Shetland NHS Board

Minutes of the Shetland NHS Board Meeting – Tuesday 13 December 2016,
Bressay Room, Board Headquarters, Upper Floor Montfield, Lerwick

Present
Mr Ian Kinniburgh Chairman
Dr Catriona Waddington Non-Executive Board Member
Mr Cecil Smith Non-Executive Board Member / Chair IJB
Dr Roger Diggle Medical Director
Mrs Lorraine Hall Director of Human Resources and Support Services
Mr Colin Marsland Director of Finance
Mr Ralph Roberts Chief Executive
Ms Edna Watson Non-Executive Board Member / Chair, Area Clinical Forum

In Attendance
Mr Simon Bokor-Ingram Director of Community Health and Social Care
Ms Susan Webb Director of Public Health, NHS Grampian and NHS Shetland
Mr Lawson Bisset Head of Estates and Facilities for agenda item 9.iii
Mr Jim Cannon Director of Region Planning North of Scotland Planning Group
(NoSPG) for agenda item 17
Dr Mike Bisset Regional Medical Director, North of Scotland Planning Group
(Item 17)
Mr David Morgan Project Manager HR & Support Services for agenda item 12
Ms Barbara Foran Corporate Services Assistant (Minutes)

2016/104 Chairman’s Announcements

1. Mr Kinniburgh welcomed everyone to the Board Meeting.
   As Mrs Susan Webb’s flight had been cancelled she would join the meeting
   by video-link. Mr Jim Cannon would join the meeting by video link to discuss
   the NoSPG 2015/16 Annual Report. (There was a temporary interruption to
   VC link as a bridge had to be set up to facilitate 3-way input later in the
   meeting.)
   Mr Lawson Bisset would join the meeting for the discussion on the Capital
   Programme, and also Mr David Morgan for the Records Management Plan
   Briefing.
   Mrs Lorraine Hall would join the meeting when an earlier meeting closed.

2. Mr Harold Massie had stepped down as Chair of the Public Partnership
   Forum (PPF) after four years, during which time he had shown tremendous
   commitment to NHS Shetland in this voluntary role. Mr Kinniburgh paid
   tribute to Mr Massie’s role in leading the Lerwick Health Centre patient survey
   which had contributed to the reconfiguring of service provision to include the
   Advanced Nurse Practitioner (ANP) roles which had made a very positive
   impact in the practice.
3. Mr Kinniburgh announced that the Cabinet Secretary for Health and Sport had endorsed the Committee for Public Appointments’ recommendation that Mr Andrew Glen be appointed to the Board of NHS Shetland. Mr Glen, Vice-Principal for Shetland College UHI and NAFC Marine Centre UHI had many years’ experience in both senior management and also in education and training. Mr Glen had been NHS Shetland's Organisational Development and Training Manager for ten years and had a practical understanding of both the workings of NHS Shetland and also the challenges the Board faced. Mr Glen replaced Daisy Leask who had decided to step down from the Board to concentrate on the significant workload arising from her new degree course.

4. There had been an unannounced visit made by the Health Environment Inspectorate (HEI) to the Gilbert Bain Hospital on 30 November 2016. A favourable verbal report had been delivered that day and a draft full report was to be submitted to the Board by 1 February 2017 for accuracy checking and response by 2 March 2017.

2016/105 Apologies for Absence
Apologies for absence were received from Mr Malcolm Bell, Mrs Kathleen Carolan, Mr Andy Glen, Mr Tom Morton, Mr Ian Sandilands, and Mrs Marjorie Williamson.

2016/106 Declarations of Interest
There were no interests declared.

2016/107 Minutes of the Meeting held on 4 October 2016
The Minutes of the Meeting held on 4 October 2016 (Parts A & B) were approved

2016/108 Board Action Tracker
As all items on the Action Tracker (shown in Blue) were being monitored elsewhere it was decided that these could now be removed and that a new Action Tracker should be started.

2016/109 Matters Arising
Part A – Nomination Non-Executive Director as Whistle-blowing Champion (to replace Mr Ratter) – as no nominations had been received, Dr Waddington asked for the details to be circulated again. Mr Kinniburgh added that the role was important but that it should not be too onerous as cases would be exceptional rather than routine matters to be dealt with. ACTION: Circulate detail

Part B – Mr Marsland noted that the District Valuer visited during the w/c 4 December 2016.

Video link restored. IK updated SW on agenda progress

2016/110 Quality Report – Update on Progress (Paper 2016/53)
In Mrs Carolan’s absence, Ralph Roberts presented the latest Quality Report. The report included:

- a summary of the work undertaken in relation to the ‘quality ambitions’ described in the Strategy;
- performance against a range of quality indicators (locally determined, national collaborative and national patient safety measures);
- when available, feedback gathered from patients and carers together with any resulting improvement plans.

