

NHS Western Isles Board Meeting



Minutes of Meeting 22 June 2022 at 10.00am Via Microsoft Teams

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Dana Murray	Employee Director / Non-Executive Director
Julia Higginbottom	Non-Executive Director	Jocelyn McConnachie	Non-Executive Director
Tim Ingram	Non-Executive Director	Annetta Smith	Non-Executive Director
Gordon Jamieson	Chief Executive	Maggie Watts	Director of Public Health
Francis McAuley	Medical Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director
Gillian McCannon	Board Chair (Meeting Chair)		

In Attendance:

Nick Fayers	Chief Officer, Integration Joint Board
Maggie Jamieson	Head of Communications, Claims and Patient Information
Michelle McPhail	Corporate Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Abdul Elghedafi	Non-Executive Director
Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer
Dave Rigby	Chair of ACF / Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair advised that the publication of the National Care Service Bill and that colleagues should ensure that they read it.

Decision: The Board formally noted the verbal update.

Action: No action required.

4. DECLARATION OF INTEREST

Members did not advise of any conflict with the agenda items, in relation to them making a declaration.

5. MINUTES

5.1 Minute of 26.01.22 - DA

Board Members approved the Minutes of the meeting held on 26 January 2022, as a correct record of the discussion. No amendments were requested.

Decision: The Board formally approved the Minute of the meeting of 26 January 2022.

Action: No action required.

5.2 Matters arising from previous Minutes

No items raised.

5.3 Action Points

Members reviewed the Action Points, noting the following updates and actions:

23.06.21 – Quality Framework for engagement and participation – This was delayed due to the pandemic at a national level, however at a national level work recommences. **UPDATE**

26.01.22 – Remobilisation Plan RMP4 – present an update to the Board following Scottish Government feedback. **UPDATE**

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 Annual Accounts 2021/22

The Chair advised that the Boards Annual Accounts were scrutinised and approved within the Healthcare Governance and Audit Committee earlier in the day. The pathway requires the Accounts to be presented to the Auditor General and thereafter will be laid before the Scottish Parliament. The Auditor General will advise the Board when it can publish its Annual Accounts in due course.

Decision: The Board formally noted the verbal update.

Action: No action required.

6.2 Original Budget and Financial Risk 22/23

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

Discussion: Ms. Bozkurt, before discussing the report, wished to update Members with some good news from the Scottish Government on the Boards capital allocation.

The Scottish Government has allocated a further £1.3m to the Board to address its annual capital resource needs. Application was made to the Scottish Government to support the Board in its replacement of the boilers within the Western Isles Hospital. The request is due to the crisis in Ukraine and Covid, with the cost of the boilers having doubled and now estimated to cost £1.4m. The Scottish Government has indicated that they will support the purchase of the WIH boilers, in full. This means that the Board now has the ability to retain its capital resource allocation of £1.3m, and utilise this to support the replacement of essential equipment this year.

The Scottish Government capital allocation group has also advised that they will fund the purchase of AAA screening equipment and ultrasound scanners in full, this year and as a result the Board can focus on its replacement plan by utilising its £1.3m capital resource allocation.

Ms. Bozkurt expressed a point of concern, in the purchasing of equipment. The Board has to take cognisance of the associated increase in the level of depreciation linked with a single purchase and the impact this would have on the Boards financial position. However the Board acknowledged the increase in depreciation levels but welcomed the capital support from the Scottish Government.

Board members thanked Ms. Bozkurt for her success in securing the necessary capital resources.

Ms. Bozkurt presented Members with the report providing early indication of a high level of efficiencies which the Board needs to achieve over the next 3 years with a gap of £4.015m, which is 4.36% against the controllable budget, and before cash releasing efficiencies are applied.

Members were advised that, on the back of the Scottish Government spending review, there will be very little Covid or winter pressure monies coming through and a further focus is required to control expenditure. On top of this the Scottish Government are asking NHS Boards to make a high level of efficiencies to stay within their recurring budget with a further 5% saving needing to be identified each year for the next 3 years. There is also an expectation placed on Boards to make savings on a Covid efficiency programme, on expenditure associate with covid e.g. savings achieved as no longer having to support double cleaning rosters within clinical areas. It is recognised that pre-covid deficits being experienced by Boards will be in a poorer position this and for the coming years.

Ms. Bozkurt drew colleagues' attention to the report denoting the gap details based on £4.015m gap identified in 22/23. Annually the Board endeavours to close the gap by utilising non-recurring savings. The chart provides detail as to the apportionment of the unidentified savings gap allocated to each directorate to achieve, however there are always unknown issues that arise which may have a direct impact on achieving savings.

