

NHS Western Isles Board Meeting



Minutes of Meeting 31 March 2021 at 10.00am Via Microsoft Teams

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Interim Chair (Meeting Chair)
Rosemary Bugler	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Chrisanne Campbell	Interim Nurse Director	Dave Rigby	Chair of ACF / Non-Executive Director
Gordon Jamieson	Chief Executive	Uisdean Robertson	CnES Representative / Non-Executive Director
Avril Keen	Director of Human Resources and Workforce Development	Maggie Watts	Director of Public Health / Caldicott Guardian
Georgina Marczak	Non-Executive Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director

In Attendance:

Nick Fayers	Chief Officer, Integration Joint Board
Dr. Lise Hertel	Ass. Medical Director & Primary Care Lead
Maggie Jamieson	Communications & Claims Manager
Michelle McPhail	Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting, advising them of the meeting etiquette. A special welcome was made to Sheena Wright as this was her first Board meeting since her appointment as the Boards Whistleblowing Champion & Non-Executive Director.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Francis McAuley Medical Director

3. INTRODUCTION

3.1 Chair's Report

The Chair briefed Members on the following items:

- Chairs meeting –
 - Sustainable development, Catherine Calderwood is the National Clinical Director of the new Centre for Sustainable Delivery at the Golden Jubilee Hospital.
 - Board Chairs are reviewing the potential of the public health agenda and improving population health having governance oversight within each Board. This has been discussed with Dr. Watts.
 - Chair and Non-Executive Director appraisal process is being revised and National Chairs will work closely with Scottish Government colleagues.
 - Gillian Russel is the Director of Health Workforce and is leading on the workforce planning, taking into consideration the need of transforming the workforce for the Health & Social Care Partnership.
 - Scottish Government will reinstate their Remuneration Roadshows which stopped due to the pandemic. These will be reinstated towards the end of April/May 2021.
- Sheena Wright has been appointed to the Board as the Whistleblowing Champion. A Short Life Working Group has been established, which met yesterday to review the actions required by the Board in implementing the Whistleblowing Standards.

Decision: The Board formally noted the verbal update.

Action: No 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 25.11.20 - DA

The Minute of the meeting of the Board held on 25 November 2020 was approved as a correct record of the discussion, subject to the following amendment:

- Page 4 – item 7.1 Winter Plan – 4th paragraph, 1st sentence replace the word “Dr. Watts” with “Mr. Jamieson”.

Decision: The Board formally approved the Minute of the meeting of 25 November 2020.

Action: No action required.

5.2 Matters arising from previous Minutes

No issues raised.

5.3 Action Points

The following updates were noted to the Action Points:

- **29.05.19 0- 11.2 Performance Report** ~ Dr. Watts indicated that it would be beneficial for the Board to have an awareness session on the detail and purpose of the data used to measure performance against the national targets and trajectories.
Mrs. McPhail advised that the IJB is holding a performance overview session on the 27 April with Mr. Martin Malcolm, Head of Public Health Intelligence and suggested that the session could be combined. Dr. Watts agreed. **UPDATE**
- **18.12.19 – 7.2 Community Cohesion Strategy** ~ Dr. Watts advised that the CPP have just reinstated their sessions and therefore information will be forthcoming once discussion by the CPP have been concluded. **UPDATE**
- **29.01.20 – 7.2 Safe Staffing Update** ~ Mrs. Campbell indicated that a hospital toolkit has been instated and should start running next Monday. This toolkit includes the doffing and downing of PPE. An update on the process will be presented in May'21. **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 Performance Monitoring Month 11

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

Discussion: Ms. Bozkurt explained that the report presented is in the format of the narrative report submitted to the Scottish Government. It was noted that a break-even position will be achievable by the Board for 2020/21. The Board has been reimbursed for its expenditure attributed to Covid as at quarter 3. It is anticipated that the funding will be adequate; however the Board has yet to account for the increased bank staff, excess hours and mutual aid from NHS Highland.

Ms. Bozkurt advised that excluding non-Covid related expenditure paid through remobilisation plan a total of £6.170m is received of which £3.985m is allocated to the NHS and £2.186m to Social Care.

