

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
31 MAY 2023
HELD AT 10.00AM
VIA MICROSOFT TEAMS



Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Jocelyn McConnachie	Non-Executive Director
Julia Higginbottom	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Gordon Jamieson	Chief Executive	Paul Steele	Non-Executive Director
Karen France MacLeod	Chair of ACF / Non-Executive Director	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
Janette Murray	Senior Emergency Nurse Practitioner, Emergency Department

1. WELCOME

The Chair, welcomed everyone to the meeting, specifically welcoming Karen France MacLeod, who is the newly appointed Non-Executive Director / Chair of the Area Clinical Forum.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer
Annetta Smith	Non-Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair advised that there was no formal update.

Decision: -

Action: -

4. DECLARATION OF INTEREST

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

5. MINUTES

5.1 Minute of 29.03.23 - DA

Board Members approved the Minutes of the meeting held on 29 March 2023 as a correct note of the discussion.

Decision: The Board formally approved the Minute of the meeting of 29 March 2023.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters arising were raised.

5.3 Action Points

The Chair advised Members that the actions points had been reviewed and updated appropriately. A number of actions were noted as complete and to be removed:

- 22.2.23 – 9.1 IR(ME)RE Report – establish an audit flowchart and present to the HG&AC at the next meeting. This was completed by Michelle McPhail and presented. COMPLETED / REMOVE.
- 29.03.23 – 7.1 Financial Performance Report M10 – hold a development session to discuss cost pressures in detail. COMPLETE / REMOVE
- 29.03.23 – 8.1 Corporate Risk Register March 23 – Additional columns to be added to the register template to capture the date a review was undertaken and the findings. Revised template is on the 31.05.23 agenda. REMOVE.
- 29.03.23 – 8.1 Corporate Risk Register March 23 – Inclusion of the risk matrix in all presentation of reports. COMPLETE / REMOVE
- 29.03.23 – 8.1 Corporate Risk Register March 23 – Senior Managers to assess the risk on workforce. COMPLETE / REMOVE

Decision: The Board formally noted the updates.

Action: No action required.

6. INNOVATION AND DEVELOPMENT

6.1 Acute Assessment Unit

Issue: *The Board was presented with a power point presentation from Janette Murray, Senior Charge Nurse / Emergency Nurse Practitioner, Emergency Department.*

Discussion: The Chair advised Members that as part of showcasing the good work on innovation, regular items will be presented to the meetings. The Chair introduced Janette Murray who will update Members on the work undertaken to establish the Acute Assessment Unit (AAU).

Janette Murray presented the power point presentation on Acute Assessment Unit, which is a sub department of the Emergency Department (ED) located within the Western Isles Hospital. The following points were noted:

- Background ~ The AAU started its review in March 2022, noting some of the issues at that point in time – Medical Assessment Unit (MAU) closed due to pandemic pressures / increased patient waiting times / capacity pressure in ED / poor patient journey.
- Pathway ~ the amount of work going through the Emergency Department came from referrals from NHS24, Direct Referrals, GP referrals, Emergencies and walk-ins.
- In June 2022, consideration was made to support a change in how the service was delivered consideration being made towards an Acute Assessment Unit, opened from 8am until 9pm resulting in no overnight stays and was initially trialed on Mondays and Fridays.

The Chief Executive advised that the principle of the service not being available overnight means that there is no bottleneck in the system, patients are treated and transferred appropriately. If they still require support but their own home is noted as the best location additional support could be provided by a number of different services – Hospital at Home or Urgent and Unscheduled Care Teams.

- A level of data was gathered to evidence the work of the AAU, noting attendance, GP referrals. The level of activity in the wards also reduced because of the co-ordinated approach the AAU had taken. Further assessment of the AAU in line with the activity throughout the hospital was made, resulting in a small shift of staff to be relocated to the Emergency Department to support the additional activity.
- Further development of the “front door” service was made in line with the support of senior managers, including discussions with Scottish Government as well as establishing a collaboration between the AAU, Hospital at Home and the Urgent and Unscheduled Care teams, all working together to achieve the same goal, a positive experience for the patient.
- The change in the service did not require any additional financial support, however by assessing all the resources available to the Hospital, aligning that with the AAU changes and its positive impact, patients reaped the benefit.
- The next phase of development will take into consideration ED redesign, all staff training and development, relocation of NHS24 and appoint additional staff to the department.

