

NHS Western Isles Board Meeting



Minutes of Meeting 23 June 2021 at 10.00am Via Microsoft Teams

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Interim Chair (Meeting Chair)
Abdul Elghedafi	Non-Executive Director	Jocelyn McConnachie	Non-Executive Director
Tim Ingram	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Gordon Jamieson	Chief Executive	Dave Rigby	Chair of ACF / Non-Executive Director
Avril Keen	Director of Human Resources and Workforce Development	Uisdean Robertson	CnES Representative / Non-Executive Director
Georgina Marczak	Non-Executive Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director
Francis McAuley	Medical Director		

In Attendance:

Chrisanne Campbell	Recovery & Resilience Manager
Nick Fayers	Chief Officer, Integration Joint Board
Lise Hertel	Ass. Medical Director – Primary Care Lead
Maggie Jamieson	Head of Communications, Claims and Patient Information
Michelle McPhail	Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting, advising them of the meeting etiquette.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Maggie Watts

Director of Public Health / Caldicott Guardian

3. INTRODUCTION

3.1 Chair's Report

The Chair updated Members as follows:

- National Chairs meeting:
 - Chairs discussed the update on the Governance Blueprint that will be revised and circulated in due course;
 - Chairs discussed the national rollout on Innovation across Scotland. The Chair asked for regular updates on the Board work on innovated service development; and
 - Work is ongoing by a sub group taking forward improving public health by the Improving Population Strategic Group.
- Reducing drug deaths due to alcohol and drug dependency. Funding resources established to enable Boards to support those seeking intervention.
- Pride Badge campaign launch on 14 June 2021.

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 28.04.21 - DA

The Minute of the meeting of the Board held on 28 April 2021 was approved as a correct record of the discussion.

Decision: The Board formally approved the Minute of the meeting of 28 April 2021.

Action: No action required.

5.2 Matters arising from previous Minutes

No issues were raised.

5.3 Action Points

Members reviewed the Action Points, however no additional updates were provided, and the status remains the same.

Decision: The Board formally noted the updates.

Action: The action points will be updated, where appropriate, ahead of the next meeting.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Year End Report

6.1.1 Financial Monitoring Full Report

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

Discussion: Ms. Bozkurt advised Members of the year-end financial position resulting in an underspend of £160k, subject to audit approval.

The Board received £4,259k additional funding from the Scottish Government in respect of the pandemic, including funds attributed to Winter Planning and the Flu vaccination programme.

Ms. Bozkurt indicated that variances reported to Members throughout the year have not changed significantly from month to month including, at the year end, Pharmacy - overspend by £780k, General Medical and OOH specialised Doctors – overspend by £361k and SLA overspend by £264k.

The Chair acknowledged the hard work by staff to control, wherever possible, the expenditure to ensure that the Board achieved a positive financial outcome.

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

Action: **No actions required.**

6.2 Capital Expenditure 2020/21

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

Discussion: Ms. Bozkurt indicated that the annual capital allocation for 2020/21 baseline was £1.233m. At the beginning of the year, the capital programme was overcommitted by £900k, and therefore projects were prioritised based on clinical need with a deferred project list being established at a significant value.

An additional Capital allocation was received from the Government to the value of £908k. Further allocations of funding noted as:

- £369k for the purchase of equipment noted as part of the pandemic response
- £121k on ophthalmology equipment; and
- an in-year progress allocation towards St. Brendan's of £433k.
- Total in-year capital allocation received was £3.064m.

The Chair acknowledged the additional funding and the innovative projects to support patient care.

Decision: The Board formally noted the capital allocation and projects.

Action: No actions required.

6.3 Magnetic Resonance Imaging Scanner

6.3.1 MRI WIH Business Case

Issue: *The Board was asked to approve the recommendations noted in the report presented by Dr. Frank McAuley, Medical Director.*

Discussion: Dr. McAuley drew colleagues' attention to the business case for the development of a local Magnetic Resonance Imaging Scanner to be located within the Western Isles Hospital. Board Members' were asked to approve, in principle, the development of the business case to enable the progression of the options to secure capital funding of £1.5m from the Scottish Government, to bring the project to fruition.

Members scrutinised the proposal taking into account the increasing diagnostic use of an MRI scanning. During an average year, approximately 1000 scans are carried out on the mainland. The installation of a local scanner would significantly improve patient pathways; reduce unnecessary travel for those patients; and mitigate the risk around travel and the fragility of travel during winter or pandemic conditions.

