

NHS Western Isles Board Meeting



Minutes of Meeting 31 August 2022 at 10.00am Via Microsoft Teams

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Abdul Elghedafi	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Julia Higginbottom	Non-Executive Director	Jocelyn McConnachie	Non-Executive Director
Tim Ingram	Non-Executive Director	Dave Rigby	Chair of ACF / Non-Executive Director
Gordon Jamieson	Chief Executive	Annetta Smith	Non-Executive Director
Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer	Maggie Watts	Director of Public Health
Francis McAuley	Medical Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director

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**
No members absent.

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the following:

- **National Care Service legislation Bill** ~ The Bill has been published and ongoing workshops for Chairs, Vice-Chairs and Chief Officers of IJBs has been established to support the understanding and impact on service delivery. The Board Chair indicated that she has attended all sessions to date.
- **Blueprint for Active Governance** ~ as noted previously this is currently under review by NHS Board Chairs in conjunction with Scottish Government Health colleagues. The revised Blueprint has been reviewed by Audit Scotland and currently with Scottish Government to finalise and sign off. Following the Blueprint's agreement, it will be circulated to NHS Board Chairs for implementation and is designed to support Board Members, as a whole to embed Active Governance in supporting scrutiny and assurance.
- **Innovation on the agenda** ~ the Chair attends the National Chairs' Group, who are involved in the Innovation Steering Group, which is sponsored by Scottish Government. A new Chief Scientist, Professor Dame Anna Dominiczak, has been appointed to take the lead in ANIA – Accelerated National Innovation Adaptation across NHS Scotland e.g. colon capsule, dermatology on line and theatre scheduling modelling tools. These are examples of some of the innovative work being taken forward.

Prof. Dame Dominiczak noted her interest in visiting NHS Western Isles to review the Heart Flow innovation around fractional flow reserve, as well as visiting to obtain island perspective and learn more about the innovative work being spearheaded by our staff.

The Chair indicated that she is keen for the Board to be advised of the innovative work being explored and that the section on "Innovation" would be retained on the agenda.

- **Covid Inquiry** ~ The Covid Inquiry will be led by Lady Poole. The Inquiry started on the 20th of January 2022 and will go through until December 2022. There was a general invite for everyone within the organisation to attend the CEO Workshop on the Covid Inquiry in terms of its legislation, with the Chair advising that she attended a workshop on the 8th of August, supported by the Central Legal Office. There are potentially ongoing training for those involved in the Inquiry.

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 22.06.22 - DA

Board Members approved the Minutes of the meeting held on 22 June 2022, with the following amendments:

- Front page – Members present ~ remove Uisdean Robertson and add in Julia Higginbottom.
- Page 13 – additional paragraph should be added into the Minute after the second paragraph, reading: “Prof. Smith enquired as to mainland mental health beds and the availability to our residents when required. Dr. McAuley iterated that there are no dedicated beds available to the Board and it is based on availability at that time. The amount of time the patient would require the bed for is based on professional clinical judgement of type of care/treatment required.”

Decision: The Board formally approved the Minute of the meeting of 22 June 2022.

Action: No action required.

5.2 Matters arising from previous Minutes

Item 8.1 Barra and Vatersay Community Campus update, page 10 – The Chair asked, in relation to workforce if an assessment, based on need, has been completed.

Mr. Jamieson advised that it is the intention to undertake a workforce model review. This will identify professional gaps and drive integration across the campus as well as developing further integration within Health and Social Care and voluntary sector. Work will be undertaken on workforce profile, however this will change as time goes on. In relation to a longer term workforce planning, the details are contained within The Workforce Plan. Mr. Jamieson commented on the demographic risks, which are the same population risks facing Barra, as are seen across the whole the Western Isles.

5.3 Action Points

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

23.06.21 – Quality Framework for engagement and participation – Mr. Jamieson advised Members that the Scottish Government are reinvigorating the process of engagement via “Planning with People”, providing guidance on how to engage with people and planning. In relation to major service change, the prescribed process should be followed.

It was noted that “Planning with People” is still under consultation by Scottish Government. Further information will be presented in due course as and when the report is sign-off by Scottish Government on engagement and participation guidance. **REMOVE**

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

Ms. MacKenzie indicated that the Annual Delivery Plan (ADP) / RMP5 was submitted to the Scottish Government in July 2022. The process follows a slightly different approach from previous years, in that the Scottish Government see this as a responsibility for the Board to monitor and review. The ADP is a dynamic report, and will be presented to the Board to monitor the performance outcomes.

