

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING
28 JUNE 2023
HELD AT 10.00AM
VACCINATION CENTRE,
WESTERN ISLES HOSPITAL

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Jocelyn McConnachie	Non-Executive Director (link via Teams)
Gordon Jamieson	Chief Executive	Jane Bain	Employee Director / Non-Executive Director
Karen France MacLeod	Chair of ACF / Non-Executive Director	Paul Steele	Non-Executive Director
Francis McAuley	Medical Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director
Gillian McCannon	Board Chair (Meeting Chair)	Annetta Smith	Non-Executive Director

In Attendance:

Nick Fayers	Chief Officer, Integration Joint Board
Maggie Jamieson	Head of Communications, Claims and Patient Information
Michelle McPhail	Corporate Business Manager

1. WELCOME

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

2. APOLOGIES AND ACKNOWLEDGEMENTS

Julia Higginbottom	Non-Executive Director
Diane MacDonald	Head of Human Resources
Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer
Maggie Watts	Director of Public Health

3. INTRODUCTION

3.1 Chair's Report

The Chair provided an update on:

1. Ministerial Task Force ~ Nursing and Midwifery – the group commenced in February 2023 with 2 meetings being held to date. The sponsor is the Scottish Government and the sub-groups are:
 - a. Cultural leadership;
 - b. Wellbeing;
 - c. Attraction. The Chair has been appointed to this group to support attracting and recruiting new staff to the profession;
 - d. Education and development; and
 - e. Listening project which will involve stakeholders assessing how the process should be carried out.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

3.2 Cancer Service Update

Dr. Francis McAuley provided Members with a verbal update on the cancer services provided by NHS Highland relating to gastrointestinal cancer.

The range of services includes assessment, surgery, pharmacotherapy, including chemotherapy and radiotherapy as well as Oncology chemotherapy and radiotherapy.

It was noted that the NHS Highland GI Consultant, providing a service to the Board residents, left NHS Highland on the 31st of May 2023. It wasn't until the 7th of June before the Board was made aware of the disruption to services until a local patient received a letter from NHS Highland. It was unclear if the service would continue utilising locums or agency staff while the substantive post was advertised.

A significant part of oncology care of a patient is classed as consultant supervised, however if there is no consultant to provide that supervision the service is deemed unsafe.

Mutual aid request was made by the North Cancer Alliance group, effectively to NHS Grampian in Aberdeen and NHS Tayside in Dundee. Colleagues from the Cancer Once for Scotland group made a request of the five Scottish Transfer Services, including NHS Lothian and NHS Greater Glasgow & Clyde for support.

On the 14th of June, NHS Highland made the decision to stop all colorectal chemotherapy due to no consultant supervision being available. To date there are no GI services being provided, which affects NHS Western Isles patients as well as all NHS Highland patients.

An NHS Lothian Oncologist will support NHS Highland and become a member of the weekly Multidisciplinary Team (MDT) meetings and therefore consultant supervision will be provided to support the delivery of medicines and drugs e.g. chemotherapy.

NHS Western Isles have 26 patients receiving specific lower GI oncology treatment from NHS Highland, as of 27th of June. A further 6 patients have been referred for diagnostics within the last 2 weeks.

The 26 patients locally are being supported by the MacMillan Team throughout the island chain, however the patients will notice significant delays in their treatment as a result of the disruption.

The Chair thanked Dr. McAuley for the update, acknowledging that it is a significant impact on patients and their families.

Jocelyn McConnachie, thanking Dr. McAuley for his update, appreciating the considerable impact on patients. This is not the service the Board wishes to deliver, however colleagues are working hard to establish a service from where possible, given the fragility of the service nationally. Mrs. McConnachie expressed her thanks to staff for their support, specifically highlighting the support of the MacMillan Nurses. The additional pressure placed on staff, has to be recognised as they wish to treat and support everyone in a timely and swift manner to reduce, where possible, any further decline in the patients overall health.

Dr. McAuley appreciated the Boards view and position, however he also understood the position being placed on the staff within NHS Highland, who are working hard to find the solution for all their patients, including Western Isles residents. It evidences the fragility of the cancer services in Scotland and throughout the UK. The lack of offers of support from other NHS Boards indicates the pressure the services are under throughout Scotland.

