

NHS Western Isles Board Meeting



Minutes of Meeting 18 December 2019 Practical Room Western Isles Hospital Stornoway

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Georgina Marczak	Non-Executive Director
Ian Burgess	Board Chair (Chair)	Margaret MacKenzie,	Chair of ACF / Non-Executive Director
Rosemary Bugler	Non-Executive Director	Gillian McCannon	Non-Executive Director
William Findlay	Nurse/AHP Director and Chief Operating Officer	Dana Murray	Employee Director / Non-Executive Director
Gordon Jamieson	Chief Executive	Maggie Watts	Director of Public Health / Caldicott Guardian

In Attendance:

Michelle McPhail Business Manager

1. WELCOME

The Chair welcomed everyone to the meeting. He specifically welcomed Georgina Marczak to her first meeting following her appointment to the Board at the beginning of December 2019. It was also noted that this was the last meeting for Margaret MacKenzie ahead of her retirement.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Uisdean Robertson CnES Representative / Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the recent events:

- Recently attended the National Chairs meeting in Edinburgh where the Cabinet Secretary indicated the need to implement integration between Health and Social Care at a Faster Rate.
- Mrs. McPherson, Non-Executive Director, resigned recently and the Chair expressed his deep thanks for the contribution she gave to the Board and, in particular the Healthcare Governance and Audit Committee.

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 30.10.19 - DA

The Minute of the meeting of the Board held on the 30 October 2019 was approved subject as a correct record of the discussion.

Decision: The Board formally approved the Minute of 30 October 2019.

Action: No action required.

5.2 Matters arising from previous Minutes

No issues were raised.

5.3 Action Points

The following updates were noted to the Action Points:

- **18.12.18 – 7.1 Adverse Events** – *The Chair expressed his concern at the time the report has taken to be presented, over 12 months. Mr. Findlay advised that the Scottish Government are discussing this as part of a working group and further detail will be circulated but unsure as to when. A detailed report on the production of the document will be made available in January 2020 – William Findlay.*

ACTION: UPDATE

- **29.05.19 – 9.2 Statutory and Mandatory training** – *Mrs. McCannon, Chair of Staff Governance Committee, advised that the Board is compliant in law, however the information recently presented to the Committee noted that Management and Staff side reps are focusing on how to get staff to comply with the training programme. Information will come to the Committee and then onward to the Board within the Committee Minute*

ACTION: REMOVE

- **30.10.19 – 7.3 Gaelic Plan** – Mr. Findlay advised that colleagues from Bòrd na Gàidhlig had come to Stornoway and revised the Plan. Full version will be available for Board approval in February or March 2020.

ACTION: UPDATE

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 and Workforce Performance Monitoring Report Month 7

Issue: The Board was asked to note for assurance the report presented by Ms. Debbie Bozkurt, Director of Finance and Procurement.

Discussion: Ms. Bozkurt drew colleagues' attention to the report noting the in-year financial position as £622k overspend and projecting a year-end over spend of £789k, utilising the full allocation within the contingency fund.

Ms. Bozkurt indicated that the Month 8, November 2019, position should be with Scottish Government later in the afternoon, however the bottom line position is very similar to that of Month 7, October 2019.

The cost pressures remain within the budget areas discussed month on month e.g. medical consultants and specialised doctors is projecting an overspend at the year end of £1,010k, adult off island mental health placements is projecting an overspend of £271k and acute nursing due to the increased use of contingency beds as a direct result of delayed discharges, projecting an overspend of £390k.

During the discussion, Ms. Bozkurt raised concern with a recent invoice from NHS Greater Glasgow and Clyde noting that there will be an increase on the Service Level Agreement (SLA) of £500k. Scottish Government have advised, as well as Board Auditors, not to pay this level as there is no substantive background details noting the specifics on the increase in clinical services. It was also noted that pension contribution has increased by 6%, however those Boards where we have an SLA with are also applying the 6% pension increase into the SLA.

