

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING
29 MARCH 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	Annetta Smith	Non-Executive Director
Gordon Jamieson	Chief Executive	Paul Steele	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.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Dave Rigby Chair of ACF / Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the following:

- ❖ **Population Health and Wellbeing** ~ The Chair advised that she is part of the National Chairs group assessing Population Health and Wellbeing. The Chair advised that the Board will be establishing a Governance Committee to address the Population Health and Wellbeing. The Chair noted that the Board is required to focus on the local population's health needs which will produce the Boards Strategic priorities, which will be presented in due course. The Chair advised members of the two reports recently published:
 1. Scottish Government ~ Scottish Burden of Disease
 2. Health Foundation ~ Leave No-one Behind (relating to inequalities in health)

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 22.02.23 - DA

Board Members approved the Minutes of the meeting held on 22 February 2023 as a correct note of the discussion.

Decision: The Board formally approved the Minute of the meeting of 22 February 2023.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters arising were raised.

5.3 Action Points

26.10.22 – 7.3 Performance Monitoring Report Q1 22/23 ~ provide detailed report for the rationale of outpatient DNA's including what support mechanism could be implemented to reduce the level of DNAs ~ Fiona MacKenzie indicated that work is ongoing to reduce the number of DNAs, however the level of activity is relatively small which then makes the level of DNAs seem higher.

Action ~ Ms. MacKenzie will provide an update at the May 2023 meeting.

UPDATE

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 he has drawn together an options paper for mental health services which needs to be assessed. A positive conversations has been had with Scottish Government around a Memorandum of Understanding (MOU) with a mainland Board, Dr. Watts and he attended.

A discussion with NHS Shetland about an obligate network initially relating to psychiatry services but has the potential to expand to psychology CAMHs which would add further resilience to the services provided.

The Chair thanked Mr. Fayers for the update, noting her understanding that Directors are looking at other options which could be utilised to avoid the default position of using locums.

UPDATE

30.11.22 – 8.3 Winter Planning Checklist – Updated checklist to be presented ~ Fiona MacKenzie noted that this was transferred into the Winter Plan. All elements of the checklist, which was a requirement and established by the Scottish Government have been met. The Resilience Team are overseeing the Winter Plan.

Action ~ Ms. MacKenzie noted that an update can be provided in May 2023.

UPDATE

22.02.23 – 6.3 Draft Budget 23/24 Draft ~ the draft version of the Annual Budget for 23/24. This item is on the agenda for discussion 29.03.23.

REMOVE

22.02.23 – 7.1 Corporate Risk Register ~ a review of the risk register will be held by the Board annually. Michelle McPhail to schedule this into the board's development session.

UPDATE

22.02.23 – 9.1 IR(ME)R Report ~ present the reporting flowchart to the HG&AC. Michelle McPhail advised that it will be presented in May 2023.

UPDATE

22.02.23 – 10.3 Climate Emergency & Sustainability Report 21/22 ~ establish a development session on Sustainability for the full board. Planned to be scheduled for a development session in 2023.

UPDATE

Decision: The Board formally noted the updates.

Action: No action required.

6. INNOVATION AND DEVELOPMENT

6.1 Hospital at Home

Issue: *The Board was presented with a power point presentation from Gail Black, Senior Co-ordinator for Hospital at Home service.*

Discussion: Gail Black presented her presentation on the Hospital at Home, advising Board Members of the service, noting the following points:

- Nurse Led Team ~ Service co-ordinator plus 2 Band 6 nurses and 2 healthcare support workers.
- Hospital at Home ~ The Board has established a unique Island model compared with other Boards throughout Scotland with the implementation based on the Healthcare Improvement Scotland report in January 2020 supporting the frail elderly aged 65 +.
- Patient Numbers and Bed Days ~ Hospital at Home has potentially saved 110 bed days per month from the main system.
- Outpatient Parenteral Antibiotic Therapy ~ developing the IV antibiotic therapy and delivering this within their own home.
- Colon Capsule Endoscopy Service – A first for Scotland
 - Direct GP Referral to the service
 - Remote Delivery
- Results of the Colon Capsule
- Next Steps
 - Healthcare Improvement Service Pilot
 - Respiratory Pathway
 - Expansion of the service throughout the islands
- Single Virtual Ward

The Chair expressed her thanks noting the level of inspiration at what nurses can achieve which supports patients and their relatives.