**Discussion/action** - Dr Waddington queried the proposed future of the **Patient Partnership Forum (PPF)** following the stepping down of its Chair, Mr Harold Massie (see Chairman’s Announcements above). Ms Watson commented that PPF met bi-monthly (on average) and items for discussion were led by local public interest. However, other mainland Scotland PPFs had shifted to a virtual PPF model and this would be discussed further at the Board’s Patient Focus Public Involvement (PFPI) strategy group which had suggested asking the local branch of the Scottish Health Council (SHC) to produce a summary of how other areas approached this issue. (PFPI would continue in its current format and terms of reference with a specific focus on healthcare related PFPI matters. Ms Watson noted that the PPF format had supported the former Community Health Partnership which had been replaced following the integration of Health & Social Care. It was an opportune moment to consider the way forward for PPF to perhaps align with emerging structures including ‘Our Voice’ which was being developed. Engagement with patients and the public was ongoing.

With regard to the Quality Strategy Ambitions, Dr Diggle noted that following a visit to Shetland by experts from NHS Education Scotland (NES) and the Scottish Government in August 2016, two **Clinical Development Fellows (CDF)** had been identified to support the work in the medical staffing review on local skill mix and sustainable Out of Hours (OOH) models. It was envisaged that the two Fellows would visit in February 2017. The remit was to observe and provide comment and advice. The Boards was also developing CDF posts in partnership with other North of Scotland Boards to cover Junior Doctor training posts that were difficult to fill. These roles had proven very attractive in other Board areas.

Dr Diggle reported the establishment of a **Medical Education Group** to look at developing sustainable models, roles and placements in remote and rural locations for medical staff (in undergraduate and postgraduate programmes). The feasibility of a whole year placement in Shetland for 4th year medical students was being examined. There were questions around curriculum delivery, accommodation and pastoral support across a one-year period before this could be agreed.

Dr Diggle also reported that the General Medical Council (GMC) was to carry out an inspection on medical education in Scotland later in the year. This was part of its regular quality inspections and would involve visits to a number of hospitals and all the medical schools in Scotland. Discussions were underway with the Medical school in Aberdeen and the North Deanery and it was possible that this visit would include Shetland to demonstrate the good quality teaching we provide and the remote & rural dimension of training in Scotland. In response to a question from Dr Waddington with regard to the increased cost of whole (4th) year teaching, Dr Diggle confirmed that the Scottish Government, though the Medical Additional Cost of
Teaching (ACT) funding was based on the number of students and the amount of teaching time within each Board (including GP teaching) so that the amount of payment per unit was therefore relative to activity. Currently, one 4hr session per week for one year cost the Board in the region of £12K pa.

Whilst Dr Diggle was strongly in favour of the provision of whole year training for medical students in Shetland, as this would include Medicine, Surgery and General Practice, there were challenges including the need to ring-fence teaching time in senior staff job planning as well as the issue of student accommodation and facilities. Dr Diggle also confirmed that ACT payment was retrospective, but that some ‘pump-priming’ funding would be available in advance.

Dr Diggle confirmed that the preliminary scoping work on this was expected to be completed by the end of January 2017 and that he would report back to the Board thereafter. Dr Diggle was of the view that the most likely implementation of the proposed new schedule would not be before September 2018 at the earliest.

Mr Smith asked if accommodation for student would be single units only, or could include couples, and if this was an area where Shetland Islands Council might be able to lend support. Dr Diggle said that was unknown, but that it might be possible that shared accommodation could be offered to volunteering couples. Ian Kinniburgh suggested that the issue of undergraduate accommodation be raised as a Community Planning issue. ACTION: RR

Ms Webb suggested that it would be helpful to clearly link the report with the Quality Ambitions and asked what metrics were linked to these as these potentially could be used to re-inforce the Quality Ambitions. Ms Webb said she was happy to discuss this further with Mrs Carolan. Mr Kinniburgh agreed that this was both a logical and helpful suggestion. Mr Roberts undertook to feedback to Kathleen Carolan. ACTION: RR to KDC

**The Board** noted the progress made to date with the delivery of the action plan and other associated work which focused on effectiveness, patient safety and service standards/care quality.


