

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 09.30am on Tuesday 19th November 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 (Vice-Chair)
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mr Joe Higgins	Whistleblowing Non-Executive Board Member
Mrs Kathy Hubbard	Non-Executive Board Member
Mrs Gaynor Jones	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mr Bruce McCulloch	Employee Director
Mrs Emma Macdonald	Local Authority Member

In Attendance

Ms Jo Robinson	Director of Community Health & Social Care
Ms Lucy Flaws	Planning, Performance and Projects Officer
Mr Karl Williamson	Head of Finance & Procurement
Ms Sandra Summers	Lead Officer, Audit & Child Protection (minute ref 2024/25/81)
Mrs Carolyn Hand	Corporate Services Manager
Ms Laura Farrell	Communications Officer
Ms Amy Gallivan	Communications Officer
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)

2024/25/71 Chair's Announcements

[CHAIRMAN'S ANNOUNCEMENTS](#)

2024/25/72 Apologies for Absence

Apologies were received from Colin Marsland.

2023/24/73 Declarations of Interest

There were no declarations of interest

2024/25/74 Draft minutes of the Board Meeting held on 27th August 2024

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

2024/25/75 Board Action Tracker

The Board Action Tracker was noted.

2024/25/76 Matters Arising

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

2024/25/77 Finance Monitoring Report 204/25 at Month 6 (Board Paper 2024/25/40)

Mr Williamson presented the report and informed Members that at the end of June, the Board was £2.8M overspent. The forecast year-end position was currently being reported at £1.4M overspent which was 2% of the Board's revenue budget and would keep the board within Level One of the Scottish Government escalation framework. In order to achieve this, the Board must continue to do everything possible to progress redesign projects and minimise spend in

the second half of the financial year with the ultimate aim of reaching a more sustainable financial position in the medium to long term.

Members noted the position regarding the savings targets performance and acknowledged the amount of hard work taking place and that the Finance and Sustainability Group was monitoring the savings performance through the year. It was acknowledged that this was a significant challenge and many projects would take longer than this year to deliver, meaning the Board must continue to plan longer term.

Discussion

In response to a question from Mr Higgins regarding the sharing of learning between other boards, Ms Robinson explained the SGov 15 Box Grid framework which focussed on ways to improve operational and financial performance across common areas. All professional leads across the organisation also regularly link in with professional groups across the country to share ideas. The challenge in NHS Shetland was that many services have already produced the maximum savings possible or do not offer significant potential efficiency from redesign.

Mr Chittick added that there was also joint learning done within the Board Chief Executives Group and SGov around the 15 box grid with each financial report produced focusing on one area and being disseminated to the Executive Management Team. The Finance and Sustainability Group contact other boards in order to learn from them and Mr Chittick has regular conversations with other Board CEOs. Members noted that whilst NHS Shetland is expected to align to the national 15 box grid, locally there were some areas which did not apply to NHS Shetland meaning it may be necessary to think differently about what might (or might not) be applicable.

Mr Williamson explained the national groups regularly attended by him and/or the Director of Finance where service development, savings and cost pressures were discussed with colleagues from other boards. Whilst the Board carried out the national initiatives highlighted in the 15 box grid, sometimes these did not achieve the level of savings hoped for so the focus should remain on the projects unique to Shetland in order to return to financial balance.

Professor Carolan said that workforce was a large component of this and explained how the Board was working locally, regionally and nationally around workforce particularly with universities and also in the North region, looking at opportunities to support international graduates from across the professions as well as areas of opportunity to grow and develop the Board's workforce.

DECISION: the Board noted the Finance Monitoring Report 204/25 at Month 6.

2024/25/78 2024/25 Performance Report Quarter 2 *(Board Paper 2024/25/41)*

Lucy Flaws presented the report and commented that this report also served as NHS Shetland's quarterly update to Scottish Government on its Annual Delivery Plan. There were no issues or concerns raised by SGov following submission of the Q1 update.

Ms Flaws pointed out there was an error in the report when reporting that the Board was exceeding the target for elective care, which should read exceeding waiting times, but performing well against the Scottish average. An updated version will be uploaded online.

Members noted that overall the Board's performance was similar to the previous quarter and the hospital had remained under pressure which was reflected in the delayed discharge bed days which has further impacted by challenges around staffing across the entire health and social care partnership.

