

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held in public at 10.45am on Tuesday 25<sup>th</sup> June 2024 via Microsoft Teams

#### Present

Mrs Natasha Cornick	Non-Executive Board Member (Vice-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
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Lorraine Hall	Director of Human Resources & Support Services
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

#### In Attendance

Ms Jo Robinson	Director of Community Health & Social Care
Ms Lucy Flaws	Planning, Performance and Projects Officer
Mr Craig Chapman	Head of Information and Digital Technology ( <i>item 2024/25/40</i> )
Dr Katie MacMillan	Project Officer, Public Health Department ( <i>item 2024/25/40</i> )
Mr Lawrence Greene	Health and Safety Lead ( <i>item 2024/25/41</i> )
Mrs Carolyn Hand	Corporate Services Manager
Mr Stephen O'Hagan	External Audit
Ms Laura Farrell	Communications Officer
Ms Amy Gallivan	Communications Officer
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)

#### 2024/25/31 Chair's Announcements

The MRI scanner is on site and being commissioned. NHS Shetland undertook initial scans last week with volunteer patients to check the scanner is working as anticipated and is fully operational. Staff are still in the process of finalising the clinical pathway with NHS Grampian to ensure that systems are in place to report on MRI scans undertaken in Shetland and the Board will be recruiting an administrator to co-ordinate appointment booking. NHS Shetland will be developing patient information as part of the process of growing the service over the coming weeks. This is significant step towards project completion when the majority of those people waiting for an MRI scan can have them in Shetland. The Board will be communicating more widely in the coming weeks and a 'thank you' event is planned at the end of the summer to mark the campaign's success and thank those who contributed their money and time.

Members were pleased to learn that 1<sup>st</sup> July will see the official opening of the Montfield Polycrubs through NHS Shetland's partnership working with Food for the Way. The polycrubs are situated near the Montfield Accommodation Block in Montfield Lane off Burgh Road. The smaller of the two will be used solely by NHS Shetland staff which was made possible following a successful bid to the Endowment Fund last year. The aim is to provide a space for staff to unwind while also boosting wellbeing. The partnership with Food for the Way is also linked to the Board's corporate objective of supporting the building blocks of healthy communities and aligns with our role as an Anchor Organisation. There will be an event to mark the opening on Monday 1<sup>st</sup> July between 12-1.30pm and all Board Members are welcome to attend.

The Board's iMatter staff survey was completed by 961 people (60%) of staff in health and social care. Mrs Cornick said it was very positive that so many had engaged with the survey which provides the board with an annual understanding of how staff are feeling about working both within their own teams and for the wider organisation. The iMatter reports are available within teams and managers will be prioritising engagement with their teams to develop improvement action plans.

On behalf of the Board, Mrs Cornick formally thanked Gordon and Mary McFarlane for their service to NHS Shetland for nearly the last 20 years ahead of their retirements in July. Gordon has worked as a Consultant Surgeon and been hugely instrumental in developing and maintaining the surgical service over the years, always taking every opportunity to advocate for the need for generalist skills in remote and rural settings. Gordon has also been a key clinical leader in developing generalist surgeons in Scotland to ensure there will be surgeons in the pipeline to sustain remote and rural surgical teams in the future. Mary has served in a variety of pharmacy roles, including for a time as acting Director, and is currently NHS Shetland's Principal Pharmacist. Mrs Cornick formally thanked both Gordon and Mary for their immense contribution and wished them both a long and happy retirement.

#### **2024/25/32 Apologies for Absence**

Apologies were received from Gary Robinson.

#### **2023/24/33 Declarations of Interest**

There were no declarations of interest

#### **2024/25/34 Draft minutes of the public Board Meeting held on 30<sup>th</sup> April 2024**

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

#### **2024/25/35 Board Action Tracker**

The Board Action Tracker was noted.

