

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING

22 FEBRUARY 2023

HELD AT 10.00AM

VIA MICROSOFT TEAMS



Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Jocelyn McConnachie	Non-Executive Director
Abdul Elghedafi	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Julia Higginbottom	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
Gillian McCannon	Board Chair (Meeting Chair)		

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, specifically welcoming Dermot Gorman to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

No apologies noted

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the following:

Blue Print for good governance (2nd Edition) November 2022.

Scottish government has now approved this.

All NHS Boards will adopt the Blueprint for Good Governance and a development session will be held for all board members in due course. The updated guidance will also facilitate the process of self-assessment.

Decision: The Board formally noted the verbal update.

Action: No action required.

4. DECLARATION OF INTEREST

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

5. MINUTES

5.1 Minute of 30.11.22 - DA

Board Members approved the Minutes of the meeting held on 30 November 2022 as a correct note of the discussion.

Decision: The Board formally approved the Minute of the meeting of 30 November 2022.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters arising were raised.

5.3 Action Points

30.11.22 – 6.1 Financial Performance M6 Report – financial impact on psychiatry was raised as a concern and request for additional mental health activity was requested within future performance reports – Nick Fayers advised that work continues on the options for Psychiatry and this will include future reporting. Noted that Maggie Watts name as responsible lead should be replaced with Nick Fayers

UPDATE

Decision: The Board formally noted the updates.

Action: No action required.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Narrative Report – Month 9 ~ December 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: Debbie Bozkurt presented the report highlighting the following points:

- At Dec'22 the Board is showing an in-year overspend of £376k, down from the reported position in Sept'22 of £696k.
- At the year-end the Board is projecting an overspend of £287k, down from the reported position in September 2022 of an overspend of £1,630k.
- The Board's annual plan for 2022.23 showed an emended savings target of £4.015m, of which £1.025m was to be achieved through financial flexibility and £1.221m was unidentified.
- As at Month 9 all savings have been identified albeit through financial flexibility. The underlying overspend of £2,435k (increased from £1,630k at month 6) is due to in-year pressures, predominately consultant and technical services agency cost, increase in SLA and increased medical supplied to reduce waiting times predominately orthopaedics and ophthalmology supplies.
- Raised concern as there has been no confirmation from the Scottish Government on the allocation for 2023/24, including confirmation on the full cover of the pay awards.
- Cost pressures are the same as previously reported, including the cost of locums to ensure that services continue to be delivered.
- The cost pressure on the budget was noted with the cost of oil and electricity which has increased dramatically. Not due to an increase in the usage but the unit costs continues to increase. The budget is being increased to meet the cost increase with no additional funding coming from the Scottish Government.
- Overall inflationary costs are increasing noting flights have increased by 12% from the same period of time in December 2021/22. Food costs increased between 10-30%.
- The greatest risk to the Board is the unknown invoicing from other NHS Boards for care and treatment of our residents e.g. oil rig workers will go to NHS Grampian for treatment.

The Chair thanked Debbie Bozkurt for the report and asked for an update on the issue surrounding Psychiatric Consultants, bearing in mind the significant level of overspending.

Nick Fayers, Chief Officer, indicated that an options paper for Psychiatry services is being developed assessing which of the six options are feasible to deliver quality and a safe service within the agreed financial envelope.

The Chair acknowledged and welcomed confirmation of work being taken forward to address the service.

The Chair asked for an update on GP services from Dr. McAuley.

Dr. McAuley noted that the specific aspect of the service pertains to the Out of Hours service on planned unscheduled care provided by the GMC registered clinician service. Discussions with an expert from the mainland, initiated by Diane MacDonald Head of Human Resources, is being taken forward to discuss the contractual issues that sits around general practitioners, who are different from that of other medical and dental professionals.

The Chair acknowledged the level of work being taken forward to assist in underpinning and providing the support to enable the Board to make final decisions when the time comes.

The Chair expressed her thanks to Debbie Bozkurt, Nick Fayers and Frank McAuley for their updates.

Decision: The Board formally noted the report.

Action: No actions required.

6.2 NHS Western Isles Annual Accounts 2021 / 22

6.2.1 Appendix 1 – Annual Accounts Report

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

Discussion: Debbie Bozkurt advised that the Board had sight of the Accounts and approved them in June 2022. However the Board was not in a position to present these in public until the Annual Accounts for 2021/22 has been laid before Parliament at the end of the 2022.