Members thanked Janette Murray and all her staff for the hard and innovated transformation of the service. In relation to recruitment, it was noted that historically the Emergency Department provides such a varied skills knowledge that staff are eager to join the team and obtain personal development in so many different fields of treatment.

The Chief Executive acknowledge the work of every member of the Team and made a personal thank you to Janette Murray in taking the initiative forward and developing a service with her professional colleague in delivering a seamless pathway flow for patient experience.

The Chair commended Janette for her leadership and inspiration as well as to all the Team involved that has made the AAU a great success. The Chair advised that the work of the AAU has been raised as a showcase of good innovation and team work with the Cabinet Secretary, Mr. Michael Matheson, as well as with Mr. John Burns, Scottish Government Chief Operating Officer and Prof. Jason Leach, Scottish Government National Clinical Director. All of this meets the Scottish Government National Priorities.

Decision: The Board formally noted the presentation.

Action: No actions required.

7. FINANCIAL PERFORMANCE

7.1 Financial Performance update

Issue: *The Board was asked to note the verbal update provided by Ms. Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: Debbie Bozkurt provided Board Members with a verbal update, advising that the external Auditors are in the middle of reviewing the Boards Annual Accounts. It was noted that the Director of Finance is advising of a small underspend at the year end, which will be at least the 15th year of the Board achieving a break even position. This is achieved against a backdrop of worsening workforce demographics, very high inflation and increasing need of health issues associated with an increasing elderly population.

Ms. Bozkurt advised that the achievement was made with no additional support from Scottish Government in relation to brokerage and a significant level of hard work by Directors, Senior Managers and Staff.

It was noted as a result of the financial pressures, the Board has had to look at innovative ways of working in delivery of services, as demonstrated in the presentation on the Acute Assessment Unit, which was initially delivered by aligning resources to meet the development need and the positive outcome for patients.

Noted in the briefing was the financial cost pressures associated with for the monthly replacement of legionella tap filters, which need to continue to be replaced until such time that the water tanks are replaced within the WIH but at a cost pressure of over £250k.

Ms. Bozkurt expressed the challenges set before the Board as they move into 2023/24, facing increasing demographic population decrease, increase in health need, and inflationary increase across all areas – fuel, electricity, food, and transportation. Financial controls are being established earlier and earlier in a fiscal year to support the Boards ability to deliver a break even position.

Board Members were made aware of the financial pressure on the available capital resource allocation, specifically advising on the business case relating to the replacement of the water tanks within the Western Isles Hospital and the request for financial support being made to the Scottish Government. Until the outcome of the capital request is made all other aspects of capital projects will be put on hold.

Ms Bozkurt agreed that the Financial Recovery Plan will be presented in June 2023.

The Chair thanked Ms. Bozkurt for the verbal update, recognising the inability to produce a written paper while the external Auditors undertake the detailed review.

The Chair, and Board Members, acknowledged the level of work required by the Executive team and their teams to ensure the Board is able to deliver services and achieve financial balance. The external Auditors report will be presented in June.

Decision: The Board formally noted the verbal update.

Action: Financial Recovery Plan present in June 2023
Audited Annual Accounts to be presented in June 2023

Debbie Bozkurt
Debbie Bozkurt

8. PERFORMANCE

8.1 Corporate Risk Register – May 2023

8.1.1 Appendix A – CRR Detailed Report

Issue: *The Board was asked to note for assurance the report presented by Mr. Gordon Jamieson, Chief Executive in the absence of Ms. Fiona MacKenzie.*

Discussion: Board Members' attention was drawn to the report presented by the Chief Executive. Mr. Jamieson advised that in relation to the risk associated with financial position, and following the update by the Director of Finance the risk will remain high, however it is encouraging to see that with collective support by Executive Directors and staff, that the Board was able to achieve a financial balance in 2022/23, the 15th year in a row in providing financial balance.

Risk 004 relating to waiting times was reported, noting the significant level of work in achieving the waiting time targets, which is similar to that of the pre-pandemic waiting time position. This is part of the Scottish Government expectation. It is hoped that at the next quarterly review the risk rating may reduce. Mr. Jamieson did make Members aware of potential interruptions as a result of the necessary capital work on the decontamination unit.