Members discussed the following points:

- Expansion of the Team was noted with Ms. Black advising that it is the intention that Uist & Barra will have their own Team comprising of multi skilled staff and located locally but centrally co-ordinated by Stornoway.
- Development of an Integrated Service Model is being explored to deliver, in the Southern Isles, a comprehensive urgent and unscheduled care service. A number of nurses in the Southern Isles have, or are working towards, Advanced Nurse Practitioner status and they will work alongside the Community Nursing service.
- Local knowledge on the development of the Hospital at Home service is being shared with other NHS Boards, specifically noting that colleagues from Skye visited Stornoway to understand how the service can and is being delivered locally.
- The development of the service was never bound by convention but allowed to be developed to meet the local needs in a very innovative way and going beyond the normal boundaries of what a Hospital at Home service is. The delivery is a success and attributed to the flexibility of the team.
- Aligning a GP with special interests into the service delivery will support the expansion of the service further, e.g. home management of respiratory conditions/

The Chair expressed her thanks, and the full Boards thanks, to all involved in the Hospital at Home service.

Decision: The Board formally noted the presentation.

Action: No actions required.

7. FINANCIAL PERFORMANCE

7.1 Financial Performance Narrative Report – Month 10 ~ January 2023

7.1.1 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 January 2023 the Board is showing an in-year overspend of £292k, down from the reported position in Dec'22 of £376k.
- At the year-end the Board is projecting an overspend of £229k, down from the reported position in Dec'22 of an overspend of £287k.
- A level of savings has been achieved through vacancies. However the negative impact of this is due to the Boards inability to appoint to posts as a result of national shortage of professionals and local void of available workforce.

- The Month 11 position has been reported to the Scottish Government advising of a breakeven position for the projected year-end. However there is a level of risk to break-even position, where NHS Boards have still to invoice the Board for the treatment of our residents from unscheduled activity.
- The allocation letter relating to the pay award and the medicine fund has been received and this enabled, with a level of assurance, to note a breakeven position.
- Budget pressures continue in the same areas as previously noted:
 - Increased overspending within the Medical budget due to agency costs, which is also noted within laboratory and radiology.
 - Do not have the need for agency nursing apart from some specialised nursing services and the majority of usage is via the local bank nursing.

The Chair thanked Debbie Bozkurt for the report, acknowledging the continued level of “grip & control” in place across all budgets.

The Chair enquired if additional invoices were to materialise at the end of the fiscal year, how would this impact on the break-even position.

Ms. Bozkurt advised that any increase in this financial year would require the use of reserves which would impact on the available 23/24 financial budget.

Board members enquired as to an update on what is being done to mitigate the continued overspend on psychiatry consultants, which is currently positioned at an overspend of £637k by the year-end.

Nick Fayers advised that an option paper is currently being developed, and alongside this discussions with NHS Orkney and NHS Shetland to establish an obligate network. This will come to the Board in due course.

Jocelyn McConnachie wished to express her thanks to the Directors, recognising the effort required to get to a break-even position.

The Chief Executive, recognised the achievement made by Ms. Bozkurt in being able to advise the Board on the financial break-even position, subject to the auditing of the Annual Accounts. This is in light of the overall financial cost pressures which are unprecedented in a number of areas.

Members of the Board were told that the nationally, there is no possibility of locum consultants costs reducing in 23/24. The lack of available specialist consultants, specialist nurse and professionals, given the national reduced workforce, will continue to be a significant risk to the Board in the coming years and will impact on service sustainability. Future consideration will be made to new models of care to ensure that services can be delivered as locally as possible, for example currently reviewing the model of care for Mental Health and laboratory services.