#### **2024/25/36 Matters Arising**

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

#### **2024/25/37 Consultant Psychiatrist post for CAMHS** *(Board Paper 2024/25/18)*

Dr Kirsty Brightwell presented the paper and explained that there was already currently some Consultant cover in Child and Adolescent Mental Health services, but this was not in a substantive role. Support was provided by a visiting service and whilst this is hugely helpful, it does not provide the level of service cover the Board requires going forward. Having a substantive Consultant Psychiatrist in post would enable the Board to work more closely with colleagues in Grampian, Tayside and across the north of Scotland. There are some fragilities in this being a single post holder, but it will provide NHS Shetland with more robust cover than currently possible.

#### **Discussion**

In response to a question from Mrs Jones about the likelihood of being able to appoint to a part-time post and the risk to the Board of ceasing the existing Service Level Agreement. Dr Brightwell assured members that the Board would not terminate any SLA unless there was a suitable applicant in post and the future of the service was secure.

With regard to any potential need for locum support in the future if the post is filled, Dr Brightwell explained that there was no anticipation that there would be a regular requirement for locum cover, but there existed the fragility associated with a single postholder.

Dr Laidlaw asked what support mechanisms would be in place (locally and nationally) given that being a single-handed practitioner could be challenging. Dr Brightwell described the supervision and support that would be available through the local team and also through the North of Scotland network.

Dr Brightwell added that the Community Mental Health Team are already very supportive of CAMHS and the two teams work closely together and it is anticipated this would be strengthened with the appointment of a substantive postholder.

**DECISION the Board approved** the recruitment for a Consultant Psychiatrist for CAMHS.

**2024/25/38 Feedback Monitoring Report Quarter 4** *(Board Paper 2024/25/19)*

Carolyn Hand presented the report which was usually appended to the Board's quality report and the paper had previously been discussed at Clinical Governance Committee.

Mrs Hand explained that the reason why it had not been possible to meet the 20 working day deadline for any stage 2 complaints was due to a number being received at the same time, which made it challenging to administer simultaneously with the same small group of complaint investigators and also pressures within those teams.

There are currently 2 complex complaints still open from Q4 which have required input from a number of teams, which had significantly slowed progress but all information had now been received and it was hoped to get both complaints resolved with robust responses this week.

Two cases were taken to the Scottish Public Services Ombudsman by complainants and both have been closed without further action once the Board was able to provide further information to demonstrate its reasonable complaint handling process.

The Feedback and Complaints Annual Report is due to be presented to the Board in August before being submitted to Scottish Government by the end of September.

**Discussion**

In response to a question from Mrs Cornick regarding response times in relation to Stage 1 complaints, Mrs Hand said that the response time is 5 days so due to the relatively small numbers, a delay in responding to just one can affect the statistics.

Mrs Hand informed Members that funding had been secured to recruit some additional admin resource into the Feedback and Complaints team. The job description is drafted and now progressing through the HR process.

**DECISION: The Board noted** the Feedback Monitoring Report Q4.

**2024/25/39 Performance Report Quarterly Update (Q4)** *(Board Paper 2024/25/20)*

Lucy Flaws presented the report and commented that the majority of the content had been considered by the Finance and Performance Committee in May and also by the IJB. Members noted the process of redesigning the report to better reflect the Board's Strategic Delivery Plan and provide greater assurance against the plan approved in April. It is hoped to be able to present the first version as the Q1 performance report after the summer.

The report includes routine monthly and quarterly performance indicators with some additional background narrative where helpful. Also included is an expanded set of long term health inequalities indicators and two summary spotlights (Alcohol Brief Intervention improvement work and Musculo-skeletal Physiotherapy waiting times improvement work).

Mrs Flaws highlighted the areas which remain challenging compared to their targets:

- A&E 4 hour wait – continues to be an improving picture and has been maintained since the data provided
- Delayed discharges - numbers remain small, but still have a significant impact on services and also on the individuals who are delayed.