During deliberation of the report, Members discussed specifics relating to:

- Cancer drug costs - Increasing from £1k per cycle for generic cancer treatment to a drug which targets specific cells to destroy, resulting in the cost rising up to £40k per cycle.
- NHS GG&C – Mrs. McCannon enquired when the detail of the increased clinical service from NHS GG&C will be presented. Ms. Bozkurt advised that John Connaghan, Chief

Performance Officer, NHS Scotland and Director of Delivery and Resilience, has written to NHS GG&C to provide NHS Boards with the backlog activity information.

- Winter Pressure – Mrs. McCannon asked about the winter plan in relation to the level of delayed discharges. Mr. Findlay advised that the Western Isles Hospital has had to open the contingency beds for some time and this has impacted on the Hospitals ability to ensure that beds are available. However the arrangements within the community should support patients in staying at home and only when clinical need will they be admitted. Mrs. MacKenzie advised that the delayed discharge process needs to be more efficient and that patients should have their discharge plan made at the point of admission. The delay is with social work completing their assessment which needs to be made as early as possible to enable discharge appropriately.

Mr. Findlay advised that within social work last month 2 social workers had left. Social workers will become more visible within the hospital and attend the daily huddles.

Colleagues noted the workforce information, raising concern at the advertisement of post being placed on SHOW rather than within local papers, community notices, social media where local people can find them easily.

The Chair thanked Ms. Bozkurt for the report, thanking colleagues for an interesting debate.

Decision: The Board formally noted the report

Action: No action.

7. CORPORATE DEVELOPMENT

7.1 National Regional Asset Management Plan

7.1.1 Appendix 1 – NHS Western Isles

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

Discussion: Mr. Jamieson presented the 2nd edition of the North Regions Regional Asset Management Plan (RAMP) which will consider the investments needs of the North Region across the investment areas of Equipment, Information Communication Technology, property and vehicles. The Board was asked to approve the RAMP.

Members discussed the document which sets out how the Northern Region could work more closely together to manage current assets and deliver new building projects.

The Chair asked how would local capital projects work if being addressed within the regional approach. Mr. Jamieson advised that he was not in favour of such an approach, with a preference of retaining local consideration and retaining our capital allocation.

It was noted that 12 years ago the Board owned 58 properties, not all necessary and this is now down to 41, a reduction not at the detriment of service delivery but reduced the risk associated with having non-essential buildings. Mr. Jamieson noted that historically the majority of capital investment has been within the hospitals and clinical areas, however the main risk to the Board lies with the Board Headquarters. The Board needs to make a decision about the physical building and the work required, against working with a limited capital allocation and the need to focus on direct patient care.

Ms. Bozkurt noted that the report pertains to the links within the North however the Board has a substantial links to the West. Mr. Jamieson supported Ms. Bozkurt view as the North looks to the North although more of our patients are seen within Glasgow.

Mrs. McCannon indicated the work required to maintain our assets and the report brought together the differences across the region. However she felt that it was important for the Board and the residents to have control of its own capital allocation and the ability to prioritise at a local level.

The Chair thanked Mr. Jamieson for bringing the report forward and acknowledged the work of Mr. Douglas MacKenzie, Works and Estates Manager.

Decision: The Board formally approved the report.

Action: No action required.

7.2 Community Cohesion Strategy

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

Discussion: Dr. Watts indicated that as the Board is a member of the Community Planning Partnership we have a clear commitment to tackle poverty and inequalities in health and wellbeing.

Community Cohesion is about promoting a shared sense of belonging and identity between communities is about shared participation in education, work and social activity. In relation to health, community cohesion is strongly linked to mental health and wellbeing.

Dr. Watts indicated the guiding principles as:

1. Strengthening leadership;
2. Supporting new migrants and resident communities;
3. Learning and cohesion;
4. Places and community cohesion;
5. Promoting equality, social inclusion and community cohesion; and
6. Strengthening cohesion.

Dr. Watts advised that she will be developing an action plan, in conjunction with Community Planning Partnership, to support the Strategy, identifying the roles and responsibilities of the

NHS and partner agencies. It is her intention to present this in early 2020, with the plan going to CMT and the Community Planning Partnership in February 2020.

The Chair thanked Dr. Watts for the report and welcomed such a cohesive development with partnership colleagues.