The financial resources, associated with the ADP, have not yet been received, however allocation will be presented once the quarter two data has been submitted.

Ms. MacKenzie indicated that during her discussion with Scottish Government colleagues, it was agreed that she will identify a data timescale for submitting information, as submitting either weekly or monthly would not be appropriate given the workforce available to support the data collection.

The Chair asked that the report should be reviewed quarterly by the Healthcare Governance & Audit Committee and thereafter presented to the Board. Ms. MacKenzie agreed to the timescale. The Annual Delivery Plan will be presented at the next Board meeting. **UPDATE**

22.06.22 – Innovation Update – on the agenda for presentation. **REMOVE**

22.06.22 – Original budget and financial risk 22/23 – additional tracking of directorate achievement of efficiencies ~ Ms. Bozkurt advised that the summary is noted in the narrative of financial report, however as the majority of the Boards savings are vacancies the efficiency savings may individual staff and their salaries, this would be a data protection issue if circulated in public. Ms. Bozkurt advised that she would circulate the report to Members for their information. **REMOVE**

22.06.22 – Corporate Risk Register – divide a single financial risk into two. Ms. Bozkurt indicated that following a review of the risk, she has noted a single risk on the register. If the financial position changes then it may be prudent to add a further financial risk, however this will be identified at the end of the third quarter of the financial year. **REMOVE**

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 Narrative Report – Month 4 ~ April to July 2022

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

Discussion: The Board Members were advised of the financial position, presented by Debbie Bozkurt. The report presented is the narrative report which is presented to the Scottish Government monthly. Ms. Bozkurt indicated that the report denotes the population and demographic detail as this is a financial risk to delivery of Board services. Members were advised to read the quarter one IJB demographic and population report providing further detail.

The following points were highlighted:

- As at 31st of July 2022, the Board has an in-year overspend of £418k, with a projected year-end overspend of £1,616k, equates to 5% of the Boards annual allocation, which is the smallest overspend amongst NHS Scotland Health Boards, with the assumption that the funding to support the agenda for change pay awards for staff is forthcoming.
- Managers and budget holders have been advised of a detailed review of each budget to identify where possible savings can be achieved to reduce the Boards overspend. The winter pressures may impact on any identified potential savings.
- The projected year-end position is due to in-year pressures not able to be contained within further flexibilities and reserves rather than unachievable savings.

- The Board's annual plan for 22/23 denotes an amended savings target of £4.015m, of which £1.025m was to be achieved through financial flexibility and £1.221m was unidentified. At moth 4, £0.334m remains unidentified but work is on-going to close the gap.
- Financial assumptions and risks were noted, detailing:
 - Delayed Discharge - £300k overspend and high risk
 - Laboratory services - £200k overspend and medium risk for the Board
 - Oncology and Haematology drugs - £300k – high risk
 - SLA and potential inflation rise is estimated at £300k overspend and high risk to the Board.
 - Vaccination plan is higher than initial budget level with a forecast impact of £200k overspend and medium risk
- Covid allocation is at a break-even position and not having to make excessive savings as the monitoring of the budget has been carefully reviewed to ensure that all relevant expenditure is aligned to the correct budget.
- The majority of budget pressures remain the same, predominately within agency and locum staffing, however the extent of the overspends has increased:
 - Psychiatric Consultants - £489k overspend
 - GP Out of Hours - £476k overspend
 - Utilities - £400k overspend – the majority of heating is via oil, and with the increase in unit costs there is no additional funding to support this national unit increase.
 - Radiology - £374k overspend
 - Paediatric Service - £300k overspend
- The level of nursing agency usage is very low compared with other NHS Boards. We have a good level of available staff on our bank register.
- Savings update was noted with the Board achieving £1,119k against a target of £4,015k. Financial Flexibility and unidentified savings make up £2,246k of the total. As of Month 4 all but £334k of these savings have been identified and are low to medium risk. Unfortunately, approx. half the savings are non-recurring in nature and are not supporting the underlying deficit of the Board.
- Population demographics and the risk associated with specific service delivery was noted. This level of detail is presented to the Scottish Government to ensure that the island population is a significant issue for the Board.
- Capital allocation was further supported by the Scottish Government in funding in full the Western Isles Hospital boilers and some medical equipment replacement plus an additional allocation of £500k to support essential maintenance.

The Chair thanked Ms. Bozkurt for the detailed report.

Tim Ingram thanked Ms. Bozkurt for the report. He raised the issue with commissioning of services from other NHS Boards, and enquired if there were any potential difficulties in retaining the mainland services, given the inflationary costs.

