

NHS Western Isles Board Meeting



Minutes of Meeting 26 August 2020 at 10.00am Via Teams

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Francis McAuley	Medical Director
Rosemary Bugler	Non-Executive Director	Gillian McCannon	Non-Executive Director / Vice-Chair
Ian Burgess	Chair NHS Western Isles (Meeting Chair)	Dana Murray	Employee Director / Non-Executive Director
William Findlay	Nurse/AHP Director and Chief Operating Officer	Dave Rigby	Chair of ACF / Non-Executive Director
Gordon Jamieson	Chief Executive	Uisdean Robertson	CnES Representative / Non-Executive Director
Georgina Marczak	Non-Executive Director	Maggie Watts	Director of Public Health / Caldicott Guardian

In Attendance:

Michelle McPhail Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting. He expressed his thanks to Mrs. McCannon for chairing the previous Board meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Avril Keen Director of Human Resources and Workforce Development

3. INTRODUCTION

3.1 Chair's Report

The Chair briefed Members on the most recent National Chair's meeting with the Cabinet Secretary for Health and Sport. The following aspects were noted:

- Recruitment to NHS Boards ~ it was noted that Boards should be ensure a wide range of diversity of prospective Members of Boards.
- Test & Protect ~ Board Chairs noted the importance of NHS Boards supporting their protection teams in dealing with testing for Covid-19. The increase in outbreaks regionally was noted, Aberdeen and

Tayside. The Chair noted the support of the Boards protection team to NHS Grampian and NHS Tayside in dealing with their outbreaks.

- Recovery of services ~ NHS Boards are working on the challenge of moving forward to reinstate service

The Chair asked Members for their agreement to take item 16 on the agenda in a closed session. Member agreed.

4. **DECLARATION OF INTEREST**

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

5. **MINUTES**

5.1 **Minute of 24.06.20 - DA**

The Minute of the meeting of the Board held on the 24th June 2020 was approved by Members with no amendments.

It was noted that the Board did not hold a meeting in July 2020.

Decision: The Board formally approved the Minute of the meeting of 24th June 2020.

Action: No action required.

5.2 **Matters arising from previous Minutes**

There were no issues were raised.

5.3 **Action Points**

The following updates were noted to the Action Points:

- **29.05.19 – 11.2 Performance Report – provide additional narrative to the report supporting and clarifying the performance position on each objective.** Dr. Watts advised that the additional narrative cannot be solely provided by the Public Health Intelligence Team but requires input from department Heads and Senior Managers. It was noted that this additional information will be presented in due course. **UPDATE**
- **18.12.19 – 7.2 Community Cohesion Strategy – Present the Action Plan to Board Members.** Dr. Watts advised that the OHCPP have not met for some time due to Covid and therefore unable to bring more information forward. The Action Plan will come forward in due course. **UPDATE**
- **29.01.20 – 7.2 Safe Staffing Update – request quarterly updates of the progress of the Board compliance with the new legislation.** Mr. Findlay indicated that the Scottish Government had put the implementation on hold due to Covid and are in the position of re-establishing the national

group. They are assessing the previous legislation in light of Covid-19 and the need to review the full programme.

Mr. Findlay noted that due to Covid there has been a reduction in the number of beds but there has been no reduction in staffing levels and therefore the ratio of patient to staff is higher. **UPDATE**

- **29.05.20 – 10.2 Complaints Report – Noted the increase in complaints from those requiring Mental Health services.** Mr. Findlay advised that he would review the level of service delivery within APU and review the complaints with the Chief Executive to assess any necessary action and report back. **UPDATE**
- **24.06.20 – 6.1 Covid1-9 Update – Discuss with the pandemic Resilience Group potential of prioritising Tesco & Co-Op delivery to those isolating or shielding.** Mr. Jamieson will take this forward and update at the next meeting. **UPDATE**
- **24.06.20 – 7.2 Corporate Risk Register – Review of the format of the Register.** Mrs. McCannon advised that she, Mr. Findlay, Mrs. Sullivan and Ms. MacDonald will meet to discuss this further. Further update at the Healthcare Governance & Audit Committee and the Board. **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

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

Discussion: Ms. Bozkurt circulated the late paper to Members noting the 20/21 financial forecast as at June 2020. The Board is showing an in-year overspend of £506k excluding the allocation from Covid-19 but assuming that the Board will receive Covid allocation funding the in-year position resulting in an underspend of £124k, and at year-end a break-even position after contingency funds have been applied.