The report is to make them available and presented at a Board public meeting.

Decision: The Board formally noted the Accounts for 2021/22.

Action: No actions required.

6.3 Board Budget 23/24 Draft

6.3.1 Appendix 1 – Detailed narrative

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

Discussion: Debbie Bozkurt presented the draft Board budget for 2023/24, highlighting the following points:

- The Scottish Government ask for a draft template budget presented in early February based on a three-year plan.
- Submitting this information was challenging as the Board had not received its allocation for 2022/23 to base any future budgets on e.g. unsure of the mental health permanent allocation, the vaccination allocation still to be confirmed or the 2022/23 pay award allocation.
- The Scottish Government have confirmed that they will fully fund the pay award for 2023/24.
- A number of assumptions are being made however a few £100k either way makes a big difference to a small board.
- Forecast variance against the allocation is £1.5m net gap, noting that the gross gap was £5m. Until further confirmation comes from the Scottish Government on the allocation, there will be no further reductions in the projected overspend.
- Waiting Times allocation is based on an assumption of the funding from Scottish Government
- Noted in the budget is just over £1m of inflation cost pressure. Funding for inflation is set at 2%, however the real inflationary costs is greater with 12% on food, 15% on fuel and oil, electricity up by 30%.
- No further covid budget. Allocation for PPE will continue.
- Service Level Agreement (SLA) budgeted as a 3-year average, with the understanding that the Board will receive the pay element of the increase in the SLA. Mainland Boards will put their SLA values up to cover the pay award costs, which is significant, and an assumption has been made that the Scottish Government will cover this cost increase.
- The Board has a recurring deficit of £3m, based on an increase in island demographics of elderly residents which therefore has an increase in the use of specific services e.g. orthopaedic services, renal services and mental health services.
- Budget increase has been made into drugs for GP and Acute, to cover the inflation and new type of expensive drugs.

- SLA budget has increased by £500k to cover the cost of services from mainland boards. Covers cost of chemo drugs also.
- Mainland Boards will be looking at their costs for the provision of services to other NHS Boards to ensure that they cover their financial gaps, which will be passed onto island boards who are the principle users of their services.
- Vacancy savings are posts which are difficult to fill and they are not being held for any other reason.
- Increase in “Near Me” clinic use has reduced the need for a number of patients having to travel to a mainland Board, which results in a financial saving of the flight or ferry but more importantly it prevents the need for patient to travel and the service is provided closer to home.
- Risks were noted, at high level which may not arise e.g. increase in oncology drugs, emergency capital works, agency / locum usage.

The Chair thanked Ms. Bozkurt for the report, noting the number of assumptions is of concern.

The Chair enquired as to the review of drugs for patients via the Realistic Medicine work and the evaluation of drugs being prescribed on a regular basis to help in the use of drugs.

Ms. Bozkurt advised that of the four Primary Care Pharmacists have done a huge amount of work in reviewing the drugs which people are on, and without this piece of work the drugs costs could be even higher.

Dr. Rigby advised that there are 3 different pharmacy groups assessing drug usage, the hospital group, community pharmacists which is Stornoway and back and Primary Care Pharmacy which part of the new GP contracts and well established. Within the Southern Isles the work Maggie Watts has been leading on now means that all practices have daily access to primary care pharmacy. The review of high costs drugs has been completed by using generic drugs. The larger piece of work is the polypharmacy and from a Realistic Medicine aspect, looking at the individual and as frailty changes and as people age there is a need to review the drugs they are taking.

The luxury of having the Primary Care Pharmacy Team means that there is a lot of proactive work being done, recording every month their activity which is increasing month on month. The challenge with this is the increase in new drugs becoming available which cannot be changed to generic drug.

The Chair thanked Dr. Rigby for the information to ensure that the Board is aware of the work being taken forward to provide assurance on the work of the budgets but importantly that patients are being assessed appropriately to ensure that they obtain the correct type of drug specifically for them.

The Chair thanked Debbie Bozkurt for the report and other colleagues for their support.

Decision: The Board formally noted the report.

Action: The finale Board Budget will be presented in March **Debbie Bozkurt**

7. PERFORMANCE

7.1 Corporate Risk Register – November 2022

7.1.1 Appendix A – CRR Detailed Report

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

Discussion: Fiona MacKenzie presented the report, noting that colleagues would have read the report and noted the updates contained within the Executive Summary pertaining to waiting times, GP Out of Hours, Civil Contingencies.