The Chief Executive suggested that the Board established a closed session for Board members to consider the future delivery of specific services, specifically relating to cost pressures; how a service is being delivered and what different models would work, the cost implications, employment and contracts and service delivery.

Debbie Bozkurt, reflecting on the discussion, proposed to bring to the Board in June the Financial Recovery Plan, which should provide a further level of understanding. This action will also support the discussion on the Board Budget for 23/24.

The Chair and Members expressed their thanks to Debbie Bozkurt for the report, its clarity and the level of work required to put forward a break-even position, is a substantial piece of work for her and her team.

The Chair wished to extend her thanks to all Executive Directors and their teams for their continued vigilance which has enabled the Board to continue to deliver a high quality of care within limited resources.

Decision: The Board formally noted the report.

Action: Board development session – cost pressure. Within the next few months.
Financial Efficiency Plan present in June 23.

Debbie Bozkurt

7.2 NHS Western Isles Board Budget 2023/24 - Draft

7.2.1 Appendix 1 – Detailed narrative

Issue: *The Board was asked to review and approve the budgets for 2023/24 presented by Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: Debbie Bozkurt, advised that the information contained within the related report has been submitted to the Scottish Government and explained the following points:

- The high-level budget situation including gross and net budgets, denotes overspend in 23/24 as £968k, and projecting further increases year-on-year to £1,705k by the end of 24/25 and increasing further to £2,081k at the end of 25/26.
- The £968k overspend equates to less than 1% of the Boards revenue allocation which is acceptable within the Scottish Government tolerance levels.
- The savings chart identifies a level of vacancy savings above the 2% level, £1,500k, which is a result of the Board inability to attract and appoint to positions, in part, due to reducing population.
- Detailed scrutiny of individual budgets control is being undertaken utilising grip & control measures. This process normally starts at Month 7, however the process starts at the end of month 1 and this detailed review, albeit timely, will continue and the in-depth review will not change. This is a significant accounting process which the finance staff are undertaking.
- Non-pay uplift is approximately £1m, equates to 2-3% being built into our budgets. This uplift does not include demographic changes or high cost drugs, however inflation on non-pay items is currently 15% and above. Electricity is up by 30% and food is sitting at around 20%+ increase on some food items.
- It was noted that there is no agency costs generally built into the budget but budgets for substantive posts do include some agency costs for holiday cover etc. In general the Board does not build in agency cover costs.

Ms. Bozkurt asked Board members to consider the report and following deliberation to approve the budget for 23/24 onwards. Work will continue to reduce the position, bringing it to a break-even position.

To support this Ms. Bozkurt will produce a Financial Recovery Plan on top of the identified savings and will present it to the Board.

Ms. Bozkurt reiterated the level of unidentified savings is normal at this point in the year but she will be seeking to identify other potential areas of savings e.g. additional resources available from the Scottish Government, areas of income, other procurement items with a lower cost value but still providing the same level of functionality.

Members reviewed the capital budget noting the pressure associated with the essential replacement of the water tanks within the Western Isles Hospital. Discussion with the Scottish Government Capital Group continues and there is a need to confirm the full replacement costs.

The Chair thanked Debbie Bozkurt for the report acknowledging the level of pressure that she and her team have been under to bring the budget to a break-even position.

Jocelyn McConnachie noted, during the briefing, that a level of assurance was provided in relation to testing the strength of the assumptions and the need for the Board to review and consider the financial expenditure over the coming months. Mrs. McConnachie acknowledged the level of work being completed, not just in addressing the coming year but the projected financial position in the next 2 – 3 years, and considering the medium to longer term financial arc of sustained pressure. Short term issues we can address but the medium to longer term will be very challenging and of great concern.