Debbie Bozkurt advised that the impact is being seen within visiting services, with NHS Highland had indicated that they will be unable to support some specific visiting services as the year moves forward. NHS mainland Boards are looking to increase the cost per case to take account of staffing inflationary increase and fuel costs. The Scottish Government will not be increasing the revenue allocation in relation to SLA inflationary increases and therefore this is an additional cost pressure on the budget.

Fiona MacKenzie advised that NHS Highland are challenging some speciality areas and not honouring our SLA. She noted that colleagues are in the process of gathering information to enable an assessment of need to discuss with other potential service suppliers.

It was noted that some clinical professionals from NHS Highland, have an uneasiness at seeing our patients, who may be waiting a number of weeks, in relation to their patients in Highland have been waiting over a year.

In looking at reducing the Boards reliance on mainland support, a pilot will be established to vet referrals internally, by clinical professionals, ensuring that the referral is appropriate, similar to a clinical triage pathway to ensure that when consultants visit they are only seeing those that specifically require their service.

Gordon Jamieson commented that residents who obtain diagnostics or treatment on island should have a very positive experience in terms of getting things back to normal post pandemic. The issue where patients are required to go off island to a more appropriate clinical service, may encounter a less positive experience with longer waiting time before being seen, which is reflective of the pressures mainland Boards are facing.

This could result in a two tier system for local residents, with specialist mainland services having to wait longer compared with the local waiting times length pre covid. In developing our local diagnostic testing, the Board has made a capital bid for an MRI scanner, to reduce the need for patients to travel to the mainland and potentially wait for a significant period of time.

Mr. Jamieson remarked on the challenges facing the Board when a mainland provider does not honour the Service Level Agreement. He indicated that there is a need to strengthen the agreement process developing it into a formal contract.

Fiona MacKenzie reflection on the existing agreement process where the SLA sets out a number of sessions, rather than working on outcomes and number of patients to be seen. This will form part of a new discussion. It was noted that with the development of National Treatment Centres, which provide service specific treatment e.g. ENT, Ophthalmology and orthopaedic, will be available to the Board.

Members were advised of a national review of on the use of nurse agency. The Board has only had to use nurse agency on a few occasions requiring the specific skills and knowledge to support theatre and mental health.

The Chair commented on the SLA process when patient have to travel to the mainland for diagnostics or treatments and the need to embed, within the SLA or contract, some quality outcomes when discharging patients from that environment, as the current process does not provide a very positive experience.

The Chair commented on section 4.2 of the report detailing GP Out of Hours, and the same statement, which she has seen for a significant period of time. Within the statement it advises that an options paper will be produced which will be a cost neutral solution. Does this relate to Emergency Physician role?

Debbie Bozkurt advised that she had left the same comment in the report as originally there was an options paper, however there was difficulty with the recruitment. Another paper will be produced on remote and rural specialists.

The Chair indicated that the Board has not seen the first option paper and still has this noted for delivery, therefore the Board needs to be updated for clarification on any alternative solutions being explored.

Item 4.6 relating to paediatric service, the Chair indicated that the Board is aware that the cost of paediatric locums is high. However the Board has a responsibility to provide a paediatric service and enquired if there was any consideration of advancing the paediatric nursing workforce to AMP status to support the service with colleagues working in parallel.

Frank McAuley indicated that the current service provision for the majority of the population based in Lewis and Harris, is predicated on a consultant paediatrician being readily available 24/7, if that service was to change he Board would need to rethink the entire service provision in particular obstetrics. The role of paediatric nursing services is being reviewed within the inpatient service, based in the Western Isles Hospital. Unfortunately changing the need for on island 24/7 presence is currently not an option.

The Chair clarified her comment, noting that she wasn't suggesting removing paediatricians but providing a supportive process to support the overall delivery of the service with the development of the advanced nursing practitioner within paediatric services.

Annetta Smith wished to comment on the update from Fiona MacKenzie in relation to the National Treatment Centres (NTC). It was noted that the Board obtain excellent ophthalmology service from NHS Highland, however these new centres are not Board specific as it was the Scottish Government's decision to locate the NTC geographically, within one being located in the Highlands, however the Board should be able to the services with no issues.

Ms. MacKenzie advised that the NTC should not disrupt normal business and normal services from NHS Highland and the services provided by NHS Highland to other NHS Boards should continue. This was discussed with the Planned Care Lead from North of Scotland and assurance obtained that there should be no disruptions. Accessing NTC services will mean entering into a new discussion and she doesn't foresee any issue.