Members were advised of the efficiencies identified:

- Direct service efficiencies – 1.633m (40.7% of the gap),
- IJB reserves / Financial flexibilities – 1.025m (25.5% of the gap); and
- Unidentified savings equates to 1.357m (33.8% of the gap)

The efficiencies are non-recurrent in nature e.g. vacancies and the plan relies on the IJB reserves and flexibility.

Members noted the information contained with the chart which identifies the overspends that took place in 21/22, however will more than likely cause further pressures in-year. For example:

- Off island therapeutics – High risk with anticipated level of £684k overspend due to PACS drugs and CF Drugs;
- Out of Hours – High risk, anticipating an overspend of greater than £444k due to agency GP, consultants and subsistence costs;
- Financial charges associated with depreciation, new purchase of equipment and boiler replacement, could be in excess of £175k overspend.
- Energy fuel is increasing in line with the known energy unit cost rises. Utilities budget will see an increase demand resulting in an overspend greater than £115k.

- Pay award – it is unknown if the allocation to meet the staff pay award will come from the Scottish Government or whether it will be for NHS Boards to find this within their existing revenue allocation.

The Chair thanked Ms. Bozkurt for the very helpful presentation and commented that some of the high risks noted are out with the Boards control and it's important for people to be aware of this. For example the Board needs consultants to provide the services, without them there are no services to deliver. The other non-controllable element is drug usage as there is no indication from Scottish Government that we cannot allocate an available drug to people which will support their condition.

The Chair reflected on the loss of income section, noted within the overspend on Unplanned Activity, relating to higher non Service Level Agreement (SLA) activity, asking what is being done to ameliorate this and the impact that this has on agreements in relation to the reliance of tertiary care.

Ms. Bozkurt explained that the loss of income is based on tourist income. People who are on holiday experience an incident and require medical support, NHS Boards have the ability to cross charge for the delivery of care to the persons home NHS Board. Of course during the pandemic travel was restricted and therefore limited island tourism.

Mrs. McConnachie requested to have a tracker on future finance reports that indicate if budgets are delivering on efficiencies or not. Ms. Bozkurt indicated that she would support this. It was noted that previous reports contained a table denoting directorate budgets including the budget position at that date - overspent or underspent, including additional narrative. However Ms. Bozkurt understood the rationale for the request and would look to adapt this within future full reports.

As assurance the Board, Mr. Jamieson advised of the Chief Executive Performance reviews, undertaken every 6 weeks with department heads and the appropriate Executive Director where they are held to account on performance, financial controls, implementation of audit recommendation and appropriate quality, safety and risk monitoring.

Mr. Jamieson reflected on the discussion and the information within the report, advising that there is currently no limit attributed to locum and agency costs beyond what we currently are aware of and therefore the Board is aware of potentially unknown financial impact.

Members discussed the level of vacancies across the Health & Social Care partnership which is a challenge and the organisation would rather have the ability to employ people to care for patients rather than leaning on the good will of the current staff to support and care for patients and clients. Across the partnership there are over 100 vacancies, and the difficulty to secure recruitment has an impact on staff.

Mr. Jamieson reflected on the pressure associated with attracting staff into posts, and the direct impact this can have on care and staff. The National position on waiting times means that island residents who require mainland treatment may have to wait longer, as mainland waiting list increase taking into account the back log of treatment due to the pandemic and the associated increase in urgent cases. However locally the Board does not want to have our residents waiting longer than necessary and endeavours to give patients, based on prioritisation, treatment relatively quickly.

The Chair and members thanked Ms. Bozkurt for the update.

Decision: The Board formally noted the report.

Action: Additional reporting on achievement of budget efficiencies would be included in future full reports.

Debbie Bozkurt

7. CORPORATE GOVERNANCE

7.1 Organisational Charts – update 2022

7.1.1 Board Organogram

7.1.2 Chief Executive

7.1.3 Medical Directorate

7.1.4 Human resources Directorate

7.1.5 Public Health Directorate

7.1.6 Nurse Directorate

Issue: *The Board was asked to note as information the reports presented by Mr. Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson presented the organisational charts advising that the charts are reviewed regularly, taking account of reporting structures and remit changes. They are presented to ensure that the Board and the general public are aware of how the Board operates.