The Chair, and all Board Members, noted that any solution identified will not be ideal, and the organisation has to handle the travel requests for this category of patients appropriately and with sensitivity.

For clarification, Annetta Smith enquired as to what the challenges are in the delivery of the service between NHS Highland and the Western Isles, if the NHS Lothian consultant is part of the Highland MDT.

Dr. McAuley noted that the electronic system, Chemocare, which NHS Western Isles uses and which is used by other NHS Boards, does not permit access between NHS Boards regardless if this is for appropriate professional need. This is due to data protection issues and version issues. Therefore the NHS Lothian consultant, who has a version of Chemocare on his NHS Lothian system however he is unable to access the patient data in Highland, however by becoming a member of the Highland Team, he should be able to gain access.

Members deliberated noting the issues around Clinical Governance and the proposed new model of care being discussed and proposed nationally, must be reported at the Board Sub-Committee.

In relation to patient travel, Board Members understand the amount of time patients will be away from home while obtaining treatment and that accordingly support will be given to the patient and their escort. This will be applicable for all patients affected from the Butt of Lewis to Barra.

The Chair reflected on the discussion and noted the following, as part of lessons learned:

1. Assess the Chemocare system in relation to ease of access across professionals and Boards.
2. Review the Boards position in relation to the service agreement with single handed consultant.
3. Regular update for the Board Members until the issue is resolved.

Debbie Bozkurt advised that she waiting on a response from Richard McCallum, Scottish Government Director of Finance in relation to the additional costs incurred by the Board during the air strike with the 6 weeks withdrawal of flights to and from the islands. The aspect of the additional travel for patients relating to the Cancer service will also be raised.

The Chair advised that the Cabinet Secretary for Health and Social Care, Michael Matheson is fully conversed of the issue, which the Chair has raised during National Chairs discussions.

The Chair thanked Dr. McAuley for the update.

Decision: The Board formally noted the verbal update

Action:	Regular updates at each Board meeting until further notice.	Frank McAuley
	Assess the Chemocare system in relation to ease of access across professionals and Boards.	Frank McAuley
	Review the Boards position in relation to the service agreement with single handed consultant and contingencies.	Fiona MacKenzie

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 31.05.23 - DA

Board Members approved the Minutes of the meeting held on 31 May 2023 as a correct note of the discussion, subject to the following changes:

8.3 – Whistleblowing Performance Quarterly report ~ amend the 3rd bullet point to read “... Whistleblowing Champion, who reports annually to the Cabinet Secretary...” and “... completed to date, all staff are aware...”.

Decision: The Board formally approved the Minute of the meeting of 31 May 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. 3 actions are out of date, however this is dependent on staff who are currently off. Other actions were noted as:

🚦 2 on schedule for delivery in September 2023

🚦 29.03.23 – Board Budget 23/24 ~ on the agenda for discussion.

REMOVE

🚦 31.05.23 – 7.1 Financial Performance update – Annual Accounts is on the agenda for noting.

REMOVE

🚦 31.05.23 – 9.2 An Cotan Childcare – On the agenda for discussion.

REMOVE

Decision: The Board formally noted the updates.

Action: No action required.

6. INNOVATION AND DEVELOPMENT

6.1 Kardia – Detect Atrial Fibrillation

Issue: *The Board was presented with a power point presentation from Louise Campbell, Advanced Diabetes Podiatrist.*

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 Louise Campbell who will update Members on the work undertaken to establish the Kardia system which helps to detect Atrial Fibrillation.

Louise Campbell presented the power point presentation, noting her excitement and enthusiasm to share the innovative work being undertaken by the Podiatry department to detect atrial fibrillation within patients who present for podiatry care.

The following points were noted:

