

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 10.30am on Thursday 23rd June 2022 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board Member
Mrs Kathleen Carolan	Director of Nursing & Acute Services
Mr Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Director of Community Health & Social Care
Mrs Natasha Cornick	Non-Executive Board Member
Mr Michael Dickson	Chief Executive
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mrs Jane Haswell	Non-Executive Board Member
Mrs Kathy Hubbard	Non-Executive Board Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director
Mrs Amanda McDermott	Chair, Area Clinical Forum

In Attendance

Mrs Carolyn Hand	Corporate Services Manager
Mr David Morgan	Head of Information Governance
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Ms Elizabeth Robinson	Public Health and Planning Principal
Mr Jason Taylor	Interim Whistleblowing Champion

2022/23/36 Chair's Announcements

Mr Robinson said the board continued to see staff absences due to Covid which could have a significant impact on small teams and service delivery as it not only impacted visible frontline services but also the vital support services. The board extended thanks to the staff who continue to work hard in the face of the complications Covid has brought and have accelerated challenges already faced by the NHS such as the increased demand for services and recruitment difficulties in some areas, against a backdrop of continued financial pressure. Mr Robinson thanked the Shetland community for the patience and understanding shown to NHS Shetland staff in such unprecedented times.

2022/23/37 Apologies for Absence

There were no apologies received prior to the meeting.

2022/23/38 Declaration of Interests

There were no declarations of interest.

2022/23/39 Draft minutes of the public Board Meeting held on 26th April 2022

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

2022/23/40 Board Action Tracker

In response to a suggestion from Mrs Cornick regarding the inclusion of an update on recruitment for the Chief Executive post for NHS Orkney, Mr Dickson said that at the Board Development Session in March members had been updated on the recruitment process underway. The job evaluation has commenced in terms of the Chief Executive role and once this is confirmed by SGov, NHS Orkney will embark on their recruitment process.

Mrs Hall confirmed that she was liaising with the office of the Chief Executive of NHS Scotland and Director-General Health and Social Care and that a piece of work is being undertaken around profiling for chief executives which links in with the process for selection. Mr Robinson agreed to add an update to the board on recruitment to this post as an item on the action tracker. **ACTION: Mrs Moncrieff**

Mrs Haswell suggested that the members could receive a Decision Note following all board meetings, similar to those produced for meetings of the standing committees. Mr Robinson explained the reason for committee Decision Notes was that not all board members were members of all committees, however they are members of the board and should therefore be aware of the decisions that have been taken at the board meetings. Mr Robinson agreed to discuss with the Corporate Services Manager. **ACTION: Mr Robinson**

2022/23/40 Medical Director Annual Report

(Board Paper 2022/23/24)

Dr Brightwell presented the report and highlighted the main issues:

- The GMC's 'Fit to Refer' report – a lot of work had been done by Responsible Officers over the year to understand the journey that the GMC has been through and the implications for NHS Shetland. More work is required to understand changes to professional governance for doctors and also to support new staff coming onboard particularly through induction.
- There has been some change in the medical workforce and one key area is the CAMHs Consultant who is part-time under a Service Level Agreement.
- Edna Mary Watson has been appointed as Chief Nurse, Corporate and has the role of manager of clinical governance under the medical directorate. There is a huge piece of work ongoing to review clinical governance including the Clinical Governance Committee.
- The Duty of Candour report updates on the processes that the clinical governance team undertake including reviewing the number of adverse events.
- The report includes the Director of Medical Education report from Dr Pauline Wilson. The data spans the period from August 2020 due to the pandemic and members commending the Medical Education Governance Group for the significant achievement in maintaining the standard that the GMC reports for medical education.

In response to a question from Mrs Haswell regarding plans for the reinstatement of the teaching space, Mrs Carolan confirmed that there was already some scoping work underway with teams who are part of the clinical teaching unit. The intention is that the clinical teaching unit will be re-established by the end of autumn which is when the ambulatory care unit should be completed. The estates team are working with Dr Wilson and colleagues to agree plans for the transitional back between now and the end of this calendar year.