The Chair thanked Mr. Jamieson for the very helpful oversight, which for a small island board, and the largest Board of all the islands, she remarked that it indicates the level of responsibility for each member of the Executive team, which is important to understand the potential pressures that are placed on them.

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

Action: **No action required.**

7.2 Adverse Events Framework

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

Discussion: Mr. Jamieson presented the report to Members, providing assurance of the framework which is in place to address the reporting of adverse events, the management and the learning when something goes wrong. The framework is a mission critical piece of work that the Board is required to have in place and the document is a revised version which has been developed in line with the Health Improvement Scotland learning from adverse events through reporting and review.

The Board's position is to encourage a culture of openness to enable staff to report when something goes wrong, which in turn enables the appropriate member of staff to take action as quickly as possible to mitigate the risk to that single event or incident without affecting others.

Mrs. Wright welcomed the report, reflecting on its remarks with an ethos of honesty and the correlation within the Whistleblowing Policy around speaking up and promoting a positive culture.

Mr. Ingram took assurance from the revised document, as he has been in a position, as Chair of the Healthcare Governance & Audit Committee to have sight of the original version, the comments that had been put forward by colleagues and the acknowledgment and embedding of the points noted in the revised version. Other colleagues supported Mr. Ingram' view in acknowledging that the Board is in a better position, governance wise, by having the framework in place.

The Chair made reference to the openness and transparency concept of the framework, linking this with the recent published Code of Conduct for all public body members and how they should conduct themselves and behave.

The Chair acknowledge the input from Louise Sullivan, Head of Clinical Governance and Professional Development, and the level of scrutiny carried out the Board within its sub-committee meetings.

Decision: The Board formally noted the report.

Action: No action required.

8. SERVICE DEVELOPMENT

8.1 Barra and Vatersay Community Campus update (BVCC)

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

Discussion: Mr. Jamieson drew colleagues' attention to the report advising that work is progressing on the development of the BVCC business case and revision of the drawings to redesign the a health facility which was originally in a building over two floor and now encapsulated into a single level facility.

The redesign of aspects of the campus has enabled architects to engage further with local residents by holding public drop-in sessions to discuss and review the impact the facility will have. Stage one closure has now been achieved.

Work continues with Scottish Government in relation to cross-directorate approach to the project which has multi-agency funding streams. This campus model has not been seen before in the UK, and potentially not within Europe. The model will have a myriad of different services living and working collaboratively within a single footprint.

Mr. Jamieson advised that the paper notes a number of risks, predominately relating to construction, procurement and the current impact of the Ukraine war is having on the availability and cost of some materials. One risk which is new, relates to the option approved requiring additional land acquisition which is progressing in the purchase of the land. This land acquisition involves the crofting commission, however Comhairle colleagues are positive this will be progressed positively.

As part of the process the project is required to undertake “gateway” reviews that look at the overall risk and the governance around the project. The gateway review was carried out in May to early June and the draft report will go to gateway review colleagues today. The report will be formalised by gateway colleagues, as this is their report, they will advise on a release date, but this process forms part of the external scrutiny of the project.

Mr. Jamieson reflected on previous projects where a gateway review had been undertaken and provides a report which highlights areas that are critical to the delivery of services with early acknowledgement and awareness that enables resolution to be identified quickly. The report will be presented to the BVCC Project Executive Board first and in due course will be presented to the Health Board and Comhairle.

The Chair thanked Mr. Jamieson for the report and welcomed the conclusion of the stage one phase of the business case. Reflecting on the gateway report, the Chair indicated that the Board would have the opportunity to review the external assessment and obtain assurance of the direction and mitigation of risks associated with the joint project.

The Chair enquired if the completion date had moved given the pressures being encountered in securing materials and professional trades to complete internal fabric of building.

Mr. Jamieson remarked that construction inflation will continue to be an ongoing issue material supplies increasing by a further £1.8m being added to the construction cost, and this will more than likely increase regardless of mitigations given the global economy. There is very limited trade support on Barra to support a project of this magnitude.

Mr. Jamieson advised that one of the biggest risk, for the health board relates to the completion and handover date which could be 2023 to 2025 if everything aligns correctly. The school and leisure facilities have their own timeline for completion, however it has been strongly noted that the health and social care aspect of the project should be completed as early as possible, taking cognisance of the infrastructure pressures within St. Brendan’s Hospital.

The Board was advised that the final case for investment is due to be presented to the Scottish Government in early autumn, which will confirm the construction and delivery date.