- ✚ Atrial Fibrillation (AF) is the most common cardiac arrhythmia, which increases the risk of having a stroke.
- ✚ In 2021, Scottish Government plan as set to tackle cardiac health, noting that 106,000 people were diagnosed as having AF.
- ✚ Risk factors were noted in Male Caucasian and with increasing age.
- ✚ How can Podiatrists help:
 - Using Doppler ultrasound system as part of the routine vascular assessment will identify any arrhythmia.
 - Identification of an arrhythmia is referred to the patient's GP for further investigation such as 12 lead ECG, utilising an algorithm to assess the necessity and level of urgency.
- ✚ The Kardia unit is small and light, links up to a mobile phone (Android or tablet) and therefore is easy to use in the clinic or out in the community.
- ✚ Assessment takes less than 1 minute and the reading takes approximately 30 seconds and it is used on all patient when an irregular pulse is detected.
- ✚ The system does not require an internet link to be used, but does require a signal to enable information to be passed on to other appropriate professionals.
- ✚ The device is not a diagnostic system but does identify potential cardiac issues and following assessment by a cardiac nurse and ECG, conditions can be ruled out.
- ✚ The population of the Western Isles was noted, age profile, and the number of podiatrists working across the island and all have their own Kardia device.
- ✚ All Podiatrist are using the device, fully support the continued use of it and clearly identify the benefits in detecting early diagnosis with early intervention to support minimal health intervention and better health outcomes for the patient.
- ✚ Future review and of the benefits will be assessed and review as to how to improve the algorithm.

Gordon Jamieson remarked on the benefits in early detection in patients who have not recognised the symptoms. The question was posed as to why Podiatrists don't complete the 12 lead ECG application rather than referring to a GP, as this is well within their scope of practice.

Louise Campbell acknowledged the potential, however with the device, the identification of possible arrhythmia is detected and other colleagues who are more versed in analysing and interpreting ECG results are better placed than Podiatrists.

Mr. Jamieson reassured Louise Campbell, in assessing the pathway and the time taken from advising of a possible arrhythmia, ECG, GP referral etc., Podiatrists would very quickly become confident in interpreting and diagnosing AF. However he understood that this may be part of the further development for Podiatrists.

He congratulated Louise and her colleagues in taking the innovation forward in a very positive manner.

The Chair acknowledge how innovation moves forward quickly and works well, when colleagues work together.

The Chair and all Board Members thanked Louise Campbell for the presentation and expressed their appreciation to her and all the Team for the innovative work where small actions have large and beneficial impact.

Decision: The Board formally noted the presentation.

Action: No actions required.

7. FINANCIAL PERFORMANCE

7.1 NHS Western Isles Annual Accounts 2022/23

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

Discussion: Debbie Bozkurt reflected on the earlier presentation of the Annual Accounts within the Healthcare Governance and Audit Committee, which were formally approved. During the earlier discussion the External Auditor advised that the Board had an unmodified opinion, which is no mean feat and that the Board should be proud of what has been achieved. This has been the position for the last 3 years and it indicates that the Boards governance arrangement in how it addresses public monies is of a high standard. The Annual Accounts are required to be formally laid before Parliament by September or October 2023 before they will be made available to the general public.

The Chair noted the Boards thanks to Ms. Bozkurt and her Team as well as to the Chief Executive and all Directors in demonstrating good financial governance in very challenging times.

Decision: **The Board formally noted the verbal update.**

Action: **No actions required.**

7.2 Financial Budget 2023/24 update

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

Discussion: Debbie Bozkurt presented colleagues with the report, noting that in March 2023 the budget was presented with £1m of unallocated saving. It was indicated that a further report would be presented noting the updated and revised position.

Ms. Bozkurt advised that a revised plan is now not required, given additional £500k funding from Scottish Government and additional allocation for New Medicine has been added to the Boards base allocation.

As a result of the allocation increase this means that the gap has been reduced and the budget is now set at a break-even position, with the caveat of using the reserves and savings plan. However the Board is still noting a number of recurring cost pressures ~ clinical vacancies which require the use of locums / agency staff; high levels of inflation and increase costs in logistical patient travel, including the Gastrointestinal (GI) Oncology issues and visiting services.

In a historical review undertaken by Ms. Bozkurt it noted that for every GP patient registered an individual would cost £100, however for those aged 65 and above, the core cost increased to £228, given the need with age additional drugs and treatment of conditions is required.

One reason for the challenge in balancing the accounts is due to the associated cost of treatment those aged 65+ and 75+ years.

It was noted that a future report will be presented to the Board Members on revised population demographic and the information relating to the GP registered costs will be incorporated into that report.

Gordon Jamieson enquired if it was possible to include the different aspect of case mix and condition complexities. This level of information may come from the acute discharge coding, GP systems or via health intelligence. Ms. Bozkurt will review the possibility of obtaining this level of information.

The Chair thanked Ms. Bozkurt for the report.

Decision: The Board formally noted the report.

Action: Population Demographic report to be presented at the next meeting.

