

NHS Western Isles Board Meeting



Minutes of Meeting

30th May 2018

Practical Room, Education Unit, Western Isles Hospital, Stornoway

Members Present:

Rosemary Bugler	Non-Executive Director	Angus McKellar	Medical Director
Ian Burgess	Non-Executive Director (Vice Chair)	Diane McPherson	Non-Executive Director
Neil Galbraith	Board Chair (Chair)	Dana Murray	Employee Director / Non-Executive Director
Margaret MacKenzie	Chair of ACF / Non-Executive Director	Jennifer Porteous	Director of Human Resources and Workforce Development
Murdo MacMillan	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:

Debbie Bozkurt	Head of Finance, Procurement and Chief Finance Officer of the IJB
Michelle McPhail	Business Manager

1. WELCOME

Mr. Galbraith took the Chair and welcomed those in attendance to the meeting. He advised Members that this was the last meeting for Ms. Porteous before retiring on the 19th June 2018. He thanked her, on behalf of the whole Board for her contribution to the discussions over the past nine years.

2. APOLOGIES AND ACKNOWLEDGEMENTS

The following apology was noted:

Chris Anne Campbell	Nurse Director
Gordon Jamieson	Chief Executive

3. INTRODUCTION

3.1 Chair's Report

The Chair recalled some of the work he has undertaken since the last meeting:

- The Chair indicated that he was part of the Public Appointments Unit Panel to appoint four Non-Executive Directors to NHS Orkney. He commented on the number of applicants and the high quality of candidates resulting in three females and one male being formally appointed by the Cabinet Secretary for Health and Sport to NHS Orkney.
- On the 17th April 2018 the Chair attended a "Safe Talk" event which was a suicide awareness session advising of the increase in the number of people aged between 25 to 30 years dying from suicide. A university study is being conducted to obtain a greater understanding of how mental health support can be provided.
- At the National Chairs meeting in April and May 2018, the Director General of NHSScotland, Mr. Paul Gray, advised of the escalation process for monitoring and acting upon poor performance of NHS Boards. The escalation process has been present for many years and will be circulated to NHS Boards in due course.
- The Chair advised that the Public Appointments Unit will be processing the appointment of four NHS Board Chairs in Scotland whose term ends between November 2018 and March 2019. Mr. Galbraith position as Chair comes to an end in December and NHS Western Isles will be part of this appointment process.

Decision: The verbal update was formally noted by Members.

Action: No action required.

4. ESCALATION ISSUES FROM STATUTORY COMMITTEES

The Chair advised that as a result of the concerns raised within the Healthcare Governance and Audit Committee, Members wished the full Board to be made aware of challenges.

4.1 Laboratory Services Update

Issue: *Following discussion at the Healthcare Governance and Audit Committee, the Committee wish to escalate the issue upward for information to the full Board. The report was presented by Dr. Angus McKellar, Medical Director.*

Discussion: Dr. McKellar discussed with Members the challenges facing the Laboratory services in recruiting to posts. This has been noted by Board Members as reported regularly within the Corporate Risk Register. He advised that currently there is an interim Laboratory Manager and other key interim posts, with vacancies for a Quality Manager and a Point of Testing Manager. Currently the service is running with three full time locums and permission has been obtained to appoint an additional locum as one of the three longstanding locums is leaving.

It was noted that medium to long term, Dr. McKellar and others are reviewing the structure of laboratory services. All staff should be able to work across areas and not just within their own section. Discussions continue with NHS Highland to develop NHS Western Isles laboratory as a satellite of the department within Raigmore Hospital.

The laboratory Out of Hours service has no one “rostered”, however staff will come in on an adhoc basis for any urgent cases. This is reliant on being able to contact staff when they are not on call. Since August 2017 the Board has not had any overnight service; however Dr. McKellar confirmed that the point of testing service within wards is being used. To provide a robust service there is a need to have an on-call lab service, as this would be required for major incidents.

Professional advice for Lab services is currently on the Boards Corporate Risk Register and obtaining microbiology advice via NHS Highland is secured and reduces clinical incidents by linking in with Raigmore Hospital.

Members deliberated over the update, seeking confirmation that the service is able to continue to run in light of the challenges being faced. Dr. McKellar provided assurance however the risk is high and thus the entry on the Risk Register. Ms. Bozkurt responded to Members concern about the financial position, advising that the running costs currently are £200-£300k overspend due to locum and double running costs. Ms. Bozkurt indicated that better controls have been noted within Laboratory services in relation to stock management and waste, which is part of the controls implemented by Dr. McKellar.