In discussing drug expenditure Ms. Bozkurt noted that at the start of Covid, a decision was made to take patients off Warfarin and them onto Direct Oral Anticoagulants (DOACS) predominately Apixban. The drug negates the need for face-to-face consultations however the cost of the drug is

much more expensive and as a result the Board is estimating a pressure of £120k based on the first 7 months of drug data. The Board also has to have antidote for Apixban which costs £56k for 2 doses for our remote hospitals compared with the antidote for Warfarin which is Vitamin K and the cost is minimal.

In addressing the remobilisation of services, Ms. Bozkurt indicated that the Board anticipates using the budgeted Waiting Times allocation to ensure that we can start reducing the waiting times list e.g. Radiology, Renal, Outpatients and MRI Scans.

In discussing the report, specifically noting the Cost Pressures, Ms. Bozkurt noted that within any normal year, a level of income comes from tourists to the island, people who trip or fall while on holiday and require clinical treatment. During the pandemic no-one was allowed to travel and therefore an anticipated level of income from tourists was set at £300k which was not realised.

The cost pressure for General Medical and OOH Specialised Doctors is projecting a year end position of £289k overspend. This is a marked reduction on the previous year as we have been able to appoint to substantive posts.

Ms. Bozkurt advised Members of the Capital Resource Limit, set at £1.233m for 20/21. The Board is on track to spend the full allocation however £457k of projects were placed on the deferred list and will be addressed if funding became available in-year.

The Board was awarded a further £721k of Capital recently which has allowed the purchase of the deferred equipment and ease the pressure on next year's capital programme. At Month 12 a further aware of £280k was received to purchase the X-Ray equipment.

The Chair thanked Ms. Bozkurt for a positive report given the year behind us. The report demonstrates that changes made in the use of technology has abled the Board to treat patients in a virtual way to maintain their clinical needs where possible.

Dr. Rigby advised that one advantage in change within treatments, example being Apixban, is that patients don't need as much monitoring or blood testing. This drug is innovative enabling reduced face-to-face consultations, of 14 visits per year and saving this time for the practice nurse or the GP. This frees up time and capacity to focus this on other areas of pressure or concern. The drug does not replace all Warfarin patients but will be suitable to the majority.

The Chair thanked Ms. Bozkurt for the update.

Decision: The Board formally noted the Month 11 report.
Action: No actions required.

6.2 Board Financial Budget 21/22

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

Discussion: Ms. Bozkurt presented the second iteration of the Budget for 2021/22 and is presented to Members for approval.

Members deliberated the report noting that the core allocation for the period is £95,460m which leaves a gap of £4,410m which has been identified as efficiency savings (£3,420m) and £990k of unidentified savings.

Ms. Bozkurt advised that a number of assumptions have been made in relation to:

- any increase staffing uplift above the public sector pay,
- £500k waiting times money, and
- Service Level Agreements have been budgeted as a 3-year average.

Members noted the cost pressures in recurring deficit of £2.1m which has been covered by non-recurrent savings e.g. in-year vacancies.

Ms. Bozkurt explained that the Board has just appointed a new Chief Officer of the IJB and Health and Social Care Partnership, Mr. Nick Fayers, and work is underway to develop a savings plan that will mean the re-development of present services and looking at positive changes brought about through the pandemic that can be carried on and improved on. The plan is being worked on now with the presumption there will be capacity in teams to take that forward from the midsummer. This will partially contribute to unidentified savings.

Work will begin when capacity is available to take forward the work started pre-pandemic on; Patient Pathways, Mental Health off Island referrals, Off Island Therapeutics, for example.

Mr. Fayers expanded indicated that with providing some review time, during quarter 1 & 2 of 21/22 he anticipates that a formal report on the actions and outcomes will be available within quarter 2 of the year.

The Chair thanked Ms. Bozkurt for the very thorough open and transparent review of the position including assumptions and risks that the Board need to be aware of. She reflected on the way the Board has delivered care and improving treatment to the island residents and identifying the way forward in both recovery as well as provision of remote medicine via technology and the Near Me video conferencing functionality.