In Mrs Carolan’s absence, Ms Webb presented the standing report on Healthcare Associated Infection (HAI). The report noted that:

- NHS Shetland had one case of Staphylococcus Aureus Bacteraemia in September 2016
- NHS Shetland had no cases of Clostridium Difficile Infection in September and October 2016
- NHS Shetland had one case of E Coli Bacteraemia in October 2016
- Hand Hygiene audit compliance figures for July to September 2016 was 99.2%.
- Cleaning standards compliance for the Board for July to September 2016 was 93.7%.
- Estates standards compliance for the Board for July to September 2016 was 99.3%
Discussion/Action – Ms Webb noted that there was very little to add to information contained in the report, however there had been an unannounced visit by the Healthcare Environment Inspectorate (HEI) to inspect the safety and cleanliness of the Gilbert Bain Hospital on 30 November and 1 December 2016. The inspection was undertaken on Ward 3, Ward 1, A&E, Maternity, the Renal Unit and Medical Imaging. Patients provided feedback as part of the inspection process.

The initial verbal feedback was positive, noting examples of good practice and staff knowledge. A draft report would be made available for factual accuracy checking by 1 February 2017 and the report would be published on the Health Improvement Scotland website on 2 March 2017.

There were no questions from Board members.

The Board received the HAI report and noted the Board’s position and performance.

2016/112 Finance

Monitoring Report 2016-17 (Month 7 - 1 April to 31 October 2016) (2016 Paper 2016/55)

Mr Marsland reported an overspend of £1M and that a large proportion of savings to date had been non-recurring. The main cost pressures for the Board were occurring in Acute Services (largely in locum provision) and this presented a major risk to the Board’s financial position. Looking forward, the majority of the Junior Doctor posts would be salaried by mid-December 2016, which would reduce locum costs in that area, but locum staff were employed elsewhere including laboratory services.

Discussion/Action – Mr Kinniburgh noted that the Financial Plan Trajectory did not show the upturn anticipated for the time of year compared to previous years. Mr Marsland noted that Month 8 figures had not been reviewed and that there were still some posts not yet out to advertisement and consequently unfilled. Mr Roberts, in answer to Mr Kinniburgh’s question about impact on service provision, noted that gaps were filled by locums and that EMT and Strategy & Redesign were monitoring the financial situation closely. It was still expected that the Board would be able to get back into balance by the end of the Financial Year.

Dr Waddington queried why some posts were not yet filled despite advertising. Dr Diggle reported that the most recent GP vacancies at Lerwick Health Centre had been advertised widely but had failed to attract any applicants and this was a UK wide situation.

Mr Bokor-Ingram commented that despite advertising in professional journals and on the web, efforts were not successful and this was the case in both rural and urban GP posts, and we needed to recognise that the current GP model was failing to recruit new candidates. Mr Marsland also noted that pensions changes by the UK government had prompted many GPs to bring forward their retirement which was also adding pressure to retention. Mr Roberts added that various proposals had been discussed at EMT, and notwithstanding the scale of the problem at national and local level, the Board was keen to advertise again in the New Year to increase visibility of opportunities at NHS Shetland.
On a positive note, Dr Diggle reported that he was aware that 4-5 of the trainee GPs were interested in returning to Shetland within the next 2 – 3 years, although these were unlikely to all be full time. However this did not alleviate current issues.

Mr Kinniburgh asked if was possible to drive down costs of locum staff. Mr Bokor-Ingram noted that it was a competitive market weighted in favour of the locum providers. Mr Marsland commented that the Board would be in a significantly worse position without the services of the Advanced Nurse Practitioners (ANPs) and that further work was required to look at different models of working and promoting the islands’ unique lifestyle opportunities.

Mr Roberts noted that finance was on the agenda for the January 2017 Strategy and Redesign Committee and Mr Kinniburgh agreed that a further update at the February Board would be helpful. **ACTION: RR**

The Board noted:

- the over spend against budget of £998.9k for the financial year to date. This equated to an over spend on budget of 3.18%;
- compared to the Local Delivery Plan trajectory at the end of October (£800k over spend) this was an adverse variance of £198.9k against the plan;
- that savings achieved for the year to date total £1,399.4k. This was an adverse variance of £42.6k against the planned trajectory.

**2017-18 Budget Setting and Five-year Financial Plan (Paper 2016/56)**

Mr Marsland noted that there had been no increase in UK health funding following the Chancellor of the Exchequer’s Autumn Statement at Westminster on 23 November 2016. The Scottish Government Cabinet Secretary for Finance was scheduled to issue a statement on 15 December 2016, consequently the earliest that the Board would be able to receive a formal financial plan for approval for 2017-18 would be February 2017 when it was likely that the value of all expected allocations would have been confirmed.

**Discussion/Action** – Mr Roberts commented that it in his experience this was the most difficult paper presented to the Board going into a new financial year. The Board was clear on costs for 2017 and relatively clear on income (Mr Marsland had noted that inflation was unlikely to change) and that there was limited change to non-core budgets. Projecting both forward, there would be a significant gap between Income and expenditure and he questioned whether this could be met by efficiency savings in the timescale required. Forecasts also showed that the Board could still be in the region of an additional £1M in deficit compared to the assumptions in the last financial plan because recurrent savings had taken longer to deliver than planned. Mr Roberts believed the cost pressures identified were realistic and that significant work was therefore needed to identify the service changes and efficiencies required to close the gap.

