

NHS WESTERN ISLES BOARD MEETING



MINUTES OF MEETING 26 OCTOBER 2022 HELD AT 11.30AM 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
Diane McDonald	Head of Human Resources
Michelle McPhail	Corporate Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Angus McCormack – Non-Executive Director / Local Authority Representative.

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the following:

- Covid Inquiry ~ the Chairperson of the inquiry has resigned, Lady Pool, plus three legal support Members. The Chair will advise on further developments.

Decision: The Board formally noted the verbal update.

Action: No action required.

4. DECLARATION OF INTEREST

Members did not advise of any conflict(s) with the agenda items, in relation to them have a conflict of interests.

5. MINUTES

5.1 Minute of 31.08.22 - DA

Board Members approved the Minutes of the meeting held on 31 August 2022, subject to a small number of typographical errors being made to the minute.

Decision: The Board formally approved the Minute of the meeting of 31 August 2022.

Action: No action required.

5.2 Matters arising from previous Minutes

Item 6.1 – Financial Performance report ~ the Chair enquired as to the option paper on remote and rural specialities, which has not yet been presented to the Board.

Dr. McAuley indicated that the report is going through a number of iterations to take account of the financial envelope that needs to be observed. The current service is not being compromised but the Board is looking to take the service forward within a more sustainable model. Further detail on supporting evidence and options are being explored and once the final report is available it will be presented to the Board, however no date was provided.

5.3 Action Points

Members reviewed the Action Points. The Chair advised that all the actions have been completed and there are no further actions outstanding.

Mr. Jamieson wished to advise Members that following the very positive workshop on the risk register, risk assessment and risk appetite, work is progressing on the alternative format and will be brought back to Board Members for review.

The Chair thanked Mr. Jamieson for the update and confirmed that the review of the risk register was very useful and provided a refreshed approach to risk.

Decision: The Board formally noted the updates.

Action: No action required.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Narrative Report – Month 5 ~ August 2022

6.1.1 Detailed Narrative Report

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

Discussion: The Director of Finance, Debbie Bozkurt drew, colleagues' attention to the report, highlighting the following points:

- As at the end of August 2022 the Board is showing an in-year overspend £426k and projecting an end of year overspend of £1,630k assuming that the Board receives funding for the increased pay award for agenda for change staff and medical and dental staff which equates to approximately £1,465k.
- The Board's annual plan for 22/23 showed an amended savings target of £4.015m, of which £1.025m was to be achieved through financial flexibility and £1.221m was unidentified.

At Month 5, £0.334m remains unidentified but work is on-going to close the gap. The overspend of £1,630k is due to in-year pressures not able to be contained within further flexibilities and reserves rather than unachievable saving, noting that the saving identified to close the original gap are non-recurring. Ms. Bozkurt advised that until the Board receives the key allocations from the Scottish Government, and the Board understands the pay awards and SLA figures the Board cannot reduce the overspend projections with any clarity.

From the initial review of the closed ledger as at Month 6, Ms. Bozkurt advised that she projects a £1.6m year-end overspend, however this position is without further detail relating to the pay awards.

- Ms. Bozkurt explained aspects of the pay award, noting that there will be an additional increase in the commissioning of services, which pertains to a percentage uplift, from the providing NHS Board, to cover their pay award increase. Following discussion with Scottish Government finance colleagues, Ms. Bozkurt advised that an additional allocation of up to £500k should be obtained to support the SLA cost increases.
- The Board was made aware that the level of vacancy savings has contributed towards supporting the bottom line. However the savings have been due to the inability to recruit in a timely manner, which has been a result of the shortage in the available workforce and not because of any decision taken to hold posts.
- Senior managers are exploring how the Board can, where possible, decrease overspends by taking remedial action.
- The cost of utilities is causing concern, with the largest supply for the energy of the Board being oil, as predominantly the board's buildings run on oil fired heating. The cost of a litre of oil in April 2022 was 0.40p, however this has increased to £1.03p per litre as at July 2022 and recently the cost has dropped to 0.85p to 0.90p per litre. This equates to a cost pressure in-year of £400k - £500k.
- The workforce demographic were noted, Ms. Bozkurt advising that in the monthly financial narrative report sent to the Scottish Government, the workforce population data is also circulated to ensure that they recognise, from the data, the vulnerability of the organisation is experiencing, in relation to workforce population.
- Within the report a section on Capital expenditure was discussed, with Members being advised that the Board has been able to obtain additional funding, resulting in £3.466m being invested in new/replacement equipment and a further £600k obtained to address backlog maintenance.

