

NHS Western Isles
Board Meeting



Minutes of Meeting
29 May 2019
Practical Room, Education Unit,
Western Isles Hospital, Stornoway

Members Present:

Rosemary Bugler	Non-Executive Director	Angus McKellar	Medical Director
Ian Burgess	Chair	Diane McPherson	Non-Executive Director
Gordon Jamieson	Chief Executive	Dana Murray	Employee Director / Non-Executive Director
Margaret MacKenzie,	Chair of ACF / Non-Executive Director	Uisdean Robertson	CnES Representative / Non-Executive Director
Gillian McCannon	Non-Executive Director	Maggie Watts	Director of Public Health / Caldicott Guardian

In Attendance:

Andy Carter	Interim Director of Human resources & Workforce Development
Michelle McPhail	Business Manager
Eilidh Whiteford	Communications Manager

1. WELCOME

The Chair welcomed everyone to the meeting. He specifically welcomed Mr. Carter to the Board as Interim Director of Human Resources and Workforce Development. The Chair advised that Mr. Carter is on secondment from NHS Greater Glasgow & Clyde for a period of 6 months

2. APOLOGIES AND ACKNOWLEDGEMENTS

Debbie Bozkurt	Director of Finance, Procurement and Chief Finance Officer of the IJB
William Findlay	Nurse/AHP Director / Chief Operating Officer

3. INTRODUCTION

3.1 Chair's Report

The Chair reflected on the previous events, highlighting:

- 20.05.19 – Attended the National Chairs meeting with the Cabinet Secretary for Health and Sport. The Sturrock report was raised, in relation to the allegations of bullying within NHS Highland.

It was noted that a National Whistleblowing Champion will be appointed and an appointment will be made to NHS Boards. However at this point in time it was not clear if the appointment will be in addition to those on the Board, someone allocated by the National Champion or supporting an already existing Non-Executive to fulfil the role.

- The Chair attended the Remuneration Committee consultation session, via video conferencing accompanied by Mr. Jamieson, Mrs. McCannon and Mrs. McPhail. Even though this was a consultation and awareness raising session there may be changes which the Board will need to consider and apply. As and when information becomes available to the Board will be updated by the Chair.
- The Chair advised that he is currently undertaking the appraisal process of Non-Executive Directors.

Decision: The Board formally noted the Chair's update.

Action: No formal action required.

4. DECLARATION OF INTEREST

No declarations of interest were raised in relation to any items on the agenda.

5. MINUTES

5.1 Minute of 27.03.19 – DA

The Minute of the meeting of the Board held on the 27th March 2019 was approved subject to the following amendments:

Item 10.2 – Western Isles Performance Monitoring Report – last paragraph, last sentence should be amended to read "...Dr. McKellar advised that a business case is being submitted and will advise in due course."

Decision: The Board formally approved the Minute of 27th March 2019.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters were raised.

5.3 Action Points

The following updates were noted to the Action Points:

- **18.12.18 – British Sign Language Plan** – on the agenda for discussion. **ACTION: REMOVE**
- **18.12.18 – Human Resources Workforce Report – Easy System** ~ Mr. Carter advised that the Chief Executive has asked him to review this. Further report will be presented in due course. **ACTION: UPDATE**
- **23.07.19 – Annual Operational Financial Plan** ~ approved and information submitted to Scottish Government. **ACTION: REMOVE**

Decision: The Board formally noted the updates.

Action: The action points will be updated to reflect the above outcomes.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Month 12

Issue: *The Board was asked to note for assurance purposes the Report presented by Mr. Gordon Jamieson, Chief Executive in the absence of Ms. Debbie Bozkurt.*

Discussion: Mr. Jamieson advised that month 12 report for the year up to 31st March 2019 noted that the Board is showing an underspend of £29k after the application of the contingency in full, and the application of financial flexibility, and a cash payment from the IJB of £1m. This is approximately the eleventh year in a row that the Board has broken even in very tight financial constraints.

The main areas of risk were highlighted:

- Mental Health acute placement / mainland placement – overspent by £706k;
- Laboratories – overspent by £347k; and
- High cost drugs - overspent by £553k.

The Capital allocation of £2,142k was utilised in full.