The Chair thanked Members for the scrutiny of the item and a good depth of discussion.

Decision: The Board formally noted the financial position.

Action: No action required.

7. PERFORMANCE

7.1 Corporate Risk Register

7.1.1 Appendix A – CRR Detailed Report

7.1.2 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: The Nurse Director, Fiona MacKenzie, advised that one risk on the register required updating, relating to financial risk, with the risk scoring increasing to 20 taking account of the projected forecast overspend of £1.6m. This was mentioned by Ms. Bozkurt in the last item.

Waiting Times risk is noted as very high, however it is believed that we will meet the Treatment Time Guarantee (TTG) with the number of small projects in place, which collectively will have a greater impact on service delivery. In late June and mid-July, there was a rise in covid admissions and as a result some planned activity was reduced as it was not safe or appropriate to bring elective patients into the hospital, therefore this impacted on our ability to meet waiting times.

This risk scoring will be reviewed as the planned projects come to fruition.

IT digital health / GP IT risk is relatively high and Dr. Watts may wish to update on that.

Work is underway on Winter Planning which may help to mitigate some of the risks on the register. However projections for flu impact on staff are high and this has an impact on service delivery. Ambulance service, just last week, noted that within one hospital there were 40 A&E patients waiting to be admitted into an inpatient bed, while other ambulances were waiting at the hospital entrance to bring patients into the A&E department for treatment and assessment. This was due to staff sickness levels and just the severe increase in people needing clinical intervention.

Annetta Smith enquired about Winter Planning, risk 045 and 047, noting that some of the information and dates pertain to last year's planning, 20/21. Ms. MacKenzie advised that the risk should still be classed as high, however she would review the detail and amend as appropriate.

Tim Ingram wished to review a few points noting the potential level of stress being placed on staff, as a result of the pressure to meet the health debt post covid and supporting colleagues during periods of sickness absence.

Fiona MacKenzie indicated that the real issue is how the Board would cope if there was another covid outbreak, if this could be contained and the impact this would have planned care capacity.

In reviewing TTG and treatment by a period of time, the Scottish Government have now indicated that targets are no longer linked to clinical priority, but it's the period of time that they patients are waiting for. We still have to identify the classification of clinical status, priority 1 to 4, with priority 3 and 4 being not urgent and priority 1 and 2 needing urgent review. It is fortunate that the Board does not have any patient waiting more than 2 years for any service. Those waiting beyond the target periods may be due to specific conditions and treatment access. If patients do not attend their appointment after receiving 3 invites they are referred back to their GP.

Abdul Elghedafi reflected on the discussion and the report, indicating that he cannot obtain assurance from the level of detail contained within the report. He indicated that some of the points raised today, he had raised previously noting that the detail was incorrect and in part inaccurate. As in some case the only adjustment made was the date changing rather than progressing to mitigate the risk. He commented that there is a need to have a risk register which provides assurance that work is progressing, noting that Prof. Smith raised an issue with a risk earlier in the discussion which he had raised previously. An updated register is required to provide him, as he cannot speak for others, with the right level of assurance that actions are being taken forward.

Fiona MacKenzie appreciated that there is an incorrect date on the register, however if information as to the inaccuracy could be provided she would review this further.

The Chair reflected on the discussion, indicating that there is a need for more detail, indicating the historical scoring of a risk, what actions will be taken to mitigate the risk, an update on the implementation of the actions and the outcomes. The Chair advised that this is not specific to Ms. MacKenzie but involves the majority of Executive Directors in relation to their risks and some of the risks have not been updated since April, and even if there is no change, a review should be undertaken to provide the appropriate assurance.

Julia Higginbottom supported the views expressed by Abdul Elghedafi commenting that she and the Board need to have the detail to obtain assurance.

Sheena Wright wished to enquire about the 3 DNA's and patients referred back to their GP. Ms. MacKenzie indicated that the number involved are very small, 2 patients indicated that the dates provided were not suitable, but did not advise us at that time, and subsequently were referred back to their GP. With the support of the Ambulatory Care professionals, it is proposed to assess if patients were listed appropriately in the first instance.

The Chair reviewed, risk 004 relating to orthopaedic and the lack of physiotherapist over the weekend, which results in the hospital retaining orthopaedic patients until the following week.

Fiona MacKenzie advised that she and Nick Fayers are reviewing this and by streamlining theatre sessions with orthopaedics moving to the beginning of the week, patients would obtain OT/physio earlier in the week, enable discharge and ensure that there are sufficient beds available to support any emergency admissions over the weekend.