The template is the new format which arose from our development session and presented to colleagues.

Ms. MacKenzie was happy to take any questions.

Prof. Smith acknowledged that the register is very clear, but seeking information on the dates that the issues are raised. Looking at the first 4 risks on the register they have dates noted as 2000/2010/2014 and 2014, and enquired if it was worth reviewing or refreshing the dates as these issues have been ongoing.

Ms. Bozkurt indicated that annually once the financial budget has been approved the date could be revised to the date the new evaluated risk has been approved, however financial risk in achieving financial balance will always be a risk on the register.

The Chair agreed with the comments made.

Gordon Jamieson noted that it's good to assess the risks and are they relevant and current. Mr. Jamieson discussed the risks noting that they are relevant and need to stay on, noting that Prof. Smith is not challenging the risks but seeking a review of the dates noted as they came onto the register and the regular review of the risks are noted in the detail.

However, as recently noted in an internal audit the Board should, at least once a year, take a detailed conscious look at each risk and this may help to refine how the risk is presented and the date the risk is assessed as being relevant and the date on the register could be refined. Risks will be assessed as time goes on and may change slightly as associated aspects may change e.g. funding allocation when discussing waiting times.

Prof. Smith thanked colleagues for the update and acknowledging that risks are updated and assurance provided as controls change. It was purely the visibility of the dates that I was referring to in terms of when these changes are made should the date change on the register.

Gordon Jamieson indicated that this is when the detailed updates are very important to enable an update to be obtained and then the ability to track the changes. Without the detailed updates on a regular basis you can lose sight of where the changes have been made. An iterative approach needs to be taken, if something is not clear then it needs to change to ensure that all Board members reading the risk are very clear on the pathway that the risk has taken and where any of the variables and mitigations have changed.

The Chair noted that the assessment of the risks are detailed, as noted by the Chief Executive, and the materiality statement, the assurance statement are regularly updated and once a year we discuss and assess the risk to ensure that there is clarity of the risk and the measures taken.

The Chair thanked the Chief Executive and Fiona MacKenzie for their supportive comments.

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

Action: An annual review of the Risk Register will be held in a development session.

7.2 Healthcare Associated Infection Reporting Template

7.2.1 Appendix 1 – HAIRT Oct-Nov'22

7.2.2 Appendix 2 – HAIRT Dec'22 – Jan'23

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

Discussion: The report presented to the Board, by the Nurse / AHP Director, advised on the range of clinical measures which provide assurance of the Boards relating to the handling of infection control measures in place:

Period	October – November 2022	December – January 2023
SABs	2 infections - 1 reported as a healthcare associated infection and 1 reported as a Hospital acquired infection	2 infections - 1 reported as a healthcare associated infection and 1 reported as a Hospital acquired infection
CDIF	Zero	1 CDif – healthcare associated infection
Hand Hygiene	96% - 99.2%	98.5% - 100%
Cleaning Compliance	95.4% - 95.7%	96.3%
Estate Monitoring	97.8% - 97.7%	98.4% - 98.7%
Surgical site infections	22 operations 1 infection ~ knee arthroplasty	38 operations with no infection

Ms. MacKenzie advised that when dealing with repetitively small numbers, 1 person can have a large percentage change to the figures.

In relation to surgical site infection, all infections are thoroughly investigated with a significant adverse event review and multidisciplinary meeting.

Prof. Smiths noted a possible typo, contained within the December to January report under Hand Hygiene which indicates that nurses' compliance in January 2023 is recorded as 10, when it should read 100%.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

7.3 Whistleblowing Quarterly Report Q3

7.3.1 Appendix 1 – Detailed Report

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

Discussion: Fiona MacKenzie advised on the following points, noted within the report:

- At Q3, there were 2 whistleblowing concerns raised 1 concluded at stage 1 process and the other went onto stage 2 process.
- Resolution of the issues were noted that the concern concluded at stage 1 was completed at day 7, 2 days over the compliance 5 day period. The other concern, noted at stage 2 was concluded at 21 days rather than in line with the deadline timeframe of 20 days.

The Whistleblowing Champion, Sheena Wright, advised Members that she, Fiona MacKenzie and the Chair met with the INO, Independent National Whistleblowing Officer, to discuss the quarterly reports, which was helpful to obtain their perspective.

The Annual Report to the Cabinet Secretary is in its final draft and due to be submitted by the 28th of February 2023.