Mr. Ingram thanked Ms. Bozkurt for the very detailed report. He enquired if the Service Level Agreement (SLA) with mainland Boards would increase due to the financial pressures.

Ms. Bozkurt advised that annually there is an SLA increase, normally based on the pricing structure of the resource allocation uplift, normally around 2%. However as there is a potential 5% pay award, which may increase further, this too will impact on the SLA costs.

Mr. Elghedafi enquired if the Scottish Government will increase the budget allocation to accommodate the pay awards in full for this year and in subsequent years.

Ms. Bozkurt advised that any pay awards would be recurring and provided within the annual revenue allocation.

Mr. Elghedafi noted the response, however he raised some trepidation considering the public financial position of the Scottish Government and the UK Government that any presumptions as to normal annual allocation should be taken with a level of caution.

Mr. Elghedafi also raised the issue of the Board's financial allocation and the significant cost increase in oil, asking if there was any potential that the cost pressure from energy overspending would impact directly on patient service delivery.

Mr. Jamieson commented that the increase this year has been unprecedented, with a 50% increase in unit pricing, not just on oil but on food costs. Mr. Jamieson provided reassurance that there will be no impact on frontline services to underpin the overspend on energy and food. Other areas will be reviewed to identify potential efficiencies.

Mr. Elghedafi thanked Mr. Jamieson for his assurance on frontline services not being affected and presumed that efficiency measures will be sought from back office functions.

Ms. Bozkurt explained that as the Board increases the activity within the SLA's, this comes at an additional cost. When taking into consideration the ever increasing energy and fuel costs this increases the financial demand placed on the Boards available funding e.g. impact on transportation ~ ferry and flight costs will increase; accommodation per night will increase to cover their increase in electricity, food, laundry etc. Regardless of what the Board does, there will be a direct and indirect pressure applied. However if the Board is successful in getting the MRI Scanner, patients will then be treated closer to home, with a shorter waiting time and this will have a reduced need being placed on patient travel with the savings being offset against another budget pressure.

Mr. Jamieson reflected on the discussion noting that for more than a few years the system has been under pressure and will continue to be under pressure for some time to come. He indicated that people on island receive a very good service in terms of waiting times, however those waiting for necessary clinical treatment by a mainland board may have to wait a significant period of time before starting their treatment. This is a national issue for all NHS Boards.

Ms. Bozkurt gave a detailed overview of the assumptions and mitigations she takes into consideration when projecting the year-end budget, including the detailed monthly narrative, as presented today. It was noted that the Board is in a better place than some other NHS Boards in that it is not reliant on agency nursing as the Board has a healthy list of available bank staff.

The Chair thanked Ms. Bozkurt and Mr. Jamieson for the report and the assurance of the continuation to provide services as locally as possible within waiting time initiative. The Chair also thanked Members for their detailed scrutiny and debate.

Decision: The Board formally noted the report.

Action: No actions required.

6.2 Financial Savings Plan

6.2.1 Summary of Original FEP

6.2.2 Summary of Saving Plan to break-even

6.2.3 Bulletins

Appendix A – Grip & Control bulletin to all staff

Appendix B – advising staff of financial position

Appendix C – procurement protocol – use of agency staff

6.2.4 Corporate Governance letter to staff with delegated responsibility

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

Discussion: The Director of Finance, Debbie Bozkurt, advised Members that the Scottish Government asked all NHS Boards to put forward a savings plan to either bring the NHS Board back into a break-even position or to bring themselves back to their budgeted deficit which was set prior to Covid. NHS Western Isles' position is to break-even.