Covid contingencies continue to be in place in terms of inpatient care. In relation to maintaining elective and emergency care, as presented today, and the Acute Assessment Unit development is supporting unnecessary admission.

The Chair thanked Mr. Jamieson for the presentation of the register and the associated updates. The Chair advised, for assurance that the risk register is also presented to the Board sub-committee Healthcare Governance & Audit Committee for regular scrutiny.

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

Action: **No actions required.**

8.2 Information Governance Performance Report

8.2.1 Appendix 1 Narrative Report

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

Discussion: Dr. Watts presented the report to Board Members highlighting the following points:

- The period in question is up to the end of April 2023. Overall requests have increased over the previous 4 years without any additional support.
- Subject Access Requests (SAR), regardless of the reduced number of access requests relating to vaccine related documents, the number of general requests continue to remain steady. Full year 2022 was 135, to date in 2023 43 requests have been received.
- FOI activity requests received are higher than average number of FOIs, with 2022 receiving 638, approximately 53 per month. To date until April 2023, FOI received is 281 which could result in a full year hitting 843, average per month being 70.
- Compliance with legislative timeframes are being met in the majority of cases, however there is some slippage associated with multiple and complex requests. As a result the Board will continue to be under scrutiny by the Information Commissioners Office.
- Personal Data Breaches ~ staff continue to report any suspected data breaches on Datix, noting that in 2022, 29 potential breaches occurred. In 2023 up to the end of April noted 5 incidents being reported on Datix.

The Chair acknowledged the report, picking up on the forecast of full year FOI requests that being over 800 in the full year, as well as the level of data breaches, enquiring if there was more that the Board could do to support the process.

Dr. Watts advised, in relation to FOIs, that the process of reviewing requests can be complex and require additional review depending on the response from the appointed reviewer.

The Chair thanked Dr. Watts for the report, recognised the work being addressed by a relatively small team.

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

Action: **No actions required.**

8.3 Whistleblowing Performance Quarterly Report

8.3.1 Appendix 1 – Narrative Report

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

Discussion: The Chief Executive drew Members' attention to the quarter 4 report for the period of 2022/23. There was 1 case being taken forward at Stage 3 – when the Whistleblower is dissatisfied with the conclusion of the investigation at Stage 2 and issue is forwarded to the Independent National Whistleblowing Officer.

In general the activity for Whistleblowing is low, which could be as a result of issues being raised and addresses as part of the business as usual process to a satisfactory outcome.

Sheena Wright, Whistleblowing Champion and Non-Executive Director advised that:

- the Whistleblowing report is discussed at length within the Boards Staff Governance Committee.
- The short life working group on Whistleblowing has concluded its work and all progress updates will be addressed via the Staff Governance Committee.
- Scheduled walk rounds continue to enable the Whistleblowing Champion, who reports directly to the Cabinet Secretary for Health and Wellbeing, to raise awareness of Whistleblowing with staff. It was advised that within the walk-rounds completed to date, the vast majority of staff are aware of Whistleblowing and as Whistleblowing Champion, Mrs Wright can provide “sign-posting” notification, however the Champion’s role is not to address any issues personally but to monitor the system.
- In support of ensuring that staff are fully aware of Whistleblowing, Mrs. Wright wished to acknowledge the level of communication work which has been addressed by Maggie Jamieson.
- Whistleblowing Confidential Contacts are in place across the islands.

The Chair reflected on the term of the current Whistleblowing Walk-rounds, and asked that these should be referred to as Staff Engagement Walk –rounds. The Chair also thanked Maggie Jamieson for her continued support in the communication of Whistleblowing.

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

Action: **No actions required.**

9. CORPORATE GOVERNANCE

9.1 Board Members Declaration of Interest

Issue: *The Board was asked to note for information the report presented by Gillian McCannon, Board Chair.*

Discussion: The Chair drew members' attention to the report, which is presented for awareness. The Members Declaration of Interest will be utilised as part of the Annual Accounts process. If any member has further iteration they wish to make, they should contact Michelle McPhail, Corporate Business Manager.

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

Action: **No actions required.**

The Chair asked for an agenda change, requesting that Staff Governance item is taken next. Members agreed.