Dr. McKellar advised that Scottish Blood Transfusion Service continue to monitor the progress of the service, and therefore no formal internal audit is required.

The Chair thanked Mrs. McPherson for bringing this specific issue to the full Boards attention. He requested that regular detailed reports are brought to the attention of the Healthcare Governance and Audit Committee, with appropriate timeframes and alternative proposals if recruitment to posts continue to prove challenging. The HG&AC should continue to escalate any concerns to the Board.

Decision: The Board formally noted the Report.

Action: Regular detailed updated to be provided to HG&AC

Angus McKellar

4.2 Business Continuity Plan – Internal Audit Review

Issue: *Following discussion at the Healthcare Governance and Audit Committee, the Committee wish to escalate the issue upward for information to the Board. The report was presented by Dr. Maggie Watts, Director of Public Health and Caldicott Guardian.*

Discussion: Dr. Watts advised the Board on the report from Internal Audit, Scott-Moncrieff on the review of Business Continuity Planning (BCP). The report details that only 12 out of 40 plans have been established but all are in draft format. The format of the BCP template has not always been used by those responsible for the production of a plan due to the size and complexity. The production of the plans is an operational matter, however providing the Board with assurance of delivery is required. Dr. Watts indicated that a more concise BCP template will be developed. The establishment of BCPs has no direct impact on any emergency issues and relevant emergency planning documents are complete and in full for both Lewis & Harris and the Uists & Barra

Mrs. McPherson indicated that the Internal Auditors will note their concern within the Annual Report.

The Chair thanked Dr. Watts for the update, however all BCPs required to be completed and continued performance monitoring on delivery of the plans needed to be made, providing levels of assurance as outline in the audit review. Provision of regular reports to the HG&AC is required until the BCPs are completed.

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

Action: **Regular detailed updated to be provided to HG&AC**

Maggie Watts

4.3 Mandatory Training

Issue: *Following discussion at the Staff Governance Committee, the Committee wish to escalate the issue upward for information to the Board. The verbal report was presented by Ms. Jennifer Porteous, Director of Human Resources and Workforce Development.*

Discussion: Ms. Porteous indicated that the issue of mandatory training was raised within the Staff Governance Committee and the Healthcare Governance and Audit Committee (HG&AC).

Ms. Porteous advised the following the HG&AC, action was taken as the Health & Safety Committee discussion. The Health & Safety Officer wrote to Senior Managers noting that mandatory training must be part of the overall training awareness and staff should be provided with appropriate time away from the department to attend training sessions. This has been forwarded to department heads. Mrs. Murray stated that staff find it difficult to be released from wards and department which may have a small number of staff. Ms. Porteous remarked on the level of staffing numbers can have a greater percentage of non compliance in the take up of

training. The Chair remarked that the figures are highly concerning as lack of training is no defence in the event of an adverse incident, either for the individual or the Board..

Dr. McKellar noted that as part of the consultant's job plans, mandatory training will be included, and the same format will be taken within the induction of junior doctors.

Ms. Porteous commented on the national discussion of having a training passport, which would be accepted when people move between NHS Boards.

The Chair thanked Ms. Porteous for the update, however continued improvement on mandatory training needs to be made. Provision of regular reports to the Staff Governance Committee and HG&AC is required.

Decision: The Board formally noted the verbal report.

Action: Regular detailed updated to be provided to HG&AC and Staff Governance Committee.

5. DECLARATION OF INTEREST

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

6. MINUTES

6.1 Minutes of 28.03.18

Due to staff absence the approval of the Minutes of 28th March 2018, matters arising and action points are deferred to the June Meeting.

Action: Agenda item for the June Board Meeting.

7. FINANCIAL PERFORMANCE

7.1 Financial Year End Report

Issue: *The Board was asked to note for assurance purposes the Report presented by Ms. Debbie Bozkurt, Head of Finance, Procurement and Chief Finance Officer of the IJB.*

Discussion: Ms. Bozkurt informed the Board that the pre-audited accounts show a small surplus of £12k, after all contingencies and Revenue Resource Limits had been applied. She advised that Audit Scotland, external auditors, will be on site for three weeks to undertake the review of the Annual Accounts. It was formally noted that Ms. Bozkurt has no indication of anything of material values that could result in the Board not being able to report a breakeven position. As a level of assurance, Ms. Bozkurt confirmed that the Annual Accounts were prepared in accordance with the Financial Reporting Manual.