The narrative report presented, demonstrates positively the way this Board is organised and advises how the Board will go from a deficit of £1.6m to zero. The narrative has been sent to the Scottish Government along with the appendices circulated in this report,

providing evidence of the actions taken and the financial controls being applied to ensure sustainability.

Ms. Bozkurt also indicated that within the report it demonstrates a number of the assumptions she applied in relation to the £1.6m, which could affect the Board if they do not come to fruition and the impact of the additional cost pressures if applied.

Scottish Government have provided initial positive feedback to the report. They have asked the Board to continue to monitor the position and present and update the appropriate governance arrangements within the Board. Therefore the reports will be presented to the Corporate Management Team initially, perhaps to the Healthcare Governance and Audit Committee and then onwards to the Board. The route of reporting may change depending on the timing but will be presented to the CMT and the Board.

The Chair reflected on the discussion, IJB reserves and the Local Authority pay award and wondered if this would impact on the NHS Board's financial responsibilities.

Ms. Bozkurt indicated that considering the level of reserves available to the IJB she is confident that the IJB will break even, however the level of reserves in 23/24 will be significantly reduced as a result of this year's break-even position being achieved. The reserves may take a greater hit if the Local Authority do not provide the resources to meet the Local Authority pay award in full, given that the Local Authority have already decided that the IJB will receive annually for the next ten years, a flat cash allocation.

Prof. Smith enquired as to what consequences the Board could face if it fails to meet the break-even position.

Ms. Bozkurt advised that within the national Directors of Finance discussions, the Scottish Government have indicated that if the Board is unable to deliver break-even, the Scottish Government need to be advised as early as possible as brokerage would need to be arranged. This would result in a formal loan being obtained for that years overspend, normally paid back within a three year period. The consequences of obtaining brokerage is that the Board then must deliver a break even position within the next three years to ensure that there is not a repetitive brokerage requirement year on year, which is not sustainable.

The Board was advised that if that was the projected position, Ms. Bozkurt and Mr. Jamieson will require to have a discussion with the Scottish Government in December'22 / January'23. Ms. Bozkurt reflected on the Boards previous need to obtain brokerage and that is not something that she wishes to repeat, given the Board has achieved break-even for a consecutive 13 years.

Mr. Jamieson considered the implications for the Board if brokerage was required, resulting in the Scottish Government establishing, in conjunction with the Executive Directors and the Board, a number of recovery plans identifying a number of various areas where they consider potential areas of waste. The Board would be under a greater level of scrutiny and continued support for a defined period of time.

The Chair acknowledged the position and the report noting that, as part of the normal reporting process Ms. Bozkurt will keep the Board updated at all times.

Decision: The Board formally noted the report.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – October 2022

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 Chair, before asking Ms. MacKenzie to present the report, advised of the very positive development session that the Board undertook to assess its risk register and risk appetite. The session recognised the Boards current position and where it wishes to progress to and that Mr. Jamieson is developing the draft register following the meeting. There is a significant level of work being undertaken to revise the register, and to note that the October report is in the old format.

Fiona MacKenzie indicated that as the development is around the renewed template and reporting mechanism the revised but approved format will not be presented until early 2023.

For October 2022 there are no formal updates required due to the cycle of review being three and six months, however Ms. MacKenzie advised that there are one or two risks that should remain as a high risk for the Board. One risk being the financial position and the other being Treatment Time Guarantee (TTG). At the next meeting the discussion should be around the Annual Delivery Plan, taking into account the need to safeguard systems across the organisation in relation to Covid and Flu, which would have a direct impact on service delivery and the Boards ability to implement the ADP.

Abdul Elghedafi enquired about the Board's Winter Plan and its ability to ensure continuous service delivery over the winter period.