The Chair reiterated previous comments in relation to the review dates on the existing register, noting some as April and June although the register advises that the update is as at 05th of August. The information seems stagnant due to the lack of detail.

The Chair reflected on some positive aspects of work being undertaken as the Chair, Tim Ingram and Louise Sullivan and Ellena MacDonald, along with Fiona MacKenzie depending on her availability, will review the draft register in a face-to-face to discuss. This process will support some of the concerns raised in the discussion.

In terms of the civil contingencies risks, it notes a training programme and the Chair asked if training has been completed and what is proposed for future training.

Gordon Jamieson, noted his uncertainty as to why there seems to be a disconnect in the detail, given that he updated 3 of the risks on the register in August, and why this is not noted on the version presented.

He indicated that there is an imperative to have a collective discussion on a new register format. He would welcome the detail from the Non-Executive Directors about what inaccuracies were noted on the as the register is a public document. He confirmed that each risk will be reviewed monthly with an update on the report denoting the updated detail or advising that following review there are not further updates on the risk status.

Mr. Jamieson reflected on the views raised and understood the consequences of having insufficient detail linked to the lack of assurance. This position supports the need for a collective review of the register within a dedicated period of time.

The Chair indicated that she is looking to use the development session scheduled for the September Board session to revise the risk register, which will be held face-to-face.

Mr. Jamieson responded to the Chair's query on Civil Contingencies and decontamination. He advised that the decontamination tents are held at the Stornoway Airport and periodically the tents are erected to ensure that they still functions and fully operational. The principal liaison for decontamination items is National Services as they provide the necessary personal protection equipment required. It was noted that the items have an expiry date so replacements are required even if the original has never been used.

In relation to emergency planning exercise, the next session scheduled is when the Scottish Ambulance are the primary agency, including Scottish Fire and Rescue. The Western Isles Hospital is looking at CBRN interaction, so this is on the radar.

The Chair thanked Mr. Jamieson and Ms. MacKenzie for providing a level of assurance.

Decision: The Board formally noted the report with the discussion held.

Action: Utilise the September development session to discuss the new format of the risk register.

7.2 Healthcare Associated Infection Reporting Template – April to May 2022

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

Discussion: Fiona MacKenzie presented the collective Hospitals Board report covering the period from April to May 2022, noting the following outcomes:

- 4 SABs
- Zero CDIF
- Hand Hygiene ranging from 95% up to 100% compliance
- Cleaning compliance ranging from 95.9% to 96.6%
- Estate Monitoring compliance ranged from 96.9% to 98.3%
- 8 operations and no Surgical site infections

Infection prevention and control team are supporting and reviewing incidents which arise, as well as working out plans to support the organisation in the event of Flu and Covid outbreak.

Tim Ingram enquired if Covid has been helpful in the cleaning regime or a hindrance when trying to obtain the staff to apply the controls.

Ms. MacKenzie indicated that in relation to people wearing masks, hand hygiene, social distancing covid has been helpful, however the issue is when isolating patients or closing wards and the contingency plans in place. However the issue now is the mixed messages about isolation and testing and it is expected during the winter period that there will be another covid spike in the rate of infection.

Mr. Jamieson commented on the consistent high level of compliance, noted as one of the highest rates in NHS Scotland Board with hand hygiene, cleaning and estate monitoring is down to the staff and a testament to them.

The Chair reviewed the status of SAB infection rates, noting that in more recent times the level of incidents has increased, with the current report denoting that the infections are hospital acquired, and asked if there was any common link and if the use of contingency beds had any direct correlation to the infection rate.

Ms. MacKenzie advised that this could be a number of things from junior doctors and hand hygiene, the changing of cannula's as these are now date retained. However there was no correlation with the use of contingency beds. However further detail information pertaining to the root cause analysis can be provided if required. The Chair accepted Ms. MacKenzie's offer to review the data and to have an off-line discussion on this.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

7.3 Freedom of Information July 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 Freedom of Information (FOI) and Subject Access Request (SAR) report, highlighting the activity from January to June 2022. It was noted that this is a standard report, with recent updates specifically relating to covid vaccination status detail, which at that time patients had to contact their NHS Board before national system was up and running. Given that the report is noted, Dr. Watts was happy to take any questions.

Tim Ingram, enquired, as a matter of interest, to what extend did Dr. Watts feel that the number of FOI requests were from either individuals or organisation who may have been anti-vaccination.