Mrs Haswell asked what plans were in place to mitigate the risk around the number of GP trainers nearing retirement and the impact on the rural training. Dr Brightwell said the board would be going down from 4 to 1 GP trainers in a very short space of time but that NES have put together some remote support for the next year which is very positive. There are some doctors coming through who would be really good GP trainers but are not eligible to become GP trainers yet.

The Board noted the Medical Director Annual Report.

2022/23/41 Review of Enhanced Elective Care Programme (Board Paper 2022/23/25)

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

- 334 patients received a procedure between January and March as part of the additional planned elective care program meaning that the board delivered almost to target the number of planned procedures. This is a notable achievement given the context of winter pressures and the amount of Covid prevalence in the workforce and community at the time.
- Financial targets were achieved and the report contains detail about the allocation received from SGov. A piece of work was undertaken by the finance team to look at the cost avoidance around patient travel, which has a conservative estimate of around £50,000. The main motivation for this piece of work was about quality of care, but there were also some modest financial savings for the board.
- A piece of work has been conducted on collaborative working with a number of boards and SGov. The visiting staff commented very regularly on the professionalism and friendliness of our staff which demonstrated what an excellent place NHS Shetland is to work. Visiting teams expressed a wish to see more similar collaboration in the future and this helped to build confidence in the north around collaborative working.
- Some work has been done on quality improvement and redesign of pathways, for instance for patients now receiving a lens replacement for cataract removal, we are able to see 60% more patients per visit than prior to doing this piece of work.
- In terms of sharing the findings, a lot of work has been done with the North of Scotland Orthopedic Network. Colleagues have written pieces for national newsletters with the Access Support Team, and the intention is to showcase this at national events.
- Appendix 1 gives an overview of the feedback from patients. More than 50% of patients opted to give the board some feedback. The survey results illustrate people's views about their experience, which was overwhelmingly positive.

In response to a question from Mr McCulloch regarding skill development opportunities for staff, Mrs Carolan said there had not been an opportunity for significant role development as staff were mainly playing a supportive role because the pathways were specialist in nature. However, it did give teams the opportunity to think about how they deliver services and have the benefit of having clinicians around to give some pointers about how we might streamline and improve pathways and deliver care differently.

Mrs Haswell asked if the learning from this model would be used to support the local teams going forward. Mrs Carolan explained this piece of work was seen as being a one-off opportunity to help to recover post pandemic and there was nothing similar planned in the board's 22/23 program. Some of the timings around how quickly teams had to respond and set up services were very challenging and there are lessons to be learned around that. Based on feedback from closeout meetings, staff felt that the programme worked well and that they have benefited as practitioners and the community has benefited in terms of early intervention and prevention for patients.

Mrs McDermott added that there was little opportunity to upskill local teams because the work is so specialist and not likely to be something the board will embark on again. There had been massive benefits in teams coming together and working cohesively and partners across the country and the connections for the clinicians is stronger which is the legacy from the project. The stories of patient experiences illustrate how transformative the treatments have been to their lives and enabled them to continue to manage their other long term conditions and gives staff a massive amount of pride in what has been achieved.

Mr Carroll praised the agility and flexibility of staff working with the Vanguard unit whilst still facing the pressures of Covid in Shetland. The opportunity for patients who have their treatment in Shetland and not face the necessity to travel away from Shetland can not be underestimated.

Dr Brightwell added that there has been a huge amount of planning and preparation with national groups and with Vanguard themselves, and the knowledge gained has resulted in teams that is not just more confident but has also developed a skill set.

Members agreed the project had been a tremendous experience both for staff and the organisation, but most importantly for patients as illustrated in the feedback.

There was discussion about how the success of the programme could be repeated. Mr Dickson said the issue was worth wider discussions about how boards can work differently across the north of Scotland as we move through the reform agenda. The Vanguard Theatre had been a specific opportunity required in terms of the GBH and there as an opportunity to deliver something unique for Shetland.

Mrs Carolan added that there is a piece of work that the North is looking at as a whole in terms of orthopedics for example, where there are long waiting times for patients in the north. A paper is being put together for the attention of the SGov seeking resources for the north region.