Ms. MacKenzie advised that there is no additional funding but the allocation to support the winter resilience has already been attributed towards urgent and unscheduled care and planned care.

Ms. Bozkurt indicated that last year £786k was allocated to support Local Authority Care at Home service, which obviously relieve the pressure on delayed discharges. This allocation is still coming forward and this year an additional allocation to support extra nursing to maintain the Hospital at Home service.

Ms. Bozkurt also wished to advise the Board that this year, to date, the Board has not received its annual allocation for Winter Planning, however there is no indication that this will be reduced. The expectation is that the allocation should be around the £3m as received in the previous year.

Mr. Jamieson considered the implications of the winter pressures and the need to prevent unnecessary admissions and the level of delayed discharges, which in turn highlights the need for care at home and social care assessment and provision to be available to ensure that patients are not held in hospital unnecessarily when they no longer require medical intervention. The next six months will be a significant challenge for the Board.

It was noted that the new facility of Goathill needs to be staffed appropriately to ensure that when patients are ready for discharge there is sufficient space within the islands appropriate facilities. If the facilities and staffing are available to support patients in a way which is more beneficial than being classed as a delayed discharge and being retained within a hospital environment.

Members debated the issue of recruitment and where appropriate the necessary use of locums to ensure that services are maintained and delivered.

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

Action: No actions required.

7.2 Healthcare Associated Infection Reporting Template – June – July 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 June to July 2022, noting the following outcomes:

- 1 SABs – hospital acquired infection
- 1 CDIF – unknown cause
- Hand Hygiene ranging from 87% up to 99% compliance
- Cleaning compliance ranging from 96.5%
- Estate Monitoring compliance ranged from 97.9% to 98.7%
- 43 operations and 1 Surgical site infection knee arthroplasty

Board Members enquired as to the cause of the surgical site infection. Ms. MacKenzie indicated that there was no identifiable cause. The cause can be linked to a number of issues including how the patient was presented and the injury, therefore it is difficult with any certainty to attribute a cause, regardless of the detailed root cause analysis which is conducted on each incident.

The Chair thanked Ms. MacKenzie and wished the Board's thanks passed onto Louise Sullivan and her team of reviewers.

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

Action: **No actions required.**

Comfort break for 10 minutes ~ 1235 – 1245

7.3 Performance Monitoring Report Q1 22/23

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

Discussion: Mr. Jamieson presented the Board with the quarter one report for 2022/23 (period from April to June 2022), advising on the status of cancer waiting times, TTG and outpatient waiting times. In respect of the A&E waiting times target of four hours, the Board achieved 99.1% delivery, which is the best in Scotland for the period.

The report is presented for assurance and Members need to take into context that the performance targets and trajectories were set pre pandemic and remain in place currently, post pandemic.

Prof. Smith raised an enquiry about the level of DNAs (Did Not Attend). In assessing the report, the information denotes the mainland appointment and local appointments where DNAs occurred, she enquired if the Board experiences any financial impact when a mainland DNA occurs.

Executive Directors advised that there is no additional financial cost for a DNA apart from the loss of the transport costs. However if someone is not attending but took the flight then that requires additional investigation to ensure there is no fraudulent case. The majority of patient who cannot attend know in advance of the appointment and have their transport changed at either no or little charge. Mr. Jamieson advised that in fact the issue is that the person who did not attend and did not make the hospital aware, has resulted in the clinical time being lost and the impact on others who are waiting to be treated.

Fiona MacKenzie advised that work is being undertaken to understand why a DNA occurs. The initial results was people not getting the initial letter in time, the mail being late in delivery, generally people forgetting about their appointment. Work is being undertaken to look at efficiencies and streamlining the process as well as how technology can support and act as a reminder, potential cost of £45k for the reminder system.

Jocelyn McConnachie enquired when the full review would be completed, however Ms. MacKenzie was unable to confirm a completion date as it depends on the availability of the outpatient services staffing to address the review.