The Chair raised the financial risk associated with the project, seeking assurance that with escalation in costs, the increase will be shared across all participants of the project.

Mr. Jamieson confirmed that the two main Scottish Government directorates involved in the project is Health and Education. However Police Scotland are also part of the project, as well as the Scottish Ambulance Service, but there are other contributors into the overall cost of the full project. All parties are aware that costs are volatile and that any increase in the project will impact on them. Hebridean Housing are another partner in the project and they will be making a significant investment in the project.

Reflecting on the discussion, the Chair enquired if a workforce assessment, based on need, has been carried out as it is critical to have this detail to set the right level of recruitment programme aimed at specific roles.

Mr. Jamieson commented that the Board is fully aware of the issues affecting the whole of the Western Isles in relation to population decrease and availability of a working age workforce. However it is hoped that the new campus will attracts people to the roles, to come and live in the community and join the Health Board. For assurance Mr. Jamieson advised that work is underway to identify the number of staff required for the health & social care section of the campus, the staff banding and the range of skills required. Following completion of that detail, there will be a need to assess the skills and attributes that current workforce could provide and advertise for the remaining areas.

Colleagues reiterated that it is not workforce that the Western Isles requires its population, which is manifesting itself into workforce challenges.

The Chair thanked Mr. Jamieson for the very positive update.

Decision: The Board formally noted the report.

Action: No actions required.

8.2 Mental Health Update

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

Discussion: Dr. Watts drew colleague' attention to the report providing an update on the Mental Health Service Redesign and to enable a re-cap of Mental Health service provision with existing and newly appointed Board Members.

In 2015 the Board chose to adopt a model of mental health services which was predominately community based. The Board has transitioned and moved the services closer to patients in the community. Part of the design was to close Clisham Ward and that would enable the relocation of staff into the community across the islands, from Lewis to Barra. All of this was successful implemented.

The second phase was to change the Acute Psychiatry Unit (APU) which is small but supported by a group of very dedicated staff. However the facility would never provide the same level of service that would be obtained from a mainland psychiatric hospital. The Board recognised this and recognised that being able to provide acute care for a short period of time (48-72 hours), while decisions were taken as to what was the most appropriate care for that individual, would be the right way forward.

Part of this phase was to establish a level of appropriate care and bed facilities within a mainland psychiatric hospital. However in 2017/18 this proved impossible for the Board alone to secure a commitment from a mainland Board, and with the pandemic all discussions ceased for 2 years. In recent weeks the Scottish Government Mental Health Directorate has confirmed to facilitate and support securing an SLA with a mainland Board. With recovery from the pandemic progressing, the Board needs to reconsider and consolidate the redesign of mental health services.

Dr. Watts noted the current position and the forward thinking required to secure and develop a more cohesive approach to the various aspects that cover mental health services. The IJB has delegated responsibility for the delivery of mental health and learning disabilities, however the need is wider than this, and that the Board should consider its delivery of general adult psychiatry, psychiatry of old age, substance misuse (alcohol and drugs) and learning disabilities. Specific conditions such as anorexia nervosa and ECT treatment will always be accessed from specialist mainland providers.

The Board is exploring the wider use of digital technology to support and enable access to services for people with mental health issues with a single point of contact and entry into mental health services, e.g. portal access. We need to look at the entry points of access including access via Third Sector.

The Chair commented upon the increase in activity within APU, which is due to the lack of mainland access to acute services, and sought confirmation as to what contractual arrangements the Board would be entering into.

Dr. Watts advised that the Board will be looking for an SLA, a standard cost of payment in line with a predictive activity level which may change from time to time. We need to be guaranteed that if we need a bed they will provide one. The normal process to establish an available bed has been to call round known facilities, however historically we have had to place people within facilities in mainland Scotland and sometimes further afield in England or Wales due to bed availability.

Mrs. Wright thanked Dr. Watts for a very informative paper and enquired as to what timescales have been given to secure an agreement.

Dr. Watts indicated that this is a sensitive process, however she was aware that 2 mainland boards have made a note of interest to explore what is required and discussions are ongoing. Clinical delivery is being led by Dr. McAuley.

Dr. McAuley provided an update advising of a wide ranging service delivery from a larger mainland provider. The provision of the bed will be based on availability, not a dedicated bed just for NHS Western Isles, and will be based on long term need to support that individual with mental health and wellbeing issues. Therefore the agreement is more complex rather than provision of a bed for x days as a result of x procedure, the Board needs to be quite specific in relation to its need and clinical discussions are ongoing.