Dr. Watts noted that assessing the rationale for an enquiry was not of concern, and advised that all requests are treated equally and responded to appropriately. The issue for her department is asking colleagues to respond to an FOI within the time allocated to ensure that the full response is provided to the requester within the 20 working days.

Mr. Ingram thanks Dr. Watts for the response and providing assurance that all requests are addressed equally.

The Chair thanked Dr. Watts for the report

Decision: The Board formally noted the report as assurance.

Action: No actions required.

The Board took a comfort break for 15 minutes.

8. INNOVATION

8.1 Rehabilitation Medicine update

Issue: *The Board was asked to note for information the presentation made by Dr. David Rigby, Realistic Medicine Lead / Non-Executive Director.*

Discussion: David Rigby provide an update to Members on Realistic Medicine and innovation being undertaken within NHS Western Isle. He highlighted:

- Realistic Medicine principles –
 - shared decision making
 - personalised approach
 - reduce harm and waste
 - reduce unwarranted variation
 - manage risk better
 - become improvers and innovators
- ReSPECT (Resuscitation Council Initiative) / EC4H (Effective Communication 4 Healthcare)
 - EC4H ~
 - Trained trainers (3 at present)
 - Delivering workshops with clinicians
 - Anticipatory care plans
 - Realistic medicine conversations
 - Being open about adverse events
 - Challenging conversations
 - ReSPECT ~
 - Patient centred discussion of care
 - Patient held / e-format for practice

- Further development to integrate with software systems
 - Public engagement due for September
- CCE: Colon Capsule Endoscopy
- Computerised CBT (cCBT)
- Heart Flow FFR
- Virtual Consultation: Digital dermatology assessment service
- Virtual Consultation: Primary Care e-Consult
- HaH (Hospital at Home): Virtual Ward
- Future innovate work underway:
 - Cytosponge
 - Virtual clinical assessment and treatment rooms
 - In health platform: BP scale up
 - OPAT: Elastomeric infusion

The Chair and colleagues, thanked Dr. Rigby for the very informative update on the work being taken forward to delivery services in either a different way or to expand existing practice. The Chair reflected back on her opening Chair's remarks earlier in the meeting in relation to the ANIA project and the potential funding stream available to support innovation across Scotland. The Chair advised that there are 22 other such projects being taken forward within the Board and each innovation project will be presented to the Board over a period of 12 – 18 months as individual innovation projects develop.

Decision: The Board formally noted the Realistic Medicine presentation

Action: No actions required.

9. CORPORATE GOVERNANCE

9.1 Gaelic Language Plan 2022-27

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

Discussion: Mr. Jamieson advised Members that the Gaelic Language Plan, which is an important piece of work to sustain the language, is the second iteration that sets out the Boards aims and ambitions over the next five years. The Plan has gone through a period of consultation and the comments have been reflected in the report presented. Comments relating to making Gaelic compulsory for new staff have not been included due to the challenges faced in recruitment and retention of staff.

The Plan is presented for approval. The final sign-off following the Boards agreement is for Bòrd na Gàidhlig (BnG) to review and approve. At that point the Plan will be enacted.

Tim Ingram commented on the readability of the Plan and applauded those involved. He remarked, thinking it may be implicate in the Plan, but not explicit, as to safety signs being in Gaelic.

Mr. Jamieson noted that any new sign being installed within our hospitals would be in dual language, however this compliance is as we move forward with any new signage, and no type of signs would be excluded.

Mr. Jamieson considered some of the challenges with signage, for example, he indicated the need to have the English word for toilet, plus Gaelic and then you have to think about dementia patients and the need to use the image of a toilet, plus the colour of the sign background for those with visual impairments and then braille for the blind. The challenge is, that wide framed toilet doors, to accommodate wheelchairs, is principally covered in signs. Installing a sign is not as simple as people think when having to take so many aspects into consideration.

Mr. Ingram thanked Mr. Jamieson for a very helpful response.

The Chair asked Members if they were able to approve the Plan, which Members agreed.

Decision: The Board formally approved the Gaelic Language Plan.

Action: The Plan will be presented to BnG

Gordon Jamieson

9.2 Whistleblowing Quarterly Report

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

Discussion: Fiona MacKenzie drew colleagues' attention to the report and highlighted the following:

- Whistleblowing Standards were launched in April 2021. Work has progressed to embed system processes into practice.
- Sheena Wright is the Boards Whistleblowing Champion and Fiona MacKenzie is the Whistleblowing lead.
- Development of guidance has been produced and made readily available to staff.
- The number of concerns raised from April 2021 to May 2022 is four. Following review, 2 concerns were not classed as Whistleblowing and were either closed or moved over to a more appropriate reviewing process. One concern was upheld in part and one concern is ongoing.
- Due to the size of the Board, sometimes it is challenging to maintain anonymity.
- As a small Board, there are 3 people plus the Nurse Director working on Whistleblowing concerns, which is added onto their existing roles, compared with mainland Boards where there may be larger teams working on Whistleblowing. However regardless of the number of concerns being received the same process has to be followed and reported on.

