

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held in public at 09.30am on Tuesday 10th December 2024 via Microsoft Teams

Present

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| Mrs Natasha Cornick | Non-Executive Board Member (Vice-Chair) |
| 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

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|-------------------------|--|
| Ms Jo Robinson | Director of Community Health & Social Care |
| Mr Karl Williamson | Head of Finance and Procurement |
| Mrs Carolyn Hand | Corporate Services Manager |
| Ms Edna Mary Watson | Chief Nurse (Corporate) |
| Mr James McConnachie | Resilience and Business Continuity Officer |
| Mrs Kirsty Clark | Learning and Development Manager |
| Mrs Marianne Williamson | PA to Director of Human Resources and Support Services |
| Mrs Pauline Moncrieff | Board Business Administrator (minutetaker) |
| Mrs Erin Seif | PA to Director of Finance |

2024/25/85 Chair's Announcements

[CHAIRMAN'S ANNOUNCEMENTS](#)

2024/25/86 Apologies for Absence

Apologies were received from Gary Robinson and Dr Kirsty Brightwell.

2023/24/87 Declarations of Interest

There were no declarations of interest

2024/25/88 Draft minutes of the Board Meeting held on 19th November 2024

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

2024/25/89 Board Action Tracker

(2) 30/4/24 Ref 2024/25/10

Strategic Risk Register: Additional wording to be added to the descriptor for Cyber risk to include the potential for compromising patient confidential information risk.

Mr Chittick said he would ensure this was on the agenda for the next meeting of Risk Management Group (scheduled for 12 March 2025).

ACTION: Mr Chittick

The Board Action Tracker was noted.

2024/25/90 Matters Arising

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

2024/25/91 Quality Report update

(Board Paper 2024/25/47)

Professor Carolan presented the paper and highlighted the main areas for Members attention:

- Thematic analysis from significant adverse events which had taken place across the organisation
- The recommencement of the leadership walkrounds. There is now rapid feedback of issues to management to enable discussion with teams and agree if and where additional support needed to be provided. There is a programme of leadership walkrounds set from now through to spring 2025 with other leadership walkrounds with the involvement of Executive Directors and Non-Exec Directors.
- Workforce - some new roles are beginning to be established in medicine. This work is being led by Dr Pauline Wilson around credentialing. A paper will be presented to the Board in February about the development of a new role (Rural Emergency Practitioner).
- The number of nurses in substantive posts has increased with a reduced reliance on agency staff. Some of this has been possible due to the Board successfully supporting a number of international graduates to work in Shetland and also striving to support local Healthcare Support Workers pursue a career in nursing through the OU programme

Discussion

Mrs Cornick referred to a comment under Patient Feedback in the report regarding the support available within the organisation to ensure that staff burnout did not become a systemic problem. Professor Carolan said staff had indicated they receive support within their immediate teams, so she felt confident that staff who are struggling would get support within their team and referral to occupational health where appropriate. The Board is very conscious of the pressures that staff are under and support staff on an individual basis if they find that their particular circumstances are such that they struggle with pressures of work/life balance.

Mr Chittick added that the Board acknowledged the need for a co-ordinator of staff support activity across the organisation. A new Spiritual Care Lead post had recently been approved which would also be the Staff Wellbeing Lead.

Mrs Jones asked how realistic the cardiac and pressure ulcer targets were and how other health boards performed in relation to these. Professor Carolan explained the measures submitted in the quality dashboard, some of which are sensitive and some were whole system. The Clinical Governance Committee had discussed that the Board was currently recruiting to two vacant posts within the Clinical Governance Team so some data collection and analysis around quality and safety was not being widely carried out (seen in the gaps in scorecard within the report). The absence of some information made it difficult to give the Board some assurance.

Mr McCulloch as Joint Chair of Area Partnership Forum (APF), said the Board had a number of working groups, and since Covid the work of the Staff Wellbeing Group had slowed slightly. Both APF Chairs welcome the appointment of the Spiritual Care Lead who will have a leadership role in the Wellbeing Group with appropriate staff representation from across the organisation. The working groups report through APF, Staff Governance Committee and to the Board to provide a fuller picture on the areas working well and where challenges may exist.

DECISION: the Board noted the Quality Report Update.

2024/25/92 Healthcare Associated Infection Report

(Board Paper 2024/25/48)

Professor Carolan presented the paper and reported that overall performance was good around infection control and compliance. There had been a national focus on the National Infection Prevention Control Manual (chapter 4) on infection control in the built environment and decontamination and in particular water safety. The Board's Water Safety Group and

Infection Control Team are conducting a gap analysis and will flag any ongoing risks in compliance through the relevant clinical governance groups.