Ms Flaws highlight particular areas in the report for member's attention.

Discussion

In response to a question from Mr Robinson around whether the improvement in delayed discharges was likely to continue, Ms Robinson said that the significant pressures particularly on staffing in community care made it difficult to give a guarantee. Added to this was the increased number of people requiring complex care. A major redesign project will soon be launched to consider how Shetland's care home estate and Care at Home service can be delivered as efficiently as possible in the community.

Mrs Macdonald asked for further information on the Income Maximisation Project available through Public Health Scotland, to understand ways it could help improve some of the outcomes for people in Shetland. **ACTION: Mrs Macdonald and Ms Flaws to discuss**

Mrs Macdonald asked how waiting times for Psychological Therapies in Shetland compared to other island boards and what could be done to provide support to people at an earlier stage in order to help build their own resilience. Ms Robinson explained that the Head of Mental Health had been working closely with the Psychological Therapy service in NHS Orkney to learn from their work around reducing waiting times and better outcomes for people. A bid would also be presented to IJB tomorrow for mental health input in primary care with the aim to divert some of the need away from secondary care services. Ms Flaws added that NHS Shetland's Public Health Registrar had been conducting a piece of work following on from the Good Mental Health for All project around population mental health (outside of services) to understand what was available across Shetland to support mental health and well-being.

In response to a question from Mr McCulloch regarding the possibility of introducing appraisal compliance targets for directorates, Mr Chittick confirmed that a system of performance measurement would be taken forward for consideration. **ACTION: Mr Chittick**

Members discussed the positive outcomes from wider digital inclusion and literacy, and whether the digital solution option could be rolled out further across services as an opportunity given the challenges around workforce. Mr Chittick stated that this was a key strand of the Board's Clinical and Care Strategy as well as its Digital Strategy moving forward and learning from other boards was discussed with clinicians at the Clinical Pathways Group.

Mr Carroll commented that the Mental Health First Aid training was valuable in the first steps to having conversations with people about how they are feeling and suggested this training could be funded through NHS and offered to relevant staff. Ms Flaws said the Health Improvement team were exploring the potential to deliver robust training on island including for NHS staff.

ACTION: Ms Flaws will speak with Nicola Balfour, Health Improvement Team Lead

Mr Higgins asked what the primary care perspective was regarding the apparent downward trend in uptake of virtual GP appointments (vs. physical appointments) and whether this provided the best service for the community. Ms Flaws stressed the caveat that primary care data recording was not yet 100% accurate, but the main points to note were that the Shetland downward trend was not as steep as the national downward trend and when all appointments were added together, the overall activity appeared higher than pre-Covid. Virtual appointments can include video and telephone and this was not differentiated in the measuring of this data.

Dr Brightwell said that the data was also reported through the Primary Care Improvement Plan which was discussed at GP Cluster meetings (the quality group with representation from all the GP practices in Shetland). The sense nationally was that there was a move away from virtual consultations as this had been largely due to Covid infection risk at the time rather than necessarily about patient choice. There was currently a primary care patient survey being undertaken but from a GP perspective, the benefits of face-to-face consultations were vital in building relationships with patients and was fundamental to maintaining trust.

DECISION: the Board noted the Performance Report Quarterly Update (Q2).

2024/25/79 Standing Committee Membership

(Board Paper 2024/25/44)

Mrs Hand explained this was an expanded version of the paper previously presented at the August Board Meeting and followed further discussion during September. As previously reported, the decision had been made to remove the cross membership requirements from the standing committees to bring them in line with good governance. The requirement was instead to ensure there was effective communication between the committees and for escalating issues to the Board when required.

The proposal was to have 3 core members on each standing committee plus one substitute member. It was noted that there would still be requirement for some committees to meet the extant guidance (eg. Staff Governance Committee to have equity between staff side representation and management). The changes agreed at this meeting will come into effect from 1st December 2024 to allow the meetings set for November to take place.

Following the decision today, the Chairs and executive leads for those committees are required to consider their Terms of Reference through the next committee cycle before bringing them back to the Board for formal approval. **ACTION: Committee Chairs and Executive Leads**

Mrs Hand explained that the quoracy for each committee varied between each eg. the Board's quoracy being a 1/3 of the membership with at least two non-executive members present. This could also be considered when reviewing the ToR for each.