Dr. McAuley reflected on a previous review of outpatient attendees by a surgical trainee and Mr. Halder a consultant surgeon. The review was a 12 month retrospective review of DNAs within the surgical outpatient clinic in Stornoway. The results noted approximately 8% DNA rate over the 12 months, and the DNAs were referred for urgent suspicion of cancer or of a general urgent nature.

Members reflected on the information, recognising the anxiety and fear that people will have when awaiting a potential diagnosis of cancer, where mentally people may be parking the issue to one side and just keep going. There is a need to support patients before they even turn up to their first appointment, potentially by staff support within primary care. ,

All Members recognised the benefits of a proactive prompt mechanism which should initially help in reducing the number of DNAs, hopefully enabling people to change their appointment when reminded and enabling the outpatient staff to provide a short notice appointment to others waiting.

Mr. Jamieson updated Members on the vaccination programme for Covid and Flu vaccines. Good progress is being made with an increased level of attendance over the last two weeks. Unfortunately the autumn campaign resulted in 39% DNA rate for the Covid vaccination. There is no need to undertake a review to understand why, but to move forward with the prompt notification system utilising digital technology will support.

The Chair drew colleagues' attention to the performance data for the 62 day cancer target noting that last year the results were 83% compliance. The issues of potential concern now is with Urology and the visiting service being provided by NHS Highland. The Chair asked for assurance that island patients are not waiting unnecessarily longer due to when they are placed on a mainland board system and the impact of that Boards waiting times. The question was asked is this aspect of discussion is being noted in the appropriate SLA joint discussions.

Members noted the importance, and the reinforcement of having on sight CT and MRI scanning to obtain detailed diagnostics.

Mr. Jamieson advised that he does not have any evidence that island residents are getting a second rate service. The emphasis, when coming out of the pandemic was clinical prioritisation. Now there is more of a balanced approach recognising on how long patients are waiting. Due to the health debt there will be an extended waiting time for mainland treatment centres.

Prof. Smith referred to the report and the inpatient and day case data. When reviewing the Ophthalmology data it states that the inpatients have a higher activity level compared with the lower day case rate. Executive Directors recognised that this was an error and that the data in general would be reviewed, but suggesting that the figure are under the wrong heading and should be switched.

The Chair thank everyone for their input into the discussion and the level of scrutiny.

Decision: The Board formally noted the report.

Action: Obtain a detailed report noting the rationale for the level of DNA's, either retrospective or from a more current assessment and providing detail as to what support mechanism can be implemented. Present in due course. Fiona MacKenzie

7.4 Complaints Report

7.4.1 Q4 21/22 – Jan – Mar'22

7.4.2 Q1 22/23 – Apr – Jun'22

7.4.3 Q2 22/23 – Jul – Sept'22

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

Discussion: Ms. Bozkurt indicated that the reports are presented for information, however the principle focus in on the April to June 2022 report and the Service Improvement Tracker. It was noted that the reports are presented to the Healthcare Governance & Audit Committee timely. During the period, April to June 2022 the following was noted:

- 21 complaints were received
 - 7 were dealt as a Stage 1 complaint
 - 14 required investigation at Stage 2
- Stage 1 resolved within 5 working days and Stage 2 resolved within 20 working days
- Of the 21 complaints received during the period, 33 issues were noted
 - 12 relating to staff – behaviour / attitude or communication;
 - 14 linked to clinical treatment;
 - 2 in relation to admission or appointment;
 - 6 issues linked to environment and domestic;
 - 1 concern around procedural issues; and
 - 1 classed as other.
- Of the 21 complaints received, 11 were not upheld, 4 partially upheld and 6 fully upheld.

The format of the report has changed and the development of a service improvement tracker established. Ms. Bozkurt discussed the process around the tracker.

It was noted that there have been delays in reporting in full back to the complainant within the 20 days, which has been due to service pressures, complex issues involving multiple people or staff needing to be found as they have left the organisation.

