

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING 30 NOVEMBER 2022 HELD AT 10.00AM VIA MICROSOFT TEAMS

Members Present:

Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Abdul Elghedafi	Non-Executive Director	Jocelyn McConnachie	Non-Executive Director
Julia Higginbottom	Non-Executive Director	Dana Murray	Employee Director / Non-Executive Director
Gordon Jamieson	Chief Executive	Annetta Smith	Non-Executive Director
Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer	Sheena Wright	Whistleblowing Champion & Non-Executive Director
Francis McAuley	Medical Director		

In Attendance:

Nick Fayers	Chief Officer, Integration Joint Board
Dermot Gorman	Locum Director of Public Health
Maggie Jamieson	Head of Communications, Claims and Patient Information
Diane McDonald	Head of Human Resources
Michelle McPhail	Corporate Business Manager

1. WELCOME

The Chair, welcomed everyone to the meeting, specifically welcoming Dermot Gorman to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Nick Fayers	Chief Officer, Integration Joint Board
Tim Ingram	Non-Executive Director
Dave Rigby	Chair of ACF / Non-Executive Director
Maggie Watts	Director of Public Health

3. INTRODUCTION

3.1 Chair's Report

The Chair reported on the following:

- Ethnic Minority Forum is working with the coalition for Racial Equality and Rights, creating a "How to Talk About Race Guide", which is in line with the Cabinet Secretary for Health and Social Care's view on how we support our ethnic minority colleagues.
- National Centre for Remote and Rural Health and Social Care ~ the Chair advised that she has a scoping paper which looks at the strategic direction of health and social care in terms of remote and rural island provision. This is in its infancy with an aim to have a draft business plan presented before the year end. The Chair noted her request to Health Improvement Scotland seeking their agreement to enable a Member of NHS Western Isles to become part of the steering group. The areas under consideration are:
 - Innovation & Best Practice;
 - Research and Evaluation;
 - Recruitment and Retention; and
 - Education and Training.

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 26.10.22 - DA

Board Members approved the Minutes of the meeting held on 26 October 2022, subject to the following amendments:

Page 9, Item 7.1 Corporate Risk Register, paragraph 6 amend to read ~ "It was noted that the new Goathill complex facility will require safe staffing levels to support patients who may be discharged to that facility. Supportive discharge into that facility may help to address some of the delayed hospital discharges."

Page 12, Item 7.3 Performance Monitoring Report, last paragraph, last sentence should read ~ "... an error and that the data in general would be reviewed."

Decision: The Board formally approved the Minute of the meeting of 26 October 2022.

Action: No action required.

5.2 Matters arising from previous Minutes

Page 12, Item 7.3 Performance Monitoring Report ~ Fiona MacKenzie advised that following the Board meeting in October, she discussed the data with colleagues and it was noted that the figures were in the wrong column – figures under inpatient should have been under day case and the figure under day case should have been within the column headed inpatient. The column headings needed to be swapped over.

Page 9, Item 7.1 Corporate Risk Register, fourth paragraph. Relating to the £3m from Scottish Government to support winter planning, Members enquired if the allocation had been received. It was confirmed that no funding allocation had been received.

Page 12, item 7.3 Performance Monitoring Quarter1 report, fourth paragraph – relating to cancer waiting times, Prof. Smith asked if the service is being discussed within the SLA meeting with NHS Highland.

The Chief Executive noted that NHS Boards in Scotland are transferring their elective surgical ward capacity to increase their medical beds which takes cognisance of the winter pressures. This has been noted within NHS Greater Glasgow and Clyde and NHS Highland, which may escalate the issues in relation to increase in waiting times in general.

Mr. Jamieson detailed some of the challenges the Board is facing pertaining to the cross regional work between the Northern Region and the West Region when seeking the necessary patient transfer either trauma or urgent referral. It was suggested that the Chair and Chief Executive write formally to the Scottish Government seeking that NHS Western Isles is formally appointed to both regions to support the necessary transfer of patient care e.g. Uist and Barra patients may align to Glasgow where patients within Lewis and Harris may align with Highland. The Chair supported the formal request to Scottish Government.

