

Minutes of Meeting

24th October 2018

Practical Room, Education Unit, Western Isles Hospital, Stornoway

Members Present:

Chris Anne Campbell	Nurse Director	Gillian McCannon	Non-Executive Director
Rosemary Bugler	Non-Executive Director	Angus McKellar	Medical Director
Ian Burgess	Non-Executive Director (Vice Chair) (Chairing the meeting)	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
Murdo MacMillan	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
Eilidh Whiteford	Communications Manager

1. WELCOME

Mr. Burgess took the Chair and welcomed those in attendance to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Neil Galbraith Board Chair

3. INTRODUCTION

3.1 Chair's Report

The Vice-Chair recalled, in support of the Chair, work he undertook at the following:

- The Vice-Chair attended the National Chairs event on the 29th October 2018 in Edinburgh.
- The “Move More Western Isles”, a physical activity programme supporting people affected by long term conditions including cancer. The event was held on the 31st October in the Stornoway Sports Centre.

Decision: The verbal update was formally noted by Members.

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 Minutes of 29.08.18 - DA

The Minute of the meeting of the Board held on 29th August 2018 was approved as an accurate record of the meeting subject to the following amendments:

- Items 8.1 – Mental Health Service Redesign Project Report – 5th paragraph, 2nd sentence replace the word “GPs” with “SSTS”.

Decision: The Board formally approved the Minutes of 29th August 2018.

Action: No formal 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:

- 28.06.17 – 7.2 Safety and Protection of Patients, Staff and Volunteers in Scotland ~ Volunteer policy on the agenda for 24.10.18. **REMOVE**
- 30.05.18 – 7.1 Financial year End – Realistic Medicine presented in September. **REMOVE**
- 30.05.18 – 9.2 Public Health Reform National Priorities ~ Dr. Watts advised that a VC was held with the new Public Health Scotland body. **REMOVE**
- 27.06.18 – 7.1 Mental Health Service Redesign ~ Dr. Watts advised that the overarching plan was now out of date and Members had received more relevant information. **REMOVE**
- 27.06.18 – 10.1 Corporate Risk Register ~ the Register has been revised and on the agenda 24.10.18. **REMOVE**

- 29.08.18 – 6.3 Patient Escort Funding Process ~ next board development session **UPDATE**
- 29.08.18 – 7.4 European Union withdrawal from the UK ~ Mr. Jamieson has amended the membership appropriately. **REMOVE**
- 29.08.18 – 7.4 European Union withdrawal from the UK ~ noted to the administration support of the committee that this item will be a standing item on the Healthcare Governance & Audit Committee. **REMOVE**

Decision: The Board formally noted the updates.

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

Mrs. Diane McPherson arrived

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Month 6

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 of the position at month 6 which denotes a likely overspend of £1,500k at the year end. Ms. Bozkurt advised that the Scottish Government have indicated that all NHS Board must breakeven within a three year period starting from 2019/20.

Ms. Bozkurt presented the report highlighting the following points:

- ❖ As at the end of September 2018 the in-year overspend is £1,341k, projecting year-end outturn of £1,500k. The contingency fund has been applied in full.
- ❖ Recurring pressure are within the Service Level Agreements (SLA) with mainland Boards, CAMHS off island placements and Patient Access Scheme in the provision of drugs for Haematology and Oncology, costs have risen exponentially.

Members considered the information provided, raising concern at the level of rising costs, and how the Board will be able to mitigate the rising costs within the Governments timeline of three years, given the funding allocation will not increase beyond normal uplift.

Ms. Bozkurt advised that she and other Directors have already started to look at ways of controlling the rising costs, some of which are out with our controls, costs associated with the the treatment of patients in mainland hospitals. The Government have indicated a national overspend of £154m. She advised that the Board still needs to ensure a breakeven position for the year end, however this may not be possible even with tight controls in place.

Members discussed various individual aspects of budget levels ~ laboratory controls, high cost of drugs, national reduction on the use of agency staff and local vacancy level. Ms. Bozkurt

indicated that there are higher than anticipated costs from mainland boards for patient treatment, which needs to be reviewed in greater detail.

