would be signed off at the next meeting of RMT in mid-May but was dependent on final refinement being completed.

In response to a question from Mrs Hubbard regarding the timeline for review of the cyber risk, Ms Watson confirmed that this had been raised at the Finance and Performance Committee meeting and would be taken forward with the head of service ideally in the cycle of meetings in the next quarter of 24/25. Mr Chittick added that the planning team was keen to link up all the strategic delivery plans and work with the clinical governance team to utilise these plans to mitigate and control some risks eg. cyber security and information governance.

Mrs Hubbard suggested that the risk descriptor should be updated to include the potential for compromising patient confidential information. Ms Watson agreed to add some additional wording to the descriptor for the cyber risk.

ACTION: Edna Mary Watson

Brian Chittick added that the risk report was a moment in time and that work progresses continually, for example a Rapid Workforce Review paper will be presented to EMT as a precursor to considering some of the mitigations and controls around that risk.

DECISION: the Board noted the Strategic Risk Register Report.

**2024/25/11 Risk Management Summary Out-turn Report 2023/24 and
Draft Risk Management Workplan 2024/25**

(Board Paper 2024/25/05)

Edna Mary Watson presented the report which sets out the activities in relation to risk management in 2023/24 and the workplan for 2024/25. Members received a summary of the main areas of governance for their assurance and planned work going forward.

Discussion

Brian Chittick informed the Board that information would soon be circulated to members regarding the actions from the Board Development Session on risk appetite earlier in the year. These actions would be incorporated into a plan for 2024/25.

DECISION: the Board noted the Risk Management Summary Out-turn Report 2023/24 and Draft Risk Management Workplan 2024/25

2024/25/12 Strategic Delivery Plan 2024-29

(Board Paper 2024/25/06)

Lucy Flaws presented the paper which provided an update on the version received by members in December. Members acknowledged that it had not been possible to have the desired level of engagement with staff but a series of drop-in sessions on Teams was planned throughout May. Work on the plan would be ongoing over the next 5 years and members would receive ongoing updates.

Discussion

Brian Chittick added that this final draft of the plan demonstrated the 'care closer to home' ethos which had been pillars of the feedback at previous engagement around the Clinical and Care Strategy and the PIA. This would then feed into work on the Annual Delivery Plan alongside performance metrics data and service planning. The work around interpreting the island nuances which affect inequalities was important to understanding how services can be sustainable.

Board Members discussed the report and agreed that it was well written and contained important information for planning services that support the whole Shetland community.

In response to a question from Colin Campbell regarding the work of the Strategic Delivery Group in Q1, Ms Flaws described how the leadership team had considered the balance of the work required to move projects forward and capacity from a time perspective. A member of the Executive Management Team will align to each one of the 6 objective strands, in addition there will be programme leads for pieces of work who will work share learning to avoid duplication but also to amplify good pieces of work.

Kathleen Carolan suggested it would be helpful to strengthen the narrative around early years and the links to other work to demonstrate the organisation's focus on health inequalities. It would also be valuable to expand the explanation of the expert group involved in bringing the plan together. The plan should also include a structured monitoring system. Ms Flaws confirmed work was in progress around some of the narrative and agreed to liaise with Professor Carolan around the scope of particular programmes. **ACTION: Lucy Flaws**

In response to a question from Mrs Macdonald around how the board (and the partnership) can build a case with SGov to shift resources, Mr Chittick explained that Dr Laidlaw was leading the board's Anchors Organisation Strategy which sets out NHS Shetland's frame work for improving the long-term health and social welfare of communities often through working with partners. Much of the current focus from SGov is around planned care and Mr Chittick sits on the national Population Health Group which is currently developing a paper on return of investment in preventative care and early intervention work eg. vaccinations.

In response to a question from Joe Higgins regarding an annual approval process required by SGov, Ms Flaws confirmed that the Strategic Delivery Plan 2024-29 was a local plan for the organisation which sets out the priorities NHS Shetland would wish to achieve as a board whilst allowing island nuances to be written into the narrative. Jo Robinson commented that as the Annual Delivery Plan was yearly, it was not possible to set out the board's long term strategic view and demonstrate to SGov the reasons for particular directions of travel to achieve long term aims. The SDP can also sit alongside the board's Medium Term Financial Plan with the necessary adjustments being made as funding allocations are made.

Dr Susan Laidlaw commented that the increased national focus on Value Based Health and Care should be highlighted more in the plan. **ACTION: Lucy Flaws**

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

2024/25/13 Framework Document for NHS Boards

(Board Paper 2024/25/07)

Carolyn Hand presented the model framework document developed by Scottish Government, which sets out how the government and territorial NHS boards should work together. The document sets out the responsibilities of NHS Scotland's Chief Executive and also NHS Shetland's Accountable Officer (Brian Chittick) who is tasked with taking forward the framework with immediate effect.

Mrs Hand added that the framework highlighted the need for boards to have a published British Sign language plan. The intention had been to present Shetland's plan to members at this meeting, but had been omitted from the agenda in error. Ms Flaws had been working with SIC colleagues to produce a plan and this would now be circulated to board members for approval before final publication.

Discussion

In response to a comment from Jo Robinson around the potential increased level of reporting for a small board, Mrs Hand assured members that the Framework did not appear to contain additional requirement but rather sets it out in one document. Mr Robinson added that there had also been some variation in reporting between some territorial boards so the guidance would prevent this in future.

DECISION: the Board noted the Framework Document for NHS Boards.

2024/25/14 Corporate Governance Handbook: Review of Standing Orders

(Board Paper 2024/25/08)

Carolyn Hand explained the board was required to review its Standing Orders annually and were written in accordance with the model standing orders template. The two areas highlighted to members were:

- An amendment to how members access Board and committee meetings to cover eventualities moving forward with virtual and hybrid meeting.
- Ensure that the Register of Interests is maintained and members were reminded that should they require to make any changes, they should make Mrs Hand aware within one month in order to ensure the public register is up-to-date.

DECISION: the Board approved the Review of Standing Orders.

2024/25/15 Finance & Performance Committee Terms of Reference

(Board Paper 2024/25/09)

Colin Marsland explained that the board's corporate governance handbook required the Finance and Performance Committee to review its terms of reference annually. They did so and these were agreed at their meeting on 22 February 2024 in accordance with the committee's business plan. The board is asked to approve the revised Terms of reference with the inclusion of an amendment in respect of meetings to be held virtually.

DECISION: the Board approved the Finance & Performance Committee Terms of Reference.

2024/25/16 Audit & Risk Committee Terms of Reference

(Board Paper 2024/25/10)

Colin Marsland said that the Audit & Risk Committee had reviewed and approve its terms of reference their meeting on 26 March in accordance with the committee's business plan. The board is asked to approve the revised Terms of reference with the inclusion of an amendment in respect of meetings to be held virtually.

DECISION: the Board approved the Audit & Risk Committee Terms of Reference.

2024/25/17 Approved Committee Minutes for Noting

(no standing committees had met since the last Board meeting)

2024/25/18 The next meeting of Shetland NHS Board will be held on Tuesday 25th June 2024 at 9.30am via Microsoft Teams.

The public meeting concluded at 11:40