Ms. Bozkurt advised that obtaining a 3 year plan is very difficult to achieve with any real validity. Other areas which will impact on the Board in the coming years, but with no certainty in the level is the National Care Service and the uncertainty as to how the NHS will work alongside this and interact within the social care service.

Ms. Bozkurt wished to advise on another potential risk, which is not noted in the report, is the withdrawal of Covid allocation in general, but the Scottish Government will continue to support in part, but not meeting the full cost of covid test & protect, the vaccination programme. The Personal Protection Equipment will continue to be provided by the central hub.

Annetta Smith expressed her thanks to Ms. Bozkurt in providing a report which is very clear and simple to understand. It was apparent from the report that the pressure in the ability to predict changes is linked to the Scottish Governments inability to advice of secured allocations in sufficient time forward plan.

Ms. Bozkurt advised that the Scottish Government have advised that allocations will be submitted earlier to support planning in 23/24. She reminded colleagues that the Scottish Government have to identify a 6.5% pay award within their portfolio which means that further financial movement will happened again this year.

The Chair reflected on the report and the comment within it relating to the potential need to move revenue to capital to support the water tanks and asked when Scottish Government will advise on our capital request.

Ms. Bozkurt advised that every year historically we have been able to obtain additional capital allocation from the Scottish Government Capital Investment Group. The financial position this year means that the capital funding is under great pressure and there is no guarantee that we will obtain additional funding. There is revenue pressure to continue to purchase the water filters which need to be replaced periodically, fitted to taps and showers, while we await the outcome from the Scottish Government.

The Chief Executive, Gordon Jamieson, reflected on the discussion around Covid and noted that the next covid vaccination programme is about to start, covid has not gone away and is still pertinent in the community and the covid ward in the Western Isles Hospital was at capacity recently. It was iterated that the covid ward needs to run, it's not part of the Boards core function and is not budgeted for. However the ward is equipped to meet the required level of care of patient with the disease and the care needed to support our staff.

All of the costs associate with the precautions, cleaning, drugs etc. needs to be funded and this is a real cost pressure for the Board. Mr. Jamieson acknowledge the thanks for the funding to support the vaccination programme from the Scottish Government, however other aspects of covid are not funded and NHS Boards cannot decide not to support this level of essential care and public health protection.

The Chair reflected on the discussion and confirmed the following points:

- The board will obtain a financial recovery plan by June and will have a closed session to discuss this.
- The full Board was agreeable to approve the draft budget for 23/24.

Decision: The Board formally approved the draft budget.

Action: Financial Recovery Plan to be presented in June and discussed in a closed session.

Board Members took a 10 minute refreshment break from 11:20-11:30.

8. PERFORMANCE

8.1 Corporate Risk Register – March 2023

8.1.1 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. It was noted that previously some Member raised concern relating to the dates noted within the risks and this will be reviewed at the next opportunity of a detailed review.

Debbie Bozkurt wished to advise members that the risk on the register relating to finance pertains to 22/23 and is scoring 20. The next review will be the position for 23/24 and it will again initially remain as red with a scoring of 20. There is a continued risk that the Board will not achieve financial balance.

Board Members enquired when Ms. MacKenzie would have completion delivery dates for the register. It was noted that delivery is linked to the Boards ENRAC allocation, which need to be confirmed by the Scottish Government, as delivery is directly linked to additional allocation.

The risk relating to 047CRR ~ system pressure and winter 2022/23, has noted in the descriptor column noted Brexit as a hazard. Colleagues asked if this is related to the inability to attract European workers or was this no longer relevant, which Mr. Jamieson agreed and he would review.

In relation to the impact of Brexit and European workers, Diane MacDonald advised that the Board has a variety of visa options available to them for securing healthcare workers, not just from Europe but also wider a field.

In discussing Brexit, Dr. McAuley advised that the effect is not just on staffing but cross border impact e.g. supply of drugs and goods such as diagnostic equipment, availability of products and the quantity as well as logistics for delivery.