Debbie Bozkurt

7.3 Capital Programme 2023/24 and Review of 2022/23

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

Discussion: Debbie Bozkurt drew colleagues' attention to the report, specifically highlighting the following points were:

- ✚ 22/23 CRL including additional allocations in the single year equated to £3,632k ~ large allocation for the WIH boilers and backlog maintenance.
- ✚ 23/24 Capital Resource Limit (CRL) - £1.291m
- ✚ Capital projects for 23/24 equate to £2.673m (gap of £1.382m)
- ✚ The urgent work which must be completed is the Water Tank replacement at the Western Isles Hospital (WIH) costing approx. £520k, to address Legionella.
- ✚ The risk of Legionella requires the installation and regular replacement of tap and shower filters at a cost of approximately £300k per year.
- ✚ A bid to gain a proportion of the Scottish Government backlog maintenance will be made to support the additional cost of the filters.
- ✚ Corporate Management Team (CMT) approved the installation of a water treatment plant in Uist & Barra Hospital to mitigate a Legionella outbreak - £48k.

- ✚ Approval has been given for the purchase of 2 ECG 12 lead units, 1 in WIH and 1 in the Uists.
- ✚ The full detail of capital expenditure for 22/23 (appendix 1) and 23/24 to date (appendix 2) resulting in a projected expenditure of £2,672k.
- ✚ The cost of the proposed MRI Scanner is not noted in this programme.

The Chair enquired as to the completion date for the water tank replacement and what impact will this have on service delivery, while the installation is underway.

Gordon Jamieson advised that the completion date has yet to be confirmed. This is a significant piece of work which will involve a section of the hospital roof being removed to enable the removal and installation of the new tanks as well as removal of old existing pipe work, again to remove areas where stagnant water can form.

The detailed workplan is still being addressed, however water will be cut off from areas in the hospital while the installation is underway and the use of mobile sinks and bottled water will be required.

The Chair reflected on a previous Health Improvement Scotland (HIS) report relating to the size and design of the sinks in the wards, and enquired if this will be addressed at the same time as the water tank and pipe removal.

Gordon Jamieson advised that as pipes are removed and sinks which are not currently being used, they can be reinstalled in other areas, if they are of the appropriate size and meets the required recommendation. New sinks can and will be purchased to ensure compliance.

The Chair asked the Chief Executive, Gordon Jamieson, for an update on the MRI Scanner agreement by Scottish Government.

Gordon Jamieson advised that the North of Scotland regional group have been able to secure the use of the mobile MRI Scanner for the Northern Region, however there are limitations on the quality of the images etc. The intention is to allow staff to become familiar with the system and its processes in advance of the Scottish Government approving the Boards request to obtain an MRI Scanner located within the Western Isles Hospital.

The Chair thanked Mr. Jamieson for the update on the scanner and formally thanked Debbie Bozkurt for the detailed capital report.

Decision: The Board formally noted the report.

Action: No actions required.

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.*

Discussion: Board Members' attention was drawn to the report presented by the Chief Executive. Mr. Jamieson advised that the risks have been updated in relation to their review schedule, along with an explanation as to what the review findings were.

The Chair remarked that since the review of the register in September last year, the format is easier to follow and cleaner in its presentation with easier sight of how the risks are being mitigated.

The Chair thanked colleagues for their input and review of the current risks.

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

Action: **No actions required.**

8.2 Performance Monitoring Report Q4 2022/23

8.2.1 Appendix 1 Narrative Report

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

Discussion: Gordon Jamieson presented the report to Member for assurance in relation to the Board performance against the national targets, high lightening areas where improvements are being made. Mr. Jamieson noted that alcohol brief intervention is being suggested that they are not being completed, however he advised that they are and the recording is the issue due to key staff vacancies.

Reflecting on the presentation of the data, Mr. Jamieson, commenting that the number and level of the targets noted as green or red is similar to that prior to the pandemic, and perhaps not calibrated in the right way. The challenge is that of expectation, when there is an expectation that the performance results will be the same after the pandemic as it was prior to the pandemic. Scottish Government are considering a new set of performance target, post pandemic and more relevant to the health status after the pandemic.