Board Members deliberated the financial pressures in 2019/20 and beyond. It was noted that the pressures seen in 2018/19 will continue into future years', however these will be difficult to mitigate as they are either nationally driven or driven through demographic changes in population or with regards to known long term mental health placements.

Mr. Jamieson noted the outcome of the discussion with the Scottish Government seeking further detail as to how the Board would reduce its risk with unidentified savings equating to £1.3m. Further detail has subsequently been provided to the Government.

Members discussed the need for strategic redesign of services, taking cognisance of the need to support the IJB to make the changes to those services delegated for their responsibility.

Members discussed the report further seeking assurance as to the use of the funds as well as obtaining greater understanding of the challenges the Board will face in 2019/20. It was noted that the Board's ability to break even will be extremely challenging given the increase in high cost drugs and off island placements increasing. The Board needs to further explore the use technology to provide services in an alternative way rather than face to face discussions. Expanding the number of services where the NearMe and Attend Anywhere systems may be used to enable clinicians and patients to converse.

The Chair thanked Mr. Jamieson for the report but also for his stewardship in being able to support the Board in achieving another year of breakeven within financial constraints.

Decision: The report was formally noted for assurance purposes.

Action: No action required.

7. CORPORATE DEVELOPMENT

7.1 Board Membership & Committee update

Issue: *The Board was asked to note for assurance the report presented by Mr. Ian Burgess, Board Chair.*

Discussion: The Chair informed Members of the membership changes being made to the Non-Executive Members sitting on the Board Sub Committees.

The Chair advised that the Non-Executive Directors had elected Mrs. McCannon to be appointed to the role of Vice-Chair, which she has accepted. It was noted that a formal letter to endorse Mrs. McCannon to the role of Vice-Chair will be made to the Cabinet Secretary for Health and Sport.

The Chair updated Members on the appointment of two replacement Non-Executive Directors (replacing Mr. MacMillan and Mr. Burgess) which is being led by the Public Appointments Unit and will be finalised in late November to early December 2019.

The interim appointment of Mr. Andy Carter was noted with the Chair formally welcoming him to the Board.

Members noted the sub-committee Non-Executive Directors who are members and those members of the Board required to be in attendance.

Members noted the review of the PFPI committee, with Mrs. MacKenzie noting that public involvement at the earliest point of redesign should be consulted with. It is anticipated that the committee will continue in some form and Mrs. McPherson noted the need to have lay representation from the public within Uist & Barra. Mrs. MacKenzie agreed.

Decision: The Report was formally noted.

Approval was given for the appointment of Mrs. McCannon as Vice-Chair for a period of two years.

Action: Write to the Cabinet Secretary seeking endorsement of Mrs. McCannon as Vice-Chair.

Michelle McPhail

7.2 Governance Blueprint – action plan

Issue: *The Board was asked to approve the Plan presented by Mr. Ian Burgess, Board Chair.*

Discussion: The Chair reminded Members of the two discussion sessions held to review their responses to the Blueprint survey, as well as identify appropriate actions to be taken forward. The final version was circulated to Members ahead of the submission to the Scottish Government at the end of April. The Plan was presented for formal approval.

Mrs. McPhail advised that the process will be repeated next year using the same questions to assess the Board progress.

Members approved.

Decision: The Board formally approved the action plan.

Action: No action required.

7.3 Annual Operational Plan 19/20

Issue: *The Board was asked to approve the Plan presented by Mr. Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson presented the Annual Operational Plan detailing how the Board will continue to deliver specific services. He asked Members to approve the plan.

The Plan has been scrutinised by Scottish Government during a video conference with Mr. John Connaghan. Mr. Connaghan approved the plan and the formal letter will be sent next week.

During the discussion Government colleagues remarked upon the higher than the national level of unidentified saving, equating to £1.3m. They requested further detail which was sent to them on the 20th May. Specific discussions will continue in relation to Cancer Waiting Times and

Psychological Therapies. The Government have identified an additional funding stream to support waiting times and a further allocation specifically for cancer waiting times.