The Chair reiterated that the review dates on the register continue to be post-dates but no narrative update. She enquired, where the review date has passed, what level of assurance can this provide Board members as to when and how the risk has been reviewed, what were the outcomes and how does this support the overall mitigation of a risk.

The Chair drew colleagues' attention to the register and specifically risk 040CRR about GP OOH with a review date of 16.02.23, referring to the plan not working and the gaps in the controls. This raises the need to have detail as to the review and the outcome specifically noted on the register. In previous executive summary there was a detailed update on risk reviewed, however this report is rather light on detail in providing assurance as to the registers position.

The Chair thoughtfully noted that the register was just established in September 2022, and that the format of the register is still in trial mode, however the format will change to ensure that all aspects of detail and assurance can be provided from the dynamic review of the individual risks. It was noted that the register is not a static document and will continually be reviewed and updated to progress each risk to a point of mitigation, although Members fully understood that not all risks can be mitigated however it's the controls that support risk from coming to full fruition.

The Chair raised the concern about the laboratory risk and the link to the financial issues noted in the Month 10 report. It was suggested that perhaps a risk should be added to the register for those services where appointing appropriately trained staff to specific services should be raised.

Diane MacDonald agreed that the Board has a workforce risk, however it's about how this articulated, should risk be for all workforce or is a risk raised dependent on the service under pressure.

Gordon Jamieson noted that the issue of workforce is linked to population decline in the Western Isles and is the single biggest risk to the delivery of services. On top of the local issue is the national issue within the NHS in the void of available professionals.

The Corporate Management Team should be presented with the risk on workforce to be assessed before presenting to the Board for consideration.

The Chief Executive considered the earlier point on the review date noted on the register and the date the risk is reviewed along with its update or finding. This level of detail will provide greater clarity and assurance that risks are reviewed and the amendments or comment as to what the review identified. Board Members agreed to this amendment being made in the next review and presentation of the register.

Board Members agreed to this update.

Dr. McAuley, considering the discussion on workforce risk, noted his review of this which predicates on what is the impact to the patient. As with do we concentrate on employing 3 biomedical scientists or does the Board concentrate on what the level of risk is to the user of the lab service. It was noted that if the concentration is on filling posts, we lose sight of the risk of this on the patient.

The Chair clarified that the Board would never lose sight of the impact of anything on patient care. The wider issues is for the Corporate Management Team to consider the risks to the organisation and for them to bring the risks forward to the Board for consideration and review.

The Chair asked that the risk scoring matrix is added to the Corporate Risk Register and presented on each occasion. The scoring structure should also be added to articulate the likelihood verses impact so that Members fully understand how the score was achieved.

The Chair thanked Fiona MacKenzie for the report, as well as colleagues for the in-depth review.

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

Action: Additional columns to be added to the register template to capture the date a review was undertaken and the findings of the review along with what actions have been taken as a result. Gordon Jamieson / Fiona MacKenzie

Inclusion of the risk matrix at all times and the division of the risk score in likelihood v impact. Fiona MacKenzie

Workforce risk to be established and presented to the Corporate Management Team for review and consideration. Diane MacDonald

8.2 Performance Monitoring Report Q3 22/23

8.2.1 Appendix 1 Monitoring Report

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 drew colleagues' attention to the report noting that it's self-explanatory and would take any questions, however she noted the following points:

- Waiting times, TTG or inpatient access are not at pre-pandemic level
- Arthroplasty is above pre-pandemic levels and progressing
- Due to a Covid outbreak, a number of elective admissions were rescheduled

Annetta Smith commented that the report presentation is robust and transparent. Delving further into the report she asked for further detail in relation to the correlation between cancer delays and the reliance being placed on external Boards who support cancer testing or oncology services.

Ms. MacKenzie advised that the Cancer Steering Group, specifically the Cancer Trackers are escalating any delays with the appropriate NHS Board concerned, to ensure patients are seen as quickly as possible.