Prof. Smith enquired why the issue is arising relating to cross boundary flow when there are formal SLAs in place with Glasgow and Highland.

Gordon Jamieson advised that both SLAs are differently constructed with NHS Highland SLA working within a 3 year rolling average across services, whereas Glasgow is a global sum and discussions between Board Directors of Finance are conducted annually, however Glasgow provide less data in support of the costs.

Prof. Smith appreciated the complexity involved in the situation and enquired if the Board is obtaining data that relates to patients who experience a delay in their care and the reason for the delay.

The Chief Executive advised that there is no comprehensive information analysis available to the Board as there are different pathways for a patient to be transferred to a mainland service e.g. hospital consultant / AHP referral or GP referral. However the Board does not know how many people are waiting for any significant period of time. It may come to the Boards attention when a complaint is received from the patient waiting for treatment.

The Chair raised the question, which has been raised previously, relating to obtaining GP data as to the number seen face-to-face or telephone triaged and including the number of mainland referrals and to what speciality. It was noted that this should be raised with the Chief Officer as primary care services is a delegated function of the IJB.

The Chair reflected on the conversation relating to the cancer waiting times, acknowledging that the Cancer Tracker monitors this pathway, however it would be useful to have the reason why patients are not being seen, collating the data and including this along with additional narrative within the performance reports.

Sheena Wright acknowledged the challenges being experienced by the Executive Directors in obtaining support / treatment within the SLA specification, however was there any way of identifying if patients are experiencing harm as a direct impact of the extreme pressure within the NHS.

The Chief Executive indicated that at times there may be direct consequences experienced by people waiting for treatment and this had been noted throughout the period of the pandemic. The general pressures placed on the system throughout the NHS is having an impact, however there is no systematic way of measuring the level of harm placed on any one person. The effect of system pressures and a direct link to causing harm has been noted nationally, however locally there has been no experience of harm due to local pressures.

5.3 Action Points

26.10.22 – 7.3 Performance Monitoring Report Q1 – seeking specific detail relating to the level of DNAs from local clinics but also from mainland Boards. The Chair advised that work is being taken forward to scrutinise the level of people not attending their mainland hospital appointment, DNAs, and their patient travel booking.

The Chair asked that this item is marked with a Red status on the Action Points.

Fiona MacKenzie advised that work is beginning on triaging outpatients before visiting consultants' clinics, this would include local DNAs. This project work will start around spring of 2023, once the winter pressures cease.

26.10.22 – 8.1 Annual Delivery Plan 22/23 – present to the HG&AC in Dec'22 – Complete REMOVE.

26.10.22 – 8.2 Whistleblowing Annual Report 21/22 – This item is on the agenda for discussion. Complete / REMOVE.

Decision: The Board formally noted the updates.

Action: No action required.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Narrative Report – Month 6 ~ September 2022

6.1.1 Detailed Narrative Report

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

Discussion: Debbie Bozkurt presented the report highlighting the following points:

- At Sept'22 the Board is showing an in-year overspend of £696k
- The projected year-end position is noting an overspend of £1,630k assuming the Board receives funding from Scottish Government to cover the pay award for Agenda for Change staff equating to approximately £1,465k.
- The required savings denoted for 22/23 was £4.015m, of which £1.025m has been achieved through financial flexibility and £1.221m was unidentified.
- The impact of the Agenda for Change pay award on the Boards Service Level Agreements with other NHS Board to provide treatment to Board residents could potentially increase by £400k-£600k.
- The Executive Team have written to all budget holding staff explaining what “grip and control” will be in place to achieve efficiency savings. All control measures will be monitored rigorously as part of the £1.6m extra saving plan.