Decision: **The Board formally approved the Budget for 21/22**

Action: **No actions required.**

7. CORPORATE GOVERNANCE

7.1 Covid 19 update

Issue: *The Board was asked to note the verbal update provided by Mr. Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson, and colleagues, advised Members of the current position of Covid:

- No new positive cases within the last 10 days.
- Outbreaks are not causing any concern.
- Test & Protect is swift and thorough to address any new cases and identify those needing to isolate to contain any potential new outbreaks with the co-operation of the general public.
- Discussions continues between Mr. Jamieson, Dr. Watts and Mr. Burr, Chief Executive of the Comhairle, around wider scale of population testing and identifying asymptomatic people. One element of this will focus on island travellers and testing before coming to the Islands following the booking of flight or ferry.
- Employer based testing is being reviewed for larger companies and obtaining or purchasing Lateral Flow Device tests.
- NHS Board employees continue to take twice weekly LFD tests, this is a voluntary testing process.
- Vaccination clinics make excellent progress, and the Board obtains very positive feedback from members of the public on the way the system enable a person to move through the clinic quickly and efficiently.
- Vaccine has been given, to date, to 74% of the eligible population obtaining their first vaccine and over 17% of that group having obtained their second vaccine.
- It was noted that during next week a further 3200 vaccines will be distributed throughout the islands with the priority being second vaccine.
- It is proposed that in late 2021/22 booster vaccines will be given.
- Erisort Ward is the Covid or red area within the Western Isles Hospital, which still has some patients. Once these patients have been discharged the beds will be maintained and staffed in case of a surge.

The Chair thanked Mr. Jamieson for his verbal presentation and opened the discussion up to Members.

Members raised their concern at the potential increase in visitors to the island, given the restrictions in UK travel and the potential of the virus coming from asymptomatic travellers to a vulnerable groups of people who may not as yet received their second vaccine.

Mr. Jamieson indicated that visitors may spread the virus amongst residents, however islanders should continue to follow FACTS and this will assist in protection.

The Chair sought assurance that people obtaining their second vaccine will be given the same vaccine as their first and confirmation that there will be no mixing of vaccines. Dr. Watts confirmed that the Board will not be mixing vaccines, although trials are ongoing to assess any negative impact of the mixing of Pfizer and AstraZeneca vaccination. Dr. Watts indicated that second vaccines for Pfizer will be given at 8-10 weeks from the first and AstraZeneca will be given between 10-12 weeks after the first dose.

Mr. Jamieson wished to acknowledge the work from all staffing levels to ensure that the vaccination clinics run smoothly and efficiently. The Board acknowledged this.

Decision: The Board formally noted the verbal update.

Action: No actions required.

7.2 Section 22 Approved Medical Practitioner

Issue: *The Board is asked to approve the report presented by Mrs. Chrisanne Campbell, Interim Nurse Director, in the absence of Dr. McAuley.*

Discussion: Mrs. Campbell provided the Board with an overview of the purpose of the Section 22 Approved Medical Practitioners roll within the Board, denoting those Clinicians who are approved by the Board and have the expertise in the diagnosis and treatment of mental disorders. The approval enable Clinicians under Section 230 and 232 of the Mental Health (Care and Treatment)(Scotland) Act 2003 to grant an emergency detention certificate, short-term detention certificate and make interim compulsory treatment orders, to name but a few.

The list of name are of those Clinicians who have been approved as fit to practice within the Act rules. The list of names also includes those who have been on the register, but have now left the Board and these names remain on the register for a period of 3 months after the end of employment. All details are required to be filed with the Scottish Government.

Members reviewed the details and approved the list as presented.

Decision: The Board formally approved the Register.

Action: No actions required.

8. STAFF GOVERNANCE

8.1 Workforce Report

Issue: *The Board was asked to note as information the report presented by Mrs. Avril Keen, Director of Human Resources and Workforce Development.*

Discussion: Mrs. Keen provided Members with an overview of the data presented noting the level of absences during the period of February 2021.

The following points were highlighted:

- Headcount is 1016 which equates to 837.3 whole time equivalents (WTE). The level of turnover, standing at 12.28%, was noted a high however this can be attributed to the Boards aging workforce.
- Sickness absence, split into job families, advises that the Board performance is standing at 3.92%, lower than before the pandemic, and within individual job family's absences ranging from 12.42% down to 0.91%.
- Special Leave – Corona Virus Board performance level is at 1.78%, again job families leave ranging from 5.83% to 0.77%.
- Advertised posts are listed within the report. It was noted that for posts at a lower level, e.g. domestic post - applications for a single post have more than doubled. More specialist posts is proving more challenging to attract to the position.