The issue of the high level of vacancies was discussed, currently 139 vacancies across Health and Social Care. The level will increase as the working population retires, given the age demographics of those employed across both organisations. More innovative ways of attracting people to come and live and work within the islands has not resulted in any meaningful increase. In relation to those coming from within the EU, and the enforced UK Government applicant rules now mean that people wishing to work in the UK need to earn more than £50k to stay.

It was noted that with the increase in delayed discharges and the number of vacancies in social care to look after patients/clients in their home or in a care home is causing further concern, as the number of delayed discharges increase. The proposed establishment of the new resource at Goathill will provide the needed accommodation, addressing some of the delayed discharges, however by the time the unit is complete there will potentially be a need for a Goathill 2.

The Chair expressed his and the full Boards thanks to Ms. Bozkurt and other Directors for their work in controlling where possible the expenditure. He noted that there are many challenges ahead that the board must face over the next three years.

Decision: The report was formally noted for assurance purposes.

Action: No formal action required.

7. CORPORATE DEVELOPMENT

7.1 Gaelic Plan - revised

Issue: *The Board was asked to approve the report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Mrs. Campbell presented the Board with the revised Gaelic Plan for 2018-2023, which was discussed and approved by the Corporate Management Team for public consultation. Mrs. Campbell was now seeking approval from the Board.

The revised document contains 7 commitments:

1. To improve on Gaelic public signage
2. Provide opportunities for Gaelic language classes. (those are currently provided through Ulpan
3. Promote Gaelic as a commendable language skill
4. Encourage reception staff to give a simple greeting, e.g. “madainn mhath/ feasgar math- Western Isles Hospital- how can I help you?”
5. Incorporate Gaelic key messages on to public web site
6. Create greater awareness & distribution of Bookbug literature
7. Sharing of current Gaelic resources with local authority and IJB social care staff

It was noted that the consultation period will end in February 2019, if approved.

The Chair thanked Mrs. Campbell and her team for the long awaited production of the Plan. Members fully supported the Plan for public consultation, seeking further review following amendments from the consultation.

Decision: **The Board formally approved the plan for public consultation.**

Action: **Present the revised Plan in April/May 2019**

Nurse Director

7.2 Volunteers Policy - revised

Issue: *The Board was asked to approve the report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Mrs. Campbell drew colleagues’ attention to the revised Policy which is a more concise document. She advised of further iteration of the action plan in relation to the Lampard report and this will be presented to the Board in January 2019.

It was noted that within the document is a list of volunteers and Mrs. Campbell advised that each volunteer, under the refined arrangements, will require PVG checks

Decision: **The Board formally approved the Policy.**

Action: **No formal action required.**

7.3 Surplus Property

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

Discussion: Mr. Jamieson advised the Board that in 2017 the Board took the decision to close Lochboisdale Dental Centre as the building was no longer fit for purpose. If the Board wishes to declare the property as surplus to requirements within the 2 year timeframe, and if approved, this will enable the property to be placed on the open market. He indicated that the net book value for land and property equates to approximately £94k.

Mr. MacMillan noted the sensitivity and timing of taking this decision in light of the decision on dental services outstanding by the Integration Joint Board.

Mr. Jamieson noted that the property is not part of the future model and the Board has taken the decision to close the premises as they were not fit for purpose. It would be remiss of the Board to retain a property not required and left to deteriorate. By removing the property will result in a reduction of £6500 per annum on depreciation.

The Board considered the proposal and fully approved the sale of the property.

Decision: **The Board formally approved the recommendation.**

Action: **Place the property on the open market for sale**

Gordon Jamieson

7.4 Winter Plan 2018-19

Issue: *The Board was asked to approve the report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: The Winter Plan was presented to the Board for approval by Mrs. Campbell. The Plan has been sent to the Scottish Government in draft format and the response to all NHS Board Winter Plans denotes the need to include:

- ❖ An executive summary setting out key actions being taken forward to assist in preparing for this winter
- ❖ A table setting out what additional capacity/resources will be purchased as a result of the winter allocation
- ❖ Planned action which clearly demonstrate how we will avoid unnecessary admissions
- ❖ Commitment to establish clear improvement trajectories for weekends and earlier in the day discharges
- ❖ A commitment to maximise elective theatre capacity over the festive period

Mrs. Campbell advised that the Plan will be amended slightly to take cognisance of bed management protocols and the use of contingency beds.