The Chair thanked both Ms. MacKenzie and Mrs. Wright for their update.

The Chair commented on the response time to the 2 concerns raised, noting specifically the conclusion time delay of 1 or 2 days, reflecting on the level of work required by a small group of individuals.

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

Action: **No actions required.**

7.4 Freedom of Information Report

7.4.1 Appendix 1 – IGSG Detailed Report

Issue: *The Board was asked to note the information contained within the report, presented by Dr. Maggie Watts, Director of Public Health and Caldicott Guardian.*

Discussion: Dr. Watts presented the routine report to Board Members on the level of Freedom of Information requests received within the 2022 to date. There has been a significant rise in the number of requests received, up to 50% increase, as well as an increase in Subject Access Requests where people are seeking to obtain copies of their own medical records. However, if the numbers continue to increase then additional administration support will be required to address the increase in the number of requests.

Members will be aware that the Information Commissioner raised concern at the Board's level of response rates falling below the standard, however the rate has increased and now over 95% of requests are responded to within the 20 day timeframe. Unfortunately there was a dip on our December 2022 response rate, and therefore the ICO will consider whether or not they wish to continue to monitor our response rate for a further period of time.

The Chair acknowledged the impact the increase in the number of requests has on a relatively small number of staff.

Dr. Watts commented that the requests relating to Covid have decreased, however the number of FOI requests increase. Additional staff were allocated to the Covid requests at the height of the pandemic, however this has now been retracted.

Staff dealing with FOI's can cope at this point in time, however the increase will be impacted on those signing off on the responses, for example the Chief Executive. This is an example of the strain across the whole system not just within the public health team in terms of administration work but it's the associated impact on others.

The Chair commented upon the types of FOIs being received and how the vexatious ones are addressed.

Dr. Watts noted that if a request is truly vexatious then the Board is allowed to say that it will not be responding to the request. However it's the requests which sit on the edge of being vexatious. The Board could look at its publication scheme to publish more responses to requests on the website which may reduce the number being received.

The Chair thanked Dr. Watts for her forthright review of the situation.

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

Action: **No actions required.**

7.5 Complaints Report Oct-Dec'22

7.5.1 Appendix 1 – Detailed Complaints Report

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

Discussion: The Chair advised that the Executive Summary has been withdrawn as the information was inaccurate.

Debbie Bozkurt apologised that the summary report had the correct dates, however the detail is referring to the previous quarter.

The report denoted a slight decrease in the number of complaints received, for December receiving 15 in total with 4 being addressed at stage 1 and the remaining 11 being addressed at stage 2. The biggest issues relates to treatment and the issues, relating to 21 issues within the 15 complaints.

A number of the complaints relates to locums and therefore obtaining an appropriate response means we have to wait for that Locum, if they've moved on to another Board, responding to the complaint.

Of the 15 complaints received, addressed at either stage, 6 complaints were Not Upheld, 3 were Fully Upheld, 5 were Partially Upheld and 1 investigation is ongoing.

Response times to the complaints was noted as the majority being responded to within the timeframe however 1 complaint remains outstanding which should be responded by day 48.

The Chair invited Abdul Elghedafi into the discussion, given his specific interest in the report noted within the Healthcare Governance & Audit Committee discussion.

Mr. Elghedafi obtained assurance from the report presented, noting that he would be expecting to see a level of complaints. Learning from the complaints being raised should always enable to the Board to learn from the detail.

The Chair enquired about clinical care being obtained off island within another Health Board.

Debbie Bozkurt advised that there are not many coming through but the majority of complaints would be addressed by the Board where the concern arose at. Sometimes a joint response is made between the Board and SAS or a GP.

The Chair thanked Debbie Bozkurt for the update.

Decision: The Board formally noted the report.

Action: No actions required.

8. STRATEGIC GOVERNANCE

8.1 Corporate Values & Objectives

8.1.1 Appendix 1 – Detailed Report

Issue: *The Board was asked to consider a decision in relation to the report presented by Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson presented the Corporate Values and Objectives to the Board for consideration and approval.

The text notes a few changes, highlighted in Blue but these are long term measures.

The Chair made a few suggestions:

- Add the missions statement to the document
- C06 – add in the word “diverse” to the statement to read “hard to reach diverse groups”
- C08 – add in the term “support the well-being of staff”

Mr. Jamieson noted that he would make the adjustments as noted.

Jocelyn McConnachie, enquired what actions will be taken to implement the values and objectives in everyday business.