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report – March 2023

10.1.1 Detailed H.R. Report

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

Discussion: Diane MacDonald provided Members with the workforce position as at March 2023, which had been presented to the Area Partnership Forum and the Staff Governance Committee, which allows an opportunity for Committee Members to obtain a detailed discussion. The following points from the report were highlighted:

- Workforce numbers remain stable with the age profile continuing to be skewed to over 40+ years. Attracting younger people into the workplace via a number of apprenticeship schemes as well as newly qualified nurses and new professions.
- NHS Scotland policy on Retire and Return has been of benefit to NHS Western Isles with 10 people with essential skills being able to return on a new contract.
- Overtime use noted in March equated to 766 hours, which is an increase on the position noted in February. This is directly linked to the high level of absences associated in catering and domestics. Vacancies remain in these departments.
- Sickness absence in March was at 5.97% and has been steady through the winter period. In assessing the collective impact of absence, sickness level and covid this has been a very tough period since the start of the pandemic.

The greatest reason for the absences in this period is anxiety, stress, depression and other psychiatric illness. The absences are not necessarily directly linked to work related issues as some aspects are as a result of personal life issues, for example a death of a relative. The position noted previously was 550 days and a slight decrease in March to 330 days.

- A significant level of interest in job vacancies are coming from international recruitment with not necessarily the correct level of qualification or registration.
- Recruitment and Retention premium has been applied to positions within catering and domestic services.
- Adverts for positions is placed on the national SHOW site, however with the support of Maggie Jamieson, the positions are being advertised on social media which has been a great success.
- Working with local schools in terms of offering work experience, with cohorts coming forward this June within Nursing and AHPs.

The Chair thanked Diane MacDonald for the report recognising the amount of work and effort addressed by the HR team in terms of recruitment and attraction strategy which has resulted in an improved position. The Chair referenced the recent advertisement for the position of GP on the Isle of Barra, which has received a very positive review with positive comments coming forward, showcasing the importance of living in a positive environment and the opportunities the position would bring. The Chair expressed her and Board Members thanks to Dr McAuley and Gordon Jamieson for their work in the positive advertisement of the GP position.

Decision: The Board formally noted the report.

Actions: No actions required.

The Chair requested Members take a comfort break from 11:20 until 11:35.

9. CORPORATE GOVERNANCE

9.2 Childcare Provision – An Cotan

9.2.1 Appendix 1 – Detailed Report

9.2.2 Appendix 2 – Survey

9.2.3 Appendix 3 – Risks

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

Discussion: Gordon Jamieson presented the report to Board Members, advising of the significant impact the closure of An Cotan Childcare Nursery provision would have on NHS Western Isles staff retention. The strategic risk for the Board is related to its ability to recruitment and retain staff, which in turn will potentially affect the Boards ability to delivery services and sustainability.

The detailed reports presented to Members noted:

- the events leading to the closure of the nursery;
- impact on NHS Western Isles and the wider impact on the Western Isles;
- The immediate and potentially longer term risk for the Board in relation to recruitment and retention and the ability to sustain service delivery;
- Population decline position;
- The loss of the nursery will be direct and significant;
- NHS Western Isles reliance on availability of childcare to support staff;
- Staff survey has been carried out to gather information and establish the level of unmet need.
 - 202 staff responded as having unmet need and have need for 0-5 years (191 on Lewis / 11 on Harris)
 - 185 people require all day support
- Examples of the costs for agency and locum employment increase within the NHS; and
- The paper on risk provides a scoring on the impact of the closure from staff retention, recruitment ability, reputational, service provision, financial impact, impact on population decline. The paper also provides a level of risk associated with NHS Western Isles becoming the alternative provider.

The Chief Executive, having presumed that Members have read the paper, given its importance, would take questions.

The Chair acknowledged the presentation of the detailed report and opened the floor to Members.

Dr. Watts considered the papers presented and commented on:

- ❖ An Cotan which provides a service for 16 children, however the paper refers to 26 healthcare staff and students.
- ❖ Need to understand what staff are currently doing in relation to childcare and what action they took when An Cotan stopped providing a service for the 3-5 years in January 2023.
- ❖ As a result of this change in provision of childcare, did staff have to change their hours to meet their childcare void, or did they stop working altogether.
- ❖ The report advises that the current daily charge childcare is approximately £40 a day, however the proposal for NHS Western Isles to take over the service would result in the daily cost rising to £50-£60 per day. Obtaining the childcare for 3 days a week would result in an annual charge of £8000.00 per child.