Members fully supported the clinical development of an MRI scanner service.

Decision: The MRI Business Case was approved.

Action: Development of the service and Scottish Government update to be presented in due course.
Frank McAuley

6.4 Annual Accounts 20/21

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

Discussion: Ms. Bozkurt indicated that earlier that day the Healthcare Governance and Audit Committee met to discuss the Annual Accounts with external Auditors.

The Chair indicated that the Board scrutinised and approved the Accounts, which forms part of the Healthcare Governance and Audit Committee (HG&AC) responsibility in discharging its duties.

Decision: The Board noted the outcome of the HG&AC where the Board formally approved the Annual Accounts.

Action: No actions required.

7. CORPORATE GOVERNANCE

7.1 Remobilisation Recovery Plan

7.1.1 Scottish Government Response Letter

Issue: *The Board was asked to note as assurance the report presented by Mrs. Chris Anne Campbell, Recovery & Resilience Manager.*

Discussion: Mrs. Campbell presented the Remobilisation Recovery Plan V3 and the Government's response letter, which was very positive on how the Board continued to delivery its Mental Health services throughout the pandemic.

Mrs. Campbell advised of the challenge in reinstating services especially within dental services, as there is a requirement to leave a room fallow for 30 minutes following cleaning to ensure that any air borne particles are removed by the air filtration system. The Government have advised of additional funding that dental practices should make a bid for to address ventilation issues.

A revised version of the RMP report will be submitted to the Scottish Government in September 2021.

Members discussed specific aspects of the report including the need to retain 20 surge beds while there are general bed pressures and the loss of 25,000 dental appointments, throughout the islands, during the pandemic.

Mr. Ingram thanked Mrs. Campbell on an amazing piece of work reporting on the challenges and proposed innovative ways to reinstate some clinical services. He reflected on the detailed work noted in the report but enquired as to what the new "norm" may look like.

Mrs. Campbell indicated that this is challenging colleagues especially in the way we work, for example face covering / wearing of masks will continue for some time within all clinical environments, 1 meter v 2 meter social distancing as well as staff work from home or those working within limited office space.

Mr. Jamieson advised that meeting the pandemic restrictions has been challenging within older buildings and environments and any future building development will have to be pandemic proofed, however the new "norm" will currently need to fit within existing building layouts and structures, which is very limiting.

The Chair thanked Mrs. Campbell for the detailed report including the creative thinking, as well as Board Members for their scrutiny.

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

Action: **Version 4 of the RMP to be presented in due course.**

Gordon Jamieson

7.2 Adverse Events

7.2.1 Framework for Adverse Events

The report was withdrawn from the agenda and will be presented at a later date.

Decision: The report was not debated.

Action: Note as an agenda item on the September Board Agenda

Michelle McPhail

7.3 Covid 19 update

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

Discussion: Mr. Jamieson briefed Members on the position of the pandemic locally:

- Two new positive cases in recent days.
- Test & Protect continues to review potential contacts for each positive case as well as providing mutual aid to other NHS Boards in telephoning positive case contacts and their need to self-isolate. The quick action taken to isolate contacts has enabled the islands to stay relatively safe.
- Vaccination programme continues to make good progress with over 38,180 vaccinations given - first and second doses.
- Lateral Flow testing of staff continues and the Government have indicated that the Board staff are one of the better organisations in recording LFD results.
- Travellers upon booking their flight or ferry are directed to obtain Lateral Flow Device test kits (LFD) and take these 3 days before travel and again on the day of travel. If a positive result is obtained they should cancel their travel and obtain a fuller PCR test. The kits arrive by mail within 24 hours.
- In September, the Board will be delivering the Flu vaccination programme as well as the Covid booster vaccination programme.

The Chair thanked Mr. Jamieson for his verbal presentation and the discussion with colleagues.

Decision: The Board formally noted the verbal update.

Action: No actions required.

7.4 Regional Asset Management Plan

7.4.1 Appendix 1 – North Regional Asset Management Plan

7.4.2 Appendix 2 – NHS Western Isles Asset Management Plan

Issue: *The Board was asked to approve the report presented by Mrs. Chris Anne Campbell, Resilience & Recovery Manager.*

Discussion: The Plan brings together all the assets within the North Region, including outlining the state of the Boards assets and the strategic ambition for any future development. The six Boards included in the North Regional Plan are NHS Highland, NHS Grampian, NHS Tayside, NHS Shetland NHS Orkney and NHS Western Isles.