The report advises on the main cost pressures as unplanned activity of a projected overspend of £225k, SLAs are projected to increase £80k, pharmacy year-end projected overspend of £308k and general medical and specialised doctors projecting a year-end overspend of £141k.

The Chair thanked Ms. Bozkurt for the report, however noted that the report was circulated on the day of the meeting and therefore should Members have any comments on the ability to review the report questions can be put forward to Ms. Bozkurt.

Decision: Board Members formally noted the financial month 3 position.

Action: Board Members can contact Ms. Bozkurt directly with any questions.

6.2 Capital Programme 20/21

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

Discussion: Ms. Bozkurt drew colleagues' attention to the report advising on the projects set against the 2020/21 capital allocation of £1,223k. It was noted that the resources required for St. Brendan's community development are not included in the capital allocation.

In reviewing the programme of capital work, this years proposed projects were over subscribed significantly. The projects classed as a priority equate to:

1. Medical equipment ~ £558,113
2. U&B redesign ~ £80,000
3. E-Health ~ £279,000
4. Non-medical equipment ~ £310,044
5. Unallocated contingency ~ £50,843
6. Less capital receipts from sale of surplus properties ~ -£45,000

Mrs. McCannon obtained a response from Ms. Bozkurt in relation to the process of review of proposed projects via the Boards Capital Group. It was confirmed that the Capital Group, comprising of Accountants, Senior Managers and Heads of Department, review business cases and assess the urgency / prioritisation against the complete set of proposals and the allocation.

The Chair thanked Ms. Bozkurt for the report.

Decision: **The Board was formally assured of the Capital position.**

Action: **No actions required.**

7. CORPORATE GOVERNANCE

7.1 Records Management Policy – revision

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

Discussion: Dr. Watts presented the revised Policy to Members advising that this provides the code of practice and is the Boards corporate memory.

It was noted that the Policy covers accountability and responsibility of staff, how to implement and obtain training and education and the appropriate methods for destruction of relevant documents.

The Chair thanked Dr. Watts for the revised Policy, which Members formally noted.

Decision: **The Board formally noted for assurance the revised Policy.**

Action: **No actions required.**

8. SERVICE DEVELOPMENT

8.1 Sustainable Forensic Medical Examination Service

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

Discussion: The report presented by Dr. McAuley provide Board Members with the status for Forensic Medical Examination Service (FME) and Custody Healthcare arrangements, originally presented in March 2020, incorporating recent progress.

Dr. McAuley informed colleagues on the updated process of the Boards responsibility in providing Forensic Medical Examination (FME) and Custody Healthcare (CHC). He noted the following points:

- The Board has a legal statutory obligation to provide these services by appropriately trained clinical and professional staff.
- The Board approved in March 2020 contracting with Custody & Offender Medical Service LLP (COMS) for an initial period of six months to provide the service. This commenced on 15 June 2020.
- One female GP was meant to attend the Introduction to Forensics course in March 2020, but the course was postponed till September 2020 due to Covid-19. Two further female GPs have indicated their interest in attending this course; we are awaiting confirmation that they have been accepted on it.
- On completion of the training they all will require to spend time in a sexual assault centre to be deemed fully competent to undertake the service locally.
- The current demand for FME in NHS Western Isles is 4- 10 cases a year.
- COMS are currently providing a 24/7 service to the Board, ending on 15 December 2020. We can potentially have four local GPs (three female, one male) trained by then in FME, which may result in a sustainable local service. There are two risks to this:
 - The continuing presence of COVID leading to a postpone of /inability to attend training
 - Local GPs being unable to spend time an off-island sexual assault centre to gain full competence.

Mrs. McCannon thanked both Dr. McAuley and Mr. Findlay for their detailed responses to her question noted in the Q&A template. She had no subsequent comments.

The Chair thanked Dr. McAuley for the update

Decision: **The Board obtained assurance from the report on the progress in its Legal Statutory Obligation.**

Action: **No actions required.**

8.2 Pharmacy First

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

Discussion: Mr. Findlay advised the Board of the launch of Pharmacy First on the 29th July 2020. The service offers consultations and advice for minor illnesses will be launched in all community pharmacies across Scotland, replacing the current Minor Ailment Service. There are 3 locations, 2 pharmacies in Stornoway and 1 in Back.