Gordon Jamieson advised that the information will be circulated widely via staff bulletin, on the intranet, take through the Area Partnership Forum.

The information can be added into the open staff meetings with the Chief Executive can also be used to push the information forward and embed into the organisation.

It was noted that the Values and Objectives are contained with the Board agenda at the end of the paper and this will be updated with the revised version. This information will also be added to all Board governance committee agenda's as well as having the objectives noted within the executive summaries.

Decision: The Board formally approved the Corporate Values & Objectives with the additions as noted.

Action: No actions required.

9. CORPORATE GOVERNANCE

9.1 HIS Announced Inspection Report - Ionising

9.1.1 Appendix 1 – Detailed HIS Report

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

Discussion: Dr. McAuley presented the announced inspection report on the radiation usage within acute settings. The review took two days, primarily assessing the Western Isles Hospital but also taking cognisance of Uist & Barra Hospital as well as the Dental Centre in Stornoway and took place in November 2021.

The review assessed the Boards policies and guidance as well as the estate and staff training and you will note some of the recommendations noted in the report which the Board needs to address.

The delay in the Board having sight of the document was due to a processing aspect as well as an oversight as the report should have been presented to the Clinical Governance Committee, which did not happen.

The Chair presumed that the led for ensuring that the recommendations and actions are addressed will be the Radiology Manager, which Dr. McAuley confirmed was the position.

The Chair enquired as to the process for undertaking clinical audits compared with audits being addressed by the Boards Internal Auditors.

Dr. McAuley advised that the department were undertaking audits, however they were not reporting this to Louie Sullivan and therefore the oversight of openness was not as transparent as it should have been.

Jocelyn McConnachie asked what reporting will be taken forward and which committees will have sight of the information.

Dr. McAuley advised that the radiology team were not aware that the report should have been presented to the Board and assumed that the report would have been presented to the Clinical Care Governance team and then it would move forward. This was an oversight and will not happen again.

Audit work being undertaken will be formally noted with Louise Sullivan's team.

Jocelyn McConnachie thanked Dr. McAuley for the response but specifically asked as to what information will come forward and by what frequency, presuming that it will be presented to the Healthcare Governance & Audit Committee and then onwards to the Board.

IR(ME)RE inspections happen as directed by HIS, so there is no specific timescale as it has been some time since the last review in part due to the pandemic.

The Chair asked for further clarification and sought assurance that the reports will be brought forward to the appropriate committees.

Dr. McAuley asked Michelle McPhail to provide assurance on the flow of information to the governance committees.

Michelle McPhail explained that the Clinical & Care Governance Committee (CCGC) is being dissolved and an alternative measure of assurance is being explored to ensure that the IJB obtains its assurance as the CCGC is a committee under the Integration Joint Board structure rather than the NHS Board.

It was noted that Michelle McPhail will ensure that the Healthcare Governance & Audit Committee will obtain future reports, in line with its remit on Clinical Governance, at its next meeting including a flowchart which explains the flow of audit reports and the monitoring of its recommendations at both department and governance level.

The Chair asked Jocelyn McConnachie, as Chair of the HG&AC, if she was content with the response and the action noted. Mrs. McConnachie agreed.

Decision: The Board formally noted the report.

Action: Audit reporting flowchart to be presented to the HG&AC

Michelle McPhail

9.2 Annual Delivery Plan 23/24 Update

9.2.1 Appendix 1 – ADP Narrative

9.2.2 Appendix 2 – ADP Submission Q3

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

Discussion: Fiona MacKenzie presented the update on the Annual Delivery Plan (ADP) as at quarter 3 including the narrative and excel spreadsheet.

The following points were highlighted:

- Referral to treatment 84.8% were seen within the 18wk treatment time guarantee. Before the pandemic the organisation achieved 100%
- Outpatients notes that 80.1% were seen within the timeframe of 12 weeks
- Recovery from the pandemic is moving forward and collaborating with the centre for sustainability delivery.
- Awaiting confirmation on the Scottish Government allocation for planned care before any further plans can be confirmed.
- On track to achieve our overall objectives as noted at the beginning of the year.

Prof Smith noted that the work with referral to treatment times is very good. With reference to the those patients who are classed as unfit for surgery are referred on to which ever appropriate healthcare service to support their recovery to enable surgery to happen. Ms. MacKenzie agreed that this was the process.