- Psychological therapies - waiting times remain challenging particularly for people accessing more specialist or complex interventions. Much work has been done in the mental health team setting up an agreement with NHS Orkney which will increase capacity both for service delivery and supporting different ways of working.
- Access to diagnostics and consultant lead interventions and 62 day cancer treatment targets – both remain challenging where the Board relies on regional partners for all or part of those processes.

Appendix 2 of the report provides more detailed information on Health Inequalities data giving members a comparison over time and also the local situation compared to the picture overall in Scotland. The information illustrates the situation in Shetland as a whole and the long term health and socio economic inequalities would be a reflection of the building blocks of health in communities rather than the performance of the Board's services.

## **Discussion**

In response to a question from Mrs Cornick regarding interpretation of the data relating to rates of alcohol related admissions and deaths presented in the report, Mrs Flaws explained there were a number of factors to consider when interpreting the admissions data with not all boards across Scotland providing services in the same way and recording the same data. Another factor where Shetland differs from the rest of Scotland is the high rate of availability of alcohol.

In response to a question from Mr Campbell regarding roll out of Alcohol Brief Interventions training to other agencies, Mrs Flaws reported the work was being done by Kathleen Anderson and the Health Improvement Team and after recognising the gap in training, have produced an online package which is accessible through Turas. The team have also had significant interest from external partners within Scotland as well as within Shetland. The only constraints on delivering the training at present are around capacity of trainers so the main focus is currently on primary care, sexual health and maternity services. Dr Laidlaw suggested that it would be useful to define the reporting rates within the statistics in the report in future in order to clarify whether 1 per 1,000 or 1 per 100,000 for instance. **ACTION: Mrs Flaws**

Mrs Macdonald asked if there was a shift in focus nationally towards preventing admission to hospital, using the data on long term health inequalities to inform that work. Mrs Flaws said that in terms of NHS planning, there was broadly more focus on inequalities and proactive care, but the challenge was measuring health outcomes and joining together pieces of work in order to influence these health outcomes, for example employment, education, housing, access to affordable food etc. NHS Shetland continues to be more involved in community planning than most other territorial boards and locally there are very positive pieces of work taking place around child poverty for example.

Mr Chittick updated members on the work underway currently between Public Health Scotland, NHS Board Chief Executives and SGov colleagues exploring ways to move the prevention agenda forward and where health boards can be more involved in the low cost/high value preventative work such as vaccination and in secondary prevention such as respiratory illness. Public Health Scotland have also engaged with health boards and local authorities around social determinants and are in the process of garnering support for Marmot Places in localities to progress aspects of the public health transformation required. All this work is also tied into the Board's Strategic Delivery Plan.

Dr Laidlaw highlighted the childhood immunisation statistics detailed in the report and specifically MMR which was particularly pertinent given the recent increase in reported cases of measles in the UK (19 in Scotland in 2024). These have not been major outbreaks and more associated with isolated cases where people have acquired measles elsewhere and returned to Scotland. In Shetland, the MMR vaccination rate has historically always been slightly lower than the rest of Scotland, but have gradually been increasing (the most recent

reported quarterly figure for children up to 2 years is up to 87%). The Board heard that NHS Shetland are conducting monthly audits of all preschool children's vaccinations to identify any who are not up-to-date. The information is fed back to practices and health visitors to follow up appointments and/or provide more information about the vaccines. The vaccination team encourages anyone who has not had an MMR vaccination to do so and along with colleagues in Occupational Health, are particularly concentrating on healthcare staff. Dr Laidlaw explained that if adults are unsure what vaccines they have received, they can check with their GP practice. If they wish to receive MMR, their practice will refer them to the vaccination clinic. Patients registered with rural practices may be able to have receive MMR at their practice.

In response to a comment from Mr Carroll regarding the IJB presentation on Alcohol Brief Interventions, Mrs Flaws agreed to speak with Kathleen Anderson, Health Improvement Practitioner to arrange for this to be shared this with members of the Shetland Children's Partnership for information.