- Costs pressures were noted
 - Psychiatry consultants year-end projected to overspend by £431k
 - GP Out of Hours has an identified pressure of £509k in managing both the community hospital in Barra and the Out of Hours in Barra and Uist. This has increased in part due to the accommodation available on islands which equates to $\frac{3}{4}$ of the cost of a substantive post, which is unsustainable.
- Utility costs are projected, by the year-end, to overspend by £434k as the cost of oil has increased by 160% since 01 April 2021 to July 2022.
- Radiology service has experienced a significant level of vacancies, projected overspend of £441k by the end of the year, in attracting and retaining skilled and experienced radiology staff which is compounded by having no MRI provision in the Western Isles.
- As of 1 September 2022 the GP Practice in Barra became a Board run facility, which will be reliant on attracting locums to provide the service. Until the work to TUPE transfer staff contracts from independent GP service to the NHS, the Board will not be able to fully ascertain the financial costs.
- A number of key financial assumptions and risks have been made to advice the Board of its financial position:
 - Laboratory service – increased impact of £200k (medium)
 - Oncology and haematology drugs – budget pressure of £300k (high)
 - Continued pressure on acute nursing budget, which is directly attributed to the number of delayed discharges resulting in unbudgeted contingency beds being opened.

Debbie Bozkurt also noted that Month 7 report was presented to the Scottish Government yesterday and would present this to the Healthcare Governance & Audit Committee. In absence of Tim Ingram, Chair of the HG&AC, Jocelyn McConnachie, Vice-Chair agreed to the presentation of a late paper.

It was noted that the quarter 2 demographic report has been sent to the Scottish Government, incorporated within the Month 7 report. The detailed report will be presented to the IJB in December and recommends that colleagues read it, which notes the pressure placed on Health and Social Care service as a direct result of the lack of working age people available on the islands.

The Chair enquired about Out of Hour service for psychiatric and the availability of data identifying how many people are treated out of hours.

Debbie Bozkurt noted that Nick Fayers is addressing this.

Dr. McAuley reflected on the discussion noting that it is dependent upon the statutory obligation for the Board in relation to its 5 in-patient beds. It was noted that NHS Orkney and Shetland do not have an in-patient facility, therefore more challenging to compare service provision across the island Boards. The understanding is that if there are in-patient beds, open 24/7, you are required to provide a consultant 24/7 to attend to the bed capacity and patient.

The Chair requested that where reports denote mental health transformation, further detail narrative is presented including the specific areas of potential change, which is being considered.

The Chair remarked on item 4.2 relating to GP OOH options paper. It was noted that Members should be fully advised on primary care service development and it was suggested that this level of detail is included in future reports..

The Chair thanked Debbie Bozkurt for the report.

Decision: The Board formally noted the report.

Action: Mental Health activity data to be reported in future performance reports

7. PERFORMANCE

7.1 Corporate Risk Register – November 2022

7.1.1 Appendix A – CRR Detailed Report

7.1.2 Appendix B - dashboard

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

Discussion: Ms. MacKenzie presented to Board Members the position of the risks contained within the Corporate Risk Register as at November 2022, advising that the revised CRR template as discussed by Board Members at the recent development session would be presented in early 2023.

The Chair commented upon the reports presented and recognised that a more updated report is scheduled for discussion at the next Healthcare Governance and Audit Committee. It was suggested that a review of the flow of reports is assessed.

Jocelyn McConnachie commented on civil contingency as noted within the dashboard, depicts the trend arrow indicator has increased and asked for the rationale.

Fiona MacKenzie advised that due to system pressures this has increased this risk. At a recent multi-agency resilience meeting it was decided to establish a major incident short life working group to look at the pressures and how the multi-agency group would respond appropriately to an incident.

Gordon Jamieson indicated that the major incident revision will come to the Board, however the multi-agencies will have to work through their governance arrangements, which may take 3-4 months before coming to the Board at the end of the process.

Further policy and operational framework documents are under assessment over the next 3-6 months to support the business as usual aspect and the group of reports will be presented at the next meeting of the Board e.g. bed escalation framework.

The Chief Executive advised that he has confidence that the Board is as well prepared to deal with a major incident if it were to arise within the next 6 months e.g. airline / ferry or road incidents, the major incident framework would be implemented and applied to the issue.

Jocelyn McConnachie thanked the Chief Executive for his assurance, recognising that if an incident was to happen that island people come together to address it.