The Chair thanked Ms. MacKenzie for providing the Board with due process, which is important.

No questions were raised.

Decision: The Board formally noted the report.

Action: No action required.

9.3 Child Protection Service Annual Report 2021-22

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

Discussion: The Public Protection Service Annual Report 2021/22 was presented to Member by Fiona MacKenzie for information. Public protection involves collaborative inter-agency work at strategic and operational levels. NHS Western Isles Public Protection Service, comprising of Lead Nurse and Nurse Advisor, is a new service that came into force at the end of 2021 by merging child and adult protection alongside the wider landscape of public protection issues, involving child and young people protection, gender based violence, adult protection and MAPPA (Multi-Agency Public Protection Arrangements).

Ms. MacKenzie advised of some areas of work undertaken:

- Addition of quick reference pathways for staff in A&E and Paediatrics (medical 1). This is to aide response to child and adult protection concerns.
- Public Protection Development plan created for A&E and Midwifery to identify the specific standards of care to be achieved in public protection. It also includes areas of work in need of progression and includes training, audit, supervision, Child Protection referral process, Adult Protection referral process and update of admission and discharge documentation in line with UNCRC and Revised Guidance for Child Protection.
- Bespoke 3 hour training event with A&E/ Urgent Care Department Lewis, Uist & Barra) covering developments in Child Protection (new guidance etc.), overview of child abuse, child protection, harm and risk, local challenges, learning from case reviews, Datix cases - what can we learn, the role of A&E, standards for practice, and the child protection process.

The Chair commented that this is a very important piece of work for the Board.

Abdul Elghedafi asked about Corporate Parenting and where this sits.

Dr. Watts advised that this is a separate report, and in light of the absence of a Child Health Commissioner there has been a delay. Dr. Watts advised that she is trying to get a Western Isles Corporate Parenting Plan, similar to those in Orkney, which upon completion will be presented to the Board.

Mr. Elghedafi thanked Dr. Watts for the update and looking at The Promise as part of this process.

The Chair clarified that “The Promise” sets out how the Board will provide children and young people with the best possible care, support and access to opportunities to their current and future needs. The Chair indicated that one of the NHS Board Chairs’ will join The Promise Steering Group and therefore regular national Chair updates will be passed onto Board Members.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report – July 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 July 2022 was presented to Members by the Chief Executive, Gordon Jamieson, highlighting:

- The Board is employing more people over the past year rising from 1047 headcount (873 WTE) compared with 1012 (828 WTE) for the period in 2021. The increase was a direct demand to support the pandemic.
- There has been an increase in staffing within Admin, AHPs, medical and dental and other therapeutic areas, however there has also been a decrease in some staffing families within nursing, dental support and healthcare services.
- The workforce is ageing with 48% of employee’s aged over 50 and the highest proportion of employees in the age 55-59 category. NHS Western Isles’ interim workforce plan details further information on the age profile for nursing and midwifery where 14.25% (63 employees) were in the 60+ age group. This sees the possibility of employees retiring at any point in the coming 12 months.

NHS WI is seeking to recruit apprentices in a variety of posts during 2022. The aim is to bring young people into the workforce and develop them in the longer term. There are wider community benefits of providing opportunity for school leavers who wish to remain living and working in the Western Isles.

- Sickness absence is 6.23%, compared with 5.05% at April '22. The figure is excluding any special leave for covid. The level of department sickness is monitored during the Chief Executive departmental performance reviews.

All managers have been invited to training on attendance management in May and June to ensure consistent application of policy and procedure across the organisation. Staff communications on attendance management have been issued to highlight manager and employee responsibilities in the process. Employee Relations Officer's and Occupational Health are working closely to monitor absence and ensure all absences are being managed appropriately.

Mr. Jamieson indicated that the demographics and the broader population challenges that face the Board, are reflected in some way within this report. The single biggest risk for the Board is the decline in island population.

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

The Chair commented that the report has been through a robust review process of scrutiny by the Staff Governance Committee or within the Integration Joint Board on demographics across Health and Social Care Partnership.