Dr. McAuley indicated that the discussions to date have been about the patient's needs, the treatment and care during and after admission and not about the finances.

Mr. Ingram enquired as to the extent to which psychological aspect is noted in the report with psychology transitioning into the psychiatric within the proposed model.

Dr. Watts advised that the redesign was looking at mental illness service and we will continue to look to deliver on the original option 3, however psychology service has come more into play since 2018 and there is a need to build this into the new programme. It was noted that operationally the mental health steering group is being reconvened looking at the mental wellbeing side and all the areas, from low level support up to severe enduring mental health conditions.

Mrs. McConnachie noted the recommendations, in the report, at point 3 being around digital technology and enquired if this was purely around record keeping or something more than that. Dr. Watts indicated that it's around on line CBT, and on line interventions which were brought in during covid.

The Board is exploring how to best use digital resources, noting that a digital record service within the community team has expanded over the past 4 years. The data from utilising such a system will provide evidence for better planning of future services.

Mrs. Higginbottom enquired, from the on line delivery to date, is there a sense from patients that the early on line intervention has resulted in them not requiring additional intervention and is there any analysis on the service to date.

Dr. Watts advised that this is not something that has been explored specifically but the Board has been using digital platforms with patients, in terms of mental health services, since 1993 with the introduction of video conferencing, so remote delivery of services has been established for some time.

The Board is looking to extend new technology to support services across all areas, not just mental health. There is a need to look at the wider concept of digital review.

The Chair thanked colleagues for their scrutiny and positive input into the discussion.

Members of the Board acknowledged and approve the three recommendations.

Decision: The Board formally approved:

- 1. To continue to work on Option 3 of the mental health service redesign, as noted in 2015;**
- 2. The commitment to change towards a community model for mental health services is maintained and discussion with staff groups on models of change are reinstated following the pause from the pandemic; and**
- 3. There is work undertaken to further the use of digital technology in mental health care and support, including the establishment of a single point of contact for entry into services (SPOC) to help with triage, supporting patient management and maximising effective use of resources.**

Action: No actions required.

The Board took a 10 minute refreshment break.

8.3 Travel Health

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

Discussion: Dr. Watts informed the Board of the changes happening to the provision of travel health services for the population of the Western isles.

Members will appreciate there has been major change to the vaccination process recently with the successful transition of responsibility for the delivery of the vaccination programme moving from the GP to the Board. This year the Scottish Government indicated that the Vaccination Transformation Programme would end on 31st March 2022 and that Health Boards would become responsible for all vaccination programmes including travel vaccine from the 1st April 2022.

There are public health obligations placed upon a Board in relation to travel service, however it's the risk that people present upon their return that can impact on the wider population. GPs were providing this service which was not enormous but relatively consistent pre pandemic.

The Board does not have a legal obligation to provide the service and the Board could signpost to an alternative supplier. However the Corporate Management Team agreed to take on the delivery of this service, which will be consumed within the Board vaccination service. The Board will be required to provide level 2 and level 3 travel services which provided specialist assessment and pre-travel advice to those with complex travel and healthcare needs.

Staff have noted great interest in taking on the additional training to deliver the travel health vaccination. Initial training has been undertaken, however formal training will be completed in 2023, before delivering the service in full. An agreement is in place with the existing GP practitioners to continue to deliver the service until the formal training has been concluded, recognising that the Board will take this on. In the meantime GPs will continue to ensure that residents have access to a service.

The Chair enquired as GPs will retain the service and provision of the travel health service in the interim, is there a cost implication for the Board.

Dr. Watts advised that GPs will continue to charge the individual as they have done previously and the Board will continue to supply the essential vaccine. It was noted that in delivering such a specific service this will be an exciting opportunity for new staff to join the vaccination team.

The provision of training for staff on the delivery of travel health advice and vaccination will come from the general nurse training budget.

Decision: The Board formally:

- 1. Noted the travel advice and vaccinations route for NHS Western Isles residents; and**
- 2. To note the direction as the Board will implement the necessary process to run a Board Travel Health Service.**

Action: No actions required.

8.4 Innovation Update

Decision: Due to Dr. Rigby being unable to attend the meeting, the item will be rescheduled and presented at the August 2022 meeting.

Action: Agenda item for August 2022 meeting.

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report – April 2022

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

Discussion: The routine workforce report for April 2022 was presented to Members by the Chief Executive, Gordon Jamieson, highlighting:

- The Board is employing more people over the past year rising from 833 whole time equivalents to 870, which is good for the Board, individuals and the local economy.
- Sickness absence is 5.05%, at April '22 compared with 5.28% in March '22. The figure is excluding any special leave for covid.