Mr Kinniburgh commented that, with reference to the current position, assumptions had to be challenged because the presented challenges were greater than previously. He asked if the Board was underestimating the challenges for 2017/18. Mr Roberts agreed that it was becoming more difficult each year to deliver savings.
The Board had, in the last few years, consistently used non-recurrent savings to breakeven in year (for example the sale of Brevik House) and that in the future there were fewer opportunities for the same level of non-recurrent savings. Mr Marsland referred to a report by the King’s Fund which noted that unless income tax or the overall investment in Health spending increased then the core health budget would not change. Consequently, a major redesign of local services and service provision was required.

Mr Kinniburgh asked if the Integration Joint Board (IJB) recognised the pressure for timeous savings. Mr Roberts said it was important to be clear to partners that that although the Board understood cost pressures that it had to make assumptions about future savings and that concerns about the future position of the Board will need to be made explicit to the IJB. Dr Waddington noted that it was important to be as constructive as possible in going forward and that the IJB would find a frank explanation of the position to be helpful.

Mr Roberts noted that there was no national agreement about how the financial resources relating to resource transfer of services from acute services (for example, elder care, Mental Health etc) to community health services should be effected. From an NHS perspective it would be preferable for the resources to be transferred direct to IJB, rather than through SIC to IJB.

Dr Waddington commented that, whilst she accepted this logic, the funding mechanisms for the IJB was complex and there was a need for transparency on resource transfer payments and all payments between the 2 parties and the IJB. Without this, IJB decision making was both difficult and not transparent. Dr Waddington accepted that the IJB needed to take responsibility for its resources and that the IJB plan and budget did not match. With reference to the Scottish Government Change Fund (monies available to Health and Social Care Partnerships), Dr Waddington identified that the IJB needed to be clear about the context of funding available and would benefit from a report on plans previously submitted and delivered.

Mr Smith agreed with Dr Waddington and commented that the IJB needed a joint budget which included efficiencies so as to be able to work within limits and achieve savings.

Mr Bokor-Ingram supported both Dr Waddington and Mr Smith and noted that Mr Marsland’s paper was both bold and helpful. Mr Bokor-Ingram noted that the resource transfer related to care in the broadest sense and was not ‘just about beds’. The challenge was to provide care in different ways than in the past, at the same time recognizing that both SIC and NHS had to achieve efficiencies. Mr Bokor-Ingram also noted that the IJB needed to consider how the concept of ‘shifting the balance of care’ (from the hospital setting to the community) was to be resourced. The Health Board had no reserves and had previously achieved a balanced budget through non-recurrent savings. Mr Marsland noted that SIC had also realized savings from the closure of Viewforth and reminded the Board that it needed to hold all budget holders, including in Community Health and Social Care, to account along with the IJB.
Mr Marsland pointed out that all NHS Scotland Health Boards (with the exception of NHS Orkney) were currently projecting a recurrent deficit and there was a risk that the Scottish Government would not accept the Board’s 2017/18 budget since at present this was predicting a significant overspend at the end of 2017/18.

Mr Roberts advised that budget holders/managers were to be tasked to identify what would be needed to bring them back into balance and agreed that there was a need to reinforce awareness that the Board had no financial resources with which to underwrite a deficit.

(Lorraine Hall and Lawson Bisset joined the meeting)

Mrs Webb asked if the Local Authority (LA) had a view on resource transfer direct to the IJB. Mr Smith said that SIC Finance department had not yet commented on this and that pre-IJB arrangements showed that it was hospital-based (acute care) monies that had been transferred into the care budget.

Dr Diggle commented that whilst welcoming co-operative working, there were significant differences between LAs and Health Boards in terms of accountability. LAs had Statutory Requirements whereas Health Boards had to meet standards on quality and targets direct from the Scottish Government. The only Statutory Requirements affecting Health Boards were in reporting of births and deaths. In Dr Diggle’s view, reconciling the tensions between the different lines of accountability complicated the IJB’s task.

Mr Roberts supported the view that the objective was to achieve a single budget for IJB so that there could be an holistic way forward.

Mr Kinniburgh agreed that it was important to ensure that going forwards the IJB had flexibility to work well as a whole.