Mr Robinson summarised the proposed committee membership changes.

- Audit & Risk Committee
Gaynor Jones joins and becomes Chair (Joe Higgins leaves)
Natasha Cornick Lincoln Carroll
Kathy Hubbard
- Clinical Governance Committee
Joe Higgins remains as Chair
Colin Campbell Lincoln Carroll
Bruce McCulloch Kathy Hubbard
ACF Chair (*currently vacant*)
- Staff Governance Committee
Colin Campbell joins and becomes Chair (Emma Macdonald leaves)
Bruce McCulloch Joe Higgins (as Whistleblowing Non-Executive)
Kathleen Carolan Gary Robinson
Lorraine Hall
- Remuneration Committee
Natasha Cornick remains as Chair (as Vice Chair of the Board)
Gaynor Jones joins (as Chair of Audit & Risk Committee)
Bruce McCulloch (as Employee Director)
Gary Robinson (as Board Chair)
- Endowment Committee
Lincoln Carroll remains as Chair
all Members as Trustees by statute
- Finance & Performance Committee
Gary Robinson remains as Chair
Kathy Hubbard Emma Macdonald
Natasha Cornick as substitute

Discussion

In response to a suggestion from Mr Higgins regarding developing a prescribed information sharing mechanism between committees, Mrs Hand said the current system of formal Decision Notes and escalation process would continue but with the potential for a regular meeting between committee chairs (quarterly?) to allow conversation and communication flow to take place. Members agreed that time should be dedicated at a Board Development Session before the end of March to discuss best practice and agree a reporting mechanism beyond the Decision Note.

ACTION: Discuss reporting between committees at future Board Development Session

DECISION: the Board approved the Standing Committee Membership **with the caveat** that the Terms of Reference for each committee will be amended to reflect the new structure before being presented to a future Board meeting for formal approval.

2024/25/80 Shetland Integrated Children's Plan: Annual Report 2023/24

(Board Paper 2024/25/42)

Shetland's Annual Local Child Poverty Action Report 2023/24 *(Board Paper 2024/25/43)*

Lucy Flaws introduced both papers and explained she was presenting on behalf of Professor Carolan, Chair of the Shetland Children's Partnership and Lynn Tulloch from Voluntary Action Shetland, who is Vice Chair of the Partnership. The Shetland Integrated Children's Plan: Annual Report 2023/24 is closely aligned to the Annual Child Poverty Action Report 2023/24, also on the agenda, and one of the priorities for the Children's Partnership was around reducing the impact of poverty.

The Shetland Integrated Children's Plan: Annual Report 2023/24 is the first annual report against the current Children's Services Partnership Plan, which runs from 2023 to 2026 and was approved by NHS Shetland and SIC in December 2023. The report was approved at the meeting of SIC Education and Families Committee yesterday, and Board approval was sought before submission to Scottish Government and publication online. The report contains 8 priority areas with case studies/stories and actions detailed for each and Ms Flaws highlighted the main areas for Members information.

[10:35 Gary Robinson leaves the meeting - Mrs Cornick took over the meeting as Vice Chair]

Ms Flaws said that being a part of the improvement work described can take time which means staff were not always able to deliver services as they would wish, but the value was widely understood. The challenge between focusing on prevention and intervention was also acknowledged and support from the Board in recognising the importance of partnership working was helpful for services who are delivering for children and young people.

Discussion

Members praised both comprehensive and though provoking reports which demonstrated how services worked very well together across the Partnership, principles were embedded through local GIRFEC processes and services were responsive to emerging issues. The involvement of third sector partners was acknowledged as being equally instrumental in supporting and delivering services to communities. Mr Campbell congratulated the organisers of the Brae Community Cupboard for their innovative idea to alleviate poverty and which was an excellent example of teamwork and community spirit.

In response to a question from Mr Campbell regarding the definition of low income, Dr Laidlaw explained it was considered to be when the income was less than 60% of the average income for a similar household. However, in Shetland the cost of living was higher meaning that even though it may appear that locally there are few children in families with lower income, because the cost of living is higher, for many families their situation is worse.

Mr Higgins asked if the LIAM programme was on track and whether the Youth Development Workers involved were picking up those children for whom the programme would most benefit. Ms Flaws reported that as it became possible to have more people trained in delivering LIAM, it would mean the scope for covering the transition period would be greater. Currently the programme has been used in a targeted way for pupils who are having an extended transition in order to provide support into the secondary environment.