Members were advised that Mr. Jamieson will be establishing meetings with key staff to ascertain how the whole issue of waiting times is being managed and measured across the spectrum – outpatient, inpatients, diagnostic etc. There is a marked increase in the number of people being referred potentially due to the pandemic when people were not presenting themselves to their GP, and now the numbers have increased exponentially. The other side is that patients are not being removed from the waiting list due to service delays, as just discussed when staff leave organisations there is a void in service.

As a result of the meeting with key staff, Mr. Jamieson advised that he intends to obtain a report every two weeks that indicates the granular breakdown on the waiting list /activity data – the number of patients being added to outpatient waiting list, by specialty, the number undergoing theatre by specialty, the level of throughput for diagnostics, both on island as well as those being treated off island, if possible.

It was noted that quarterly reports do not provide the ability to action and correct the Boards performance. This will be subject to his discussion with staff and the ability to provide the information within the noted timescale. It was advised that the report noted would not come to the Board but would provide operational information to make the necessary changes as quickly as possible, however it will inform the Board paper by the introduction of a new format and narrative to provide assurance on what it actually happening. This will require time to implement.

Dr. McAuley advised that in a recent report by Health Protection Scotland it notes that since the pandemic the number of referrals for USC (Urgent Suspicion of Cancer) has increased by 50%, depending on the tumour compared with pre-covid levels.

Annetta Smith enquired about the DNA's for new referrals, which is approximately 10%. Dr. McAuley indicated that there is no further detail in relation to the reason why people don't keep appointments. Work is being taken forward to implement an automatic reminder system which sends messages to patient's mobiles reminding them of their appointment.

In a small sample review of the DNA's, Dr. McAuley noted that the majority of DNA's were with men in their 50's who had repeated non-attendance, no further review of this has been carried out.

Sheena Wright advised that in some Boards the reminder system also denotes the cost of the appointment to the NHS, which can put their lack of attendance into perspective.

Annetta Smith considered the position reported for those waiting on a diagnosis for dementia, as without a formal diagnosis there is no ability to access treatment or support, as well as benefits which individuals and families can apply for.

Nick Fayers advised that work is being taken forward by a relatively newly appointed nurse consultant for dementia services. Scottish Government have recently published its Dementia Strategy, this is being reviewed in the context of this organisation.

Prof. Smith was aware of the report, specifically noting that the Plan is from 2024 for a delivery period of 2 years, and noted that the principle issue is obtaining the diagnosis, from a medical practitioner, which then opens up the support system.

Mr. Jamieson advised that the diagnosis should come from within the primary care sector, as you do not require a specific registered GMC individual to make the diagnosis.

The Chair drew members' attention to the report, specifically to the section on Dementia, and reflecting on the conversation, advising that the information relating to the nurse consultant should be included in the narrative. The Chair narrative updates should be more contemporaneous and more reflective on what is actually happening.

The Winter Plan is being noted as an addition and will be included in the Annual Delivery Plan (ADP). Members were drawn to the Bed Occupancy data, noting the number of days were a ward had 100% occupancy, specially noting the level within Medical 1 with 81 days. Considering the information the Chair remarked on the impact of winter and enquired if the Boards winter plan is available for discussion.

Gordon Jamieson advised that the Scottish Government require daily situation reports, 7 days a week, noting the occupancy levels etc. Normally responses note the level of available beds being 3 or 4, beds medical beds occupancy being greater than 100% and utilising contingency beds. Scottish Government reporting does not include, in their percentages contingency bed usage.

Looking at the winter, Mr. Jamieson advised that the focus will be on Hospital at Home and via the Acute Assessment Unit. To expand and strengthen these services the Board will be making a bid to the Scottish Government funding stream to address this before winter. Utilising Hospital at Home is a more viable option rather than staffing any more beds in the hospitals.

The best way forward is to support people in their own homes, where possible and keep them out of hospital with support from Hospital at Home, develop the half funded GP with special interest and deploy the appropriate community staff.

The Chair thanked Mr. Jamieson for the report, recognised the work being addressed by Directors and staff.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

8.3 Annual Delivery Plan 2022/23 Q4

8.3.1 Appendix 1 – Narrative Report

8.4 Annual Delivery Plan 2023/24

8.4.1 Appendix 1 – ADP 1 – Annual Delivery Plan Template Narrative

8.4.2 Appendix 2 – ADP 2 – Template

8.4.3 Appendix 3 – ADP 3 – Service Sustainability Template

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

Discussion: The Chair commented on the significant piece of work to continually update the Annual Delivery Plan for staff.