Considering the impact Dr. Watts reflected on the earlier discussion relating to the financial position of the Board and the need, at this point in the year, to implement the grip and control process. The core function of the Board is to provide good health and good healthcare.

Dr. Watts recalled that NHS Western Isles previously provided a childcare facility but had to pull out of the provision as the Board was effectively subsidising each child with a working parent to the value of £4k, which was inappropriate, unsustainable and unfair.

In response to the points raised, Mr. Jamieson advised that 16 children to 26 children, at the time there would have been a greater number of people seeking immediate alternative support to the loss of the nursery service. The 3 – 5 year facility was closed and the waiting list was closed and therefore the required demand information has been lost.

Relating to the staff survey, it was confirmed that the survey was circulated by email to all NHS staff. It was also circulated to a colleague in the Comhairle asking that it be circulated to all their staff, addressing the two largest employers on the Western Isles. The survey was also placed on social media seeking responses to the survey monkey poll from the general public.

The Scottish average daily rate for nursery costs is £54.00 and the critical issue would be to ensure that the service, if the Board takes over the service, is brought into a break even position as soon as possible and unsubsidised.

Mr. Jamieson expressed his concern that there are NHS staff, as a result of the closure of the nursery, who will not be able to meet their contractual obligation to the Board, resulting in them leaving the organisation. If staff leave the organisation there will be a cost implication as there is a need to continue to delivery services and therefore locum and agency costs will rise significantly.

Debbie Bozkurt noted her concern of the financial information and the associated level of risk which would increase the level of subsidy required by the Board. There is a legal obligation placed on NHS Boards to achieve a break-even position annually.

Ms. Bozkurt advised of a PIN guidance on childcare and nursery provision in the NHS for supporting work life balance. The guidance states that:

- childcare support can be provided in a variety of way which may or may not have a financial implication for the organisation. Any support initiative which incurred cost to the organisation would have to be carefully researched to ensure that the benefits of the scheme justified the financial outlay.

The Board was advised that it would have to justify the costs of a subsidy. Ms. Bozkurt noted that if it was agreed that the NHS becomes the alternative provider of childcare, the cost pressure would still have to be found from the revenue allocation requiring further savings being achieved elsewhere in the NHS system.

Mr. Jamieson reflected on the discussion and points noted by Ms. Bozkurt and Dr. Watts in relation to a subsidised position and financial pressures. The Board is required to achieve a break even position, and achieving this is to remove the financial recovery pressure being applied to other service areas. If the Board was to approve the recommendation, the nursery would have to cover its own costs, which would be fully appropriate. However recognising the financial risks in running a nursery service would dwarf into insignificance when looking at the additional costs for locums and agency staff.

Dr. McAuley considered the proposal and noted his disappointment in that the position across the advertisement of attracting people to the islands is based on the attractiveness of living and working in an idyllic setting, increasing the islands population, support the economy. However the issue of not supporting childcare generally goes against the ethos of attracting people to move and work on the islands. The provision of childcare is not an NHS responsibility to resolve, however it does impact on the Boards ability to deliver clinical services.

Dr. McAuley noted the challenge for a 6 month locum placement currently working in Stornoway is having in obtaining childcare. Resulting in the individual only being able to provide part time support to the service and their partner having to provide the childcare support, resulting in them being a single earning family. As a result they have indicated that they will now not be able to commit beyond the 6 months as they were initially considering.

Diane MacDonald advised that childcare is an enabler to employment which is evidenced in a number of research papers. This particularly enables women to participate in the workplace, regardless of societies changing the burden of childcare and bringing up a family is predominantly placed on the female. The NHS workforce is largely female, as is the Comhairle and the 2 organisations are the largest employers on the islands, and therefore it's not just about health but the wider social care partnership issue.

Jocelyn McConnachie noted the issue around opportunity cost and cost avoidance, however she asked if the fee was increased to £50 - £60 per day per child would staff be able and happy to pay for a service which is not subsidised.