Mr. Jamieson advised that the monitoring of sickness levels, vacancies, workforce issues and risks are also discussed within the Chief Executive performance reviews.

The report has been discussed within the Staff Governance and Healthcare Governance and Audit Committee before presenting to the Board.

The Chair sought questions from Members.

Mr. Ingram noted that, in looking at the absence reasons, which are high for stress and depressions. It was noted that the Health and Safety Executive have published, yesterday, their 10 year strategy. One of the key priorities for them is assessing the impact on staff on their mental health and wellbeing. In due course NHS Boards may see a more detailed assessment of staff wellbeing as a result of the changes in their strategy.

Mr. Jamieson confirmed that the Board has a staff wellbeing group, which was developed during the pandemic. Given the general pressures within society, the Board is starting to see staff showing symptoms of general strain, which is the broader community issues manifesting in what staff are raising with us in the workplace. Life related pressures are coming into place and placing staff under pressure rather than work related issues. The work of the Staff Wellbeing Group is very important in raising staff issues and management needs to be alert to these issues and explore how we can support them.

Mrs. Wright asked about the vacancy for Rheumatology hand condition OT which has been advertised 8 times and enquired if there was a plan B. Mr. Jamieson indicated that rheumatology is rather more specific and links into the consultant oversight with Greater Glasgow and Clyde are required but discussion are ongoing to see what other roles could support this service area.

The Chair thanked Mr. Jamieson for the report. Members commented on the vacancies and the number of times the same advert is published, but reflecting on the number of applications coming forward for that advert are relatively low or not even obtaining one. This is indicative of the position in recruitment nationally.

Decision: The Board formally noted the report.

Action: No actions required.

10. PUBLIC HEALTH

10.1 Cancer Screening Report

Issue: *The Board Members were asked to note as assurance the report presented by Dr. Maggie Watts, Director of Public Health.*

Discussion: Dr. Watts presented the annual report on cancer screening from April 2019 to March 2021, taking into consideration the pandemic impact, with the suspension of all cancer screening programmes in March 2020 until September 2020 before resuming wholly or in part.

It was noted that NHS Western Isles offers cancer screening programmes to appropriate age and sex groups and the paper covers the 3 screening programmes for cervical, bowel and breast cancer screening, highlighting:

- **Bowel Screening** –changed from 3 samples to one sample back in 2017 and this changed the increase in uptake with a single sample.
- A high level of positive result but a low level of cancer following further review.
- The Board is amongst the highest in going from a positive result to a colonoscopy, which we were able to maintain throughout the pandemic.
- Targeting men in relation to taking the test.
- **Cervical Screening** – this is a longer well established screening programme, in existence since 1988. During the pandemic the screening was restarted after 4 months to address women at high risk.
- Focus is on health promotion and ensuring staff are appropriately trained and able to advise and raise awareness.
- **Breast Screening** – Scottish breast screening programme offers women aged 50-70 years a routine x-ray known as a mammogram, to detect possible breast cancer.
- Screening started in 2020, for a 3 year programme but paused due to the pandemic and then restarted five months later.
- Uptake rate during this period was higher than pre-pandemic.

Data in relation to screening comes from the Information Statistics Division of the Scottish Government and it is anticipated that the 21/22 information will be available around September of this year.

The Chair noted the revised presentation of the new report, which was easy to read and follow and thanked Dr. Watts and her team for the production of the report.

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

Action: **No actions required.**

10.2 Health Improvement Update

Issue: *The Board Members were asked to note the verbal update presented by Dr. Maggie Watts, Director of Public Health.*

Discussion: Dr. Watts provided members with a verbal update on health improvement. Colin Gilmour is the Head of Health Improvement and the update is mainly on the work his team are progressing.

All of the Health Improvement team were redeployed into covid roles during the pandemic, so remobilisation was late. They are assessing the position and looking at the priorities we had before the pandemic and moving forward.

Dr. Watts updated Members on a number of points but reflected on the principle aim, which is to continue to support those who are furthest away from good health and vulnerable. We do have the six national health priorities for Scotland and we are looking at these as the Boards priorities:

1. Inequalities, poverty and community
2. Mental health
3. Children
4. Preventative care and treatment
5. Healthy weight and physical activity
6. Workplace and ensuring people have a healthy working life.