Mr. Jamieson noted the revised position as at quarter 4, January to March 2023. The spreadsheet associated with this is extremely large, however due to its size, the Scottish Government may reconsider the format of the templates. Workforce is the most recent addition to the template.

The ADP is the formal contract between the NHS Board and Scottish Government noting the required delivery and performance levels of the Board.

Considering the previous discussion on performance, there is a need to ensure that the Board has the most up-to-date information, to be added to the template but also to enable the Board to react as quickly as possible to any potential issue, acknowledging that more real time data is required.

The Chair expressed her thanks to Mr. Jamieson on a very comprehensive piece of work and asked that the Boards thanks are passed onto all staff who input into the reporting structure.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

9. CORPORATE GOVERNANCE

9.1 Whistleblowing Annual Report 2022/23

9.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for information the report presented by Sheena Wright, Whistleblowing Champion / Non-Executive Director.*

Discussion: Sheena Wright presented the report on behalf of Fiona MacKenzie, lead Director for Whistleblowing. Mrs. Wright wished to recognise and thank Louise Sullivan, Head of Clinical Governance and Professional Practice and her team for the production of the report.

The section within the report at page 2, denotes the statement from the Whistleblowing Champion, advising of a clear and positive culture within the organisation which has been obtained during the staff engagement walk rounds.

Mrs. France-MacLeod enquired if the walk rounds are scheduled or decisions made on the day.

Mrs. Wright advised that there is a schedule, co-ordinated in advance with the Hospital Management team, who accompany her around the visits. No walk round is conducted unescorted, be that the Nurse Director or the Hospital Manager. Prior knowledge of the walk round is given to the department. To date all visits have been arranged within the Western Isles Hospital, however visit to the Uists and Barra are scheduled. Regular Teams meeting are held with Confidential Contacts who are across all the islands.

The Chair thanked Mrs. Wright for the hard work and endeavours to embed the process within the Board, recognising the level of work behind the scenes, which would not normally come to the attention of the Board.

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

Action: **No actions required.**

9.2 Childcare Provision – An Cotan

9.2.1 Appendix 1 – Position Paper

9.2.2 Appendix 2 – Risk Assessment

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

Discussion: Gordon Jamieson provided the report to Members, noting the progress to date on the Boards decision made on the 31st of May 2023, to declare its interest in becoming an alternative provider of nursery / childcare at An Cotan.

A scoping exercise has been undertaken to understand the Boards position in becoming the alternative provider for childcare, from zero to five years, by taking over the service currently provided by UHI Outer Hebrides. It was noted that the Board is not in a position to make a final decision at this meeting.

To enable the Board to make its final decision, the following points were noted:

- ✚ Obtain legal advice on the proposal and the statutory powers the Boards has in relation to National Health Service Scotland Act 1978 – section 79.1. CLO have advised that it is not within the gift of the Board to take on child care.
- ✚ Scottish Government PIN policy on Worklife Balance 2015, section 2.4 denotes that Health Boards can provide nursery service for staff. Services can be provided on site or within the vicinity.
NHS Grampian provide nursery services on their own premises.
- ✚ The Board established a survey to understand the actual need of potential users of the service / service providing zero to 5 years care. The age group of 3 – 5 years is supported by family support income funded by the Government. Currently there is no income aligned with zero to 3 years.
In the first survey there was 208 responses based on the need for zero to 5 years. 67 responses were obtained in the second survey, asking what the immediate need was. The response to the second survey noted an immediate need for zero to 3 years but no indication as to a need for 3 to 5 years. Council provide child care facilities and therefore there is currently no service need for this age group.

- ✚ Undertake a financial appraisal of the scope of the work - becoming an alternative provider would be based on zero to 3 years and no need to support the 3 to 5 years, which has an aligned financial credit. The supervision ratio for this age group is much higher with 1:3 for zero to two and 1:5 for age 2 to 3 years. Therefore the staffing ratio is much higher with no centrally funding source. £54 is the average sessional rate but An Cotan is currently charging £43. If the Board was deemed the alternative provider the cost per sessional rate would increase. The subsidy level required by the Board would be around £200k - £300k per annum. This level of subsidising would have to sit alongside the clinical and health budget pressures.
- ✚ The Care Inspectorate registration ~ if the Board had been able to address this quicker it could have taken over the service under the existing Inspectorate registration. However due to the Board requiring legal advice UHI Outer Hebrides has announced it will be closing the service as of the 31st of July 2023. The Care Inspectorate registration will lapse and this means that the Health Board would have to embark on a new registration process which can take between 3 to 6 months.
- ✚ Negotiations with UHI Outer Hebrides ~ UHI have established discussions with their child care staff advising of the closure and initiating redundancy notices. This may have a further impact on the staff who are left as they will be seeking alternative employment, which is another risk.
- ✚ Risk assessment ~ this was presented to Members for information.