The Chair enquired about the level of turnover, and if the percentage was higher than in other Boards as a comparison. Mrs. Keen noted that normally any level above 10% would be assessed, however the majority of nursing in the NHS is within an aging population and as a result we need to encourage more nurses to come through the appropriate systems and pathways.

Mrs. Keen advised the Board that the draft Workforce Plan is required to be submitted to the Scottish Government by April 2022, however a draft 12 month operational report will be submitted by the end of April 2021. This will enable a detailed overview of the need and gaps being presented.

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

Action: **No actions required.**

9. PERFORMANCE

9.1 Corporate Risk Register

This item was withdrawn from the discussion.

Decision: **No decision**

Action: **No actions required.**

9.2 Healthcare Associated Infection Report

9.2.1 HAIRT October – November 2020

9.2.2 HAIRT December 2020 – January 2021

Issue: *The Board was asked to note as assurance the reports presented by Mrs. Chrisanne Campbell, Interim Nurse Director.*

Discussion: Mrs. Campbell advised colleagues on the following:

- Oct-Nov'20 ~
 - 1 SAB – community infection
 - 1 CDI – healthcare associated CDI
 - Surgical Site Infections – Zero
 - Hand Hygiene – Oct ~ 99.3% & Nov~ 98.5%
 - Cleaning Compliance – Oct ~ 96.9% & Nov ~ 97.2%
 - Estate Compliance – Oct ~ 99.8% & Nov ~ 98.8%
- Dec'20-Jan'21 ~
 - 3 SAB – 2 x healthcare associated infections and 1 hospital acquired infection.
 - 1 CDI – healthcare associated CDI
 - Surgical Site Infection – 2 ~ 1 Hip & 1 Knee replacement
 - Hand Hygiene – Dec ~ 97.3% & Jan ~ 92.3%. Medical staffing compliance in January was 69% and discussions have been held with the Medical Director to address this.
 - Cleaning Compliance – Dec ~ 97% & Jan ~ 97.6%
 - Estate Compliance – Dec ~ 99.3% & Jan ~ 99.8%

The Chair thanked Mrs. Campbell for the report, and enquired about root cause analysis on site infections. Mrs. Campbell advised that this was carried out and results noted as healthcare infection and hospital infection but no cross infection was identified. She added that during Covid 19 further more in-depth cleaning has been carried out in all areas, specifically noting that estate compliance has been extremely high.

The Chair remarked that even though the Infection, Prevention and Control Team are small, the guidance from them and compliance by staff is extremely high.

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

Action: **No actions required.**

10. BOARD SUB COMMITTEE MINUTES

The Chair of the Board wished Committee Chairs to present the minutes from their Committees, which are retrospective and approved but wished Committee Chairs to verbally update the Board on any recent discussions.

10.1 Healthcare Governance and Audit Committee

10.1.1 Healthcare Governance and Audit Committee Minute 24.06.20

10.1.2 Healthcare Governance and Audit Committee Minute 16.09.20

10.1.3 Healthcare Governance and Audit Committee Minute 02.12.20

Mrs. Marczak, Chair of Healthcare Governance & Audit Committee, described some of the points across the minutes, including the challenge in getting formal reports during the peak of the pandemic, however managers and head of department were able to provide detailed verbal updates that provided a level of assurance on service delivery and areas of concern.

The Chair thanked Mrs. Marczak for the update.

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

Action: No actions required.

10.2 Staff Governance Committee

10.2.1 Staff Governance Committee Minute 13.08.20

10.2.2 Staff Governance Committee Minute 12.11.20

Cllr. Robertson, Chair of the Staff Governance Committee, assured Members that attention continues to meet the action plan and detailed discussions continue with colleagues.

Decision: The Board formally noted the minutes.

Action: No actions required.

10.3 Area Clinical Forum

10.3.1 Area Clinical Forum Minute 24.11.20

Dr. Rigby, Chair of ACF, updated Members noting that due to the principle roll of clinical staff during the height of the pandemic the ACF went into an abeyance for a period of time.

The Chair enquired if the challenge in being quorate was still an issues for the group. Dr. Rigby indicated that although during Covid clinical activity was slightly quieter, the workload for individuals, such as laboratory services is still very much in demand. Between an intensified period of time and now staff needing to take annual leave, the meeting in March was cancelled due to insufficient members attending and therefore not quorate. It is hoped that this will resolve as we move forward.