Diane MacDonald suggested that another influence which may have contributed to the change in the civil contingency trend is the possibility of strike action. Assurance was provided by the indication of a governance structure in decision making around industrial action is in place, which is aligned through the resilience group and local discussion with union groups continue.

The Chair raised risk 005 on security, noted within the narrative section it states that the Security Group has been replaced by the Security and Resilience Group and therefore the update should also be replicated on the dashboard for continuity. Gordon Jamieson agreed.

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

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

Action: Major Incident Plan revision and relevant framework reports will be present in 4 months
Gordon Jamieson

7.2 Healthcare Associated Infection Reporting Template – August - September 2022

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

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

For the period of June to July 2022 ~

- SABS -1 healthcare associated infection
- CDIF – 1 CDI community associated infection
- Hand hygiene - 98.5% - 99.2%
- Cleaning compliance – 95.7% - 97%
- Estate Monitoring – 98%
- Surgical Site infections - of 47 operations carried out in the period there were no site infections.

No questions were raised and the Chair expressed her and the Boards thanks to the Infection Prevention and Control Team for their work.

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

Action: **No actions required.**

A refreshment / comfort break was taken at 11:20 for 10 minutes.

8. STRATEGIC GOVERNANCE

8.1 Annual Review Letter 2020/21

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

Discussion: The Scottish Government held its Annual Review of the Boards performance for the period of 2020/21 on the 19th of May 2022.

The Review was held via Teams, similar to that of the previous year due to the Covid-19 pandemic and associated pressures. The Review was undertaken by Maree Todd, Minister for Public Health, Women's Health and Sport, accompanied by Mr. John Burns, NHS Scotland's Chief Operating Officer.

The letter is for information / awareness.

Prof. Smith enquired if there is any indication as to the process for next year's review. The Chair advised that there has been no update on the process.

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

Action: **No actions required.**

8.2 Board Meeting Schedule 2023

Issue: *The Board was asked to approve the report presented by Michelle McPhail, Corporate Business Manager.*

Discussion: The Corporate Business Manager, Michelle McPhail presented to the Board the proposed schedule of the Board and Board sub-committee meetings for 2022/2023.

Reflecting on the discussions earlier in the meeting relating to the presentation of papers to the Board or its Sub-Committees, it was noted that a cut-off date is required. Papers which are presented to the Corporate Management Team are then presented to the Board and the CMT meets every month on the 3rd Tuesday ahead of the Board meeting.

In relation to the schedule presented, the number of public meetings have been reduced to six public meetings per year, in line with the national requirement and also take cognisance of the pressure being realised over the winter period. Therefore the Board will be updated during December and January on specific aspect of service delivery pressures and emerging issues.

Reviewing the schedule, the Chair indicated that she would require to hold the February meeting as a public meeting rather than a development session, which Members agreed to.

Decision: The Board formally approve the schedule

Action: No action required.

8.3 Winter Planning Checklist

Issue: The Board was asked to note for assurance the report presented by Fiona MacKenzie, Nurse / AHP Director.

Discussion: The Nurse Director presented the report to Board Members, advising that all NHS Boards in Scotland are engaged in a winter planning exercise, drawing members' attention to the winter plan checklist. The Scottish Government checklist provides assurance that the Board has the appropriate systems, processes and controls in place to continue to provide safe and effective care to patients over the winter period.

The Winter checklist will be developed further, however the checklist will be dynamic with weekly updates being provided by heads of service.

Prof. Smith enquired if the checklist was a local or a Scottish Government template. Fiona MacKenzie confirmed that it is a national template. It was noted that in the template it refers to ICU, however the Western Isles Hospital has a High Dependency Unit with 4 beds which supports a critical care person for a limited period of time before being transferred off island depending on their clinical need.

Members noted that historically the winter plan was a detailed narrative document with supporting appendices of plans and processes, however the checklist is a lighter touch. For clarity Fiona MacKenzie indicated that there will be no additional winter plan produced but the information contained within the checklist will be expanded upon.