Mr. Ingram provided assurance to the Board, as Chair of the Healthcare Governance & Audit Committee, that the reports are scrutinised and with the development of the tracker enables greater concentration on outcomes. He expressed his thanks to Debbie Bozkurt and the Complaints Officer for their continued support.

The Chair thanked Ms. Bozkurt for the report.

Decision: The Report was formally noted by Members.

Action: No actions required.

7.5 Freedom of Information January - September 2022

Issue: *The Board was asked to note the report for assurance 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 September 2022.

Members were advised that there is a rise in the total number of requests coming through, the department are no longer processing requests for vaccination status with people being signposted towards NHS Inform. The position as at September equals the same level of activity seen in 2021 full year.

Response rate and compliance with the 20 day target has improved with now 95% of requesters obtaining a response within the timeframe.

The department addressing FOIs are now also processing requests, with the introduction of the Scottish System for Social Service and Social Security, in obtaining clinical reports to support people's application for disability allowance for children and adults.

The Chair thanked Dr. Watts and her team for their continued support.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

8. CORPORATE GOVERNANCE

8.1 Annual Delivery Plan 22/23

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

Discussion: Ms. MacKenzie presented the Annual Delivery Plan, which replaces the remobilisation plan. There are five key areas to focus on, including one being staff well-being and recruitment, which is linked to planned care and care recovery. Focus on improving social care and sustainability and value, which is related to realistic medicine.

To monitor the Boards achievement against the Plan, the template presented has been established locally. The baseline report was presented to the Scottish Government who have noted the position and await the submission of the next quarterly update report. The Scottish Government have advised that they are not approving any Annual Delivery Plan as this is for the NHS Board to approve.

As progress is made, there is still concern as to the fragile infrastructure should another wave of Covid hit the islands. The focus would then move to ensuring that the patients and staff are safe and they continue to look after the patients who require treatment and support. Decisions will have to be made, in such circumstances, to reschedule or cancelled planned care activities.

The Chair thanked Ms. MacKenzie for the report.

Tim Ingram reflected on the report and how it pulls together the issues currently facing the Board. Looking at this, and the links to risk management, early identification of a potential risk needs to be raised when services are placed under additional pressure which result in extraordinary action, such as cancellation of services.

Jocelyn McConnachie enquired about the governance process. The report has been discussed with the Scottish Government ahead of presenting to the Board and only now is the Board being asked to approve the Plan.

Ms. MacKenzie advised that the Plan is a dynamic document and therefore the Scottish Government have noted the Plan and commented on it but it's for the Board to own and approve. Regular quarterly updates will be presented.

The Chair advised that in relation to governance process, the quarterly reports should be presented to the Healthcare Governance & Audit Committee where a greater level of scrutiny will be undertaken and then presented to the Board for full Board review.

The Chair thanked Ms. MacKenzie for the report, which provides a level of understanding, however the challenge is delivering services within the current financial envelope.

In relation to the well-being agenda, the Chair raised the issue of absence being at 6%, which is 2% above the national target, noting that the 4% target has been unattainable for a significant period of time.

Diane MacDonald advised that the sickness level has been consistently reported between 5% & 6% over the last number of months. However considering what the workforce has been faced with over the past two years the Board needs to identify other measures of support.

Mrs. MacDonald advised that the level of sickness absence surprisingly dropped through covid and potentially the resilience level of the staff is dropping as we move out of Covid but face other challenging service pressures. Measures have been taken to support the management of individual absence by holding sessions for managers on the attendance policy, ensuring consistency in its implementation.

Ms. MacKenzie indicated that Diane MacDonald and the Lead Nurse for Acute Services have been working together to support Senior Charge Nurses who are relatively junior in their position to proactively support the attendance management protocol.

Ms. MacKenzie indicated that the next ADP quarterly report is due for submission to the Scottish Government by the end of the month, along with the revised trajectories to deliver the services within the constraints of the financial envelope. There is not sufficient time to generate the report and then present it to the Board before submitting, however the Plan will be reviewed by the Chief Executive and the Director of Finance before presenting.