Decision: The Board formally noted the report.
Action: Action Plan to be presented in March 2020.

Maggie Watts

8. CLINICAL GOVERNANCE

8.1 Duty of Candour Annual Report

Issue: *The Board was asked to approve the report presented by Mr. William Findlay, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Mr. Findlay presented to Board Members the Annual Report on the Duty of Candour (Scotland) Regulations 2018 came into force on 01 April 2018. The purpose of the new duty of candour provisions is to support the implementation of consistent responses across health and social care providers in death or harm, which is not related to the course of the condition for which the person is receiving care.

Members discussed the training need. Mr. Findlay advised that over 62 appropriate members, for example Senior Charge Nurses, and other clinical staff have obtained training. The regulations places and emphasis on the organisation on staff support and training to ensure effective implementation of the organisational duty. Mr. Findlay provided assurance that when an incident occurs and the Duty of Candour is implemented a debrief session is held as soon as possible and staff are supported through the process.

Mr. Jamieson emphasised that staff must feel that they have the necessary skills and confidence if they are to be meaningfully involved in the delivery of the duty of candour process.

Mrs. McCannon welcomed the formality of ensuring openness and transparency when reviewing an adverse event.

The Chair thanked Mr. Findlay and his team for their work.

Decision: The Board formally approved the report.
Action: No action required.

8.2 Director of Medical Education Annual Report

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

Discussion: Mr. Jamieson presented Members with the Annual Report (01.08.18 – 31.07.19) from the Director of Medical Education, Dr. Antima Banerjee. Dr. Banerjee has provided leadership as the Director of Medical Education since Dr. McKellar's departure.

Mr. Jamieson noted that Dr. Banerjee has positively stimulated multidisciplinary training and scenario training. Positive feedback has come from Junior Doctors in training.

Mrs. McCannon pointed out that the report was a positive one and pleased to note that Langabhat Medical Practice is being retained as a GP training facility.

The Chair noted the value in the Board having a Medical Education facility providing a positive environment for medical student to obtain training with the hope of them coming back to continue their junior doctor and hopefully clinical fellowship roles.

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

Action: **No action required.**

9. PUBLIC HEALTH

9.1 Health Improvement Operational Plan - update

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

Discussion: Dr. Watts drew colleagues' attention to the plan noting that the Board had sight of the plan earlier in the year, and that the updated report provides 6 month progress review. She highlighted and discussed the following points:

- Mental health / suicide awareness
- Outer Hebrides Drug & alcohol partnership ~ alcohol consumption has not reduced and there has been an escalation in the use of illicit drugs.
- Training provided over a wide range of topics
- Sexual health
- Healthy working lives
- Antipoverty ~ members discussed the impact being noticed within the islands on the increase need and use of foodbanks. Within the Community Planning Partnership this is being taken forward and further work being undertaken to identify poverty across the different islands and the range of levels of poverty, providing advice and sign posting to benefit entitlement.

- Smoking cessation
- Paths for all
- Fas Fallain
- Nutrition

The Chair enquired if positive outcomes and results of health improvement are being seen now from the work undertaken historically. Dr. Watts advised that robust measures are noted within adolescent pregnancy. Further more detailed data will be available in January from the national Information & Statistics Division and a period of comprehensive review will be undertaken. Dr. Watts noted her consideration of holding a local Life Style survey in 2020/21.

Decision: The Report was formally noted.

Action: No action required.

10. PERFORMANCE

10.1 Corporate Risk Register

10.1.1 Corporate Risk Register Electronic Version

Issue: *The Board was asked to note for assurance the Corporate Risk Register report presented by Mr. William Findlay, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Mr. Findlay presented the report to colleagues noting the following:

- Implementation of the Smart blood fridge, which will assist in reducing error in the selection and supply of blood. Staff have been trained in the use of the fridge.
- GP Out of Hours remains fragile and work continues to secure GPs as well as assessing the possibility of an alternative way in providing the service.

Mrs. MacKenzie raised her concern at the continuation of the existing model of care when the board is in financial overspend. A new model needs to be identified as a matter of urgency.