There is also an agreement to focus on 3 priority areas around covid recovery:

1. Financial security for low income households
2. Wellbeing of children and young people
3. Good green jobs and fair work

Target areas include:

- Enhanced Child care
- Growing projects and growing hub within the Cearns
- Children and young people work focusing on child poverty
- Schools programme – sexual health and parent work
- Mental health and peer relationship within young people
- Homeless services
- PPP parent initiative

The Chair advised that she is looking to establish a population health and wellbeing governance sub-committee of the Board to gain more of a focussed strategic view of the issues with Board involvement.

Mr. Ingram acknowledge the very cohesive approach that fits the generic issues associated with wellbeing as well as the island specific issues. Taking this approach will be very helpful to inform how the Board should move forward.

The Chair thanked Dr. Watts for the very informative update.

Decision: The Board formally noted the verbal update.

Action: No actions required.

11. PERFORMANCE

11.1 Corporate Risk Register

11.1.1 Appendix A – CRR Detailed Report

11.1.2 Appendix B - dashboard

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

Discussion: The Chief Executive presented the Corporate Risk Register, which indicated that there were no updates required for June 2022. However Mr. Jamieson advised that work is being undertaken to review the risk register and a further board session on this will be held later in the year.

The Chair indicated that the report was presented to the Healthcare Governance and Audit Committee where it was deliberated.

Mr. Ingram, Chair of the Healthcare Governance and Audit Committee, confirmed that within the sub-committee Board members understand the risks and achieve this by scrutinising the key aspects of the risk.

Ms. Bozkurt discussed the scoring of the risk associated with long term and short term financial risk and proposed to separate them into two risk to ensure clarity and appropriateness when looking at short and long term impacts. Mr Ingram advised that hat the risks should be divided into two as these present different outcomes within different time lines.

Decision: The Board formally noted the report as assurance.

Action: Risk associated with finance will be divided into long term and short term risks.

Debbie Bozkurt

11.2 Performance Report Q4 21/22 ~ January to March 2022

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 performance report for the period of January to March 2022.

Mr. Jamieson commented on the position of NHS Scotland, while it evaluates its recovery and reassess its priorities, post pandemic. However the performance noted within the report, which assesses today's performance against the targets and priorities set per pandemic, are not necessarily focussing on the right areas.

On reflecting on the report, against the challenges being experienced, Mr. Jamieson indicated that performance is quite good, when reviewing access to GP service, CAMHS and financial performance, as discussed earlier in the agenda. Mr. Jamieson acknowledged that in some areas of performance could and should be better.

As NHS Scotland produces its final recovery plan, a change in its priority indicators will reflect the next level of performance primary issues.

The Chair commented on the DNA level for mainland outpatient attendance was high and enquired if there was any information to support the position. Mr. Jamieson indicated that there could be a close link between patient travel and people either turning up or not turning up to appointments, however mainland recording as to the outcome may not provide any more detail other than DNA – did not attend or CNA – could not attend.

Ms. Bozkurt, who leads on patient travel, advised that some patients are not well enough to attend when the appointment arises, or sometimes patients use their flight or ferry ticket to go to the mainland but do not turn up at the appointment, which falls within the class of fraud. If there are weather issues usually the hospital is notified and the appointment and travel route is changed to accommodate the new slot, but this is addressed before leaving the island.

The Chair understood the position.

Mrs. McConnachie indicated that in her previous capacity and attending chief executive steering group meetings, there was analysis of the number of DNAs, which sometimes that was due to a lack of communication between the hospital or services and the patient. As a process of learning perhaps this topic could be brought back to the Board within a learning session to assess how information from mainland facilities is communicated and the possible unintentional consequences of a breakdown in the message.

The Chair would take this suggestion into consideration with other development sessions for Board Members. She also thanked Mr. Jamieson and the public health intelligence staff for the production of the report.

Decision: The Board formally noted the report as assurance

Action: No actions required.

11.3 Healthcare Associated Infection Reporting Template

11.3.1 HAIRT December 2021 – January 2022

11.3.2 HAIRT February 2022 – March 2022

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

Discussion: Mr. Jamieson presented the reports covering the period of December 2021 to March 2022

Collectively the reports denoted that the Board experienced:

- 1 SABs
- 4 CDIF
- Hand Hygiene ranging from 96.5% up to 100% compliance
- Cleaning compliance ranging from 96.4% to 97.1%
- Estate Monitoring compliance ranged from 98.7% to 99.2%
- 1 Surgical site infections – caesarean section

Mr. Jamieson drew colleagues' attention to sections within the report - hand hygiene, cleaning and estate compliance, which are constantly high and this is indicative of the hard work and dedication of the staff.