The Board approved

- The funding as outlined in Appendix B was allocated from reserves to address the 2017-18 cost pressures subject to exact values being verified.
- To amend the current inflation assumptions for uplifts to the Resource Transfer Payment to be the inflation rate applied to the core baseline (was 1.7% in 2015-16) less the generic efficiency savings target applied by the Board, 4.0% in 2017-18.
- Guidance is issued to the IJB that advises the Board will not automatically agree to provide “payment” or funds that underwrite the financial position of the services the IJB commissions.
- Guidance is issued to the IJB that advises the Board believes the Integration Fund should be used primarily as a change fund and not for permanent funding of redesign proposals and that clear guidance should be issued for the utilisation of this fund.

The Board agreed that its 2017/18 Budget should be re-presented to show measures to achieve a reduction in the gap in funding.

ACTION: CE and executive directors
Capital Programme 2016/17 – Update (Paper 2016/57)

Mr Bisset had joined the meeting to respond to any queries Board Members had about the capital programme update paper for 2016/17, which included the 10 Year Capital Programme. Mr Bisset commented that, as ever, unforeseen projects impacted on budgeting and that the 2017/18 budget adjustments had been included in the 10 Year Capital Programme.

Discussion/Action

Ms Watson asked about progress on item 3.1.7 Lerwick Health Centre Security. Mr Bisset confirmed that following a meeting on 14/12/16, two systems were under consideration.

Mr Kinniburgh noted progress with item 3.1.39 Managed Laboratory Services and commented that this had been well managed.

There were no further questions.

The Board noted the 2016/17 Capital Programme and update.

Mr Bisset left the meeting.

2016/113 Performance Monitoring Report for Period to November 2016 (Paper 2016/58)

In presenting the paper, Mr Roberts drew members’ attention to the higher incidence of ‘red’ status of targets, indicative of the challenges facing the Board in the current financial climate. Mr Roberts invited Mrs Webb to comment on specific Public Health issues which were particularly challenging.

Discussion/Action

Mrs Webb confirmed that Public Health staff were examining resources and considering different models in order to agree what could be afforded under existing resources. This was ongoing work and related to earlier discussions about 2017/18 budget.

Mr Kinniburgh invited comments on the report from members. Dr Diggle remarked that the improvement to CAHMS access targets was a tribute to the team concerned. Dr Waddington asked if interventions were in place towards the reduction of the proportion of children with high BMI. Mrs Webb confirmed that the level of interventions undertaken had been affected by problems in Dietetics staffing and therefore she was unable to give assurances on outcome to date. There was a need to draw up an improvement plan to include the current position set the desired destination. Mrs Webb confirmed that NHS staff were working with all partners (including Nursery level education) to achieve this and that the Integrated Children’s Service plan would reflect this.

The Board noted the progress against performance and noted the general direction of progress up to November 2016.

David Morgan joined the meeting.

Mr Marsland noted that the paper had previously been discussed at the November Strategy & Redesign Committee and that had endorsed this for agreement by the Board. He reminded members that the Board had to comply with The Procurement Reform (Scotland) Act 2014 which instructed that all Boards had to publish their first Procurement Strategy by 31 December 2016. National Services Scotland (NSS) had helped develop the strategy through the Hosted Procurement arrangement which ensured that it was fully compliant with all the requirements of the Act.

The Board approved the adoption of the Procurement Strategy 2016-19 enabling it to be published on the Board’s website.

ACTION: to be posted on Board Website


Mr Morgan was in attendance to introduce the paper, noting that to comply with the Public Records (Scotland) Act 2011 (“the Act”) NHS Shetland (and other public agencies) must produce, and submit to the Keeper of the Records of Scotland (“the Keeper”) for agreement, a Records Management Plan (RMP) that sets out proper arrangements for the management of NHS Shetland’s public records. NHS Shetland must agree its RMP with the Keeper by May 2017.

Mr Morgan was seeking guidance from the Board on the following issues:

1. What role the Clinical Care & Professional Governance Committee (CCPGC) should have in the RMP approval process (i.e. stakeholder or authoriser?)

2. What input the NHS Shetland Board wished to have in the RMP approval process.

Mr Morgan confirmed that the paper followed the national template provided by the Keeper.

Discussion/action

Dr Waddington asked where the RMP project sat in relation to the budget or if it had a separate budget. Mr Morgan confirmed that it sat within the current budget, however the next phase, would challenge the training support required. Short term funding therefore maybe required to progress the project The RMP represented a culture shift in the organization as implementation necessitated a different way of recording and storing information already held by the Board in different areas. It was important to recognise that non-clinical records also were part of the RMP. The current project sat with the HR directorship/budget. Ralph Roberts supported the view that whilst there were some technical issues involved, the significant difference was the inclusion of non-clinical records and the culture change required to realize this. Dr Waddington noted that all LAs, including Police Scotland, were bound by the Act and that SIC had submitted its RMP and awaited feedback.

Mr Marsland reminded members that all records were bound by the Data Protection Act 1988 (DPA).