Discussion

Mr Higgins said that the consistently very low numbers reported in this paper at each Board Meeting was a testament to the hard work of all staff involved in the process of infection control across acute and community setting. Board members echoed this well-earned recognition. Professor Carolan suggested it may be beneficial to invite Professor Peter Hawkey to a future Board Meeting (or Board Development Session) to describe his observations in infection control in the population and learning around outbreak management.

DECISION: the Board noted the Healthcare Associated Infection Report.

2024/25/93 Finance Monitoring Report 204/25 at Month 7 *(Board Paper 2024/25/49)*

Mr Marsland presented the report and reported that the Board was £2.9m overspent at month seven compared to £2.2m overspent at month 7 last year. The Board's Financial Plan is based on a number of key assumptions all of which are adverse at month 7 and primarily relate to the planned assumption there would be a reduction in use of staff engaged on non-NHS terms and conditions. The 5 services with overspends account for 95% of the board's revenue expenditure overspend, and 4 out of 5 relate to staff on non-NHS terms and conditions.

Mr Marsland reported that there were no new issues emerging since the last Board Meeting and the underlying issues and actions remain those previously highlighted and which need to be addressed approaching the end of the financial year and in achieving financial sustainability in 2025/26 and future years.

Discussion

Mr Chittick updated Members on a recent conversation held with SGov where Executive Directors had described the work to balance in-year activity with the 3-year activity and the planned changes to be implemented through the Strategic Delivery Plan, Digital Strategy, Workforce Plan and the Financial Sustainability Plan and the pathway to sustainability.

In response to a question from Mrs Jones regarding the monthly savings performance analysis, Mr Marsland explained that in-year fluctuations can occur, and offered to shared further information with Members on the project related to the rise reported for August.

ACTION: Mr Marsland to share details for Board Members

DECISION: the Board noted the Finance Monitoring Report 204/25 at Month 7.

2024/25/94 Strategic Risk Register Report *(Board Paper 2024/25/50)*

Ms Watson presented the Strategic Risk Register half year update to the board. Strategic risks were reviewed at the Risk Management Group (RMG) meetings in June, September and November and subsequently presented at the respective standing committee meetings. All risk grades were also presented to the Audit & Risk Committee meetings in June, September and November. Ms Watson highlighted the activity in the past 6 months set out in the paper.

Discussion

In response to a comment from Mr Higgins regarding the difference in score for risks SR06 Information Governance Training for NHS Staff and SR11 Information Governance Training Non NHS Staff, Ms Watson agreed to review these to identify any trend. **ACTION: Ms Watson**

Mr Chittick acknowledged the work of the Clinical Governance team and colleagues in CH&SC to progress the transition to the JCAD system. It was noted that if there was not an easy solution to the current issues, other options would be explored which would avoid the duplication of effort by all parties.

DECISION: the Board noted Strategic Risk Register Report.

2024/25/95 Health and Care Staffing Act: Internal Compliance Report Q2

(Board Paper 2024/25/51)

Ms Watson presented the report which covered the 10 duties placed on boards regarding safer staffing and reports across the seven disciplines that the Safer Staffing Act applies to (nursing and midwifery, medicine, allied health professionals, pharmacy, dental, psychological therapies and healthcare scientists).

Ms Watson reported that progress across the organisation had been variable but a variety of systems were in place focussing on real time staffing, risk escalation and recording of mitigation. The report described the progress with the roll out and implementation of Health Roster/Optima to date and the support provided by the BAU team. The Clinical Governance Team advocate a move towards the use of Safe Care to provide a standardised approach to reporting on safer staffing.

The Board is required to report nationally on agency spend of any post holder which costs more than 150% of a substantive staff member. Quarter 2 is the second where a nil return had been submitted which was positive.

At the first monitoring meeting with Health Improvement Scotland, no concerns were raised about the Board's level of progress at that stage. The second monitoring meeting is scheduled for the 20 December where the Q2 report will be reviewed. The organisation's Healthcare Staffing Programme Board have met since the commencement of this work and will continue to do so for the remainder of the year.

Discussion

In response to a question from Mrs Macdonald about how professional judgement of appropriate staffing levels was measured, Ms Watson explained that the staff member in charge of an area had an oversight of the patient acuity within that area based on the demands of patient needs and the number of staff (registered or support staff) available on that shift. That staff member will make a professional judgement as to whether there is sufficient staff for the level of care needs at that time. If the judgement was that staffing was insufficient, there is an escalation process either via Safe Care or directly in person through clinical huddles which take place each morning. Mitigation would then be tried by movement of staff from a different area or may be a request for bank staff if appropriate.