The Chair appreciated that the plan is dynamic, however given the time between meetings if an update could be provided to Members at the December / January briefing session. Fiona MacKenzie agreed.

Members noted the vaccination uptake from Social Care staff, which could have a major impact on service delivery and potential increase in delayed discharges.

Gordon Jamieson advised that vaccination programme will close on the 5th of December, a few clinics will be running this week followed by Friday evenings to address targeted invites and drop-in support. The vaccination results for those eligible were reported as of the 29.11.22 with 10,756 people receiving the covid buster, 68% and 12,460 people obtaining the flu vaccination which is 58%.

NHS staff vaccination uptake on covid buster is 48%, flu uptake is 44% and Social Care covid buster uptake is 39% and flu uptake is 36%. The staff uptake is low however the Board cannot force people to take the vaccination.

Currently no confirmation from the Scottish Government as to when the spring campaign will start.

The Chair thanked everyone for the report.

Decision: The Board formally note the report.

Action: Winter Checklist update to be presented at the Dec/Jan board briefing.

9. CORPORATE GOVERNANCE

9.1 Duty of Candour Annual Report

9.1.1 Annual Report 01.04.20 – 31.03.21

9.1.2 Annual Report 01.04.21 – 31.03.22

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

Discussion: Ms. MacKenzie explained to Member that the Health (Tobacco, Nicotine etc. and Care) Scotland Act 2016 is supplemented by the Duty of Candour Procedure (Scotland) Regulations 2018. The supplement denotes the procedure which should be followed whenever a Duty of Candour adverse event has been identified.

The Duty places a requirement for NHS Board to provide an annual report about how the Duty of Candour is implemented within its service. The Annual Report provides details as to how the Board operated its Duty of Candour for the period of 01 April 2020 to 31 March 2021 and 01 April 2021 to 31.03.22. It was noted that the 2020-21 report is a light touch approach set-out by the Scottish Government.

There have been zero duty of candour adverse events reported for the period that would require the Board to instigate a Duty of Candour review.

No questions were raised and the Chair thanked Fiona MacKenzie and Louise Sullivan for the detailed and comprehensive reports.

Decision: The Board formally noted the reports.

Action: No actions required.

9.2 Whistleblowing Performance Report – Quarter 1 & 2 2022/23

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

Discussion: The Nurse Director advised Member that the report covers the period of April to September 2022 (Q1 & Q2). The report provides detail relating to the performance information and an overview of cases which required investigating:

- Stage 1 concerns should result in an on-the-spot explanation and / or action to resolved the matter, with the aim of doing so within 5 working days;
- Stage 2 concerns involve more in-depth review with the aim of responding within 20 working days; and
- Stage 3 is where the Whistleblower is dissatisfied with the conclusions of the investigation at Stage 2 process and they have the options of contacting the Independent National Whistleblowing Officer for an independent review.

During the period, 1 concern was raised and assessed as whistleblowing and initially taken forward as a Stage 1 process, however later raised to be addressed as Stage 2. 2 other concerns were presented but raised and addressed as business-as-usual process and resolved.

In the previous year, 1 case was received and has been escalated upwards to the Independent National Whistleblowing Officer (INWO) for an independent review. All documentation required has been provide to the INWO.

It was noted that the work required to support the review of Whistleblowing has been onerous and has been as an addition to the Nurse Director's role as well as to the Risk Manager and the Head of Clinical Governance and Professional Development.

There is a significant amount of information available to staff from posters, intranet, bulletins and pulses as well as the initial walk rounds by the Whistleblowing Champion talking to staff about the process and their views. This level of detail may be why there has been very little whistleblowing incidents to report on.

Sheena Wright, Whistleblowing Champion, commented on the low numbers issues was raised with the INWO, Rosemary Agnew and the Board was advised that if no concerns were being raised the Board would need to provide evidence for this, e.g. staff training attendance and raising awareness.

Mrs. Wright expressed a special thanks to Maggie Jamieson for the vast amount of communication with staff, and advised Members that the training issue will be raised within the Staff Governance Committee.

The Chair thanked Ms. MacKenzie and Mrs. Stewart for their continued support towards whistleblowing.