In relation to the increase throughput of theatre, Ms. MacKenzie indicated that the Arthroplasty Practitioner and rescheduling has enable two consecutive days of arthroplasties being completed which in turn reduces the number of stays from 7 days to 2 days which is beneficial to everyone. The knock on effect of increasing the number patients treated is the cost on consumables has increased.

Prof. Smith noted that the information was helpful, but in relation to clarity when stating that improvements are being made that you state this in the narrative.

Sheena Wright noted the information was very helpful in obtaining overall understanding however she wished to obtain further information in relation to the Nurse Endoscopist and cystoscopy post which is on hold due to funding, and enquired what is being done in the short term.

Ms. MacKenzie noted that the Scottish Government indicated that they would support the allocation for waiting times and the £300k gap. The led nurse for acute services has been working on the role of Endoscopist and Cystoscopy Nurse to ascertain what can be done to support the service delivery from within the staff available. Discussions are ongoing with colleagues in another NHS Board who has extensive experience, noted that our cystoscopy Nurse would not have sufficient work to maintain their knowledge level.

The Chair reflected on the discussion raised by Prof. Smith in relation to the additional information, which was also raised within the Healthcare Governance & Audit Committee discussion.

The Chair thanked Fiona MacKenzie and her team for their hard work in supporting the delivery of services to our patients as quickly as possible.

Decision: The Board formally noted the reports.
Action: No actions required.

9.3 No item for discussion

Item 9.4 to 9.7 would be taken together.

9.4 Resilience Group Policy Document

9.4.1 Appendix 1 – Detailed Policy

9.5 Sever Weather Checklist

9.5.1 Appendix 1 – Checklist

9.6 Patient Concern Escalation

9.6.1 Appendix 1 – Escalation Template

9.7 System Pressure Escalation

9.7.1 Appendix 1 – Detailed Plan

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

Discussion: Mr. Jamieson presented the reports to Members which demonstrates how the resilience group works and the documents put in place to support services as part of the resilience group. The reports have been presented to various groups and approved for use internally during times of emergency challenges.

We have sufficient documents in place to support the service when it comes under significant pressure.

The Chair commented on the variety of documents which are good for the Board to have sight of and be assured by the processes in place. Where do the documents go now?

Mr. Jamieson advised that some of the reports are the resilience group and would be activated by them when required e.g. sever weather checklist. The patient escalation process has been circulated wider to the St. Brendan's on Barra and the feedback was it was helpful and it came from the learning when during Christmas of 2021 there was a lack of clarity on how patients in St. Brendan's are managed and where they can turn to, to obtain help. There was no evidence that this is required for the Western Isles Hospital.

The system pressure escalation plan will be circulated to all 3 hospitals to use when required to escalate the bed pressures and cumulative actions support mitigating movement into the Black process.

The reports may be placed on the intranet for easy access but will be shared as appropriate, which includes the Scottish Government resilience colleagues. This will be used to support the diversion of patients to another NHS Board if the escalation moved into the Black status.

It was confirmed that the Health Board, under Civil Contingencies Act means that we are a category one responder and able to declare a major incident. It is not for a collective to declare a black status in conjunction with other agencies but it is for the Board to declare it, which is very clear.

Mr. Jamieson advised that the plans may change once put into place and may require further iteration.

Prof. Smith advised Mr. Jamieson that he may wish to review the second bullet point on page 4 which is incomplete and may require further expansion. Mr. Jamieson acknowledged this and would address before being circulated further.

Decision: The Board formally noted the reports.

Action: No actions required.

10. PUBLIC HEALTH

10.1 Healthcare Screening Report

10.1.1 Appendix 1 – Detailed Report

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

Discussion: Dr. Watts presented the report advising that the report has been presented to the Public Health Governance Committee. It covers non-cancer screening, pregnancy and new-born, abdominal aortic aneurysm (AAA) and diabetic eye screening. The reports are based on 3-year reports as during Covid Health Protection took over so fortunately the Health Protection nurse also cover immunisation and screening.

Pregnancy and new-born screening continued throughout Covid as they are time critical the other two programs had slight delays.

A delay was noted for AAA as people needed to come to hospital to get the scans completed, so more catch up is being done to work through that as well as the diabetic eye screening which is performed by an external contractor.

Diabetic eye screening has continued to be delivered and the Board has been able to achieve the national target of 80%.

Julia Higginbottom indicated within the Executive Summary if there was a note in the sustainability and climate section reflection on links of service delivery to sustainability. Dr. Watts noted the link with patients need to travel and therefore this should have been noted.