It was confirmed that the quarterly report should be submitted to the next Healthcare Governance & Audit Committee, scheduled for the 7th of December and thereafter to the next meeting of the Board. Ms. MacKenzie agreed.

Decision: The Board approved the Annual Delivery Plan.

Action: Quarterly reports to be presented to the HG&AC and thereafter onwards to the Board.

8.2 Whistleblowing Annual Report 21/22

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

Discussion: Fiona MacKenzie provided the Annual Report on Whistleblowing for 2021/22, noting that there has been very little concerns raised, which can be viewed as positive. However work continues to ensure that all staff are fully aware of the classification for Whistleblowing and how to raise a concern. The initial aspect of raising concern should be part of the business as usual discussions with department heads and managers.

Speak Up week was held at the beginning of the month raising awareness of the process as well as the learning from national incidents. During that event, Ms. MacKenzie and Mrs. Wright conducted a walk round of the Western Isles Hospital and held virtual sessions for the Uist & Barra Hospital and St. Brendan's. Staff reported that they were aware of Whistleblowing and the Speak Up event.

Quarterly report for period one and two will be presented to Members at the next Board meeting.

The Chair advised the Board that all the work that had been taken to raise awareness of the local event for Speak Up Week has been commended by INWO. The Chair wished to acknowledge the work and support of Maggie Jamieson who did an inordinate amount of work to get the event communicated and sign posted to all staff. The Chair also thanked the team including Louise Sullivan, Fiona MacKenzie and Sheena Wright.

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

Action: **Quarter 1 & 2 report will be presented to the Board at its next meeting.**

9. INNOVATION

9.1 Post Covid Syndrome

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

Discussion: Dr. Watts updated Members on the innovation to provide Post Covid Syndrome service, outlining the progress of development to establish a coordinated service for people suffering longer lasting effects of COVID-19 infection (colloquially referred to as 'Long COVID'). It recognises the prevalence of Long COVID in the Western Isles and explores the recognition and requirements of such a service for the islands.

A co-ordinator led model is identified as the most cost effective and holistic model for local implementation and also aligns with the Scottish Government's four pillars of support for Long COVID service provision and the evidence supporting safe, effective and person centred care.

Dr. Watts indicated that the Board does not currently provide a coordinated service for people with ongoing symptomatology following COVID-19 infection. At present, patients may see GPs, who refer to the appropriate services (e.g. occupational therapy, physiotherapy, psychology, medicine, third sector organisations), may self-refer to some services, or may continue on their own with no links to healthcare for support. As referrals and management are not currently coordinated, holistic management and treatment is not optimised. Dr. Watts noted that patients have no single access point for readily available information or advice on Long covid symptomatology and management/self-management. Clinicians have no co-ordinated service to refer patients to in order to optimise treatment and there is no easily accessible single source of information or support in regard to Long COVID.

It was noted that currently the Western Isles now has a short life working group who meet weekly comprising of a multidisciplinary team and who explored different care model options and agreed on an Integrated Care Co-ordinator lead service model that will effectively support the treatment of Long Covid. The Scottish Government have provide a little funding to support the initial project, approximately £14k for this year.

As we move forward, Dr. Watts noted, that the Board can make better use of and be more effective in the use of its staff to the benefit of this group of patients. Additional bids for funding can be put forward to the Scottish Government to continue to support the service once the initial review of the work of the Short Life Working Group has been concluded.

The Chair asked Members for questions.

Tim Ingram recalled a similar service being provided in Durham, and they found that a centralised approach was the best model and most effective for all.

Dr. Watts indicated that the system is more about have a single point of access to support the triage of patients as appropriate.

Jocelyn McConnachie noted that this is a relatively new field of work and enquired what research is being done apart from any national networks that may be established.

Dr. Watts noted that in terms of research there are national links through the Pain Association and Chest Heart and Stroke, however she was not aware of any links with any local academics.