Debbie Bozkurt advised that the majority of staff, for example a domestic would not be able to afford £43 up to £60 per day per child. The service cannot be brought to a breakeven position without putting the daily rate up and the Board could be pricing itself out of the market. There are currently many members of staff who are reliant on family members to provide childcare as they don't have the financial resources to obtain specific childcare provision. NHS Grampian charge £65 per hour which will provide a level of understanding required to delivery such a service, however NHS Grampian are using the Salary Sacrifice Scheme which reduces the cost.

Julia Higginbottom referenced the need to align salary costs and salary sacrifice scheme which may help parents to make a decision when they can see what level of support can be obtained. Consideration needs to be made by the Board in providing justice and fairness for women, taking into account the workforce needs and as a family friendly employer, how to support people in their day to day challenges.

Sheena Wright enquired about how long it would take to establish the Salary Sacrifice Scheme and what level of management and maintenance would be involved.

Ms. Bozkurt advised that the scheme in Grampian was established and set up internal auditors and took approximately 3 months to address their workforce numbers. The process would be implemented by the payroll system. It was noted that if the scheme enabled more people to move to the islands, then the requirement on childcare would increase.

Members noted that University of Highlands and Islands, UHI Outer Hebrides, have advised that the provision of the An Cotan childcare service is not economically feasible to continue and therefore what will the Board do which is different to enable the service to be sustainable and achieve financial balance as childcare is not the core function of the Board and it is a very complex area requiring expertise.

It was suggested that the provision of childcare is discussed by the Community Planning Partnership, which involves multi-agency including UHI, as this is an issue for the islands as a whole and not just the NHS, noting that the Local Authority have obligations to support childcare.

The Chief Executive recognised the need to obtain expertise in the delivery of childcare, and it would be important to obtain the services of those currently in the roles within An Cotan.

Jocelyn McConnachie considered the points made by both Dr. Watts and Gordon Jamieson, and noting the recommendation in the report for the Board to make a decision. It was suggested that if there was an agreement in supporting the immediate continuity of the nursery and the immediate knock-on effect on staffing, the Board would need to consider the medium to long terms strategy for the Board.

The Chair, considering the points noted, specifically asked for the views of those members who have not made any comment to date, that being Karen France MacLeod, Dana Murray and Cllr. Paul Steele. Following that the Chair will ask each member of the Board to vote on the issue.

Paul Steele thanked everyone for their input into the discussion and the level of scrutiny of the issues. Cllr. Steele recognised the immediate issue and advised of his agreement that the Board should take over An Cotan service with the proviso that there is time to fully assess the medium and long term issue of attendance, financial implication as well as the views of the partner agencies within the CPP as it's an issue for the whole of the Western Isles.

Dana Murray noted the comments made about people obtaining childcare support from family member. However it was recognised that family members are not able to provide support as they may have done in the past as people are working longer due to the cost of living impact. More people are having to take on carer responsibilities for family members given the pressure on social care service provision. These issues have been raised by NHS staff with Mrs. Murray in her capacity as Employee Director.

Karen France MacLeod, after considering the paper and the discussion held, she was concerned about the financial impact on health delivery as a result of An Cotan not being able to break-even. However on the other side, without the staff to provide the service and clinical expertise, there will be no delivery of clinical services.

On a positive side, Mrs. France-MacLeod noted that if, as part of the recruitment adverts it stated that there was childcare facility with the support of the Salary Sacrifice Scheme, it may bring more notes of interest.

In summary the Chair requested that a formal vote be taken. Members of the Board were asked if they were in favour of NHS Western Isles becoming the alternative provider for childcare. The following votes were noted:

Board Members not present and therefore not eligible to vote – Annetta Smith / Fiona MacKenzie

Those in-attendance and do not have the right to vote – Diane MacDonald and Nick Fayers.

Frank McAuley – Yes

Julia Higginbottom – Yes

Karen France MacLeod – Yes

Jocelyn McConnachie – Yes but with the caveat that the Board is provided with a mid-term plan. Detail relating to the response from the parents of all earning levels including the test of affordability. Concern was noted that long term the service may only serve a subset of parents who can afford the service which then diminishes demand.

Mrs. McConnachie recognised Members comments presented with spirit and passion clearly denotes the intention to do the right thing in spite of the costs and the challenge that the organisation will face.