Decision: The Board formally noted the report.

Action: No actions required.

10.2 Immunisation Report

10.2.1 Appendix 1 – Detailed Programme

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

Discussion: Dr. Watts remarked that there are 25 different diseases that we vaccinate against, and therefore it's a complex programme that we range from infancy and pregnancy all the way through to older age diseases.

The report reflects on this and notes the development of the Board being responsible for the delivery of the vaccination programme rather than via GP delivery.

The issue for the Board is that it only takes one or two children not to come forward for their vaccination for whatever reason that then impacts percentage wise when you have less than 200 births per year but more importantly it's the protection of the child against harmful and spreadable diseases.

The childhood program goes through different ages and stages and is measured at different time periods. By the time a child goes to school they should have had the six-in-one, the additional rotavirus, pneumococcal and meningitis vaccination and MMR.

Teenagers have access to HPV vaccine for both boys and girls, teenage boosters and then the flu and covid programme for adults.

The areas where there is concern relates to uptake of covid and flu vaccination across the health and social care partnership with below 50% uptake.

The Chair thanked Dr. Watts and her Team for their hard work.

Decision: The Board formally noted the report.

Action: No actions required.

10.3 Climate Emergency and Sustainability Report 21/22

10.3.1 Appendix 1 – Detailed Report

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

Discussion: Dr. Watts advised that this is the first year that the Board has had to produce a Climate Emergency and Sustainability annual report. It will be an ongoing feature to address. Lorraine Gillies has supported and led on the work required.

During 2021/22 report provides a detailed template on what and how we have addressed our compliance against the Act.

Dr. Watts welcomed any comments from Members, and thanks to Julia Higginbottom who is the Board Champion for Climate Emergency and Sustainability. Mrs. Higginbottom acknowledged the amount of work involved in understanding the implications of the Act and what it means for the Board.

Gordon Jamieson noted his thanks for everyone in Dr. Watts's team for their hard work and determination to support this very importance piece of work, and ensure that we continue to keep this front and centred.

Julia Higginbottom suggested that a more detailed presentation should be considered for a development session to obtain a greater understanding. The Chair agreed to this.

Dr. Watts advised that as part of the CPP Brian Whittington, Specialist Consultant, has agreed to provide training sessions for NHS staff. The CPP has some funding available to support the training programme and will be open to all staff via a web link on 4 different areas.

The Chair thanked Dr Watts for the ongoing support.

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

Action: **Development session on Sustainability to be scheduled**

Michelle McPhail

10.4 Outer Hebrides Local Child Poverty Action Plan 21/22

10.4.1 Appendix 1 – OHLCP Action Plan Narrative

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

Discussion: Dr. Watts acknowledged and thanked Colin Gilmour who is the representative on the Child Poverty Group and noted the multi-agency strategy which was approved in 2019. The Plan is required to report annually on progress and advises on the plan for the year ahead.

The biggest impact covid has had including furlough supported some element of people and businesses as inadvertently impacted on reduction in the number of applications for other forms of support. Businesses have had to change the way working employment capability and capacity has had to be altered.

Areas of concern noted in the report is the ward levels / areas such as Barra and Vatersay and mid Lewis. One of the biggest areas of concern is around fuel poverty which has always been an issue for the Western Isles. The level of poverty has increased with the rise in oil and electricity however if you live out with Stornoway there is no ability for gas heating and the reliance on electricity at a high unit cost is of concern.

For those living in the North of Scotland there is an additional tariff increase in the unit cost for electricity, by a penny but this is causing further decimation to those living in remote & rural areas

For the island population approximately an additional 1000 people are making a claim for additional allowance, which is about half of the national standard within Scotland. When our staff make contact with patients and clients they need to make people aware of how and where they can make additional claims.

The Chair acknowledge the level of detail in the report, as well as the grave concern of people living in poverty. It's not just the cost of electricity or gas but the cost increase on coal, which is still a primary heating source for many. The cost of coal is around £21 per bag of coal, which is not sustainable for many people.

The Chair thanked Dr. Watts for the update.

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

Action: **No actions required.**

10.5 Health Promotion Department – Strategy & Operational

10.5.1 Appendix 1 – Detailed Plan

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

Discussion: Dr. Watts acknowledge the size of the report which covers many significant areas of delivery. The focus is on the wider determinants of health because we know that being able to address some of those wider determinants are going to have the biggest impact e.g. housing, employment, access to healthy food, affordable pricing on heating.