Mrs. McCannon noted the challenge the Board faces in meeting the cancer waiting times, taking cognisance of NHS Highland's waiting times. She asked if the same position is being experienced in the other Island Board. Mr Jamieson advised that NHS Orkney and Shetland have their service completely supported by NHS Grampian. NHS Highland provide part of the service delivery to the Western Isles, however it is the responsibility of this Board to achieve the waiting times.

Dr. McKellar advised that the Board continues to establish good working relationships with other NHS Board, for example a potential shared Ophthalmology consultant post across 3 Boards. It was recognised that there is still unfilled potential regarding partnership working via Regional Working. A benefits has been recognised where the three Island Boards are in discussion about sharing a consultant to deliver a service, e.g. Ophthalmology. It was recognised that there is a current lack of development of partnership working coming forward from the North of Scotland Regional Planning Group.

Ms. Bugler enquired about Healthy Working Lives and the links with sickness absence. Dr. Watts stated that the health of staff, and reducing sickness, is core to the Healthy Working Lives agenda.

The Chair requested that a quarterly progress report is presented updating Board Members, which was agreed.

Decision: The Board formally approved the Plan.

Action: Quarterly progress reports will be presented to the Board.

Michelle McPhail

7.4 British Sign Language Local Plan

Issue: *The Board was asked to note the Plan for information presented by Dr. Angus McKellar, Medical Director in the absence of Mr. William Findlay.*

Discussion: The Plan presented, which is a requirement for public organisation to have, as set out within the BSL (Scotland) Act 2015 was for Board Members to note for information. The Plan falls within the context of NHS Western Isles' Equality and Human Rights Policy and the duty of care incumbent on us therein to protect and promote the rights and dignity of an individual.

Ms. Bugler enquired if the BSL could be used for young people who are non-verbal. Dr. Watts advised that the "touch board" and "Makaton" systems are of better use.

Decision: The Board formally noted the Plan

Action: No action required.

7.5 Bi-Annual Equality Duty Mainstreaming Progress Report

7.5.1 Revised Equality & Human Rights Policy

7.5.2 Measurement Framework for Equality & Human Rights

Issue: *The Board was asked to note the Report for information presented by Dr. Angus McKellar, Medical Director in the absence of Mr. William Findlay.*

Discussion: The Bi-Annual report provides evidence of the activity the Board addresses to be compliant with the Equality Act 2010 Public Sector General Duty and Specific Duties (Scotland) Act 2012.

Dr. McKellar noted that the aims of the Regulation is to work towards:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act
- Advance equality of opportunity between persons who share a relevant characteristic and person who do not, and
- Foster good relations between people who share a protected characteristic and those who do not.

Colleagues were provided with assurance that the compliance is monitored via the PFPI Committee.

Decision: The Board formally noted the Report.

Action: No action required.

7.6 Code of Corporate Governance

Issue: *The Board was asked to note the report for information presented by Mr. Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson advised that the Code has been reviewed and approved by the Healthcare Governance & Audit Committee. The principle change within the Code was made to enable appropriate non NHS employees to have budget controls (Local Authority employees who have accountability for the delivery and expenditure of services under the Integration Health and Social Care).

Mrs. McPherson noted that the outcome from the Healthcare Governance & Audit Committee recommended that future adjustments to section reviews of the Code are conducted as part of a development discussion to enable greater understanding of the correlation or changes with other aspects of the Code. This was noted by Mrs. McPhail.

Decision: The Board formally noted the Report.

Action No action required.

7.7 Patient Travel Policy

Issue: *The Board was asked to note for information the Report presented by Mr. Gordon Jamieson, Chief Executive, in the absence of Ms. Debbie Bozkurt.*

Discussion: The Patient Travel Policy was reviewed by the Corporate Management Team in March 2019, scrutinising the document and requesting a few minor amendments. The Policy was returned and formal approved in May 2019. Mr. Jamieson advised that the Patient Travel Policy has been equality impact assessed.

Mr. Jamieson explained how the Board will address the request from the Cabinet Secretary to hold a working group with appropriate stakeholder groups, advising them of how the Patient Escort process works and what patients need to do to obtain the right level of escort/support. This group will be led by Dr. McKellar in partnership with Ms. Bozkurt. The timeframe from Scottish Government is to complete the process and report back to the Cabinet Secretary by the end of July 2019.