Mrs. McCannon raised her concern at the scoring for Paediatric service being medium and given the level of concern over obtaining consultants should the not be higher. Mr. Findlay advised that we provide locum cover of the service however he agreed that it is a costly solution. Mrs. McCannon advised that a different job description may be required to entice potential consultants to the island.

Decision: The Board formally noted the Report.

Action: No action required.

10.2 Freedom of Information Quarterly Report ~ July – September 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 quarterly report advising of the increase in the number of requests received, 138, of which 90% (123) were responded within the 20 days. The remaining 10% were more complex and required additional time to obtain appropriate responses.

Within the report is also noted Subject Access Request reporting for the period 35 requests obtained of which 30 pertained to living and deceased records and 3 related to Court requests.

The Chair thanked Dr. Watts for the report and providing assurance of due process.

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

Action: **No action.**

10.3 HAIRT Report August to September 2019

Issue: *The Board is asked to note for information the report presented by Mr. William Findlay, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Mr. Findlay presented the report noting that during August to September 2019, 5 Staphylococcus Aureus Bacteraemia were noted and reviewed indicating that the origin of the infection for four were Healthcare Associated Infection and the fifth was Hospital Acquired Infection.

There were no Clostridioides Difficile infections and local hand hygiene remains high.

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

Action: **No action.**

10.4 Quarterly Performance Report

Issue: *The Board was asked to note for assurance the report presented by Mr. William Findlay, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Mr. Findlay presented colleagues with the report advising of an increase in patients seeing a consultant using technology – Near Me or Anywhere digital system.

An improvement in the 62 day cancer target was noted and this was due in part to the work of Margaret Kelly from Scottish Government who is working between the Board and NHS Highland to aid in reducing the amount of time patient have to wait for the diagnostic testing by Raigmore Hospital.

Sickness absence was up at 7% in previous reports however this is down to 5%. This may be the Boards level following the identification of the correlation between the age of staff and long term condition or they require an extended period of time to get better. Further training will be provided to department managers on the use of Board policy and how to implement. Mrs. Murray commented upon the lack of impact on the results following the withdrawal from the EASY system.

The Chair thanked Mr. Findlay for the update.

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

Action: **No action.**

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

11.1 Staff Governance Committee

11.1.1 Staff Governance Committee Minute of 14.11.19 – DA

The Minutes were presented for information.

Mrs. McCannon advised that the Committee continues to monitor the position and progress in relation to mandatory and statutory training, PDP review and the implementation of Turas. She advised that Shona Campbell from the Apprenticeship Scheme will be attending a future Staff Government Committee meeting to assist in identify potential areas for future employment.

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

Action: **No action.**

11.2 Area Partnership Forum

11.2.1 Area Partnership Forum Minute of 22.08.19 –A

11.2.2 Area Partnership Forum Minute of 31.10.19 –A

The Minutes were presented for information and noted.

Decision: The Minutes were formally noted.

Action: No action.

11.3 Area Clinical Forum

11.3.1 Area Clinical Forum Minute of 24.09.19 – A

The Minutes were presented for information.

Mrs. MacKenzie advised that Dr. David Rigby has taken over the role of Chair of the Area Clinical Forum and therefore will be participating in future Board meetings as a Non-Executive Director.

Decision: The Minutes were formally noted.

Action: No action.

12. ANY OTHER COMPETENT BUSINESS

The Chair presented Mrs. MacKenzie with a leaving gift from Board colleagues, thanking her for the time she has spent on the Board and the value she has added to discussion and assisting in implementing change within her role as a Senior Community Nurse. Colleagues wished her well in her retirement and her new ventures.

13. 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?	✓		
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	✓ ✓ ✓		

14. DATE AND TIME OF NEXT MEETING

Public Board Meeting

Date: 29.01.2020 Time: All day

Location: Meeting Room, Tighean Innse Gall, Stornoway

Board Development Meeting

Date: 26.02.2020 Time: All day

Location: Meeting Room, Tighean Innse Gall, Stornoway

The Chair called the meeting to a close at 12.30pm, thanking everyone for their contribution.

END