Mrs. Campbell explained that this year's report is a shortened version given the pandemic. The Plan sets out the future clinical development over the next 10 years, 2020-2030. Within the NHS Western Isles Asset Management Plan the Uist & Barra Hospital development is noted taking into account the development of dental services in the Southern Isles. It also includes the Barra and Vatersay Community Campus and the backlog of maintenance on existing premises, which is significant.

The Chair thanked Mrs. Campbell for the detailed report, which sets out the direction of clinical service development and environmental need.

Decision: **Members formally approved the Report.**

Action: **No actions required.**

7.5 Equality Act Statutory Report

7.5.1 Equality Act Full Report

Issue: *The Board was asked to approve the report presented by Mrs. Chris Anne Campbell, Resilience & Recovery Manager.*

Discussion: Mrs. Campbell presented the report to Members advising that the NHS Eileanan Siar Equality Mainstreaming Report provides an account of the steps taken to embed equality into the services provided by the Board every two years. The Report will be published on the Boards website.

Mrs. McConnachie reflected on the report, taking assurance as to the myriad of examples where equality has been embedded, either within the organisation or within partnership work.

Decision: **Board Members formally approved the report.**

Action: **No actions required.**

7.6 Quality Framework for engagement and participation

7.6.1 Appendix 1 – Planning with People Guidance

7.6.2 Appendix 2 – The Quality Framework for Community Engagement - Draft

Issue: *The Board was asked to note for assurance the report presented by Mrs. Chris Anne Campbell, Resilience & Recovery Manager.*

Discussion: Mrs. Campbell drew colleagues' attention to the document updating Members on the development of governance around community engagement and participation.

Members were advised of the legal duty placed upon the Board to involve people and communities advising of how their public services are provided. The work is being taken forward jointly between the NHS and the IJB, with operational impact being discussed by the Integrated Corporate Management Team (ICMT).

Mr. Jamieson expanded advising that the information and actions are being discussed within the ICMT and the necessary outcomes and plans to engage with the community on major service change will be taken forward.

The Chair asked Mr. Jamieson to keep the Board updated and a presentation to be made in due course.

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

Action: **Further updates to be presented in due course.**

Gordon Jamieson

7.7 Child Protection Service Annual Report

7.7.1 Appendix 1 – Report 2020-21

Issue: *The Board was asked to note for assurance the report presented by Mrs. Chris Anne Campbell, Resilience & Recovery Manager.*

Discussion: The Report was presented to Members providing an understanding and assurance as to the key priorities and processes in addressing child protection, including how NHS Western Isles Child Protection Services responded to the pandemic.

The Chair thanked Mrs. Campbell and extended her thanks to Dorothy MacDonald, Lead Nurse Child Protection, for the report. The Chair expressed concern at the increase in the number of reports involving child protection concerns, as well as the issues surrounding adult protection and the protection of those within vulnerable groups during the pandemic.

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

Action: **No actions required.**

7.8 Declaration of Interest

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

Discussion: Mrs. McPhail drew colleagues' attention to the register collating individual responses from Board Members as to their specific declaration of interest, as at June 2021.

The register will be published on the Boards website for public information; however, Mrs. McPhail indicated to Members that if any person required their declaration to be corrected they should contact her and provide the update no later than Friday 25th June.

Decision: **The Register was formally noted by Members.**

Action: **The Register to be placed on the Boards website.**

Michelle McPhail

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 as at April 2021, indicating that the report is under continuous review to ensure the level of detail is appropriate and sufficient to provide Members with assurance.

The following points were highlighted:

- Headcount is 1044 that equates to 834 whole time equivalents. The level of turnover reported as 14.39%.
- Sickness absence, split into job families, advises that the level for the calendar year is 3.86%, below the 4% target, with the percentage of 4.38% reported for April 2021.

Members asked for greater level of detail in understand the breakdown of absences between long and short term, breakdown by conditions, and further breakdown under community and acute division.

As Members deliberated the report, Mr. Ingram enquired as to the interventions taking place to support those members of staff to return to work as early as possible and in a safe manner.

Mrs. Keen commented that as part of normal practice there is a level of responsibility placed on staff, as well as the organisation, to ensure wherever possible people do not injure themselves e.g. musculoskeletal injuries have reduced with the requirement to use patient hoists which means that staff do not have to manoeuvre patients.

The Chair thanked Mrs. Keen for the report.

The Chair observed the comments and suggested that information on workforce demographics should be included, as a standing item within the report.