Dr. McKellar stated that the group will also include Ms. Carmen Morrison from the Scottish Health Council.

Decision: The Board formally noted the Policy.

Action No action required.

8. CLINICAL GOVERNANCE

8.1 Medical Revalidation – Quality Assurance Review 2017/18

Issue: *The Board was asked to note for assurance the report presented by Dr. Angus McKellar, Medical Director.*

Discussion: Dr. McKellar presented the review to Members, explaining the process of how doctors are appraised annually and how the annual appraisal system is used to support the revalidation process of doctors.

He indicated that the Board has 6 appraisers who have undertaken enhanced training. 55 doctors have a prescribed connection to NHS Western Isles and during 2017/18 96% of appraisals were completed within the financial year, compared with nationally 92%.

Dr. McKellar advised that with his departure imminent, he has appointed Dr. Kirsty Brightwell as deputy Responsible Officer and she will Chair the appropriate revalidation committee.

Colleagues probed further to understand the appraisal and revalidation process and the sections doctors are required to complete to support their appraisal review.

The Chair thanked Dr. McKellar for his presentation.

Decision: The Board formally noted the report.

Action: No action required.

9. SERVICE DEVELOPMENT

9.1 Strategic Workforce Report

Issue: *The Board was asked to note for assurance purposes the report presented by Mr. Andy Carter, Interim Director of Human Resources & Workforce Development, in the absence of Ms. Debbie Bozkurt.*

Discussion: Mr. Carter noted that the Board had seen the new format of the report in a development session but indicated that Ms. Bozkurt had updated it. In reviewing the document he highlighted the following points:

Page 1 ~ the island population is aging and this is directly linked to the age of the staff.

Page 2 ~ increasing difficulty with sickness absence.

Page 3 ~ workforce vacancy is higher than the NHS average as well as the workforce age increasing.

Page 4 ~ impact of 12.5 hr shifts raises concern about the health of the staff.

Page 5 ~ absences noting that younger people have more episodes of absence but for a short period of time, where the reverse is noted in the older staff where they have less episodes of absence but the absence is for a longer period of time, potentially condition is related to their age.

Page 6 ~ vulnerability of acute wards. Noted surgical ward has a greater level of staff aged within the 55-60+ age bracket, approximately 50-60% of the overall staff in the ward.

Mr. Carter noted that the points raised are similar to that of mainland Boards, it's the extreme level of the aging population and the workforce age that is impacting more. He indicated that he will work with the Board, Senior Managers and Union colleagues to establish a sustainable workforce plan.

Colleagues debated the points noted, specifically around the shift patterns and the correlation between staff liking these and the ability to have flexible working patterns within departments and wards, which can be challenging to have multiple shift patterns running at the same time in the same location.

Dr. McKellar raised concern at the 72% of the medical staffing are 50+ years. He indicated that this is a national issue and has been recognised by the Scottish Government. The Government had previously circulated a letter advising Board about the importance of retaining older medics and emphasising the importance of flexibility in terms of their working roles.

Members also discussed the potential impact of staff able to retire at 55 years with a full pension as well as the changes noted in the 2015 flexible pension approach.

Appendix 1 detailed the number of lost hours to specific aspect of leave. It was noted that 432 hours were lost to mandatory training and Mr. Carter advised that he would review this and update the Board at the next meeting.

Decision: The report was formally noted.

Action: Review of hours lost to specifically mandatory training and report to the next meeting of the Board.
Andy Carter

9.2 Internal Audit Report 18/19 – Statutory and Mandatory Training

Issue: *The Board was asked to discuss the report presented by Mr. Gordon Jamieson Chief Executive.*

Discussion: Mr. Jamieson presented the report to colleagues, noting that the report has been discussed in-depth by the Healthcare Governance & Audit Committee. The auditors concluded noting that the Board has a low rate of compliance with statutory and mandatory training requirements and urgent improvement is required to both the design and operation of controls in this area. Control weaknesses include the lack of key plans and policies, and limited governance oversight of training requirements and compliance levels.