The Chair thanked Ms. Bozkurt and her team for all their endeavours to produce the detailed accounts.

Mrs. MacKenzie enquired as to the high cost for off island drugs, specifically noting drugs for Multiple Sclerosis patients. Ms. Bozkurt indicated that previous drug costs for this diagnoses was £2-3k per cycle, this has now raised to £48k per cycle for some specific drugs. Dr. McKellar indicated that high cost drugs is an uncontrolled area with every Board in Scotland facing the same financial pressures. The provision of such drugs is based on the clinician in that NHS Board prescribing as an appropriate drug for that patient and is approved within that NHS Boards drug formulary. NHS Western Isles accepts the professional clinical decision while prescribing appropriate treatment for patients; it is not a matter for NHS Western Isles' approval.

The Chair remarked upon previous discussion by Board Members of discussing with other NHS Boards to form a risk share scheme dealing with high cost low volume drugs. Ms. Bozkurt indicated that she raised this with other Island Boards; however this could be challenging to establish. The Chair asked Ms. Bozkurt to raise this directly at Scottish Government level and circulate correspondence to other NHS Board Directors of Finance.

Dr. McKellar suggested that he presents information on Realistic Medicines at the next Board development session in September. The Chair welcomed the suggestion.

The Chair thanked Ms. Bozkurt for the report.

Decision: **The report was formally noted for assurance purposes.**

Action: **Realistic Medicine presentation at the next Board development session** **Angus McKellar**

8. CORPORATE GOVERNANCE

8.1 General Data Protection Regulation update (GDPR)

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

Discussion: Dr. Watts presented an update on the GDPR compliance. She provided assurance that appropriate actions were being taken to demonstrate compliance with the Regulation. In reviewing the “assets” there is over 220 assets which potentially hold personal data. The following points were highlights:

- To demonstrate compliance with the regulation, all operational contacts and service managers are being requested to complete information about the data (be that a system, database or individual paper records) that they hold on behalf of NHS Western Isles.
- Operational managers and service managers will be required to access the Information Security Management System to input and update annually all aspects of records held by them on behalf of NHS Western Isles.

Dr. Watts noted that information for the public has been circulated raising awareness and understanding of how this will impact on individuals. The deadline was set for the 25th May however additional guidance was circulated and the deadline has been extended by, and with the approval of the Information Commissioners Office.

The Chair thanked Dr. Watts for the update and provision of assurance that work is being undertaken to ensure NHS Western Isles is compliant with the regulations.

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

Action: **No action required.**

8.2 Duty of Candour Update

8.2.1 Duty of Candour Letter

8.2.2 Duty of Candour Guidance

8.2.3 Duty of Candour Questions on Datix

Issue: *The Board was asked to note for information the reports presented by Dr. Maggie Watts, Director of Public Health / Caldicott Guardian on behalf of Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Dr. Watts provided an update on the work being undertaken to ensure compliance with The Duty of Candour (Scotland) Regulation 2018. It was agreed in 2017 that the Boards Datix system (currently used for the recording and monitoring of Risk) will be used as the repository for collecting the information required for the Regulation. Following the Scottish Datix Users Group being unable to approve a set of required data fields, the development of this will be up to individual NHS Boards.

Dr. Watts confirmed that as part of the Regulation requirement an Annual Report will be established and submitted to Ministers. The Board will obtain quarterly reports as well as the Annual Report providing oversight on the compliance.

The Chair thanked Dr. Watts for the Report.

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

Action: **No action required.**

9. SERVICE DEVELOPMENT

9.1 Mental Health Service Redesign Project Report

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

Discussion: Dr Watts updated Members on the progress of the project. The following points were noted:

- Clisham Ward occupancy is down to five patients. As previously noted once the occupancy is at three, those patients will be transferred to either a more appropriate community setting, if available, or an alternative location within the hospital. Thereafter the ward will be closed. This is anticipated to be completed by the summer 2018.
- Training package and events are being held for Medical Ward staff, reinforcing the care required for dementia patients and this is being facilitated by Mrs. Elizabeth Shelby.

Mrs. McCannon remarked on the training of Nurses and the care of dementia patients, which now forms part of the training for student nurses who will have a level of experience at the point of qualifying.