Members discussed the stigma surrounding free school meals and clothing grants and the challenges of making this available to all families who are eligible.

Dr Laidlaw commented that it was important not to underestimate the importance of the impact of adverse childhood experiences and how these shape mental and physical health and wellbeing in adult life. The work done by the Shetland Children's Partnership is vital in addressing these challenges and targeting support within limited resources.

DECISION: the Board approved the Shetland Integrated Children's Plan: Annual Report 23/24 and **noted** Shetland's Annual Local Child Poverty Action Report 23/24.

2024/25/81 Shetland Public Protection Committee Annual Report 2023/24

(Board Paper 2024/25/44)

Mr Chittick introduced the paper which reports the good work and areas of progress as well as highlighting the collaborative efforts and key achievements of the Committee, which works to protect adults and children across Shetland who are at risk of harm and who are vulnerable.

In response to a previous comment from Mr Carroll regarding completion of Child Protection Training by NHS staff, Mr Chittick said he would follow this up with the Staff Development team.

ACTION: Mr Chittick

Sandra Summers added that there is also a Training Partnership which includes NHS representatives which continuously reviews access to training (including to NHS colleagues). There is currently a plan for 6 sessions of Level 3 Child Protection training in 2025/26.

Members noted the slight difference to the data reported in the Chief Social Officer's report which was due to the reporting periods – the reported child protection data related to the academic year (August 2023 to July 2024) rather than the financial year.

Ms Summers made Members aware that the Safer Shetland website provided links to access the Committee's free online training including mandatory Child and Adult Protection, some Mental Health training and Trauma training. Members were invited to contact the Committee with suggestions for any additional training which could be uploaded to the website.

DECISION: the Board noted the Shetland Public Protection Committee Annual Report 2023/24.

2024/25/82 Public Health Annual Report 2023/24

(Board Paper 2024/25/45)

Dr Laidlaw said the paper was being presented as an independent report where the Director of Public Health acted as an independent advocate for the wider health of the population (although was written in collaboration with several members of the Public Health team). The focus of the report this year is on primary, secondary and tertiary prevention, some key population health data including census, and information on the population health work carried out by the Public Health team in the previous year. For the first time in 2024/25, the Health Improvement Team will be producing a separate annual report detailing the broad range of work carried out. This will be shared with the Board in due course.

Discussion

Mr Chittick commented that 20 years ago the Kings Fund had advocated for an entire system change away from service provision and treating illness to promoting prevention. Since then, there had not been a manifest shift and Mr Chittick said the Public Health Annual Report was a good starting point when the Board considers the challenge of system change away from delivery to focus on prevention. There is national Population Health Subgroup working alongside the Board Chief Executives and Public Health Scotland. Board Members were invited to put forward their thoughts on the balance between aligning to national priorities but acting locally ways that benefit the Shetland population best (though discussion at a future Board Development Session?)

ACTION: all Board Members

Mr Higgins asked if there was formal recognition within Scottish Government that there needed to be more fiscal focus on preventative activity at all levels and if this was evident in funding allocations to Boards in order make the transformational move to prevention. Dr Laidlaw there had been some investment in some areas such as vaccinations and in primary care (early intervention). There is recognition that investment in prevention within services is required and COSLA and Scottish Government are currently co-designing a 10-year Population Health Framework which will include prevention. Ms Flaws added that as part of the Annual Delivery Plan commission from SGov, there is more discussion on working with community planning partners on the determinants of health within the bigger picture.

[Dr Brightwell and Ms Robinson left the meeting]

Dr Laidlaw commented that it was difficult when looking at the area of prevention because it was not easy to measure and evidence activity that does not happen, unless carried out over a large population over a long period of time to demonstrate decreased rates. It was important to understand the 'capacity to benefit' when considering investment of resources, namely the proportion of the population it was possible to make a difference to in their lives and to their health.

DECISION: the Board noted the Public Health Annual Report 2023/24.

2024/25/83 Approved Committee Minutes for Noting

Members noted the committee minutes.

2024/25/84 The next meeting of Shetland NHS Board will be held on Tuesday 10th December 2024 at 9.30am via Microsoft Teams.

The meeting concluded at 11:30