The Chair asked Dr. Watts to pass on the Boards thanks to Kathi MacLeod for the report but also to thank all those involved in the multidisciplinary team for supporting people with the repercussion of Covid.

The Chair acknowledged the need to consider the Short Life Working Group conclusions in light of the limited funding resource from the Scottish Government. Further bids for future funding needs to be explored to maintain this service.

Decision: The Board formally noted the report.

Action: No actions required.

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report – August 2022

10.1.1 Detailed H.R. Report

Issue: *The Board was asked to note as information the report presented by Diane MacDonald, Human Resources Manager.*

Discussion: The routine workforce report for August 2022 was presented to Members by the Human Resources Manager, Diane MacDonald. It was noted that the report is scrutinised by colleagues within the Corporate Management Team and the Staff Governance Team as well as being discussed at the Area Partnership Forum with management and staff representatives. The report noted

- Workforce numbers remain stable with the age profile continuing to be skewed to over 40 years. Three year analysis shows NHS Western Isles is attracting younger people into the workforce than in previous years.
- Turnover remains stable and is not at a rate that causes any concern. The greatest number of retirements is from the Nursing/Midwifery family but seven newly qualified nurses have recently been recruited in August 2022.
- Sickness absence remains steady within 5% and 6%. The highest rates are in Dental Support and Healthcare Sciences.
- The greatest reason for sickness absence continues to be mental health reasons followed by Musculoskeletal.
- Recruitment has been successful in the majority of nursing posts. Catering, AHP's, mental health and medical staff are proving difficult to recruit to. The Board is exploring the benefits of working within the NHS International markets, however supporting international people is significantly more intensive in smaller rural Board than in comparison with a larger urban board.
- The largest area for retirement is within the nursing family, however the Board has a retire and return policy, which is being used for a number of people returning but in a different capacity or who are able to work in a more flexible way. This aspect is being monitored very closely.

Ms. MacKenzie made Members aware of work currently being undertaken reviewing the nurse job description of band 3 4 and potentially expand into mental health nursing, offering a potential career for people who might not have the confidence to obtain a degree but have a set of core skills that would benefit the organisation.

Other areas of potential development were noted from rotation for specialist areas e.g. diabetes lead nurse or other Advanced Nurse Practitioners areas as well as service development within the Community.

The Chair thanked Diane MacDonald for the report but also acknowledged the work of Stuart King in developing the Boards organisational development programme.

Decision: The Board formally noted the report.

Action: No actions required.

11. BOARD SUB COMMITTEE MINUTES

11.1 Healthcare Governance and Audit Committee

11.1.1 Healthcare Governance and Audit Committee Minute of 22.06.22

The minute of 22nd of June 2002 was presented for information.

Tim Ingram, Chair of the Committee advised of a subsequent meeting which was held on the 14th of September, minutes have yet to be approved. At that meeting a number of audits were reported with some concerns being raised. He reassured Members that these are being addressed.

Decision: The Board formally noted the Minute.

Action: No actions required.

11.2 Area Clinical Forum

11.2.1 Area Clinical Forum Minute of 14.06.22

The minute of 14th of June 2022 was presented for information.

Dr. Rigby advised that the areas of concern noted by the ACF has in part been discussed today, for example recruitment.

The work within Laboratories was noted in terms of a laboratory management system and the required hardware, which will cascade results to professionals to ensure that only necessary test are being undertaken and therefore reducing unnecessary testing. Ensuring that people work smarter. The system does not solve the recruitment issues but hopefully will decrease the unnecessary workload.

Dr. Rigby advised that a significant amount of work within primary care is being taken forward to support mental health issues. He welcomed a progressive implementation of the work to support the increase in softer mental health conditions being referred.

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

Action: No actions required.

12. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		The Board took a comfort break for 10 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 <ul style="list-style-type: none">• 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 brought the meeting to a close at 12.50pm thanking everyone for their contribution.

END