Decision: The Board formally noted the report.

Action: No actions required.

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report – September 2022

10.1.1 Detailed H.R. Report

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

Discussion: The workforce position as at September 2022 reported:

- Age profile within the age group 22- 44 years had increased in new employees over the last 3 years.
- Headcount, as at 20/09/22 is 1052 equating to 873.4 whole time equivalent staff being employed by the Board
 - Within the family grouping of AHPs, Nursing, dental support and Medical & dental staff the Board employed 514 in 2020 to rising to 522 in 2022.
- The workforce is ageing with 48% of employees aged over 50 year and the highest proportion of employees in the age bracket of 55-59 years.
- 14.25% of the nursing and midwifery (63 employees) are aged 60+ years and there is the possibility that they may retire within the coming 12 months.

- Sickness absence, at September is reported as 6.43%, rising from 6% in August and 5.47% in July, and anticipate a further increase in October – December taking account of the winter virus pressures.
- Looking at the reason for absence, 544 days were lost to conditions reported as anxiety/stress/depression/other psychiatric illness – however the data does not differentiate between work and personal related factors. The next highest loss of days is 332 days reported as other musculoskeletal problems followed by 145 days lost to back problems. The Wellbeing Group have agreed a Wellbeing Strategy and Action Plan which will include a focus on mental wellbeing.
- Post advertised resulted in 448 posts being advertised over the last 12 months attracting 1719 applications received, equating to statistically 3.56 applications per post. Comparing this with individual adverts e.g. 2021 medic FY1 General Surgery attracted 53 applicants; Specialist Biomedical Scientist attract 41 applications and a Healthcare Support Worker receiving 17 applications. However there is concern at receiving fewer applications that are suitable for interview; higher number of applications from overseas, many of which appear speculative to the whole of the NHS and where applicants do not have the necessary qualifications attributed to Scotland and UK wide.

Diane MacDonald updated Board Members on the position of potential strike action, advising that there is no ballot locally from Unison or Unite but she has received positive ballots for industrial action from RCN, which has a membership of 260 nurses locally. The pay award has been put forward to national union groups for consideration.

The Chair advised that the report has been scrutinised by colleagues within the Staff Governance Committee.

Prof. Smith advised, as the Chair of Staff Governance Committee, that actions have been taken on the long standing issues such as sickness absence in relation to how the board can support staff on their health issues and how to promote a positive return to work.

Abdul Elghedafi, commented on the issue of attracting more people to the organisation and noted his concern that nothing seems to have changed as to how the Board advertisement or campaigns to attract people, for example podiatry advert has gone out 10 times. Is there any opportunity of enhancing the package to attract people to come forward rather than advertising the same role in the same way with no change in the outcome.

Diane MacDonald disagreed that there has been limited action and advised that a significant amount of actions have been taken to enhance recruitment to these roles. Members were advised of the work on recruitment and retention premium, however there is a limitation on what can be done locally as there is a framework around the NHS and Agenda for Change structure which requires national sign-off which is supported by local sign-off from the Chef Executive and the Employee Director.

The Chair clarified that recruitment is a national issue and not just within the island reflected on Mrs. MacDonald circulating the application process to Members previously, which Mr. Elghedafi, Ms. MacKenzie and the Chair provided comments to, which Mrs. MacDonald will be taking forward.

Work continues to attract people on the island to support economics of the local community, however as noted within the long standing demographic report provided by Debbie Bozkurt the aspect of attracting people to the NHS, however the report cuts across all sectors from tourism, shops/supermarkets to trades e.g. electricians, joiners, plumbers and builders. Our limitations in what we can pay are set out in the Agenda for Change national guide and therefore we are unable to be compete with private companies.

Prof. Smith acknowledged the comments from colleagues but commented it's not about dumbing down on professions but its more about looking at the skills and the needs of the patient and where the skills deficits are and they are best met by either nursing, AHPs or other work groups. There is also a need to make the environment as attractive as possible to retain staff who would be committed to the population they serve. The default position is "we train to maintain".