- Care Inspectorates were on island conducting the review into Older Peoples Care. As part of the review they commented on how impressed they were with the level of work being done by a small team to support patients and moving into a more appropriate environment.

The Chair asked Dr. Watts when all the work streams be completed and all aspects of the preferred Option delivered. Dr. Watts indicated by the summer Clisham will have closed, however the closure of APU will be dependent upon obtaining an agreement with a mainland Board to take acute mental health patients. Discussions continue with various NHS Boards. Dr. Watts was unable to give a definitive completion date for the work streams as they are all at different stages of review.

Members enquired as to the delivery of services in the Uist and Barra. Dr. Watts advised that the service delivery principle will be the same however it may look slightly different. She noted that the Board is seeking to appoint to a second Psychiatrist post and a third CPN for the Uists and Barra.

The Chair thanked Dr. Watts for the update. He asked for a detailed report to be presented to the Board outlining the anticipated completion date and the work of the work streams.

Decision: The report was formally noted.

Action: Detailed Redesign report to be presented with information confirming the deadlines for completion of work by the works streams and the deadline for the completion of the redesign.

Maggie Watts

9.2 Public Health Reform National Priorities

9.2.1 Public Health Reform National Priorities Full Report

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

Discussion: Dr. Watts wished to update the Board on the Public Health Reform national priorities. She explained about the partnership between the Scottish Government and the Convention of Scottish Local Authorities (COSLA) which forms the partnership. Work to date has identified the national priorities for which the Public Health Reform Board is seeking agreement across a wide range of organisations. Dr. Watts confirmed that the priorities already form the discussion within the Outer Hebrides Community Planning Partnership; hence the Board is already in a good performance position. The priorities were noted as:

- Place and Community
- Early Years
- Mental Health and Wellbeing
- Tobacco / Alcohol / Other drug (substance misuse)
- Poverty & Social inclusion (including equality)
- Diet and Physical Activity

Mr. Burgess asked Dr. Watts to expand on how we are addressing poverty. She noted that the work being taken forward by the OHCPP, which includes staff training and identifying individuals via check lists, sign posting, including food banks, and provision of advice.

The Chair welcomed the report and the work being addressed to support the resident of the Islands which has a direct impact on health and wellbeing. He asked for future updates to be presented to the Board at appropriate points in the development of the Reform.

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

Action: **Future updates at appropriate times during the year.**

Maggie Watts

9.3 Regional Working update

Issue: *The Board was asked to note for information the verbal report presented by Dr. Angus McKellar, Medical Director on behalf of Mr. Gordon Jamieson, Chief Executive.*

Discussion: Dr. McKellar indicated that the Regional Development Board have not met since the visit by Mr. Malcolm Wright on the 28th March 2018. He advised that regional and group meetings continue with the Director of Finance and Chief Executives meeting weekly, Directors of Public Health meet fortnightly. A meeting in June has been scheduled for Medical Directors and Nurse Directors on Clinical & Care Governance reviewing cross board issues including IT development and sharing of clinical leads across regions.

The Chair reflected on the sharing of clinical leads which links into the laboratory development with NHS Highland. Dr. McKellar indicated that this could work for all three island Boards.

The Chair thanked Dr. McKellar for the report.

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

Action: **No action required.**

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report May 2018

Issue: *The Board was asked to note for assurance the report presented by Ms. Jennifer Porteous, Director of Human Resources and Workforce Development.*

Discussion: Ms. Porteous advised that the report is presented for information however she would discuss sickness absence in relation to item 10.2 EASY System quarterly report.

No questions were raised.

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

Action: **No action required.**

10.2 EASY Q4 Report January to March 2018

10.2.1 EASY Q4 Full Report

Issue: *The Board was asked to discuss the report and consider the recommendations, presented by Ms. Jennifer Porteous, Director of Human Resources and Workforce Development.*

Discussion: Ms. Porteous provided Members with an update on the quarter four report on the EASY system. The report was produced by Salus and provides a number of pointers for the Board to review. Currently the Board sickness level is below the Scottish national average at 4.47%; however the Government target is set at 4%.

Ms. Porteous advised that within the report the reason for being off sick reported a lower rate of anxiety and depression but a higher rate of cough/colds/flu. The reasoning for absence reported from staff may not fully reflect the real reason for being absent and may require further review to better understand the issues.