Mr Roberts noted the importance of the role of CCPGC in relation to the records held in integrated services and that this required close liaison with colleagues in SIC. Mr
Morgan confirmed that he was working with a colleague at SIC, looking at legal responsibility with shared services and also how best this can be managed locally. Mr Marsland also noted that NHS Shetland and SIC already had a Data Sharing Framework in place which pre-dated the formal integration of Health and Social Care.

Dr Diggle commented that he understood the reasoning behind the legislation, and that there were improvements that could be made in records management as indicted in the Shaw Report which was behind the current Act. It was appropriate that the CCPGC had responsibility for oversight of the RMP.

Mr Roberts supported the view that the CCPGC should have authorization of the RMP and responsibility to keep the Board sighted on all matters relating to the RMP. Mr Roberts also confirmed that the costs had not yet been built into the financial plans.

**The Board decided**: that CCPGC should have responsibility for the authorization of the Records Management Plan and report on progress and implementation to the Board through the usual Board Sub-Committee channels.


**Background**
Changes to Board Membership necessitated a review of Committee membership. The Board Business Programme also required approval each year to allow effective planning of diaries and agenda management.

**Discussion/Action**
The Audit Committee Membership to be confirmed.  

**ACTION: RR**

It was noted that the membership list had been updated to include Andy Glen, who had been slotted into the commitments previously assigned to Daisy Leask.

With regard to further developing the Board Business Plan, Mr Roberts proposed that this should include 4 x half-day Board Development sessions on significant issues and 4 x Non-executive meetings in each business year.

Mr Roberts acknowledged that there needed to be further discussion about the roles of the Strategy & Redesign Committee and IJB with regard to finance, performance, strategy and redesign and proposed that this be discussed in further detail at the January 2017 Strategy & Redesign Committee.

Mr Kinniburgh supported the inclusion of Board Development sessions as being constructive and positive and noted that the function of the Strategy & Redesign Committee had been under discussion for some time. In his view it should re-focus on Finance/Performance/Risk/Implementation. It was agreed that it be discussed as proposed at the January 2017 meeting of the Strategy & Redesign Committee.

**The Board noted** and agreed the 2017/2018 Board Business Plan.
2016/117  **Scheme of Delegation** (Corporate Governance Handbook: section 5)  
(Paper 2016/62)

**Background**

The regular annual review of the Scheme of Delegation ensured that proper controls were in place that reflected the management structure of the organisation and allowed appropriate delegation of financial resources in line with approved budgets.

The Scheme of Delegation was been agreed for final endorsement by the Audit Committee in November for approval at the December 2016 Board Meeting.

The principle changes were:

1. An increase to the value that both the Director of Finance and Chief Executive could approve for payment to Shetland Island Council given that the Board funded £2.5m of the Council’s expenditure on Health and Social Care.
2. Head of Finance and Procurement could approve the payment of the monthly SLAs to NHS Grampian in the absence of the Director of Finance.
3. Head of Finance authorisation for HITs payments has been reduced as the frequency of payment moved from monthly to weekly.
4. Head of Planning and Modernisation post had been added to the schedule and the Director of Public Health post’s responsibility amended to reflect movement of duties for off-island individual payment invoices (ECRs/OATs/NCAs).
5. Inclusion of the Elective Services Manager post within the Acute and Specialist Services Directorate.

**Discussion/Action**

Mr Kinniburgh noted the actions required no further discussion.

The Board approved the Revised Scheme for Delegation section 5

**ACTION: update CH section 5**

2016/118  **Standing Financial Instructions** (Corporate Governance Handbook: section 6) (Paper 2016/63)

**Background**

The regular annual review of Standing Financial Instructions ensured that proper controls were in place to reflect the management structure of the organisation, changes in legislation and allow appropriate delegation of financial resources in line with approved budgets.

The Standing Financial Instructions were agreed for final endorsement by the Audit Committee in November for approval at the December 2016 Board Meeting.

The principle changes to the Standing Financial Instructions reflected the legislative impact of Procurement Reform (Scotland) Act 2014 that were introduced in 2016 and best practice outlined within the Scottish Government guidance on procurement.
In addition the document has been subject to administrative changes and corrections, with references to the Senior Management Team for example having been replaced by Executive Management Team, references to the Transport and Purchasing Manager having been replaced with the Head of Finance and Procurement (or Procurement Supervisor) to reflect the deletion of the former post. Reference to Citibank and Royal Bank of Scotland in respect of bank accounts has been amended to NatWest

Discussion/Action
Mr Kinniburgh observed that the changes were straightforward

The Board approved the changes to the Standing Financial Instructions section 6.