He advised that Pharmacy First looks to increase access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long term conditions in and out of hours and to improve pharmaceutical care and contribute to the multi-disciplinary team to support the wider efforts of the NHS.

Mrs. McCannon enquired as to the financial payments. Mr. Findlay advised that the new payment model will be based on activity undertaken by community pharmacy contractors. This will replace the existing capitation model and will move to an activity based model, where the pharmacy team will be remunerated for the activity undertaken and reimbursed for dispensed items. The activity will be based on Advice: Referral: Supply. It was noted that Pharmacy contractors will each continue to receive the transitional payment (£2000) put in place from the 1 April 2020 until the 30th of September 2020 to support them in embedding the new ways of working required to deliver NHS Pharmacy First Scotland. During this transitional period, the activity recorded will be used to gauge the precise parameters of the remuneration arrangements from 1 October 2020. A base payment of £1250 will be paid monthly to each contractor in addition to a share of the NHS Pharmacy First Scotland activity pool which will be distributed based on NHS Pharmacy First Scotland activity across the pharmacy network.

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

Action: **No actions required.**

9. CLINICAL GOVERNANCE

9.1 Section 22 Approved Medical Practitioners

Issue: *The Board was asked to approve the report presented by Dr. Francis McAuley, Nurse/AHP Director and Chief Operating Officer.*

Discussion: Dr. McAuley advised Board Members on the registration of medical practitioners on the Boards Section 22 register in line with the Mental Health (Care and Treatment)(Scotland) Act 2003. The register maintains the approved list of medical practitioners qualified to hold a patient against their will for their own protection under Section 22 of the Act.

Dr. McAuley confirmed that the Board approved the initial policy and register in 2015, and that the policy presented today had no changes.

The Chair thanked Dr. McAuley for the report and confirmed that the Board approved the Policy.

Decision: The Board formally approved the Policy.

Action: No actions required.

10. PUBLIC HEALTH

10.1 Implementation of Hr-HPV Cervical Screening

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

Discussion: The report presented by Dr. Watts acknowledged that the cervical screening programme along with other screening programmes had been paused due to Covid-19. However once the programme recommences it will have changed from cervical cytology to High Risk Human Papilloma Virus testing. Dr. Watts advised that the new testing provides greater level of review. The report also noted the position of the following:

- a) Provision of consumables
- b) Submitting samples
- c) Entry of biopsy information onto SCCRS
- d) National invasive cancer audit
- e) Increase in Colposcopy referrals
- f) Call and recall
- g) Smear takers training
- h) Communication with testing laboratory
- i) Local communications and engagement

With the introduction of Hr-HPV primary testing into Scottish Cervical Screening Programme sees the re-configuration of the existing laboratories to deliver both cervical cytology and Hr-HPV testing from two sites – NHS Greater Glasgow and Clyde and NHS Lanarkshire. NHS Western Isles and NHS Highland samples are going to the Lanarkshire laboratory.

The Chair thanked Dr. Watts for the report.

Decision: The Board formally noted the report.

Action: No actions required.

10.2 Influenza Programme 20/21 – staff & public

10.2.1 Annual Programme NHS WI

10.2.2 Staff Programme NHS WI

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 presented the reports to colleagues providing assurance of the programme details. The following points were noted:

- The programmes denote the provision of vaccination delivery to both staff and general public
- The Scottish Government have extended the programme to include all social care workers, people who were shielding and those aged 55 to 64 years.
- Season 19/20 saw the greatest change in vaccinations with the implementation of the Vaccination Transformation Plan locally, and vaccinations moving from GP to community staffing. Community nursing will continue to be the mainstay of vaccinators in the community.
- The plan sets out the continuing importance of peer vaccinators to the healthcare programme. Additional staffing will be required to ensure the programme is delivered within the appropriate timescales for effective protection and delivery plans include maximising use of existing staff across the Western Isles
- Financial implications will arise due to COVID-19, it will not be possible to use as many GP premises as in recent years and therefore alternative sites including social care venues and community halls will be required and funded. There is the need for additional staff hours for both administration and vaccination to ensure that all vaccinations are recorded and uptake can be measured.
- Vaccinations will be available from 1st October 2020.

The Chair thanked Dr. Watts for the report. He enquired if the phased approach would enable greater uptake on the vaccination. Dr. Watts confirmed that she was confident in having the vaccinators in place to enable the Board to achieve the target of 60% of front line staff having the vaccine. Dr. Watts did advise that if a person got the flu and Coronavirus at the same time their likelihood of full recovery is greatly reduced. She emphasised the need for people to obtain the Influenza vaccine.