It was noted that there is no correlation between the numbers of DNAs (Did Not Attends) and urgent suspicion of cancer. Patients are advised of a suspicion and the need to get an early as possible diagnosis to ensure treatment is effective, which in the majority of cases patient want to obtain as early as possible.

Annetta Smith asked for more detail on alcohol brief intervention (ABIs) and the performance against early diagnosis of dementia / one year post diagnostic support, given the relatively poor level of performance.

Dr. Watts advised that the Scottish Government have accepted the return to ABI has been very challenging because patients are not coming through the areas of focus. The areas are A&E, Obstetrics and GP Practices, these are the principle focus areas, however there is limited actions that can be done while services are normalised. Scottish Government are currently assessing the service delivery and how this can be better supported post pandemic.

Ms. MacKenzie noted that the dementia consultant is working closely with the mental health teams who provide the post diagnostic support. Funding available from Scottish Government has reduced which has and will impact on the Board ability to deliver the service.

Prof. Smith enquired about how the numbers on post diagnostic is arisen at. Dr. Watts advised that it is based on an estimate of population prevalence.

Mrs. McConnachie, in reviewing the section on improvement plan in the report asked that where there is no improvement plan submitted if more information could be provided as to why there is no plan or what the plan is assessing.

Ms. MacKenzie advised that she would put this forward to the Health Intelligence Team.

Mrs. McConnachie recalled from previous discussions that there had been national indication that the targets may change and enquired if there was any update.

Dr. Watts advised that the Scottish Government are currently assessing the national performance targets. Whilst there is still uncertainty in some areas of service delivery, while Scottish Government directorates assess the direction of travel, NHS Boards have to wait to be informed.

The Chair reflected on some elements of the data which relate to performance in 2021, noting that this is due to the way Scottish Government take a 3 year rolling average on some aspects of performance, however this makes it more challenging to assess performance overall.

The Chair noted the work in relation to DNA's (Did Not Attend) but enquired if information relating to CNA's (Could Not Attend) could be incorporated into the reports taking account of the impact on service delivery from the HAI strike action.

Ms. MacKenzie indicated that she would look at this and consider the value of assessing this aspect of date. It was noted at the point of being advised of the HIA strike there was an estimated impact on visiting services resulting in 500-600 patients being affected, however this was reduced and 170 people were affected. Those affected were not requiring urgent review or investigation and they will be placed back onto the waiting list but not at the end of the list but appropriately positioned. Staff were proactive in ensuring, where possible, the impact of the strike did not affect too many people waiting to be seen. This work resulted in a reduced impact on approximately 430 patients.

Ms. Bozkurt expanded on the impact of the strike for patient. It was noted that due to the HIA strikes, patient who had an appointment and had their flight booked were transferred to travel by ferry. Where appropriate patients were provided with taxi service from Ullapool to Raigmore Hospital, which did increase the overall costs of the travel but ensured that patients received suitable transportation in support of their frailty or condition.

Where patients were so frail but needed to travel for cancer treatment, they were transported with the support of air ambulance.

Additional costs were incurred in the rearrangement of consultant appointments and a report noting the impact financially will be made to Scottish Government. It was noted that the PSO (Public Service Obligation), which is aimed at routes which are unprofitable but essential in remote and rural areas, this is applicable to the Benbecula to Stornoway route and this is out to tender. However there is no guarantee that the flight scheduling will improve or schedules may be decreased and the Board needs to await the outcome.

Ms. MacKenzie noted that in relation to the changes to the flight scheduling to and from the islands, there is a need to reassess the appropriateness of the current Service Level Agreements, especially NHS Highland, to ensure visiting consultants travel is not being extended further due to changes in flight scheduling.

The Chair expressed her thanks to Ms. MacKenzie and all the staff for the hard work to support residents in the recent strike action, as well as all their efforts in ensuring that patients obtain the necessary support.

Decision: The Board formally noted the report as assurance.