Members commended Ms Watson and her team for their achievement in producing such an informative report without additional resource to undertake this work.

Mr Higgins asked what plans were in place to address the variation in degrees of implementation of Safe Care across the organisation, which could compromise the Board's ability to comply with the Act. Ms Watson said she and the BAU team had been working with disciplines across the organisation to assess the current position, and offering additional support in order to move forward with implementation. The challenge remained that particular departments were already experiencing capacity issues and issues with the system itself. Professor Carolan added that all professions were starting from a different baseline with nursing and midwifery having had workload planning tools for 15 years which differed to medicine for example. The pace at which Safe Care would be implemented would be determined by the infrastructure that was in place.

Professor Carolan added it was important to note that all the Royal Colleges support the legislation because it supports safety and it enabled the organisation to understand where the

risk areas lie in terms of workforce. The Board should be assured that NHS Shetland was making good progress against the backdrop of pressures in teams.

Mrs Hall explained that as part of work on the Workforce Plan, the triangulation between the quality of service provided to the community, the majority of staff under Agenda for Change and the impact of the reduced working week, and whole system modelling and the risks that the Board would be prepared to take as a board. The Workforce Plan will be presented to a future Board meeting.

DECISION: the Board noted the Health and Care Staffing Act: Internal Compliance Report Q2

2024/25/96 Winter Plan for Ensuring Service Sustainability including the Festive Period
2024/25 *(Board Paper 2024/25/52)*

Professor Carolan presented the joint winter operational plan which was developed with the Health and Social Care Partnership. There was also an intention to stage tabletop exercises before Christmas, which will provide the opportunity to rehearse some of the new features of the plan. The feedback from staff had been taken into account and there was greater focus on staff well-being. One addition put in place to support adverse weather management of patient care and also safe staffing, was that some teams can now 'sleep in' with escalation arrangements built into the plan that allow staff to do so as it reduces the likelihood of requiring to travel during adverse weather. The plan also contains enhanced detail about winter transport during adverse weather. The importance of Safe Care is highlighted in the plan and is an additional way to evidence that the Board is conducting safe staffing escalation well and references the legislation.

The parts of the plan highlighted in yellow have yet to be checked, but the Board was reassured that this was expected to be completed before Christmas with publication in a few weeks' time.

Discussion

The Board acknowledged that when Shetland experienced extreme weather, staff across the organisation and partner agencies consistently go above and beyond to ensure there are safe levels of service to the community. Members gave their thanks to all those staff.

Professor Carolan added that this iteration of the plan introduced some more consistency in parity compared to previous years where the same people had been required to cover due to the lack of structured approaches to ensure the right staff were in the right place.

In response to a question from Mr Higgins on the ability to cope with winter pressures across the entire health and care system, Ms Robinson said the current position was to maximise the availability of all possible resources, for instance care home availability over the winter period and having up-to-date information on where family members can step in if required.

There was considerable work to be undertaken around the redesign of Care at Home and care homes, but this would not be completed in time for this winter. The IJB had awarded funding for a Project Manager and external support to build a business case to review all accommodation arrangements which will impact Care at Home, and the outcome of this work would be published in due course.

Professor Carolan commented that the peak of service pressure had taken place in the summer and the system had managed to cope. NHS Shetland was awaiting data modelling from Public Health Scotland in order to give a forecast of what will happen (based on retrospective data), but given the position going into winter, the expectation was that it would be possible to sustain services provided there was not mass sickness absence during winter.

A bid for winter pressures funding had been submitted to Scottish Government and if successful some of the work on reassessment of Care in the Community can take place.

DECISION: the Board approved the Winter Plan for Ensuring Service Sustainability including the Festive Period 2024/25.

2024/25/97 NHS Shetland Anchors Strategic Plan 2023-2026 (Board Paper 2024/25/53)

Dr Laidlaw presented the plan and described the definition of an anchor organisation being any large local body which sits within a community and has a significant stake in that community. In Scotland, health boards have been asked to produce Anchors Plans focussing on 3 specific areas around employment, procurement of goods and services and the use of NHS land and assets. Climate change is often also included, but NHS Shetland have other reporting routes and for managing its climate change work.

The full list of Anchor Activity Metrics which the Board is required to report on is listed in Appendix A of the Plan. The guidance on the baseline metrics have been identified and performance against those in the first year will be reported to the Board through the Strategic Plan and in subsequent years. There is a Steering Group with representatives from the key departments within the organisation and are implementing an action plan around this work.