A lot of work was done at the same time as implementing the EASY system, raising awareness of policies, training events for Managers, review of information on the SSTS systems. It would be challenging to say that the progress in taking the sickness absence rate from 7% in 2015 down to 4.47% now is attributed to one aspect of the work.

Ms. Murray advised that Managers and Staff don't like the system and feel it places additional pressure on staff and it would be a good time to consider an opt-out position. The awareness raising events with managers and staff have proved to be more positive and perhaps had more impact on reducing the absence rate.

Ms. Porteous suggested that Salus conduct a "survey monkey" with staff to ascertain how useful the system and the process is for staff and managers. Compare the results with the survey conducted by Mrs. Mairi Murray, previous Employee Director, with staffside colleagues and compare both views.

Mrs. McPherson enquired about the detail of the contract with Salus. It was confirmed that the contract is on a rolling basis and could be stopped at any point. If Salus was withdrawn there are existing processes in place to support the individual as well as the department.

The Chair concluded the discussion noting that the survey should be explored and the results report to the Board before any formal decision on the continued use of Salus is made.

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

Action: **Present the outcomes of the survey to a future Board meeting.**

Dana Murray

11. PERFORMANCE

11.1 Corporate Risk Register

11.1.1 Corporate Risk Register Full Report

11.1.2 CRR Dashboard

Issue: *The Board was asked to note for assurance the Corporate Risk Register report presented by Dr. Angus McKellar, Medical Director on behalf of Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Dr. McKellar advised that risk 002a and 002b have been updated on business continuity and risk 005 around security and resilience group.

In relation to risk 018 pertaining to GP Out of Hours Services, Dr. McKellar advised the Board of a recent challenge where the recruitment of a specialty doctor was working well: however his UK visa has restrictions which have resulted in issues with the appointment being made. This could be a challenge in the future in attracting doctors to remote and rural locations.

The issue of wound formulary issue was raised by Ms. Bugler suggesting that the changes made to product usage were completed solely by the procurement department and for financial savings rather than in line with professional clinical advice. Mrs. MacKenzie indicated that the issue had been raised within the Area Clinical Forum and discussed with the Chief Executive. Ms. Bozkurt advised that this was not a sole person decision but as instructed by the Chief Executive and Board that where possible procurement purchases should be taken from the list of approved products and suppliers under the national formulary.

The Chair suggested that Mrs. MacKenzie, as Chair of the ACF, should discuss this operational issue out with the meeting with the Chief Executive.

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

Action: **No action required.**

11.2 Freedom of Information quarterly report January to March 2018

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 advised that during the period of January to March 2018 124 Freedom of Information requests were made. All were acknowledged within the timeframe, however 48 requests were not responded to within the 20 working days. The principle reason for the delay in obtaining information was due to the festive holiday period and staff being on leave.

Members commented on the size and variety of some individual requests and the need to enforce, where appropriate, additional payment charge aligned with the legislation.

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

Action: **No action required.**

11.3 Complaints Quarterly Report January to March 2018

Issue: *The Board was asked to note for information the Complaints Quarterly Report, presented by Dr. Maggie Watts, Director of Public Health / Caldicott Guardian on behalf of Mr. Gordon Jamieson, Chief Executive.*

Discussion: Dr. Watts presented the Report to Members noting that for the quarter period between January and March 2018, 22 complaints were received. Four complaints were addressed as early resolution Stage 1 and 18 investigated as Stage 2 complaint, which are under the timeframe of completion within 20 work days.

95% of complaints were acknowledged within the three working days. This equates to one letter not acknowledged within the timeframe.

Responding in full was significantly lower at 67% in obtaining a full response within the 20 working days. This pertains to seven complaints ~ for the following reason:

- Four responses not given due to staff being on annual leave;
- Two delays due to the Investigating Manager drafting detailed responses to the Chief Executive; and
- One response was due to the delay in obtaining consent from the complainant.

Mr. Burgess asked Dr. Watts about sharing information between consultants within different NHS Boards. Dr. Watts advised that sharing of an individual's data would only be done on a need to know basis for the purpose of clinical importance and or continuation of treatment of the individual concerned.

The Chair thanked Dr. Watts for the update.