Members enquired as to the position noted in the Plan where if there are no beds available the Scottish Ambulance Service will be informed and patients triaged at A&E. Mrs Campbell noted that once all other possible areas are exhausted and still no location of acute bed on island then patients would be sent to the mainland, potentially Raigmore Hospital if there is capacity there.

Mrs. Campbell advised that assessing the risk associated with the plan, a formal risk assessment will accompany the return to Scottish Government.

Decision: The Board formally approved the Plan

Action: No formal action required.

7.5 Board and Sub-Committee Timetable 2019

Issue: *The Board was asked to approve the report presented by Mrs. Michelle McPhail, Business Manager.*

Discussion: The Board and Sub Committee timetable for 2019 was presented. It was noted that the proposed dates could potentially move or require additional meetings depending on the need in year.

Decision: The Board formally approved the timetable

Action: No formal action required.

8. SERVICE DEVELOPMENT

8.1 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 provide further update to Board Members on the work of the Mental Health Redesign Steering Group, which met on the 5th October 2018. She provided update on Clisham Ward advising that the last patient left the ward and staff were being moved to new locations. It was noted that APU needs to be addressed separately. To date no further progress on APU and the ability to obtain mainland support. Dr. Watts indicated that with the closure of Clisham Ward, retaining APU and potential reduction in acute admission will enable the Board to test the model real time. Board members welcomed the opportunity to enable formal testing of the model but continue with the discussions with mainland boards in securing inpatient beds when required.

Dr. McKellar welcomed the opportunity to test the model as this development fit with the work of Realistic Medicines and the interface with GPs and mainland consultants which enables the creation of networks.

Members considered the report, scrutinising the work of the work streams and formally noting the progress made to date.

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

Action: **No formal action required.**

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report October 2018

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

Discussion: Mr. Jamieson presented the Report to colleagues advising that sickness level in August had fallen to 5.95% and the local data for September denotes a position of 5.83%. Mr. Jamieson quantified the impact financially stating that absences cost the Board approximately £190k per month.

Members enquired as to the use and impact of the EASY system. Mr. Jamieson responded noting that the EASY system enables management to obtain support, however it is not clear as to what direct impact this system has on achieving the sickness absence target. Other tools, policies and occupational health, are used to support management and staff, enabling where possible a speedy return to work.

The Chair thanked Mr. Jamieson for the update.

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

Action: **No formal action required.**

10. PUBLIC HEALTH

10.1 Joint Health Protection Plan 2018-2020

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

Discussion: Dr. Watts advised the Board of the Joint Health Protection Plan (JHPP) which is the most recent iteration of the requirement to have a joint health protection plan across statutory agencies. It provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for NHS Western Isles (NHSWI) and Comhairle nan Eilean Siar (CNES) as required by the Public Health etc (Scotland) Act 2008

It was noted that the agencies participating in the Plan is just between the Local Authority and Health, however annually there is a meeting involving SEPA and the local Vets.

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

Action: **No formal action required.**

10.2 Health Promoting Health Service Annual Report 2015/16

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

Discussion: The Board was presented with the Annual Report of Health Promoting Health Service by Dr. Watts. She provided the Board with the submission to Scottish Government denoting the progress made over the past 3 years. The achievements in line with Government objectives were noted:

- staff health, noting the introduction of the EASY staff absence management system, and the availability and uptake of flu immunisation
- healthy eating, supporting both healthy living choices for catering services across the Health Board, and in supporting staff to maintain healthy weight
- breastfeeding, providing peer support and companionship for breast-feeding mums
- physical activity, setting out the achievements of the physical activity challenges and walk groups
- health behaviour change, using a blend of e-learning and face-to-face training
- patient centred healthcare, with significant savings in carbon emissions beginning to be realised through use of telehealth and reductions in the need for patients to travel to appointments.

The Chair thanked Dr. Watts for a good report. No further questions were raised.

Decision: **The Board formally approved the Annual Report**

Action: **No formal action required.**

11. PERFORMANCE

11.1 Corporate Risk Register

11.1.1 Corporate Risk Register Electronic Version

Issue: *The Board was asked to note for assurance the Corporate Risk Register report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Mrs. Campbell discussed the report noting the following updates:

- ❖ Risk 2A relating to **Civil Contingencies Major Incident Response** was updated on the 18th September 2018. The risk relates to the Board may not be available to respond effectively to a Major “Rising Tide Incident “ under the auspice of the Civil Contingencies Act 2004. The risk rating is $3 \times 4 = 12$.