The Chair thanked Mr. Jamieson and the infection prevention and control teams for supporting staff in meeting these measures.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

11.4 Freedom of Information January – February 2022

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 standard quarterly report to colleagues, highlighting:

- Noted a rise in subject access requests over the past year, however these are predominately linked to people seeking information on their covid vaccination records.
- FOI requests can be very generic and sometimes are sent out to all NHS Boards doing a comparative sweep on a particular part of the work of the board, some are very irrelevant and some cause a lot of detailed work to provide an appropriate response.
- Some difficulty over covid period has been experienced due to the size of the team that being one administrator who, during that time, was also dealing with covid work. The Information Commissioner has questioned the Board in relation to its response rate against the target of 85%, as it has fallen short of the target. A response has been sent to the Information Commissioner and they will monitor the Boards performance until there is consistent improvement noted.

The Chair thanked Dr. Watts for the report, and wished to extend the thanks of the Board to all staff involved in managing and responding to requests.

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

Action: **No actions required.**

12. BOARD SUB COMMITTEE MINUTES

12.1 Healthcare Governance and Audit Committee

12.1.1 Healthcare Governance and Audit Committee Minute of 01.12.21

12.1.2 Healthcare Governance and Audit Committee Minute of 16.02.22

The minutes were presented for information.

Mr. Ingram advised that there are a number of positive aspects, and noted that the board is on schedule with its audit programme and obtaining a good level of support from both internal and external audit. We are an organisation that is keen to be audited to enable self-awareness and move forward to learn from the recommendations and improve our performance and services where ever possible. The areas put forward for auditing are not necessarily areas of comfort but where there is a level of uncertainty and the need to fully understand and take appropriate actions to rectify situations. However in some instance there is confirmation of performance and the board has the ability on the evidence presented to congratulate staff on what they are achieving.

Governance programme ~ the extent of which this has been applied during covid, was agreed by the Board to take a light governance approach, however in reality the Board has been able to continue in its review and assessment by applying its governance approach fully across the Board.

The Boards Annual Accounts have been drawn together within the normal timetable, which is of significant achievement given the challenges the Board has faced over recent years and months. Mr. Ingram congratulated Ms. Bozkurt and her team for their hard work and endeavours to enable this to be presented.

Decision: The Board formally noted the Minutes.

Action: No actions required.

12.2 Area Partnership Forum

12.2.1 Area Partnership Forum Minute of 20.01.22

12.2.2 Area Partnership Forum Minute of 20.04.22

The minutes were presented for information. No questions were raised.

Decision: The Board formally noted the Minute.

Action: No actions required.

12.3 Area Clinical Forum

12.3.1 Area Clinical Forum Minute of 29.03.22

12.3.2 Area Clinical Forum Minute of 26.04.22

The minutes were presented for information. No questions were raised.

Decision: The Board formally noted the Minute.

Action: No actions required.

12.4 Staff Governance Committee

12.4.1 Staff Governance Committee Minute 11.11.21

12.4.2 Staff Governance Committee Minute 10.02.22

The minutes were presented for information.

Mrs. Murray advised that the Area Partnership Forum has worked in partnership on the qualitative information within the workforce report. Work is progressing around the staff governance action plan and the wellbeing group.

Decision: The Board formally noted the Minute.

Action: No actions required.

12.5 Health and Safety Committee

12.5.1 Health and Safety Committee Minute of 19.01.22

The minutes were presented for information. No questions were raised.

Decision: The Board formally noted the Minute.

Action: No actions required.

Whistleblowing ~ Mrs. Wright advised the Board that the Short Life Working Group is due to meet on the 28th June and the role of Chair of the SLWG had changed with Fiona C MacKenzie taking on the role as of the 01 April 2022. There is good representation on the group across all areas. Work is ongoing to ensure that all geographical areas of the organisation has representation via a Confidential Contact.

The Chair thanked the Committee Chairs for their presentations.

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?		✓	The papers were late in coming out and acknowledged that colleagues are under pressure to present updates.
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	✓ ✓ ✓		

13. DATE AND TIME OF NEXT MEETING

Scheduled Board Meeting

Date: 31 August 2022

Time: AM

Location: TEAMS

The Chair called the meeting to a close at 1.30pm thanking everyone for their contribution.

END