The Chief Executive advised that as and when further clarity is obtained from the Central Legal Office, further detailed report will be presented for decision.

The Chief Executive asked Members for their agreement to continue to provide the Chief Executive with the delegated authority to continue with the negotiations with multiple stakeholders to ascertain if the Board should become an alternative provider for Childcare. Mr. Jamieson anticipated further information being available to the Board within a few weeks,

Jocelyn McConnachie thanked Mr. Jamieson for the detailed update, seeking confirmation of the subsidy level being based on the sessional charge of £45 - £60. Debbie Bozkurt advised that the table in the report is based on the 2 fees, £50 per session and £60 per session, with the subsidy level ranging from £253k to £393k based on 80% occupancy.

The Chair remarked that there is a need to continue to explore this as there is a greater impact on the Boards ability to deliver services, if staff can no longer work due to the lack of child care provision. The risks and impact are significant in relation to financial pressure, population perspective and the Boards ability to delivery services.

Maggie Jamieson raised the point of the need to communicate with staff on the imminent closure of the service and how the Board will support them.

Gordon Jamieson advised that Debbie Bozkurt is addressing the financial aspect and Diane MacDonald is working on the HR Handling Strategy. The Strategy has not been agreed, as the primary focus and request of the Board is to pursue the position of becoming the alternative provider. However the HR Handling Strategy does not provide work around for people who cannot be supported under the flexible working arrangements. This will not an available option for some groups of staff as it is not compatible with some duties.

Members noted the potential impact for those staff affected by the closure and how they would be support in the interim until the Board took on the provision. However if the Board does not become the alternative provider, the risk to the Board is high in losing staff to take care of their children will be detrimental to the Board. This will also impact on future recruitment campaigns.

Debbie Bozkurt reflected on the period when the Board did provide childcare via Little Teddies, where the service was provided for the NHS Staff. The issue will be if, as noted in the guidance, that the service should be for NHS staff, however the question is could the service be extended to include other partner agencies under Integration working. This needs to be confirmed.

The Chair asked Board Members if they are in support of providing delegated authority to the Chief Executive asking him to continue to negotiate with key stakeholders on the potential of the Board becoming an alternative provider of child care services within the legal statutory gift of the Board.

Sheena Wright left the meeting.

Board Members agreed to provide delegated authority to the Chief Executive to identify a way forward.

Decision: The Board formally noted the report.
Agreement was given that the Chief Executive is provided with delegated authority to continue to explore discussions with key stakeholders in the Board becoming the alternative provider for childcare services.

Action: Update from the Chief Executive in 2 weeks' time via a special Board Meeting.
Date to be confirmed.

10. PUBLIC HEALTH

10.1 Health Promotion Operating Plan update

10.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note the report presented by Gordon Jamieson, Chief Executive in the absence of Dr. Maggie Watts.*

Discussion: Gordon Jamieson advised that Public Health is in the same position as every other health service delivery, in that they are establishing a recovery plan.

The Operational Plan is presented as part of the regular update on the progress being made within Health Promotion.

The Chair remarked that the Plan, has very little in relation to health inequality. Additional detailed narrative is required to monitor implementation of actions.

Board Members asked that the report is revised to include health inequality, health protection and work to mitigate deprivation. Greater level of detail is required throughout the report.

Gordon Jamieson agreed that this could be expanded.

The Chair expressed her thanks to Mr. Jamieson but and asked that the Boards thanks are passed onto the Health Promotion team.

Decision: The Board formally noted the progress report.

Action: Request Health Promotion to include Health Inequalities and prevention and deprivation in the report.