Current control measures are –

Multi – agency Pandemic Influenza Plan.

Health Board Emergency Planning Group.

Business Continuity being rolled out across the Health Board.

- ❖ Risk 2B relating to **Business Continuity** was updated on the 18th September 2018. The risk rating is $4 \times 3 = 12$

Current control measures are –

Resilience Group

Strategic Policy

Strategic Business Continuity Protocols and Procedures.

Pandemic Influenza Plan

Major Incident Plan

- ❖ Risk 13 relating to finance has been removed from the risk register and archived. This was following agreement by the Corporate Management Team that the information contained in risks 1 and 13 could be combined.
 - Risk 1 pertaining to finance remains on the CRR and the risk rating is 20

- ❖ Risk 17, **Delayed Discharges**, has been added to the Corporate Risk Register following discussion at the Corporate Management Team meeting.

The number of delayed discharges has been increasing over the last month and are currently 17 in the Western Isles Hospital. There is an additional risk of delays from hospital to care homes due to patients at risk in community being given priority.

Due to the increasing risk the Single Operating Division is escalating the risk to the Corporate Risk Register.

Mrs. McPherson advised that the Healthcare Governance & Audit Committee discuss the Register. In reviewing the new Audit Handbook, the internal Auditors advised that risk needs to be discussed obtaining more specific details of assurance should be obtained for each risk. Internal Audit advised that the Committee should review NHS Lothian risk templates.

Mr. Jamieson reported that in a recent press release NHS Lothian are being criticised for their handling of adverse events and it may be more prudent to assess another Boards documentation.

The Chair thanked Mrs. Campbell for the report.

Decision: The Board formally noted report.

Action: No formal action required.

11.2 Healthcare Associated Infection Report Aug-Sept 2018

Issue: *The Board was asked to note for assurance the Report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Mrs. Campbell informed the Board on the infection control performance for August to September 2018. She reported:

- ❖ Zero Staphylococcus aureus Bacteraemia
- ❖ 1 Clostridioides difficile which was community associated infection
- ❖ 1 Surgical Site Infection ~ repair of neck of femur. Patient associated infection.
- ❖ Hand Hygiene remained at 100% compliance

Decision: The Board formally noted the Report.

Action: No formal action required.

11.3 Performance Monitoring Report 2018/19 Q1

Issue: *The Board was asked to note for assurance the report presented by Mrs. Chris Anne Campbell, Nurse Director.*

Discussion: Mrs. Campbell provided an update on the first quarter report in 2018/19 (April to June 2018). The Board discussed the position of:

- ❖ Advanced GP booking
- ❖ Dementia register
- ❖ Alcohol Brief Interventions
- ❖ Smoking Cessation
- ❖ Dementia Post Diagnostic support

The Chair reflected on the information noting the challenges of meeting trajectories remain generally around the same areas as previously reported.

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

Action: **No formal action required.**

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

12.1 Area Clinical Forum

12.1.1 Area Clinical Forum Minute of 22.05.18 - A

Mrs. MacKenzie presented the Minutes for information.

Mrs. MacKenzie advised on the recent discussion, minutes not presented as yet. In relation to treatment policy with the Scottish Ambulance Service, the response to a person's fall at home the SAS have a falls assessment protocol and this enables them to provide advice, avoiding where possible the need for a transfer to hospital. Therefore retaining the patient at home and not causing a potential delayed discharge or unnecessary admission.

Complaints seem to take an extraordinary time to respond to and for the learning to be advised. Mrs. Campbell indicated that she would review this in relation to outstanding actions.

Mrs. McCannon had attended the last meeting to observe the work of the ACF and noted that she found the meeting to be very informative, encouraging other Non-Executive Directors to attend.

Decision: **The minutes were formally noted.**

Action: **No formal action required.**

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?	✓	✓	All received with the exception of the finance paper
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 • Proper scrutiny • Relevant questioning • Constructive challenging	✓ ✓ ✓		No further comments.

15. DATE AND TIME OF NEXT MEETING

Public Board Meeting

Date: 24.10.18 Time: All day

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

Board Development Meeting

Date: 19.12.18 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.

END