Debbie Bozkurt – Noted her concern at the financial position, recognising the need to support recruitment and service delivery – Yes

Paul Steele – Yes with the noted caveats

Maggie Watts – for clarity the option being the only viable option presented being continuation of service provision and achieving break-even which is for zero to 5 years. With the information provided and the uncertainty of space available for 3 – 5 years Dr. Watts could not support the recommendation – No

Dana Murray – Yes

Gordon Jamieson – Yes

Sheena Wright – Yes with the caveat as noted by Jocelyn McConnachie and early review.

The Chair, taking cognisance of the views noted and notwithstanding the significant risks to the financial management, capacity of childcare and recruitment process supported the recommendation, acknowledged the comments made about the need to have short, medium and long term strategy as well as greater scrutiny at the financial implications and impact on health related services.

The Chair requested that the Salary Sacrifice Scheme is operational as quickly as possible to provide potential users of the service with a better understanding of their financial position.

The Chair asked the Chief Executive if the Board could obtain any support from the Children and Young People's Minister and is there a requirement to obtain agreement from the Scottish Government. There has been no indication of any concerns or objection to the proposal.

The Chief Executive advised that Scottish Government departments are aware of the issue and have obtained copies of the paper presented to the Board. The Scottish Government have been approached to seek financial support, however the Chief Executive is waiting on feedback.

The Chair reported that the views of the Board, with 10 for and 1 against vote recorded in support of NHS Western Isles becoming the alternative provider and support the investment in An Cotan subject to the caveats noted.

The Chief Executive summarised:

- The Board is in favour of becoming an alternative provider for zero to five year old children in An Cotan. Board vote 10 for 1 against.
- Additional work is required in the short / medium and long term planning.
- The Boards decision will be contingent upon some of the red rated risks being removed, predominately noted within the later part of the risk paper
 1. immediate recruitment
 2. financial position
 3. ability to reach regulatory requirements
 4. reach a satisfactory contractual agreement with UHI
 5. having a registered manager in place that meets the requirements of the care inspectorate
- If any of the above issues are unachievable they will be reported immediately to the Board for further consideration by the Chief Executive.
- Review the use of and establishment of the Salary Sacrifice Scheme

Gordon Jamieson advised that some aspects of the recommendation will become clearer within the coming days and weeks. None of the issues noted require long term scrutiny, and a quick response should be delivered. If some of the risks cannot be achieved the process stops and its acknowledged that the Board will not proceed for a specific reason i.e. unable to obtain care inspectorate approval.

Members asked for dates as to when the outcomes of discussions will be reported, which will help to manage expectations of the various stakeholder groups involved.

Gordon Jamieson anticipated an update within the coming week.

The Chair asked for a briefing session to be updated within the next 2 – 3 weeks.

The Chair thanked all Board Members for their due diligence in scrutinising the report and the level of debate.

Decision: The Board formally agreed:

- The Board is in favour of becoming an alternative provider for zero to five year old children in An Cotan.

Action: The Chief Executive will address the following points:

- Additional work is required in the short / medium and long term planning.
- The Boards decision will be contingent upon some of the red rated risks being removed, predominately noted within the later part of the risk paper
 1. immediate recruitment
 2. financial position
 3. ability to reach regulatory requirements
 4. reach a satisfactory contractual agreement with UHI
 5. having a registered manager that meets the requirements of the care inspectorate
- If any of the above issues are unachievable they will be reported immediately to the Board for further consideration by the Chief Executive.
- Review the use of and establishment of the Salary Sacrifice Scheme
- The Chief Executive will provide an update to the Board on the development of the noted actions within 2 – 3 weeks.

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

There were no approved minutes available for presentation.

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?	✓		It was noted that there were 2 papers presented and authorised by exception
Was there sufficient time allocated to all agenda items?	✓		
Were the Executive Summaries an accurate reflection of the detailed paper?	✓		
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Did you consider that the Board discharged its duty in respect of • Proper scrutiny • Relevant questioning • Constructive challenging	✓ ✓ ✓		

13. Invoking Standing Order 5.22 – Resolution to take items in closed session

Decision: Board Members agreed.

14. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 28 June 2023

The Chair thanked everyone for their contribution to the discussion and brought the meeting to a close at 1:20pm

END