Mrs. McPherson specified that the Auditors have noted the non-compliance of this action in last year's annual accounts and this will be reported once again in this year's accounts. This is a reputational risk for the Board, especially given the Board's concerns around the lack of local workforce and the need to attract people to vacancies from the mainland. The Chair indicated that this has been on the radar for a number of years and we are currently exposed as a Board but also staff and patients are potentially at risk if staff don't under taken mandatory training – e.g. lifting and handling.

Mr. Carter has reviewed the report and highlighted a number of points:

- There is room for improvement;
- Need to review the data in-depth, perhaps establishing department league tables with targets and trajectories;
- Put out a communications plan around the necessary work;
- Road shows to raise awareness of the issue and “sell” the plan; and

- Performance manage managers and staff closer, consequences for non-compliance.

Mr. Carter indicated that a lot of work is required working with colleagues to get improvement across all departments. Mrs. McCannon, Chair of Staff Governance Committee, remarked that a greater level of scrutiny will be applied at future meetings to monitor progress.

Decision: The Board formally noted the report.

Action: No action required.

10. PUBLIC HEALTH

10.1 Immunisation Screening Annual Report 16/17

Issues: *The Board is asked to note for assurance the Report presented by Dr. Maggie Watts, Director of Public Health.*

Discussion: The Annual Report on Immunisation was presented by Dr. Watts advising that the report concentrates on childhood, teenage and adult immunisation protecting the residents of the island from communicable disease. Dr. Watts apologised for the delay which is related to her available time and capacity. The immunisation programme covers a myriad of diseases ~ Influenza, Meningitis C, Diphtheria, Tetanus, Polio, Hib, Measles, Mumps and Rubella as well as Rotavirus and Pneumococcal. Dr. Watts indicated that the uptake rates have remained stable with the newer introductions to the vaccination programme gradually increasing towards the 95% level.

Dr. Watts raised the point that NHS Western Isles is lower than national achievement with influenza uptake in children from 2-18 years. The level for the Western Isle was reported as 69.5%, with national achievement of 72.1% compared with the national target of 75%.

The uptake on influenza immunisation by healthcare workers has increased from 11% to 36.5% which is a great improvement.

Mrs. McCannon expressed her concern at the presentation of data which is 2 years old, seeking more up-to-date data. Dr. Watts shared Mrs. McCannon's view however she explained that the data from GP practices to the Information and Statistics Division (ISD) is 9 months out of date and ISD require time to review and clean the data before providing Boards with information.

Decision: The Report was formally noted.

Action: No action required.

10.2 Cancer Screening Annual Report 16/17

Issues: *The Board is asked to note for assurance the Report presented by Dr. Maggie Watts, Director of Public Health.*

Discussion: Dr. Watts presented the Annual Report to colleagues for information. She highlighted aspects of the report:

- There was no Breast screening in 16/17 due to national issues. Mrs. McPherson enquired as to the provision for women in Uist & Barra. Dr. Watts advised that in 17/18 additional work was undertaken to provide recall patients in Uist & Barra to have the option of having their screening carried out in Inverness or Glasgow depending upon their personal requirement.
- Bowel screening in the Western Isles uptake was 55.6%, slightly above the Scotland overall. However the rate has slowly reduced since the introduction of the programme and more women respond to the call for screening than men. Dr. Watts advised that the target is 60%, however in the Western Isles 62.7% women are screening compared with 52.4% of men.

Dr. McKellar discussed the negative consequences on screening such as patient anxiety and a negative/positive result. He noted the innovative work in qFit (Quantitative faecal immunochemical test) which is a non-invasive test that detects hidden blood in a stool sample that could be suggestive of colorectal cancer. However he also noted the increase in positive results, and the impact on colonoscopy services nationally.

The Chair asked Dr. Watts, for her professional view and opinion, if there has been an improvement noted in the health and protection uptake of people. Dr. Watts replied yes, uptake of protection and screening services has improved year on year and its becoming easier to identify cancers earlier and earlier with the innovative approaches such as qFit.

Decision: **The Board formally noted the Report.**

Action: **No action required.**

11. PERFORMANCE

11.1 Corporate Risk Register May 2019

11.1.1 Corporate Risk Register Electronic Version

Issue: *The Board was asked to note for assurance the Corporate Risk Register report presented by Dr. Angus McKellar, Medical Director in the absence of Mr. William Findlay.*

Discussion: Dr. McKellar presented the monthly monitoring report of corporate risks for the Board. He noted that of the 13 risks on the register there were 10 updates for colleagues to note.