Mrs Carolan reported that the elective program stopped at the end of March and the patient numbers detailed in the report is up to this date. However, there will be patients still going through follow up because they had their procedures in March. The data about the entire period of the programme in terms of patient experience, is still being worked through.

Mr Dickson repeated thanks to all the teams working on the Enhanced Elective Care Programme praising their hard work, dedication and commitment to doing the right thing for the Shetland community. The universally positive feedback is a testament to what makes not only the NHS special, but also the NHS in Shetland, so special.

[Patient experience clips]

Members thanked the patients who had shared their experiences of the orthopaedic surgery pathway which included some powerful personal stories of how well they had been cared for and how the experience had changed their lives. Mrs Carolan added that any future updates would be reported in the Quality Report at each board meeting going forward.

The Board considered the summary **and noted** the feedback from patients.

2022/23/42 Feedback and Complaints Reporting Quarter 4 (Board Paper 2022/23/26)

Mrs Hand presented the fourth quarter feedback and complaint reporting paper.

- Complaint numbers remain fairly steady and the hope was that board members would agree there was sufficient information in the report to feel assured that there are no noticeable trends in areas of concern.
- The performance regarding response times has improved in quarter 4 although it could be difficult to get an accurate picture due to small numbers.
- No complaints had been escalated to the Scottish Public Services Ombudsman in quarter 4 and also no new legal claims were intimated in the period.
- The Complaints Team had gone out seeking feedback about complainant experience which unfortunately had caused some distress to an individual who had questioned the appropriateness of the delay in doing that. Mrs Hand had apologised

wholeheartedly for this having occurred and informed the Board that the team would be making changes to the way this process was conducted in the future.

In response to a request from Mrs Haswell, Mrs Hand described how it was determined whether a communication was handled as a concern or a complaint. Mrs Hand explained that often people are very clear that they wish to make a complaint and the judgment made at the point of receipt, is how the team might handle it - some are quite clearly a stage one complaint where a frontline service could resolve it and do not warrant a lengthy investigation with a written investigation report and a letter from the Chief Executive. Sometimes, on closer consideration, these can seem more complicated and they have to become stage two complaints and therefore move to the more formal response process. When it is not clear what somebody wishes, the team often go back to them in order to clarify or describe how the team intend to handle feedback and seek confirmation from the individual. What mattered most was the action taken in terms of the feedback, the process and the outcome as opposed to how the team classify them on the system.

Mrs Haswell commented that a number of stage two complaints centred on communication, and asked if there were any plans to conduct a piece of work to look at ways to improve this for the future. Mrs Hand reported that there were no repeated issues emerging around the same topic but in all interactions that an individual may have through a care pathway, there was a chance for some of that to go wrong and there was always learning to be had.

The Board noted the Feedback and Complaints Report Quarter 4.

2022/23/43 Performance Report Quarter 4 to March 2022 *(Board Paper 2022/23/27)*

Ms Robinson presented the Performance Report for Quarter 4 to the end of 2021/22 and highlighted the key issues for member's information:

- Positive improvement on the referral to treatment time for psychological therapies. The percentage of completed waits that are fewer than 18 weeks has reached the 90% target for the first time for many years. The board congratulated the Psychological Therapies team for the work done in developing the Psychological Therapies Improvement Plan.
- The Consultant Psychologist has responsibility for overseeing psychological therapies and along with a colleague are doing group work sessions now, despite the Covid remaining a challenge so this is a positive development.
- Freedom of Information requests have increased considerably in number during Covid. Members recognised that as a small board, NHS Shetland often received the same number of Freedom of Information requests that a large board might get and coordination of the responses are quite a challenge.
- The board continues to perform very well in terms of identifying people with the diagnosis of dementia. It was suggested that the board may need to review this target which has been met for several years.
- The CAMHS service have continued to provide a very good service since the first quarter of 21/22 in the face of staffing challenges which is more on an achievement.
- The endoscope washer disinfectant units have now been replaced which will increase the capacity for endoscopy, colonoscopy, and cystoscopy procedures.