ACTION: Amend CH section 6

2016/119 Adult Protection Committee Biennial Report 2014/16 (Paper 2016/64)

Background
Under the Adult Support and Protection (Scotland) Act 2007 the Adult Protection Committee (APC) is required to submit Biennial reports on the activities of the Shetland APC. The following were noted as key successes during the reporting period:

- Inter-agency Screening Meeting to discuss adult protection referrals and agree appropriate actions.
- Users and Carers Meetings - a series of events with service users and carers to raise awareness of adult protection and to support staff in discussing this issue.
- “What Do I Stand For?” – a short film made by the Forward Directions Group for the Adult Protection Committee.
- Training and E-learning – roll out of training and e-learning.
- Support of Chief Officers – continued close working with Chief Officers Group.

The full report available at:–


Discussion/Action
In presenting the report, Dr Diggle commented the statistics provided indicated how Adult Protection had been progressing well and included collaboration with other local agencies such as the Scottish Ambulance Service and Family Services which had proved helpful.

Mr Roberts noted that the work of the Shetland APC was as important to the community as the Shetland Child Protection Committee and that the report reflected the large amount of work undertaken and results achieved and the importance of remaining focused on this area of work.

Dr Diggle noted that Adult Protection was more complex than Child Protection as it was more difficult to recognise at which point intervention was required as there were often a gradual series of changes which made it harder for professionals and
family to make the decision. Dr Diggle emphasized that it was essential to take out Power of Attorney before individuals lose capacity because failure to do so could lead to complications. Dr Diggle also noted that this was not exclusively age-related, but could be, for example, a result of adult illness or injury and that a national campaign was planned to raise awareness of this during 2017.

Mr Smith added that the report had also been presented and discussed at the IJB in November 2016 and that it was to go back to IJB in January 2017 in order for the Terms of Reference for the committee to be revised with support from the SIC Legal department.

The Board noted the Adult Protection Committee Biennial Report 2014-16.

Mr Bokor-Ingram left the meeting.

2016/120 NoSPG Annual Report 2015/16 via V/C (Paper 2015/65)

Mr Cannon, Director Regional Planning, and Dr Mike Bisset, Regional Medical Director, joined the meeting by audio only for this item as it had not proved possible to arrange a visual link.

Background

Mr Cannon apologized that the report the North of Scotland Planning Group (NoSPG) annual report the period 01/04/2015 – 31/3/2016 had missed the NoSPG Executive meeting in June and had been approved at its September meeting. Despite the delay, Mr Cannon said that it was still a worthwhile platform to look at regional issues in general. Dr Bisset, commented that an example of this was the Regional Clinical Strategy. Mr Cannon also noted that the Annual NoSPG event held in November had given a clear picture of the challenges faced across the whole region going into 2017/18. He also noted that NoSPG did not have the authority or resources to function in the same way as a local health board.

Discussion/Action

Dr Waddington asked if the question of poor broadband provision and the impact this had on the eHealth Programme might be raised by NoSPG either by letter to the Scottish Government (SG) or by spearheading a campaign. Mr Cannon commented that NoSPG's audio-only presence at the meeting evidenced the problems. He reported that at recent SG meetings to discuss rolling out technology and software to support eHealth, there was an assumption that all regions had access to adequate broadband provision. Mr Cannon was in favour that NoSPG canvass the SG further on this matter. Mr Kinniburgh added support to the suggestion, and commented that at the Convention of Highlands and Islands, which he attended as an NHS Board Chair, the issue of connectivity was one of the regular topics discussed. Dr Bisset noted that Digital Scotland acted as a forum to promote the advancement of broadband was aware of the commercial and technical issues and needed specific data on the community population sizes and speeds of data in each area.

Mr Roberts suggested that eHealth in the north of Scotland be asked to clarify the speeds needed in Primary Care across the whole region, with a view to putting pressure on local Community Planning Departments to take this issue further.
Mr Smith commented this had also been discussed at SIC and the emphasis had been that IJB and NHS Shetland should take the issue back to the Shetland Partnership Board.

Mr Kinniburgh agreed that it was vital to understand what was needed to feed into the debate effectively and Mr Smith agreed with the need to send the strongest message possible to the SG on this vital issue.

Mr Cannon agreed to take away this issue to discuss further action with eHealth for the north of Scotland.

With reference to the Report’s statement on the growing need for cross collaboration between north of Scotland health boards, Dr Diggle commented that this was complicated by the SG issuing individual targets to each health board.

Mr Kinniburgh added that current thinking amongst health boards was that IJBs should be playing into the regional work, for example in relation to referral management.

Mr Cannon acknowledged that the regional planning landscape had changed and that the relevant HDLs (Health Department Letters) from the SG were in need of revision to include the role of IJBs in local planning.