There is also focus on public health priorities and target those around children and early years and supporting parents at the same time. Supporting good mental health by general support but not the support of those who are ill with a mental health condition.

The Board continues to support and advice on healthy eating and cooking.

The Chair thanked Dr. Watts for the comprehensive report.

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

Action: **No actions required.**

11. STAFF GOVERNANCE

11.1 Human Resources Workforce Report – December 2022

11.1.1 Detailed H.R. Report

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

Discussion: Diane MacDonald provided Members with the workforce position as at December 2022, which has been presented to the Area Partnership Forum and the Staff Governance Committee, which has enabled good discussions.

- Workforce numbers remain stable and there is an increase of 81 whole time equivalents for those under 40-44 since 2020.
- Turnover has increased by 0.69% since 2020. Historically the NHS has had a low turnover. There is a slight increase due to the pandemic and we are now at 9.53% in terms of turnover.

- Retire and return figures are noted in the report which is as a result of the Once for Scotland Policy implemented last year. Currently there are 6 applications in and one which has been completed and the others will come to fruition over the next few months.
- Sickness absence has decreased slightly in December, dropping from 6.9% to 6.06%.
- The majority of reasons for absence in December was flu, coughs and colds.
- Overall reasons for absence is noted within mental health and musculoskeletal which is a common profile not just across health or the public section but for workforce as a whole.
- Recruitment notes fewer applicants that are suitable for interview but the majority of applicants are coming from abroad and will not have the required qualifications that are required within Scotland and the wider UK.
- Promoting the benefits for working for the NHS and advertising via normal ways as well as using social media more.
- Making requests to HHP to support key worker status to find housing.

The Chair supported the responses from HHP to support their families until they make difficult decisions.

Dr. Watts noted that within recent review of applications there are significant number coming from overseas who are totally unsuitable for the post. It was suggested that within the advert if a statement could be added advising that applicants need to ensure that they are suitable to apply for the post and have the relevant qualifications.

Dr. McAuley supported the comments from Dr. Watts advising that for a recent advert for a fixed term contract of a middle grade doctor there were 70 applicants. Comments were placed in each application following review but at the end only 1 person met the criteria. The amount of time to assess each individual application and only have 1 person suitable is rather disconcerting.

Gordon Jamieson advised that in terms of recruitment and marketing the jobs, we need to think about how adverts are made, and attract people to the islands. Work is underway to support this and we may start to use Linked In and Facebook advertisement to increase the breadth of awareness of posts. There needs to be a package around job adverts.

The Chair acknowledged that having a clear recruitment strategy will help support our services.

Decision: The Board formally noted the report.

Actions: No actions required.

12. REPORT / APPROVED MINUTES FROM BOARD SUB COMMITTEES FOR NOTING

12.1 Staff Governance Committee

12.1.1 Staff Governance Committee Minute of 10.11.22

The Minute was presented for information.

Prof. Smith, Chair of the Committee, advised that the Committee met a few weeks ago and that the Members were assured of the work progressing around training and recruitment as well as the Well-Being Strategy.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

12.2 Area Clinical Forum

12.2.1 Area Clinical Forum Minute of 25.10.22

The Minute was presented for information.

Dr. Rigby, Chair of the Forum, advised that similar issues have been discussed around recruitment and retention particularly focussing on the surgical department and mental health where there have been significant difficulties in recruitment.

No questions were raised.

Decision: The Board formally noted the report.

Action: No actions required.

12.3 Area Partnership Forum

12.3.1 Area Partnership Forum Minute of 02.11.22

The Minute is presented for information.

No questions raised.

Decision: The Board formally noted the report.

Action: No actions required.

12.4 Health & Safety Committee

12.4.1 Health & Safety Committee Minute of 16.06.22

The Minute is presented for information.

No questions raised.

Decision: The Board formally noted the report.

Action: No actions required

13. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		Some late papers but did not impede on the ability to read them within time
Was there sufficient time allocated to all agenda items?	✓		
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		The summaries could have had more detailed to support the issues.
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Did you consider that the Board discharged its duty in respect of • Proper scrutiny • Relevant questioning • Constructive challenging	✓ ✓ ✓		

14. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 29 March 2023

The Chair thanked everyone for their contribution to the discussion and brought the meeting to a close at 12:45pm.

END

BOARD DRAFT