Decision: The Board formally noted the report.

Action: No actions required.

8.2 Workforce Planning Tools

8.2.1 SBAR Real Time Staffing Resources

8.2.2 Scottish Government Speciality Guide

Issue: *The Board was asked to note for information the report presented by Mrs. Chris Anne Campbell, Resilience & Recovery Manager.*

Discussion: Mrs. Campbell presented the report, advising that a real time workforce planning template, produced by the Scottish Government Safe Staffing Team, has been in use in hospitals for some years. With some further iteration by Government colleagues, the template is being used successfully, in ensuring safe staffing levels during the pandemic within the Western Isles Hospital. The outcome of use within Uist & Barra Hospital and within St. Brendan's has not been as positive due to their working practices and patterns.

The Chair thanked Mrs. Campbell in providing assurance on identifying safe staffing level process during the pandemic.

Decision: The Board formally noted the report.

Action: No actions required.

9. PERFORMANCE

9.1 Corporate Risk Register

9.1.1 Appendix A – CRR Detailed Report

9.1.2 – Appendix B - dashboard

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

Discussion: Ms. MacKenzie drew colleagues' attention to the report advising that the majority of the risks have been reviewed and updated.

Ms. MacKenzie discussed ***Risk 004 – Waiting Times*** reporting that due to the suspension of elective treatment, an increase in Treatment Time Guarantee (TTG) resulted during March to October 2020. From October 2020 to February 2021, theatre activity was restored and waiting times reduced to a pre-covid level. However due to a further suspension of elective theatre, waiting times have once again risen. At the time of the report being written, there are 351 patients on the inpatient / daycase waiting list.

All performance data will be discussed at agenda item 9.2.

Ms. Bozkurt advised that as the number of flights off island start to increase patients are able to get to mainland hospitals for necessary treatment. Ms. Bozkurt reflected on a meeting she and Cllr. Robertson attended with representatives from Calmac. Due to the requirement to maintain social distancing on ferries, this has resulted in reduced numbers of people being able to travel. The result has affected the Boards ability to secure transport for staff traveling to the islands for clinical work. Following the meeting, all travel bookers now have the direct telephone number to the local island booking offices and, with written authorisation from the Board, clinical staff and necessary contractors will be given priority on ferries.

The Chair thanked both Ms. Mackenzie and Ms. Bozkurt for their updates.

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

Action: **No actions required.**

9.2 Performance Monitoring Report Q4

9.2.1 Appendix A – Detailed Performance Report

Issue: *The Board was asked to note as assurance the reports presented by Ms. Fiona MacKenzie, Nurse / AHP Director and Chief Operating Officer.*

Discussion: The Boards performance against the national targets, presented by Ms. MacKenzie, indicated that during January to March 2020, of the 27 reporting targets, 14 targets are recorded as unachieved. Some of these are directly linked to the pandemic and the limited services available from mainland providers.

Mr. Jamieson advised that bed availability is under pressure, and clinical leads have had to increase the number of beds placed in a single bay, increasing from four to five, which may have the potential of increasing infection transmission due to reduced spacing between beds but this has arisen due to necessity and is being monitored closely.

The Chair acknowledged the pressure the acute service is under and reflected on the remobilisation plan that intends to assist the Board in the recovery of services.

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

Action: **No actions required.**

9.3 Complaints Report

9.3.1 Appendix A – Complaints Q3 – Oct-Dec'20

9.3.2 Appendix B – Complaints Q4 – Jan-Mar'21

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

Discussion: Ms. Bozkurt advised Members of the number of complaints raised during the previous 2 quarters (from October 2020 to March 2021). Thirty-two complaints were presented, of which 11 were resolved at Stage 1 process and 21 were taken forward to Stage 2. Of the Stage 2 total, 6 were not upheld, 13 were fully upheld and 8 were partially upheld with 3 withdrawn.

During the pandemic, the Board was unable to comply with the Stage 2 process of achieving responses within 20 working days.

The Chair opened the floor to Members.

Mrs. McConnachie reflected on the learning from complaints, seeking assurance of the process. Mrs. Campbell indicated that a Learning Review Group review and assess all learning from different sources with outcomes and any potential changes to practice being reported to Managers.

Mr. Elghedafi commented that zero complaints would never be achieved, and in fact, the Board should be engaging with service users to always improve on practice. Therefore, the Board welcomes and is encouraged in knowing that people feel they have the ability and security to raise their concerns.