**ACTION: Mrs Flaws**

**DECISION: the Board noted** the Performance Report Quarterly Update (Q4).

### **2024/25/40 Digital Strategy and Delivery Plan** *(Board Paper 2024/25/21)*

Craig Chapman presented the report which had previously been presented to the Board in draft in December 2023. Since then, several pieces of work has been undertaken including engagement with staff, and a detailed Delivery Plan was subsequently developed. Mr Chapman described the themes and aims of the Digital Strategy in detail.

The Short Life Working Group who have worked on the Digital Strategy and Delivery Plan will reconfigure to become a Business as Usual group operating as strategic oversight and will be tasked with overseeing new projects and ensuring they align to the strategy.

### **Discussion**

Board Members acknowledged and praised the significant work which had gone into producing such a comprehensive strategy and clear delivery plan. Mrs Hubbard added that Members did not underestimate the challenges faced by teams in delivering on the aims and projects set out.

In response to a question from Dr Laidlaw regarding engagement with patients and the public around pieces of work which might directly affect them eg. text messaging or electronic forms, Mr Chapman assured Members that continued engagement would be a priority and would be carefully planned by the working group.

Mr Higgins asked how benefit realisation across the organisation would be tracked given the range of projects and the benefits that they will individually deliver. Mr Chapman said that by being realistic about the number of projects undertaken, it would be possible to be more robust around the project management and allow breathing space around benefits realisation.

Mr Campbell complimented Mr Chapman and the Working Group on the strategy and delivery plan and highlighted its vision to empower people to participate in their own health.

In response to a question on capacity within the IT team, Mr Chapman reported that funding has been secured to appoint staff to the team in areas to achieve the greatest benefit eg. cybersecurity, Microsoft 365 and refreshing the Board's intranet. There will also be some recruitment of junior staffing and resource around leading the Project Management Team.

Mr Marsland commented that although the Board's aim was to make digitalisation available to those who choose, it was important to remember that not everyone in the community will wish to access their healthcare digitally, and therefore systems with require to be agile to accommodate those who do not wish digital access.

Mrs Jones suggested it would be beneficial to dedicate a future Board Development Session to having a more detailed discussion around themes such as Digital First, leaving no-one behind, embracing AI etc. Mr Chittick agreed and said this could be arranged for a future session.

**ACTION: Mr Chittick/Mr Chapman**

Mr Chittick commented that he had set an ambitious but realistic deadline for completion of the Digital Strategy and the delivery plan. He thanked Mr Chapman, Katie MacMillan, Bibi Wojtczak and the members of the working group for their hard work in moving this work forward. The group had been meeting on a weekly basis to ensure that this could be presented to the Board today.

**DECISION: the Board approved** the Digital Strategy and Delivery Plan.

**2024/25/41 Health and Safety Strategy 2024-2027** *(Board Paper 2024/25/22)*

Mrs Hall presented an update on the Health and Safety Strategy which had previously been approved by the Board in December 2023 and has since been socialised throughout the organisation via Staff Governance Committee, Area Partnership Forum and Health, Safety and Wellbeing Committee. The strategy provides a formal framework to tackling the Board's top health and safety priorities over the next 3 years and is linked to the 5 pillars of staff governance which are monitored through the Staff Governance Committee from a governance perspective.

**Discussion**

Mr McCulloch said he welcomed the way the Strategy aligned itself to the Staff Governance Standards and the themes around improvement methodology.

**DECISION: the Board approved** the Health and Safety Strategy 2024-2027.

**2024/25/42 Whistleblowing Standards Annual Report** *(Board Paper 2024/25/23)*

Dr Brightwell presented the annual report of the whistleblowing process which provides an update on progress with implementation and adherence to the Standards in the year 2023/24.