Dr Bisset added that in larger health boards some IJBs were hosting services for others and therefore becoming effectively a regional voice; there was also an awareness that GP practices also wanted to be part of planning for regional services.

Mr Roberts suggested that IJBs be included in the developing the Regional Clinical Strategy. Mrs Webb was wary of a potential increase of committees working across the spread of disciplines and suggested that the focus should be on desired outcomes so that the most appropriate people took issues forward.

Mr Smith left the meeting

Mr Cannon commented that macro-level population mapping would be needed to identify different needs and consequent outcomes to take the strategy work forward.

Dr Diggle suggested that it would be helpful if NoSPG could

1. Identify a philosophy and expected behaviours of individuals/groups/health boards;
2. Identify areas where collaboration would be appropriate
3. Empower decision-makers
4. Identify across boards if/where IT technical support was available.

Dr Bisset also suggested that, from a governance perspective, there needed to be consensus across the region, so that any joint issues were compatible across all areas. Mr Kinniburgh supported this and in answer to a question from Mr Cannon about the legislative power of IJBs to enable boards to delegate across boundaries, Mr Kinniburgh commented that there did not appear to be a standard approach to IJBs noting that for example, Orkney and Shetland worked differently in this respect.

Dr Diggle left the meeting
Mr Roberts suggested that, rather than delegate authority, Service Level Agreements (SLAs) could be the way forward particularly if there was understanding/agreement over targets for the north of Scotland, for example in areas such as Cancer Targets.

Mrs Webb agreed with Mr Cannon about use of current data to map clear outcomes for the Regional Clinical Strategy. Mr Roberts thanked NoSPG for its work and support.

Mr Kinniburgh noted that it was important for the Island Boards to have clear understanding of (and a pro-active role in) Regional Planning issues and what could be achieved.

The Board noted the Annual Report of the Regional Planning Group (NoSPG).


Background

Following the Board's Annual Review in October 2016, Mr Kinniburgh had received a formal letter from Shona Robison, SG Cabinet Secretary for Health and Sport, dated 4 November 2016.

The review had been favourable and the SG continued to be positive about the innovative use of local radio to support the process and allow an interactive forum for this to take place. The Main Action points were:

- To continue to review update and maintain robust arrangements for controlling Healthcare Associated Infection.
- To keep the Health and Social Care Directors informed on progress towards achieving all access targets and standards in particular for Outpatients appointments and Psychological Therapies.
- To continue to make progress against the staff sickness absence standard.
- To continue to achieve financial in-year and recurring financial balance and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.

The Board noted the Annual Review letter.

2016/122 Verbal Updates by Committee Chairs

Endowment Committee held on 8 November 2016: Mr Marsland reported that Mr Morton was to set up a project group to see if the provision of a local MRI scanner was realistic and achievable.

Strategy and Redesign Committee held on 22 November 2016
The Strategy and Redesign Committee had received the usual corporate risk report, and also updates on finance and the property strategy

Integration Joint Board held on 23 November 2016 – no verbal update available as Committee Chair had left Board meeting.
Area Clinical Forum meeting held on 10 November: Ms Watson reported that the joint APF (Area Partnership Forum) and ACF meeting had gone well. Topics considered included the Draft Records Management Policy, Community Rehabilitation. The ACF meeting for 8 December had been postponed.

Area Partnership Forum held on 24 November 2016 – see ACF above

Clinical, Care & Professional Governance Committee held on 28 November 2016 – No verbal update available as Committee Chair was not present at Board meeting.

Audit Committee Meeting held on 29 November 2016 – Dr Waddington reported that new external Auditors had been appointed and the Committee had received an update from the Dental service which included the way in which Income was recovered and this represented a culture shift for the Board.

Staff Governance Committee held on 6 December 2016 – Mrs Hall reported that the iMatter initiative was progressing well but that there was a gap in quality and consistency. It had been noted that the Board itself was behind in this and Mr Kinniburgh agreed that the Board should set an example to the rest of the organization.

2016/123 Approved Standing Committee Minutes for noting

- Minutes of Endowment Committee held on 6 July 2016
- Minutes of the Clinical, Care and Professional Governance Committee meeting on 23 August 2016
- Minutes of the Area Medical Committee on 25 August 2016
- Minutes of the Staff Governance Committee meeting held on 1 September 2016
- Minutes of the Audit Committee meeting held on 6 September 2016
- Minutes of the Strategy and Redesign Committee meeting held on 20 September 2016
- Minutes of the Integration Joint Board meeting held on 19 October 2016
- Minutes of the Area Partnership Forum held on 28 September 2016

Date and time of next meeting: Tuesday 14 February 2017 at 9.30am in the Bressay Room Board Headquarters Upper Floor Montfield, Burgh Road Lerwick

BMF 30/01/2017