The Board noted the Performance Report Quarter 4 2022/22.

2022/23/44 Information Governance Strategy *(Board Paper 2022/23/28)*

David Morgan presented the paper and said there had been a significant change in the legal landscape of information governance and a lot of work was taking place across NHS

Scotland on the work to develop and take forward the changes in this area. Not only does the board have responsibility for the work required locally, but also nationally there is work to be done looking at coordinating that across the whole of Scotland.

The key thing is to understand the work ahead is quite a challenge, but members should be assured that there is wide support across the organisation.

Mrs Hubbard suggested that accuracy of data be added as a fourth overarching aim of the strategy. Mr Morgan agreed it would be helpful to make that more explicit and heighten its awareness within the strategy. **ACTION: Mr Morgan to add within the strategy**

The Board approved the draft Information Governance Strategy 2022-2027.

2022/23/45 Corporate Governance Handbook Section 4: Scheme for the Constitution, Composition and Functions of Committees and Finance and Performance Committee draft Terms of Reference (Board Paper 2022/23/29)

Mrs Hand explained the board was required to approve any changes to the scheme of committees. Firstly it was necessary to formally establish that the board is seeking to create a Finance and Performance Committee before considering the Terms of Reference for the committee.

The Board agreed they wished to change the government structure and establish a new Finance and Performance Committee.

Mr Marland informed members that following discussions, the comments of all the directors of the board had been considered in terms of establishing the Finance Performance and Committee as set out in the Terms of Reference. As part of the process, it was necessary to review its Terms of Reference in its first year. Subject to approval of the board, members will be advised which committee's reporting structures require their Terms of Reference to be updated, for example the Clinical Governance Committee must amend its Terms of Reference to reflect the changes in terms of performance, information governance and information technology which moves to the Finance and Performance Committee.

There was discussion around the membership of the Finance and Performance Committee and Mr Carroll suggested that the appointee for substitute IJB position should be either the Chair or Vice Chair of IJB Audit Committee. Mr Marsland explained this had been left open because the circumstance may arise where the Vice Chair of the IJB Audit Committee may also be a Chair of governance committee of the board. By leaving it open to being one of the three IJB appointees, these members of the IJB can discuss which one it is.

Mrs Cornick pointed out that the Vice Chair of the IJB (Mrs Cornick) is also Chair of one of standing committees (Staff Governance) so asked what the process was for having that other person appointed on to the committee along with the timeframe once the Terms of Reference are agreed. Mr Marsland explained that at present the thinking was that the IJB lead would nominate the person to be the IJB substitute member, which would then be confirmed by the Finance and Performance Committee as being invited to it. When the Terms of Reference are reviewed by the committee in its first year, it can choose to be more prescriptive if it wishes to.

Mrs Cornick asked if any benchmarking had taken place regarding the new Finance and Performance Committee to establish what other boards do and if Board Chairs usually chair the Finance and Performance Committees. Mr Marsland explained that only the north of Scotland boards had been looked at in detail, but the chair and the roles of their memberships differ in every board. Members were reminded that the membership had been

discussed at a previous Board Development Session when the view had been that Mr Robinson should be Chair as Chair of the organization as it was important that he was involved in the committee. This was also why members had previously agreed on the structure of having chairs of the governance committee being the members of the Finance and Performance Committee, rather than being open to 4 members of the board as in the case of most of the other governance committees.

Mr Marsland reported that at the August Board Meeting, there will be a review of the membership of the committees and whoever is appointed to all those posts will be the members of the committee. The question is whether the current members of the Finance and Performance Committee wish to meet before the August Board. The difficulty will be the performance information for June may not be available till the end of July, so most of the membership posts are predetermined by the decision the board makes on who the governance chairs are and the only issue is whether or not the Chair or Vice Chair of the IJB also chairs a governance committee.

Mrs Haswell welcomed sight of the organisational chart but questioned the dotted line indicating the reporting route from Clinical Governance Committee up to the integration Joint Board. Mrs Hand acknowledged this was an error and would replace the solid reporting line. **ACTION: Mrs Hand**

Mr Marsland added that there were some committee still to be added to the organogram, for instance the Sustainability Committee which will report into the Finance Performance Committee.