Discussion

In response to a question from Mrs Cornick around the potential to develop a joint Anchor Strategy with other anchor organisations, Dr Laidlaw replied that it was currently only NHS boards who were required to produce an Anchors Strategic Plan. However, there was scope for exploring how the Board linked with other local organisations such as the Community Planning Partnership where these already worked well together.

Mrs Macdonald commented that it appeared much of this information was already being reported to SGov by other means and was concerned this was additional work for small teams already under pressure. Was there any flexibility for island boards or other localities taking into account the reporting they already undertake? Dr Laidlaw replied that the Board was required to report on the Plan but had taken a proportionate view. Reporting of some metrics was fairly straightforward where the data was readily available and others require more work. There is support from SGov and Public Health Scotland and there is scope to be clear where there may be duplication. The Board is engaging with a learning group set up from across the boards looking at areas where it would be useful to have a deeper dive locally. Mr Chittick added that it would be useful to measure Shetland's performance in preventative work and tackling inequalities in order to establish how the Board is aligning nationally but acting locally as an Anchor Organisation.

Mr Chittick said the Board was in a good place to move forward quickly on many of the metrics framework in the Plan due to the work already being done, for instance developing the young workforce, procurement, climate change sustainability, land and assets review etc.

In response to a question from Mr Higgins about how on progress against the objectives would be shared with the Board, Dr Laidlaw reported that in terms of year one, a steering group had been established and the baseline metrics set, but these had not yet been reported on due to timing and capacity within the team. There will be an annual report presented to the Board before the end of 2024/25 and in a timely manner yearly going forward. Progress will also be reported through the Annual Delivery Plan, where there is a requirement for a summary on The Anchor Strategic Plan.

Mr McConnachie informed Members that a recent development working in partnership with SIC Community Planning and Development, is Community Emergency Plans which would sit within

individual community localities around Shetland and would link with the Major Incident Plan.

DECISION: the Board approved the NHS Shetland Anchors Strategic Plan 2023-2026

2024/25/98 Emergency Planning Annual Report 2023-24 (Board Paper 2024/25/54)

Mr McConnachie presented the report which detailed local arrangements for emergency planning in Shetland, and the progress made in 2023/24 to improve resilience and preparedness, planning and risk management, and response to an internal audit on NHS business continuity planning.

Mr McConnachie informed Members that funding had been secured for training including for Loggist training for accurate record keeping, a multi-agency major incident management course, and 4 places (for bronze command operational staff) on a major incident medical management support course for major incident officers who would attend a large incident.

NHS Shetland had been involved in Operation Waypoint earlier in December which focused on the mass evacuation of casualties from a cruise ship and which had resulted in several good learning points for the Board around activation and how we stand up as an organisation.

Discussion

Mr Campbell asked what the timeframe was for updating the Major Incident Plan and the associated Cyber Incident Initial Response Plan. Mr McConnachie explained the Cyber Incident Initial Response Plan was in draft and set out arrangements for standing up the incident management team. The Major Incident Plan is expected to be issued in draft consultation format to all partner agencies before the end of December.

Dr Laidlaw acknowledged the huge amount of work Mr McConnachie had carried out since coming into post to overhaul the Board's emergency planning function including security, business continuity and CBRN (Chemical, Biological, Radiological and Nuclear Defence). In addition, Mr McConnachie was also exploring better ways of working at a national level and also a regional level with other island boards around resilience.

In response to a question from Mrs Jones around the capacity to carry out the wide ranging elements of the Adaptation to Climate Change tools database, Mr McConnachie explained there was funding available through the Capital Assets Group to develop "Warp it" which is a waste reuse portal to reduce waste within the organisation, decrease procurement and save money on carbon. Mr McConnachie sits on the Climate Change Strategy Group which is developing an overarching Climate Change Strategy for Shetland.

DECISION: the Board noted the Emergency Planning Annual Report 2023-24.

2024/25/99 Procurement Strategy 2025-2030 (Board Paper 2024/25/55)

Mr Williamson presented the Procurement Strategy which is aligned to the Board's objectives and also the NHS Scotland Public Sector Procurement Policies, providing a high level framework for all procurement activities across the Board. The draft strategy had previously been presented to the Procurement Steering Group and the Finance & Performance Committee.

Discussion

Mr McCulloch commented that one of the objectives in the strategy around "Developing procurement workforce capabilities and skills" was measured via the numbers annual staff appraisals which was an area requiring improvement from a staff governance perspective.

