

# Shetland NHS Board

## Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 14 December 2021 via Microsoft Teams

### Present

Mr Gary Robinson	Chair
Mr Malcolm Bell	Non-Executive Board Member
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 Michael Dickson	Chief Executive
Dr Susan Laidlaw	Director of Public Health
Miss Shona Manson	Non-Executive Board Member
Mr Colin Marsland	Director of Finance
Mr Ian Sandilands	Employee Director

### In Attendance

Mr Brian Chittick	Director of Community Health & Social Care
Mrs Carolyn Hand	Corporate Services Manager/Feedback and Complaints Officer
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)

### 2021/22/84 Chairman's Announcements

Mr Robinson extended the boards' sincere thanks to all staff who had all made a huge effort over the previous 20 months and had no doubt been looking forward to some time off over the festive period till the Omicron variant arrived. Board members thoughts were with all staff throughout the festive period.

Mr Robinson also made a plea to anyone using NHS Shetland's services over the coming weeks to be kind and considerate towards the board's staff. It had been a challenging 20 months and some staff are very tired so everyone should be treated with kindness and respect especially over the next few weeks.

### 2021/22/85 Apologies for Absence

Apologies were received from Natasha Cornick, Lorraine Hall, Jane Haswell and Amanda McDermott.

### 2021/22/86 Declarations of Interest

There were no interests declared.

### 2021/22/87 Minutes of the Board Meeting on 12 October 2021

The draft minutes were approved with no amendments.

### 2021/22/88 Board Action Tracker

The action tracker was noted.

## **2021/22/89 Matters Arising**

There were no matters arising from the previous minutes or action tracker.

## **2021/22/90 Revised Governance** (Board Paper 2021/22/56)

Mr Robinson informed members that in keeping with the decision made at the start of the pandemic, the proposal was to stand down the board as it would normally meet and move back to the governance light model.

Mrs Hand added that it was proposed that the next meeting would be early January with meetings taking place fortnightly till the end of February. The position would be reviewed at each meeting and formally reviewed every 4 weeks till it was possible to return to normal governance arrangements. The only difference to previously is the proposal to retain media public access wherever possible due to the NHS being at a different point in the pandemic.

**The Board approved** the temporary revised approach to corporate governance arrangements.

## **2021/22/91 Draft 2022/23 Business Programme** (Board Paper 2021/22/53)

Mrs Hand presented the draft Business Programme for 2022/23 asking that if the committee dates were agreed, that the board should strive to avoid changing them as much as possible, dependent on conditions affecting the next business year and cycle of meetings.

**The Board approved** the draft Business Programme for 2022/23.

## **2021/22/92 Corporate Governance Handbook update**

### **- Section 5: Scheme of Delegation** (Board Paper 2021/22/54)

Mr Marsland presented the paper explaining that the Scheme of Delegation was reviewed each year to adjust the value that the board delegates financial resource to. The paper has previously been presented to the Audit Committee and the Endowment Committee to agree as relevant.

The principal change is to increase the amount that the Chief Executive and the Director of Finance can sign off where there is a budget for invoices from Shetland Islands Council. The second change was in respect of endowments where the board would have authority to sign off any tender bid for the MRI scanner up to the value of what is held by the MRI Scanner Appeal.

**The Board approved** the revised Scheme of Delegation for budget holders that form Section 5 of the Corporate Governance Handbook.

**2021/22/93**

**Winter Plan for Ensuring Sustainability including the  
Festive Period 2021/22**

(Board Paper 2021/22/50)

Mrs Carolan presented the draft Winter Plan explaining it was a live operational document and that the appendices would be updated once the latest guidance was taken into account in the context of winter planning and business continuity. A scenario planning exercise had taken place yesterday which would assist the team to update some of the remaining escalation plans. The plan has been produced in partnership with other organisations including SIC, Scottish Ambulance Service, NHS24 and NHS Grampian as part of the wider NHS family.

In response to a question from Mr Campbell regarding PCR testing capacity, Dr Laidlaw reported that anyone with symptoms or has a positive LFT should request a PCR test (as should anyone who has been identified as a contact). When people request a PCR test, the local lab capacity is prioritised for H&SC staff and for people in high risk settings such as care home residents, hospital patients, and those who clinically need to have a local test. This can be expanded to other priority groups who work in critical infrastructure, lifeline services when the lab capacity allows.

All other PCR tests are sent to the Lighthouse Lab in Glasgow and results are often back within 36 hours but can be up to 2 days or more. It is acknowledged that there have been problems with results being delayed, but this is an issue associated with the labs and outwith the control of the board. The board believes it has the capacity to be able to maintain this level of service and the best use is made of the capacity by focussing on the high risk settings and the prioritised groups to maintain our emergency services and lifeline settings.

In response to a question from Mr Robinson, Dr Laidlaw explained that any PCR tests which go to the Glasgow lab have testing carried out that can give an indication of a micron which then goes for whole genome sequencing to understand if it is Omicron or not. None of the NHS labs can do this testing so any positive tests are sent to labs on the mainland for genome sequencing.