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

11.1 Healthcare Governance & Audit Committee

11.1.1 Healthcare Governance & Audit Committee Minute 15.02.23 – A

11.1.2 Healthcare Governance & Audit Committee Annual Report 2022/23

The reports were presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.2 Staff Governance Committee

11.2.1 Staff Governance Committee Minute 09.02.23 – A

11.2.2 Staff Governance Committee Annual Report 2022/23

The minute and the annual report were presented for information.

Annetta Smith, Chair of the Committee, advised that at the last meeting the discussion was very positive noting post pandemic level of work being undertaken is significant and recognising the level of work being undertaken by key staff.

Decision: The Board formally noted the reports.

Action: No actions required.

11.3 Area Clinical Forum

11.3.1 Area Clinical Forum Annual Report 2022/23

Karen France-MacLeod, Chair of the ACF, advised that they met yesterday, however there are no approved minutes as the meeting was not quorate.

Mrs. France-MacLeod noted that funding has been obtained from the Scottish Government to implement the Type 2 Diabetes Framework and the Healthy Weight Standards for both Adults and Children. This links into the primary prevention work noted in the Health Promotion discussion.

To fully implement the Type 2 Diabetes, Tier 3 Weight Management Programme requires psychology input. This was noted within the ADP, around psychology services.

AHPs are addressing the transition of service care from children into adult services.

Mrs. France-MacLeod noted the representative from the GP Sub Dr. Brian Michie, wished it raised that Syntax and PCP are no longer part of the GP contract and therefore there is a £632k shortfall, as GP are conducting the work but no payment is being made. The lack of AHPs and Physio across NHS Board is of concern and Dr. Michie wished it noted that there are no inpatient medical assistants to support safe detox of some patients.

Jane Bain considered the position of physiotherapist in relation to the workforce report on musculoskeletal disorders in staff increasing and the lack of support which impacts on staff remaining off sick until they have access to treatment.

The Chair noted that aspects of the points raised can be looked at by the Nurse Director off line. In relation to the ACF not being quorate, the Chair would support Mrs. France-MacLeod to address this.

Mr. Fayers and Ms. Bozkurt commented on the point noted about the lack of psychologist, noting that the Psychologist post is listed however there is no funding for this and Scottish Government were due to provide £600k for CAHMS, however very little came forward last year and no confirmation as to the position this year.

The Chair remarked that a number of the points raised are under the auspices of the Integration Joint Board and as such should be raised with the Chief Officer, Mr. Fayers and presented to the IJB.

Michelle McPhail noted the ongoing work over the last 12 months to support the ACF in its composition and ability to ensure that meetings are quorate, by varying the timing and frequency of the meeting. The next stage is to consider the structure below the ACF where the statutory committees who have representation on the ACF are working. This will be taken forward with Mrs. France-MacLeod.

Dr. McAuley noted that a number of ACF members have indicated that backfill of funding is required to enable them to attend the meetings.

Mr. Jamieson noted that this is a professional voluntary position and will not be funded.

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

11.4 Area Partnership Forum

11.4.1 Area Partnership Forum Minute 19.01.23 – A

11.4.2 Area Partnership Forum Minute 01.03.23 – A

11.4.3 Area Partnership Forum Annual Report 2022/23
The reports were presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.5 Health & Safety Committee

11.5.1 Health & Safety Committee Minute 17.03.23 – A

11.5.2 Health & Safety Committee Annual Report 2022/23
The reports were presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.6 Remuneration Committee

11.6.1 Remuneration Committee Annual Report 2022/23

The reports were presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

Mr Jamieson updated the Board Members on the Junior Doctors Strike action which is scheduled for the July 2023. Formal notice has been obtained in relation to this during the 12th to 15th of July and lack of support will be from 8am until 8pm, no exception to the strike action. Support mechanism has been addressed by Dr. McAuley to ensure services continue.

Adjustments and contingencies are in place, however there is no expectation of any significant level of service disruption. A small number of minor elective cases, single figures, have been cancelled to support the system.

Junior doctors are not used a night but Consultants are called.

Mr. Jamieson made Members aware of additional correspondence that the BMA Scotland are considering additional rate of pay during the time of the strike, increasing from £270 to £370 per hour. Dr. McAuley advised that the change is being noted within the waiting list initiative to move the top of the scale which is 3 times the top of the scale equating to £160.

The Chair appreciated the update.

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 1 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. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 30 August 2023

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

END