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

Action: **No actions required.**

10.3 Healthcare Screening Report

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 presented the report to Members, noting the design being more informatics and covering the issues of Antenatal Screening, Abdominal Aortic Aneurysm Screening and Diabetic Retinopathy Screening. She acknowledge that the report is late however it was ready for the Board in early 2020 but due to Covid it was delayed in submitting.

Mrs. McCannon thanked Dr. Watts, and her team, for the new configured report remarking on the easy to read format of the report.

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

Action: **No actions required.**

11. PERFORMANCE

11.1 Corporate Risk Register

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 the report. Members noted the dashboard and the position of the risks, with Mr. Findlay noting that 5 risks have been reviewed with minor changes.

Mrs. McCannon noted the responses to relevant questions within the Q&A template and thanked Mr. Findlay noting she had no further questions in relation to the response.

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

Action: **Revised format to be presented in due course.**

11.2 Freedom of Information Apr-Jun'20

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 information to Members noting that during the period of April to June 2020 71 FOI requests were received, of which 86% were responded to within 20 days.

It was noted that during the period from 7 April to 26 May, the Scottish Information Commissioner's Office allowed for a 60 day deadline due to Coronavirus. Dr. Watts advised that the Board continued to aim for responses to be made within the 20 working days, however due to Covid there was an increase in response times.

The Chair thanked Dr. Watts for the report.

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

Action: **No actions required.**

11.3 Performance Monitoring Report Q4 2019/20

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

Discussion: Mr. Findlay presented the Q4 performance report, noting the data as a June 2020. He advised that the Scottish Government require NHS Boards to submit their data.

Mrs. McCannon thanked Mr. Findlay for his response to her question noted within the Q&A template.

Mr. Findlay responded to Members query about APU activity, noting that the APU activity has been higher during the Covid lockdown period, however he indicated that much of the service is being delivered within the community. It was also noted that during the last 5 years, more than 500 beds have been lost from mainland providers following service reviews. Work continues to establish a Service Level Agreement for complex mental health service support.

Mr. Findlay provided assurance that while complex mental health patients wait for transfer, patients are cared for appropriately with compassion and care.

Mr. Jamieson commented upon the current and future challenge in obtaining clinical support during the recovery period, as capacity in all mainland hospitals are reduced to meet the requirements of Covid.

Colleagues enquired as to the Sickness Absence rate, noting that the report advises that as at March 2020 the performance is recorded as 5.31%. However Mr. Findlay did not have the performance from March to date. He would discuss this with Mrs. Keen and report back.

Decision: The Board formally noted the report.

Action: Establish the sickness absence rate from April to date with Mrs. Keen. William Findlay

11.4 Healthcare Associated Infection Report Dec'19-Jan'20 and update on process

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 drew colleagues' attention to the report, noting that the report is an old report. The Infection Control Team have had a level of sickness absence, however the full complement of staff are resumed. He advised that he is looking at other areas to support or promote the potential of working within the Infection Control Team via Fly Start.

He provided a verbal update on the performance between February and August 2020. During this time 9 MRSA were reported and 6 SABS, of which 2 were healthcare acquired, 2 community acquired and 2 hospital acquired.

Decision: The Board formally noted the report and the verbal update.

Action: No actions required.

12. HEALTHCARE GOVERNANCE AND AUDIT COMMITTEE

12.1 Healthcare Governance & Audit Committee Minute of 20.05.20

Mrs. McCannon presented the approved Minute from the discussion held in May 2020 for information.

No questions were raised.

Decision: The Board formally noted the minute.

Action: No actions required.

13. ANY OTHER COMPETENT BUSINESS

Executive Director / Senior Management ~ Ms. Bugler wished to formally note the Boards thanks to the Executive Team and their Senior Managers for all their work and support in addressing Coronavirus. Ms. Bugler acknowledged that the work continues and the challenge of establishing the recovery plan and ensuring that patients are seen appropriately is recognised and appreciated.

14. EVALUATION

15. DATE AND TIME OF NEXT MEETING

Scheduled Board Meeting

Date: 30.09.20 / 28.10.20

Time: AM

Location: TEAMS

The Chair called the meeting to a close at 11.20am, thanking everyone for their contribution.

16. The Chair advised that the Board would now proceed to a closed session.

END