In response to a question from Mr Carroll regarding the protocol for patients being discharged home, Mrs Carolan explained that if a patient is in hospital for more than 5 days then they will have additional PCR testing whilst in hospital. A patient would not routinely have a PCR test for discharge unless they were symptomatic and staff were considering how having covid would need to be managed in the community if they were fit for discharge from hospital.

Mr Carroll said it was important to acknowledge mutual staffing support which already works well in Shetland but is particularly important over the festive period. Mrs Carolan added that this is discussed at the Enhanced Care Assurance Group for care homes and have considered what mutual support might look like in various settings and how this might be done on a practical

level has been reflected in the report. All of the board's services currently have supplementary staff who would also be relied upon to provide assistance if required to support a particular team or locality over a particular spell of time.

**The Board approved** the Winter Plan 2021-22 and noted that planning is a dynamic process.

**2021/22/94 Strategic Assessment** (Board Paper 2021/22/52)

Mrs Carolan presented the paper highlighting the key issues for members' information:

- The Strategic Assessment is the first stage of a multi-phase project to develop a business case for the replacement of the GBH
- If successful at each stage, it will take approx 5-7 years to complete. This is the time at which the Strategic Assessment is approved to the point at which the board have provision of a new facility.
- It has been developed in partnership with stakeholders across the NHS, H&SC Partnership and within the Programme Board plus stakeholders such as lay reps, Joint Staff Forum and input from the Healthcare Improvement Scotland Community Engagement Team.
- The scope considers a capital project which includes capital assets and property that are owned by the NHS. The proposal being put forward to the Capital Investment Group is about provision of services that the NHS has ownership of. However, if at a later stage of the business case development, other organisations wished to invest in the project that could be considered.
- It builds on the work already undertaken to develop the Clinical & Care Strategy and sets out how a capital project could in principle support the delivery of new models of care and health in Shetland.
- A Community and Service User Engagement exercise has been undertaken as part of the development of the Clinical & Care Strategy and further engagement work is planned as part of the development of the business case going forward.

Mr Robinson extended the boards' thanks to Mrs Carolan and the team for the effort and progress achieved on this piece of work during a very challenging period and even managing to get ahead on the schedule expected. Thanks included those to Mrs Haswell who had been seconded from the board of NHS Shetland onto the group to take this work forward.

**The Board approved** the Strategic Assessment and the strategic intention that it represents, so that it can be submitted to the Capital Investment Group (CIG) for consideration.

**2021/22/95 Finance Monitoring report 2020/21 (April to October)**

(Board Paper 2021/22/45)

Mr Marsland presented the report and highlighted the key issues:

- The board was £2.3m overspent at month 7
- SGOV has confirmed that covid 19 costs for 2021/22 will be funded in full.
- The underlying issues remain to be sustainable staffing models delivering safe and effective models of patient care as well as financial sustainability. Staffing challenges related to covid is a national issue.
- Work continues towards delivering efficiency savings targets. Progress had been made in Month 8 towards the Director of CH&SC efficiency savings. Through recurrent and non-recurrent means, the board hopes to reach the majority of its savings targets.
- The board must work to balance back to a break even position in accordance with the target SGOV have set.

**The Board noted** the Financial Monitoring Report 2020/21 as at Month 7.

### **2021/22/96 Budget Setting 22-23 and Medium Term Plan**

*(Board Paper 2021/22/46)*

Mr Marsland presented the report explaining that the board had begun its budget setting process and the Financial Plan would hopefully be presented to the board in February (or April if covid work pressures dictate).

Since the paper was written, SGOV had made a budget announcement for 2023 and one of the key issues identified is the level of funding for boards in terms of the SGOV pay award. However, both AfC and the medical and dental pay awards for 2022/23 are still to be identified and unions are yet to agree given that the rate of inflation is currently significant. It is also above the rate at which the health board uplift is set so there are non-pay cost pressures to come through the system which boards will be required to address.

EMT are working through the internal cost pressures and identifying what the key issues are and in terms of covid 19 next year. SGOV are in discussion with the UK Government about planning assumptions around covid 19 because it is contingent on UK treasury funding across the whole of the UK.

Mr Robinson asked what the early indications were of the potential impact on the NHS following the pay settlement to local authorities given their integrated way of working. Mr Marsland said the SGOV are providing funding to all councils in terms of social care (the £10.50 minimum wage is fully funded). Councils have raised concerns that they have not yet received an adjustment in terms of the UK Government's increase in National Insurance which affects all employers.

Mr Bell said he understood all H&SC staff employed by SIC already receive at least the £10.50 minimum wage. In terms of the pay settlement, councillors have not yet had a chance to discuss it but initial feelings were that it was disappointing.

**The Board noted** the budget setting 22-23 statement and the changes to the 5 Year Medium Term Plan.

**2021/22/97** Mr Robinson thanks all board members for their support throughout the year and also gave thanks to Mrs Hand and the admin team who support for the board and all of its committees under challenging circumstances.

**2021/22/98** The next agile meeting of Shetland NHS Board will take place in the week commencing 10<sup>th</sup> January 2022 and fortnightly thereafter via Microsoft Teams.

*The meeting concluded at 10:00*

DRAFT