Dr. McKellar specifically noted Risk 011 relating to MRHA and the increase in the risk. He explained the justification for the increase in that the level of risk scoring which is dependent upon the installation of the SMART fridge. The fridge is designed to remove any possible human error in the selection of blood. The fridge will automatically select the correct blood product for the patient, reducing the potential for human error as obtaining the wrong blood type can be fatal.

Dr. McKellar continued to provide members with assurance noting the split of an existing risk into 2 ~ new risk are Risk 039 ~ NHS 24 Unscheduled Care and Risk 040 ~ GP Out of Hours.

The Chair thanked Dr. McKellar for the revised report.

Decision: **The Board formally noted the Report**

Action: **No action required.**

11.2 Western Isles Performance Monitoring Report quarter 4 18/19

Issue: *The Board was asked to note for assurance the report presented by Dr. Maggie Watts, Director of Public Health in the absence of Mr. William Findlay.*

Discussion: Dr. Watts drew colleagues' attention to the quarterly report. It was noted that out of the 23 standards being monitored 12 standards are being achieved. Members discussed aspects of performance which were not on trajectory, seeking further assurance as a number of areas did not have an improvement plan submitted by the responsible manager.

Ms. Bugler asked questions relating to the potential of obtaining additional statistical information, however the decision was noted that the data provided by other NHS Boards, relating to our patient activity, may not be as robust as the Board would require and therefore would not be taken into consideration. Ms. Bugler commented upon some of the colours within the graphs changing over she requested that the colours are reflected over multiple graphs if pertaining to the same areas / details. Dr. Watts will consider this.

Mrs. McCannon asked for additional narrative to provide a great level of understanding around the movement in the statistics, rather than making her own assumptions. Dr. Watts advised that this could be addressed by exception reporting, noting the improvement plan details. However she agreed to provide a detailed annual report, reflecting upon the movement over a greater period of time to appreciate the rationale for movement.

Decision: The Report was formally noted.

Action: Detailed narrative provided on exception reporting and noted within the detailed improvement plans.

Maggie Watts

Provide an annual report detailing the movements and rationale within detailed narrative report.

Maggie Watts

Consideration to the use of standardising the colours pertaining to specific repetitive areas within the report.

Maggie Watts

11.3 Complaints Report January – March 2019

Issue: *The Board was asked to note for assurance the report presented by Mr. Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson presented the report which provides information on the number of complaints received and the timelines of providing a full response. It was noted that within the quarterly period of January to March 2019:

- 25 complaints were received
 - 1 no consent obtained
 - 7 were dealt with at a Stage 1 process
 - 17 were investigated as a Stage 2 complaint
- Outcomes, following investigation at Stage 1 & 2
 - 10 were not upheld;
 - 7 were fully upheld;
 - 6 partially upheld;
 - 1 consent was not received; and
 - 1 ongoing.

The Chair thanked Mr. Jamieson for providing the report, noting the level of requests seem to be increasing quarterly.

No further questions were raised.

Decision: The Board formally noted the report.

Action: No action required.

11.4 Freedom of Information Quarterly Report January – March 2019

Issue: *The Board was asked to note for assurance the report presented by Dr. Maggie Watts, Director of Public Health / Caldicott Guardian.*

Discussion: Dr. Watts presented the revised format of the Freedom of Information report to colleagues, noting that the change was as a direct request from Members. During the period from January to March 2019 the following was noted:

- 149 requests were submitted. 144 have been closed and 2 requests remain open and 3 were withdrawn.
- All were acknowledged within the 3 working day timescale
- 37 (26%) breaches were reports where no final response was provided within the 20 working day timescale.

Dr. Watts advised that the requests not responded to within the 20 day timescale may be attributed to the complexity of the request, the complexity requiring multiple people to provide information, or the requests being held up due to the availability of the Chief Executive to sign off on the responses.

Members commented on the format being more concise and informative, providing a greater level of assurance.

The Chair thanked Dr. Watts and her team for their support in addressing the myriad of detailed questions.