The main points highlighted to Members were:

- the Whistleblowing Steering Group had continued to provide oversight of the implementation of the Whistleblowing Standards and had developed a more robust process around managing concerns that are raised through the organisation with input from INWO and across Scotland.
- Whistleblowing standards are now part of the corporate induction process.
- Two questions have now been added to the iMatter questionnaire which will give the organisation a good indication as how staff feel about raising concerns and whether they feel they will be dealt with appropriately.
- Speak Up Week in October had been successful and had built on the previous year's work.
- Whistleblowing had been discussed whilst Executive Directors and Non-Executive Board Members had conducted Patient Safety Walkrounds. This had been a very helpful way of checking and understanding how staff were feeling.
- A few more concerns had been raised through the generic e-mail address with a couple of complex cases being dealt with.

Dr Brightwell gave credit to the Clinical Governance team, the confidential contacts and senior managers who have helped staff to navigate the process when bringing a concern and taking them forward in a productive way. The Staff Governance Committee are moving forward with a further action plan in terms of the cultural aspects of Speaking Up.

**Discussion**

As Whistleblowing Champion, Mr Higgins said that the report accurately reflected the board's level of adherence to the national Whistleblowing Standards and added his thanks to the

Clinical Governance Team and their colleagues who act as confidential contacts, without whom the process would be unable to function. Thanks were also extended to both Non-Executive Directors and executive colleagues for their support during the Speak Up Week. Members noted that amongst the lessons learned was the need for proper oversight and drive through of actions which is also referenced in the Staff Governance Action Plan.

Mr Higgins said it was important to remember that Speak Up and Whistleblowing is not a project with a completion date, and is much more a cultural piece of work to be ingrained within the organisation going forward.

**DECISION: the Board noted** the Whistleblowing Standards Annual Report 2023/24.

**2024/25/43 Clinical Governance Committee Terms of Reference** (Board Paper 2024/25/24)

Mr Higgins said the Clinical Governance Committee reviews its terms of reference every 6 months and had previously done so in December 2023. The Committee is making no change to the overall purpose or objectives of the Clinical Governance Committee within the paper, but are making some additions to reflect the change within the committee.

- The addition of 3 standing items to the agenda.
- Amendments to the expected date of delivery into the Clinical Governance Committee of 3 annual reports (the Complaints Annual Report, the Hospital Transfusion Committee Annual Report and the Duty of Candour Annual Report).

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

**2024/25/44 Staff Governance Committee Terms of Reference** (Board Paper 2024/25/25)

Mrs Hall said the annual review of the Terms of Reference for the Staff Governance Committee was approved at February meeting of the Committee. The Committee were planning future activities for 2024/25 and at the last meeting at the end of May, it had been agreed to review secondments as part of the Workforce Report as recommended in a preview audit report.

**DECISION: the Board approved** the Staff Governance Committee Terms of Reference.

**2024/25/45 IJB Membership** (Board Paper 2024/25/26)

Mrs Hand reported that there was a requirement for NHS Shetland to confirm the membership of the IJB for the next three years. The Board Chair had previously suggested that if nobody was so minded to do otherwise, the Board should keep the membership as it stands until a wider review of committee membership was conducted (with a paper potentially being presented to the Board in October).

**Discussion**

Mrs Macdonald said she would be very happy for the current membership to remain in order to retain the experience they bring and praised Mrs Cornick for her skill as Chair of IJB. Mrs Cornick said she would also be happy to stay on as Chair of the IJB in what will be her last year on the Board of NHS Shetland (having served for the last 7 years on the IJB). Mrs Hubbard and Mr Carroll confirmed they were also content to remain on IJB.

**DECISION: the Board approved** the retention of the IJB Membership unchanged.

**2024/25/46 Approved Committee Minutes for Noting**

Members noted the committee minutes.

**2024/25/47** The next meeting of Shetland NHS Board will be held on Tuesday 27<sup>th</sup> August 2024 at 9.30am via Microsoft Teams.

*The public meeting concluded at 12:00*