DECISION: the Board approved the Procurement Strategy 2025-2030

2024/25/100 iMatter 2024 Cycle

(Board Paper 2024/25/56)

Kirsty Clark presented the paper and reported that the Board had maintained similar levels to 2023 with a small increase in the action planning completed by the deadline by teams. Overall, the results show that staff feel supported and valued and the top rated survey questions were around clarity of duties and responsibilities, the line manager caring about their health and well-being, and being treated with dignity and respect as an individual. NHS Shetland had maintained being the highest performing board for the patient services question "I would be happy that a friend or relative to access services within my organisation". The lowest performing areas remain the same as last year, however it should be noted that the Board still performed above the Scottish averages.

Mrs Williamson said the limitations of the Webropol system for users were recognised and the team had increased the number of resources available for managers. Webropol is a standalone system which does not feed in from any of the Board's workforce systems meaning the iMatter process is quite labour intensive for managers. In January, the team will begin planning for the 2025 cycle, and reaching out to Executive Directors and senior managers ahead of the team confirmation stage. There is currently no start date for iMatter 2025, but once this is confirmed the comms training plan and structural plan will commence focusing on the message of how teams can use the data to improve their own staff experience.

Discussion

Mrs Hall thanked the team for bringing the report together which provided Members with an important once-a-year temperature check for the organisation, how staff feel and where the Board might have to take action to improve. The key areas where the Board performed less well had been discussed at EMT and each Executive Director had a conversation within their team around these particular questions and agreed an action plan for individual teams. There are a number of aspects being taken forward as part of the Communications Plan around staff feeling involved in organisational decisions. Discussions are also being held with APF around transformational change and ways to engage the wider staff group across the organisation. iMatter will also be an important tool in re-establishing the Well-being Working Group.

In response to a question from Mr Campbell around improving the percentage of agreed actions plans, Mrs Clark replied that she and Mrs Williamson had been meeting with other boards to understand what they had put in place to achieve a significant increase including performance management conversations.

In response to a question from Mr Higgins, Mrs Clark replied that the two voluntary questions would be included in iMatter in 2025 but after that the SGov contract with Webropol as the system would expire. Going forward these questions may be included permanently as optional questions, but not included permanently in the set of iMatter questions due to academic reliability and validity. More detail confirming this would be issued by SGov.

DECISION: the Board noted the iMatter 2024 Cycle report.

2024/25/101 Board and Committee Meeting Schedule 2025/26 *(Board Paper 2024/25/57)*

Mrs Hand presented the paper and explained that the number of Board meetings had been reduced from 6 to 5 due to not being able to meet the August meeting paper deadlines in recent years. For 2025/26 there will instead be a meeting in September (replacing August and October). The draft schedule had been shared with Executive Directors and paper authors and there had been no issues flagged.

Members were asked to note that SGov periodically did change deadlines for submissions so there may be a need to stand up an additional meeting and the Board Chair had the ability to do so.

DECISION: the Board approved the Board and Committee Meeting Schedule 2025/26.

2024/25/102 Corporate Governance Handbook: Section 5 – Scheme of Delegation

(Board Paper 2024/25/58)

Mr Marsland presented the paper and explained that as part of the Board's governance process each year, the Audit and Risk Committee reviewed the Scheme of Delegation set out in the Corporate Governance Handbook. This was done at the meeting on 26 November 2024 and agreed it be presented to the Board for approval. The Scheme of Delegation ensures the proper controls are in place that reflect the management structure of the organisation and allow appropriate delegation of financial resources in line with approved budgets.

Discussion

Mr Marsland and Ms Robinson agreed to discuss the inclusion of both (Interim) Deputy Chief Officers of the IJB in the Scheme and the process for approval of job titles throughout the year by the Audit & Risk Committee.

ACTION: Mr Marsland and Ms Robinson

DECISION: the Board approved the Scheme of Delegation.

2024/25/103 Corporate Governance Handbook: Section 6 – Standing Financial Instructions

(Board Paper 2024/25/59)

Mr Marsland explained the Standing Financial Instructions were reviewed annually by the Audit & Risk Committee and no changes were recommended at the last meeting in November. However, the External Auditors had made the recommendation that the Board re-approve since they had last been approved several years ago. There is work ongoing nationally as part of the Blueprint for Good Governance to standardise a Scheme of Delegation template and also Standing Financial Instructions across the NHS.

DECISION: the Board approved the Standing Financial Instructions.

2024/25/104 Approved Committee Minutes for Noting

Members noted the committee minutes.

2024/25/105 The next meeting of Shetland NHS Board will be held on Tuesday 11th February 2025 at 9.30am via Microsoft Teams.

The public meeting concluded at 11:30