The Board agreed the approved changes and the Terms of Reference for the Finance and Performance Committee.

2022/23/46 Whistleblowing Champion Standards Annual Assurance Report 2021/22
(Board Paper 2022/23/30)

Jason Taylor presented his annual assurance statement as Interim Whistleblowing Champion for NHS Shetland. The report outlines the specific roles of the Whistleblowing Champion and responsibilities of all boards in general in relation to whistleblowing as well as assessment of the position in NHS Shetland.

In summary, over the past 12 months there have been progressive improvements to various elements and NHS Shetland now has appropriate systems in place to record the management of whistleblowing concerns and is compliant with National whistleblowing standards. The Board is in a very good position in terms of the number of confidential contacts it has, and there are discussions ongoing with NHS Orkney in relation to how the confidential contact resource can work more closely together to provide both resilience and shared training.

In terms of testing, engagement had taken place with staff and the issues which have been identified by the executive lead to take forward over the coming 12 months include the need to raise awareness and training.

In response to a question from Mr Campbell regarding training for staff, Dr Brightwell said it had been updated and was available on TURAS although was not mandatory. There is currently a piece of work underway at the moment to consider what training should be mandatory in NHS Scotland but NHS Shetland could still adopt its own approach. It is hoped to include completion of whistleblowing Turas training into annual appraisal for relevant staff, particularly managers. Staff Development are further developing training formats including looking at case studies and this will be widely advertised in due course.

Mr Taylor said the Whistleblowing Standards were a lengthy document and it was not necessary for every member of staff to have that level of knowledge. It was important that staff receive the appropriate training for them and have awareness of where to find further information.

Mrs Haswell asked if NHS Shetland board member awareness had been part of the sampling. Mr Taylor said engagement had predominantly been with operational staff from the hospital, but also some health and social care partnership colleagues because they are more likely to be raising concerns. No engagement had taken place directly with non-executive board members.

Mr Taylor said non-executives were encouraged to complete whistleblowing training on Turas, but it would be up to NHS Shetland whether it was mandatory. Board Members could gain the appropriate level of knowledge of the standards and process through online training but equally this could be achieved through a development session.

Dr Brightwell added that it was important for the board to be visible and approachable at all levels because the ultimate aim was to not need whistleblowing. Staff should feel supported to speak up early in a way that they feel confidence in and that they have trust in. The role of board members was seen more in the tone and culture of being approachable and supporting staff when issues are not whistleblowing.

Mrs Haswell acknowledged that the standards were complex, but familiarisation with the process was how board members gain assurance. The board is consistently informed that training uptake is low so board members should be able to demonstrate its own performance through completion of online training on Turas.

Mrs Carolan suggested that training performance be added to the agenda for the next Staff Governance Committee meeting in order to look at it in more detail. It has been agreed as an organisation that there are a number of mandatory areas of training requiring focus whilst recognising the wider pressures in the organisation. The priority is to understand the risks around compulsory training and assurance could be provided to members at the next meeting of Staff Governance Committee.

ACTION: Mrs Carolan/Staff Governance Committee

The Board noted the Whistleblowing Standards Annual Assurance Report 2021/22.

2022/23/46 Model Code of Conduct

(Board Paper 2022/23/31)

Mr Robinson said the model Code of Conduct had been adopted by all NHS boards. Some have been able to adopt it before it came into force, but due to the timing of our meeting, the Code is already in force and NHS Shetland is now expected to abide by it.

Mrs Hand informed members that a separate training session would be offered in the future. The main change is the recategorisation of registering interests and members were reminded that any changes are their responsibility to update within one month of a change happening. Mrs Hand confirmed that the board had technically adopted the Code already.

The Board adopted the Model Code of Conduct for Members of NHS Shetland.

2022/23/47 Approved Committee Minutes for noting

Members noted the committee minutes.

2022/23/48 The meeting of Shetland NHS Board will take place on Thursday 30th August 2022 at 9.30am via Microsoft Teams.

The meeting concluded at 12:15

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