Action: Additional detail required in the Improvement Plan section of future reports when a “no” response is made. Raise with Health Intelligence Team. Fiona MacKenzie

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report – January 2023

9.1.1 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 January 2023, which was presented to the Area Partnership Forum and the Staff Governance Committee, which has enabled good discussions. The following points from the report were highlighted:

- 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 more younger people into the workforce than in previous years.
- A number of apprenticeships opportunities are available and programme of newly qualified nurses. In relation to qualified nurses, the Board being the only territorial Board in Scotland who are not currently reliant on international nurse recruitment.
- Refreshed the Work Experience Policy and working with Education Department and NES Youth Academy to attract more interest from school children to show them what opportunities are available within the NHS and have a career in the care service.
- An NHS Scotland Retire & Return policy has been agreed, which provides greater options for staff returning to work following retirement. All staff have been informed of this policy and a briefing session has been delivered for managers to explain how it should be implemented. There is one employee who has retired and returned to work. There were 9 applications in total for retire & return between August and January with 7 due to take place over the coming months.
- Sickness absence continues through the winter at between 6% and 7%.
- There are signs of winter illness affecting absence with cold, cough, flu rising from 69 days in August to 459 days in January and now the joint most common reason for absence. In February the level of absence did drop slightly but expected to rise come the March report due to the increase in covid and other winter pressures. Anxiety, stress and depression remains as one of the greatest reason for absence, which is not unusual reason within any workplace. The level of anxiety within the Health & Social Care this is a key focus for the Well-being Group.
- Human Resources continues to investigate the reporting functionality in Job Train to produce meaningful information. General intelligence on recruitment is:
 - Receiving fewer applications that are suitable for interview.
 - Receiving higher numbers of applications from overseas, many of which appear speculative to the whole of the NHS and where applicants do not have the necessary qualifications or registrations.

- The Board has been successful in the Recruitment and Retention premia for catering. Still working on the retention premia for podiatry.

Julia Higginbottom enquired if there was further detail in relation to the sickness absence with a reason as mental health and stress which seems to be slightly high.

Diane MacDonald advised that the number of people affected is relatively low, however due to the nature of the sickness over time is higher in the number of days. The rationale for this is personal pressure, bereavement, some are work related pressure with some people going through processes which may cause stress. There is not one aspect or trend that is a cause of being off work.

The Chair thanked Diane MacDonald for the report.

Decision: The Board formally noted the report.

Actions: No actions required.

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

There were no approved minutes available for presentation.

AOBC

The Chair advised Board Members that the Chief Executive wished to update Members on the following points, noting:

- HIAL ~
 - This has been discussed during the meeting, in relation to the strike as well as the appointment of PSO supplier. The 5 week suspension period for HIA is being addressed and there are inconvenience, disruption and long days for patient's which the Board would rather avoid. Staff have once again risen the issue and tried to support patient through this unavoidable issue.
- An Cotan ~
 - The Board is currently assessing the financial position of the nursery, the resources required to function, staffing and income and expenditure costs.
 - A further meeting is scheduled to take place.
 - Options will be presented to the Board in due course.

The Chair thanked Mr. Jamieson for the update and noted that further updates will be presented in due course.

11. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		The minute was presented late.
Was there sufficient time allocated to all agenda items?	✓		
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		The CRR summary paper could have been expanded further.
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	✓ ✓ ✓		

The Chair noted to colleagues that this was the last meeting for Abdul Elghedafi, as his term comes to an end. She expressed her thanks for his contribution to the Board over the previous 2 years, noting his constructive questioning and constructive challenges. The start of his appointment was at a very difficult time for the NHS and the considered level of work throughout the pandemic.

Board Members noted their thanks and wished him well in his future endeavours.

Mr. Elghedafi commented that it has been his privilege to sit on the Board to see the good work that it provides to its residents and the staff.

12. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 31 May 2024

The Chair thanked everyone for their contribution to the discussion and brought the meeting to a close at 12:35pm.

END