Dr. Rigby advised that the consultants committee has not met regularly as the terms of reference requires substantive members only to attend, however given that the large proportion of consultants currently are locums who have now been invited to attend the committee. He hoped that this move will enable the a more cohesive ACF to move forward in a more positive way.

The Chair enquired about the different ways consultations with patients are held and if this level of detail is available? Dr. Rigby advised that this is something that could be obtained from individual practices as this is required by Scottish Government Primary Care division. He will collate this and present it at the May Board meeting.

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

Action: Presentation of collated GP consultation data in May 2021

David Rigby

10.4 Area Partnership Forum

10.4.1 Area Partnership Forum Minute 22.01.20

10.4.2 Area Partnership Forum Minute 23.09.20

10.4.3 Area Partnership Forum Minute 18.11.20

10.4.4 Area Partnership Forum Minute 22.12.20

10.4.5 Area Partnership Forum Minute 03.02.21

Mrs. Murray, as co-Chair or the APF, indicated that the APF minutes presented indicate a lack of meetings between January and September, however during this period of time weekly briefing sessions were held to act on issues relating to staffing and covid, including guidance or requirements as set by Scottish Government.

Mr. Jamieson, who is also the co-Chair of APF, expanded further noting the need and the ability to address issues speedily as well as staff having the agility required to meet the these changes, which were operational issues but did not affect governance requirements. He wanted to record his personal thanks to all the staff who have risen to the challenge and their input into making and facing difficult situations.

The Chair supported Mr. Jamieson statement and noted the thanks of the full Board to all the staff, at all levels, for their hard work and dedication to serving their family, friends and the population of the islands.

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

Action: **No actions required.**

10.5 Health & Safety Committee

10.5.1 Health & Safety Committee Minute 28.02.20

10.5.2 Health & Safety Committee Minute 28.08.20

10.5.3 Health & Safety Committee Minute 11.12.20

Mr. Jamieson presented the Minutes for information emphasising that safety is at the heart of what we do as an organisation, to protect the staff and in turn protect the Board. The aspects of Covid-19 have required Personal Protective Equipment, including having fit mask testing for staff working within a red covid zone.

Mr. Jamieson highlighted concern at returning to mandatory and compulsory training for all staff. This will be challenging give the inability, at this point in time, to hold face-to-face training session, where training is physical or hands-on.

Mr. Jamieson advised that a review is being undertaken to assess the number of mandatory and compulsory training sessions that staff are required to complete annually or every three years. Given the challenges prior to the pandemic in the number of staff completing their training, Covid has placed a further level which the Board must overcome.

It was noted that recruitment will proceed to fill the post of Health & Safety Manager.

The Chair thanked Mr. Jamieson for the update and specific examples of some of the complexities.

Decision: **The Board formally noted the minutes and the verbal update.**

Action: **No actions required.**

11. FOR INFORMATION

11.1 Independent Review Adult Social Care in Scotland

Mr. Jamieson advised that the Independent Review Adult Social Care recommendations need to be assessed by the next administration of the Scottish Parliament. Some recommendations will require amendments to primary legislation and therefore it was recommended that the Board and the Health & Social Care Partnership wait until the formal elements are reviewed and expanded upon by the Government and NHS Boards obtain the appropriate way forward.

The Chair thanked Mr. Jamieson for the update and fully agreed with his recommendation.

Decision: The Board formally noted the report and accepted the recommendation to wait until the Scottish Government advice of the priority elements for NHS Boards and IJBs to take forward.

Action: Retain on the Action Points until the formal report from Scottish Government is obtained.

12. ANY OTHER COMPETENT BUSINESS

Rosemary Bugler ~ The Chair indicated that this was the last meeting for Rosemary Bugler as her term as a Non-Executive Director has come to an end. The Chair, and colleagues, thanked Rose for her input into the work of the Board and wished her well as she goes forward.

Ms. Bugler thanked Members for their kind words and explained her enjoyment at being a Non-Executive Director and the high regard she holds all the staff for their dedication in supporting their population, both in general terms but also during the pandemic.

13. EVALUATION

	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

Scheduled Board Meeting

Date: 28/04/21

Time: AM

Location: TEAMS

The Chair called the meeting to a close at 11:50am, thanking everyone for their contribution.

END