Mr. Elghedafi considered the points made in relation to aspects of the premium payment which has been outstanding for a period of time, asking that this is prioritised. He suggested that advertising posts to make them more attractive by paying people at the top of the salary grading, assist those wishing to move to the islands in finding schools, housing, and general support pathways. He Acknowledging that there is a national shortage does not mean that people will stop considering moving to the islands and we need to make the supportive package as good as the employment package.

Julia Higginbottom suggested that there could be benefit in contacting community trusts to enquire as to available housing as some trusts are expanding their own housing stock. In light of some of the challenges being seen within Council housing and HHP.

The Chair explained that the issue of economic, population growth, housing and poverty are being discussed within the Community Planning Partnership which is multi-agency.

Debbie Bozkurt drew colleagues again to the quarter 2 demographic report, reiterating the data signifies that there are not enough people living on the island to support to support service delivery not just within the NHS or Social Care but across the majority of employers' throughout the islands. People will not necessarily move from the mainland to the islands to take up a post on minimum wage and further impacted on the housing issues, the cost of living, transportation cost and the lack of nursery care.

The Chair thanked Members for the constructive discussion.

Decision: The Board formally noted the report.

Actions: No actions required.

The Chair invited the Chief Executive to provide an update

The Chief Executive, Gordon Jamieson, provided a verbal update on the legionella outbreak within the Western Isles Hospital. The following points were noted:

- System value replacement was initiated a number of weeks ago as part of maintenance work
- The outlet testing showed legionella species
- Due to the change in the bed capacity of the Western Isles Hospital the volume of water retained in the tanks is greater than the required capacity of the throughput
- Filters have been attached to taps and shower heads
- Cold water comes directly from the mains system and not stored in tanks
- A flushing programme is underway with all taps being run 3 times a day
- Once the outlets are all filtered and then the value replacement work will continue

Dermot Gorman, Director of Public Health Locum, acknowledged the work being undertaken and the continuous support and dedication from the staff to ensure that patients and staff remain unaffected.

The Chair expressed the Boards thanks to all staff involved in the testing and the flushing of the systems and all the testing and wished a communication circulated to staff noting the Boards thanks.

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

11.1 Staff Governance Committee

11.1.1 Staff Governance Committee Minute of 12.05.22

11.1.2 Staff Governance Committee Minute of 23.08.22

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.2 Area Clinical Forum

11.2.1 Area Clinical Forum Minute of 30.08.22

11.2.2 Area Clinical Forum Minute of 27.09.22

The Chair asked about the optometry issues noted within the minute of the 27.09.22

Dr. McAuley provided assurance that the optometry provision is supported by Doigs based in Stornoway, to provide eye care rather than the provision of glasses. Striving to get an optometry service up and running on Barra. The Board has purchased the equipment and sub contracted the service to Doigs but we are struggling to find a location / estate to provide the service out of, in line with specific conditions as set out by the NHS. The GP Practice and the Hospital is not sufficient space but have identified a potential location and discussions continue. An optometry service will be provided on Barra and Vatersay but currently it will be provided from St. Brendan's.

The Chair thanked Dr. McAuley for his update.

Decision: The Board formally noted the report.

Action: No actions required.

11.3 Area Partnership Forum

11.3.1 Area Partnership Forum Minute of 18.08.22

11.3.2 Area Partnership Forum Minute of 30.09.22

The Chair asked for clarification from the minute of 18.08.22 in relation to the MRI scanner.

Dr. McAuley updated members that the national procurement department within the Scottish Government and they are reflecting on the public funds available. Currently there is no prospect of obtaining funding for an MRI scanner this financial year, but further review will be held in 23/24 by the capital investment group for a decision, however no guarantee.

Decision: The Board formally noted the report.

Action: No actions required.

12. EVALUATION

	YES	NO	COMMENTS
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		
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?	✓		Additional narrative information was requested in relation to DNAs & Cancer target dates.
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: Note the outcome of agenda item 8.2 on the agenda.

The Chair thanked everyone for their contribution to the discussion and brought the meeting to a close at 1:00pm.

END