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

Action: **No action required.**

11.4 Director of Medical Education Annual Report

11.4.1 Scottish Deanery Summary Report

11.4.2 NHS WI GMC Action Plan

11.4.3 NHS WI GMC National Review

11.4.4 Terms of Reference Medical Education Forum

11.4.5 DME Final Report 2017

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

Discussion: Dr. McKellar provided Members with the Director of Medical Education Annual Report. He drew colleagues' attention to the report highlighting aspects of the report:

- NHS Western Isles have overall responsibility for the delivery and equality of medical education across the board area (primary and secondary care) and is responsible for ensuring that education translates into a better trained medical workforce.
- The Director of Medical Education (DME) across all NHS Boards in Scotland are responsible for ensuring trainers and trainees employed by their Board are fit to practice and confirms that their Board delivers the standard of postgraduate medical education. Within NHS Western Isles has a combined post with that of the Medical Director role.
- Scottish Deanery report 2016-17 ~ reports the Boards main training achievements, areas of good practice and quality control activities relevant to medical education and training within NHS Western Isles. The Scottish Trainee Survey was noted as green flag showing good improvement.
- GP Training ~ Dr. McKellar noted that currently there are two GP training practices however Langhabhat Practice will be withdrawing in 2019 from the programme. It was noted that two GP training places are utilised per month. Dr. McKellar advised the Board that the withdrawal is indicative of the pressures within the community. He noted that a refresh approach to GP training programme will be undertaken.

The Chair commented upon the work being carried out to ensure compliance with standards and the provision of a good training experience by junior doctor, all very positive.

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

Action: **No action required.**

1140-1150 ~ refreshment break

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

12.1 Area Clinical Forum

12.1.1 Area Clinical Forum Minutes of 23.01.18 – DA

Mrs. MacKenzie presented the minutes for information and she would answer any questions.

Mrs. MacKenzie updated Members on a number of success stories:

- Dr. Margaret MacLeod has been appointed as Chronic Pain Lead with four hours dedicated to the service with consultant support provided via NHS Grampian via VC;
- Children aged 0-11 year are now dental carries free.
- NHS consultant surgeon, the Medical Director has supported this post and the Area Clinical Forum Members wish to commend Dr. McKellar for his work in reducing costs.

There were no questions raised.

Decision: The minutes were formally noted.

Action: No action required.

12.2 Area Partnership Forum

12.2.1 Area Partnership Forum Minutes of 02.03.18 - A

Mrs. Murray presented the minutes for information and she would answer any questions. There were no questions raised.

Decision: The minutes were formally noted.

Action: No action required.

12.3 Healthcare Governance & Audit Committee

12.3.1 Healthcare Governance & Audit Committee Minutes of 21.02.18 – A

Mrs. McPherson advised that the minutes were presented for information and she would answer any questions. There were no questions raised.

Decision: The minutes were formally noted.

Action: No action required.

12.4 Health & Safety Committee

12.4.1 Health & Safety Committee Minutes of 23.02.18 – DA

Mrs. Murray presented the minutes for information, asking colleagues if they had any questions. Mrs. McCannon asked about the falls reporting (item 5.5). She noted the review and as a result the use of sensory pads being, however she commented upon patient not being moved which could have a correlation with tissue viability and enquired if this had been reviewed. Mrs. Murray was unsure but she would discuss with Mrs. Bain and provide a response out with the Board meeting.

Decision: The minutes were formally noted.

Action: Contact Mrs. Bain to obtain update to Mrs. McCannon's question. **Dana Murray**

13. ANY OTHER COMPETENT BUSINESS

No matters were raised.

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?	✓		No further comments.
Was there sufficient time to review the papers between receipt and the meeting date?	✓		No further comments.
Was there sufficient time allocated to all agenda items?	✓		No further comments.
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		No further comments.
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		No further comments.
Were you able to contribute to the discussions and have your views considered?	✓		No further comments.
Did you consider that the Board discharged its duty in respect of <ul style="list-style-type: none">• Proper scrutiny• Relevant questioning• Constructive challenging	✓ ✓ ✓		The Board reflected on the absence of Executive Directors which did not enable scrutiny of some agenda items.

15. DATE AND TIME OF NEXT MEETING

Public Board Meeting

Date: 27.06.18 Time: All day

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

Date: 29.08.18 Time: All day

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

Board Development Meeting

Date: 26.09.18 Time: All day

Location: Lecture Theatre, Clinical Skills, Western Isles Hospital, Stornoway

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

A formal presentation on behalf of the Board was made to Ms. Porteous at the end of the Board meeting.

END