Decision: The Board formally noted the report for assurance.

Action: No actions required.

9.4 Patient Focus Public Involvement Annual Report

9.4.1 PFPI Annual report 20-21 Engaging Differently

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

Discussion: The assurance report, raised by Ms. MacKenzie, advised Members of the ongoing work with the patient panel. It was noted at the height of the pandemic face-to-face meetings and events were limited, however digital technology enabled events still to take place. Although digital does not meet everyone's needs, comments from participants noted that it did make engagement easier bringing communities closer, including those with impairment.

The Chair remarked that this was a credit to the staff in bringing people closer at a time a time of isolation and pandemic restrictions.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

9.5 Delayed Discharge Report

9.5.1 Appendix A – Detailed report

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

Discussion: Fiona MacKenzie reported on the delayed discharge position to Members, advising that during Covid, patients not requiring medical intervention were transferred into appropriate community locations either residential care or care at home. However, pressure within Community Care and Residential Care is now limited, resulting in a fluctuating position on the number of patients classed as a delayed discharge or those who do not require clinical intervention. Ms. MacKenzie and Mr. Nick Fayers, Chief Officer of the IJB are assessing what action is required to make sure that people are supported in the right location.

The Chair thanked Ms. MacKenzie for the report commenting that patients need to be in the right location and environment to aid in their support. Hospitals are not the right location to support this when the patient does not require medical support.

Decision: The Board Members noted the report.

Action: No actions required.

9.6 Freedom of Information Report

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

Discussion: Mr. Jamieson drew colleagues' attention to the Report providing activity from January to May 2021, reporting 73 Subject Access Requests compared with 77 in 2020. The number of requests received are lower than the previous year, which may be a result of the pandemic.

During the same period, January to May 2021, the number of Freedom of Information requests equate to 133, in comparison with 160 in 2020.

The Chair thanked Mr. Jamieson and the staff for their work to support public requests.

Decision: The Board formally noted the report.

Action: No actions required.

10. BOARD SUB COMMITTEE MINUTES

10.1 Healthcare Governance & Audit Committee

10.1.1 Healthcare Governance & Audit Committee Minutes of 17.02.21

10.1.2 Healthcare Governance & Audit Committee Annual Report 2020/21

Mrs. Marczak presented the Minutes from February along with the 2020 Annual Report. Colleagues did not raise any questions.

Decision: The Board formally noted the verbal update.

Action: No actions required.

10.2 Staff Governance Committee

10.2.1 Staff Governance Committee Minute of 11.02.21

10.2.2 Staff Governance Committee Annual Report 2020/21

Cllr. Robertson presented, for information, the Minute from February 2021 as well as the Annual Report. Neither document raised any queries from Members.

Mrs. Murray wished to advise colleagues that during 2020 Management and Staffside met regularly to discuss the way forward in supporting staff during the pandemic, ensuring that they were well informed.

Decision: The Board formally noted the Reports.

Action: No actions required.

10.3 Area Partnership Forum

10.3.1 Area Partnership Forum Annual Report 2020/21

The Report, presented for information, did not raise any questions from Members.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

10.4 Health and Safety Committee

10.4.1 Health and Safety Committee Annual Report 2020/21

The Report, presented for information, did not raise any questions from Members.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

10.4 Remuneration Committee

10.4.1 Remuneration Committee Annual Report 2020/21

The Report, presented for information, did not raise any questions from Members.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

11. ANY OTHER COMPETENT BUSINESS

The Chair acknowledged that this was the last meeting for Mrs. Chris Anne Campbell, who retires, once again, following her return to the Board.

The Chair reflected on Mrs. Campbell's commitment and selflessness to come out retirement to support the work relating to the pandemic, supporting her colleagues and the island's residents. The work she had undertaken covered not only clinical support and clinical change including remobilising services as well as latterly taking on the interim Nurse Director position. The Chair commended Mrs. Campbell's outstanding work and wealth of knowledge.

Mrs. Campbell thanked the Chair, Board Members and all the staff for their endeavours to keep everyone safe, stating that it has been a pleasure to support the Board once more.

12. 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 <ul style="list-style-type: none">• Proper scrutiny• Relevant questioning• Constructive challenging	✓ ✓ ✓		

13. DATE AND TIME OF NEXT MEETING

Scheduled Board Meeting

Date: 25.08.21

Time: AM

Location: TEAMS

The Chair called the meeting to a close at 1:00pm thanking everyone for their contribution.

END