Decision: The Board formally noted the report.

Action: No actions required.

10.2 Leadership and Management Development Programme

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

Discussion: Gordon Jamieson drew colleagues' attention to the report, noting that Stuart King is now the Organisational Development and Learning Manager and he is working his way through constructing various training mechanisms for the staff, one being leadership and management development. This is the starting point for management development, and within the report it advises that awareness hub events have taken place and it is proposed to hold one day event, with 18 people able to engage in management development training.

The Chair thanked Mr. Jamieson and commented that this is a very positive programme to support and develop members of staff in leadership and management skills which is critical when looking at succession planning and moving the NHS forward, not just within senior nurse management but within executive and chair leadership.

Decision: The Board formally noted the Programme.

Action: No actions required.

11. SERVICE DEVELOPMENT

11.1 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 providing an update on the status of the Community Campus. He advised that work is progressing on the development of the BVCC business case for submission to the relevant Scottish Government department including the Scottish Government Capital Investment Group. The revised drawings encapsulates a myriad of services including educations and leisure facilities and community hospital and care home facilities. The redesign of the a health facility which was originally in a building over two floor is now contained within a single level facility, replacing the existing St. Brendan's Hospital in Castlebay, Isle of Barra.

Mr Jamieson indicated that there is a continual level of work going on. The main areas:

- Sign-off of the stage 1 design,
- Established frequently asked question template,
- Further engagement with the local community which is imperative.
- Continue in liaising with Scottish Government Education and Health directorates, meeting the various steps specific to that directorate.
- Gateway review has now been concluded and will come forward for information.
- Continuous review of the full cost of the design with any significant costs being flagged as potential risk. Pressure lies in making progress as quickly as possible, as any drawn out process will invariably impact on the final costs.
- Ongoing negotiation and legal work to acquire land.

The Chair thanked Mr. Jamieson for the update.

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

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 18.05.22

12.1.2 Healthcare Governance and Audit Committee Annual Report 2021/22

The minute of 18th of May 2022 and the Annual Report for 21/22 were presented for information.

Tim Ingram noted that there were some significant audit issues that arose and are being addressed and responses from the Executive Directors have been positive.

No questions were raised.

Decision: The Board formally noted the Minutes and Annual Report.

Action: No actions required.

12.2 Area Partnership Forum

12.2.1 Area Partnership Forum Minute of 08.06.22

12.2.2 Area Partnership Forum Annual Report 2021/22

The minute of 08th of June 2022 and the Annual Report for 21/22 were presented for information.

No questions were raised.

Decision: The Board formally noted the Minute and Annual Report.

Action: No actions required.

12.3 Area Clinical Forum

12.3.1 Area Clinical Forum Minute of 26.04.22

12.3.2 Area Clinical Forum Annual Report 2021/22

The minute of 26th of April 2022 and the Annual Report for 21/22 were presented for information.

No questions were raised.

Decision: The Board formally noted the Minute and Annual Report.

Action: No actions required.

12.4 Staff Governance Committee

12.4.1 Staff Governance Committee Annual Report 2021/22

The Annual Report for 21/22 were presented for information.

No questions were raised.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

12.5 Health and Safety Committee

12.5.1 Health and Safety Committee Minute of 03.05.22

12.5.2 Health and Safety Committee Annual Report 2021/22

The minute of 03rd of May 2002 and the Annual Report for 21/22 were presented for information.

No questions were raised.

Decision: The Board formally noted the Minute and Annual Report.

Action: No actions required.

12.6 Remuneration Committee

12.6.1 Remuneration Committee Annual Report 2021/22

The Annual Report for 21/22 was presented for information.

The Chair advised that the Board has carried out its due process in addressing the appraisal process of senior management.

Decision: The Board formally noted the Annual Report.

Action: No actions required.

The Chair thanked the Committee Chairs for their presentations.

13. Invoking Standing Order 5.222 – Resolution to take items in closed session

The Chair asked Members if they were in agreement to establish a closed session.
Members agreed.

Decision: The Board formally agreed to hold a closed session after the public meeting.

Action: No actions required.

14. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		It was noted that the Section on Performance was noted earlier in the agenda to ensure scrutiny of the minutes.
Was there sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		The Board took a comfort break for 15 minutes.
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	✓ ✓ ✓		

15. DATE AND TIME OF NEXT MEETING

Scheduled Board Meeting

Date: October 2022

Time: AM

Location: TEAMS

The Chair called the meeting to a close at 12.50pm thanking everyone for their contribution.

END