Decision: **The Board formally noted the report.**

Action: **No formal action required.**

11.5 Healthcare Associated Infection Report – February – March 2019

Issue: *The Board was asked to note for assurance the Report presented by Dr. Maggie Watts, Director of Public Health / Caldicott Guardian in the absence of Mr. William Findlay.*

Discussion: Dr. Watts presented the report to Members highlighting the following:

- Zero Staphylococcus aureus (known as Bacteraemias)
- Zero Clostridioides (formerly Clostridium difficile)
- Zero Surgical Site Infection Surveillance
- Hand Hygiene compliance remains high at 100%
- Cleaning compliance is noted as 97.2%
- Estates Monitoring Compliance is 99.8%

The Chair thanked Dr. Watts for the Report, formally commending all staff involved in ensuring that appropriate actions are taken to protect themselves and patients from infections.

Decision: The Board formally noted the Report.

Action: No action required.

12. REPORTS / APPROVED OR DRAFT AGREED MINUTES FROM BOARD SUB COMMITTEES FOR NOTING

12.1 Area Partnership Forum

12.1.1 Area Partnership Forum Minute of 20.12.18 – A

No specific questions being raised.

Decision: The Minutes were formally noted

Action: No action required.

12.2 Staff Governance Committee

12.2.1 Staff Governance Committee Minute of 22.03.19 – DA

Mrs. McCannon noted the concern of the Committee in relation to the Mandatory Training which has been discussed earlier in the agenda.

Decision: The Minutes were formally noted

Action: No action required.

12.3 Area Clinical Forum

12.3.1 Area Clinical Forum Minute of 27.11.18 – A

12.3.2 Area Clinical Forum Minute of 26.03.19 – DA

Mrs. McCannon, in relation to section 14 within the March 2019 minute, enquired about the use of the Dental Chairs for community. Mrs MacKenzie indicated that the Chairs are being utilised however it is dependent upon the known treatment being given to clients in their own environment, so sometimes the Chair is not necessary.

Decision: The Minutes were formally noted

Action: No action required.

12.4 Patient Focus and Public Involvement

12.4.1 Patient Focus and Public Involvement Minute of 26.04.18

12.4.2 Patient Focus and Public Involvement Minute of 26.07.18

12.4.3 Patient Focus and Public Involvement Minute of 25.10.18

12.4.4 Patient Focus and Public Involvement Minute of 31.01.19

The Minutes were noted for information.

No questions were raised.

Decision: The Minutes were formally noted

Action: No action required.

12.5 Healthcare Governance & Audit Committee

12.5.1 Healthcare Governance & Audit Committee Minute of 20.02.19

The Minute was noted for information.

No questions were raised.

Decision: The Minutes were formally noted

Action: No action required.

13. ANY OTHER COMPETENT BUSINESS

13.1 The Island Scotland Act 2016 ~ Mr. Robertson enquired if the Board was intending to participate in the consultation response. It was agreed that individual Members would complete the comments section of the document and provide these to Mrs. Michelle McPhail. The comments will be collated and discussed by Members in June ahead of making a single Board response to Scottish Government.

Decision: Establish a review process with the intention of making a single Board response

Action: Circulate the consultation document

Send response to Michelle McPhail

Establish a discussion date to review responses

Michelle McPhail

All Members

Michelle McPhail

14. EVALUATION

The Board considered their response to the following:

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		Two papers were approximately 250 pages – one being a national document and the other the collective Code of Corporate Governance.
Was there sufficient time allocated to all agenda items?	✓		
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Did you consider that the Board discharged its duty in respect of • Proper scrutiny • Relevant questioning • Constructive challenging	✓ ✓ ✓		

15. DATE AND TIME OF NEXT MEETING

Public Board Meeting

Date: 26.06.19 Time: All day

Location: Practical Room, Education Unit, Western Isles Hospital, Stornoway

Date: 28.08.19 Time: All day

Location: Practical Room, Education Unit, Western Isles Hospital, Stornoway

Board Development Meeting

Date: 25.09.19 Time: All day

Location: Meeting Room, Tighean Innse Gall, Stornoway

The Chair called the meeting to a close and thanked everyone for their contribution.

END