

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
29 MAY 2024
HELD AT 10:00AM
MICROSOFT TEAMS



Members Present:

Jane Bain	Employee Director / Non-Executive Director	Francis McAuley	Medical Director
Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Colum Durkan	Director of Public Health	Jocelyn McConnachie	Non-Executive Director
Julia Higginbottom	Non-Executive Director	Frances Robertson	Deputy Nurse Director and Chief Operating Officer
Gordon Jamieson	Chief Executive	Annetta Smith	Non-Executive Director
Paul MacAskill	Non-Executive Director	Paul Steele	Non-Executive Director
Naomi MacDonald	Non-Executive Director	Sheena Wright	Whistleblowing Champion & Non-Executive Director (link via Teams)
Karen MacLeod	France Chair of ACF / Non-Executive Director		

In Attendance:

Nick Fayers	Chief Officer, Integration Joint Board
Maggie Jamieson	Head of Communications, Claims and Patient Information
Diane MacDonald	Director of Human Resources and Workforce Development
Cheryl Martin	PA to Director of Finance and Procurement
Frances Robertson	Deputy Nurse / AHP Director and Chief Operating Officer

1. WELCOME

The Chair, welcomed everyone to the meeting, specifically welcoming Frances Robertson to her first meeting. It was noted that the meeting is being recorded with the single purpose of supporting the production of the minute.

The Chair noted to Board Members and those members of the public present that the Board withdrew a paper from the agenda, Impact assessment of the new public service obligation between Benbecula and Stornoway in line with the purdah election guidance. The Chair advised that a special public Board meeting will take place shortly after the elections on the 4th of July 2024, to discuss the paper, date to be confirmed.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Fiona C. MacKenzie	Nurse / AHP Director and Chief Operating Officer
Michelle McPhail	Corporate Business Manager

3. INTRODUCTION

3.1 Chair's Report

The Chair, Gillian McCannon, provided an update on:

1 – Scottish Government Nursing and Midwifery Taskforce ~ The Chair advised that the Taskforce will meet in June 2024 with the four sub groups coming to an end and providing their recommendations to the Cabinet Secretary. The Listening Project which is the overarching “listening ear” service provided an opportunity for nursing staff to engage and be heard as to the issues which are important to them. The Chair will update members in due course as the consideration of the recommendations by the Cabinet Secretary.

2 – Patient Safety Commissioner for Scotland Act 2023 – Baroness Cumberlege conducted an independent medicines and medical devices safety review, advising on patients concerns from across the UK on safety of medical interventions. The Scottish Government agreed with the Commissioner's recommendations and will be appointing a Patient Safety Commissioner for Scotland, who will have the same rights and responsibilities as their counterpart in England.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

3.2 Chief Executive's Report

The Chief Executive, Gordon Jamieson provided members with an update on:

- 1 **Recruitment of Medical Staffing** – The Chief Executive informed Members that the Board is soon to conclude the recruitment process of medical staff for the Benbecula Medical Practice which became a 2C practice recently and under the management leadership of the Health Board, with 5 GP posts currently under offer. The additional staff will cover the Benbecula Medical Practice, the Uist and Barra Hospital as well as including the Out of Hours service, which will be included in the duties of the newly appointed post holders.

G. Jamieson explained that the emphasis for the Board is to ensure that the continuity of care for the patient is paramount. In summary the appointment has been a very successful campaign resulting in multiple posts under offer.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

4. DECLARATION OF INTEREST

Board Members did not declare any conflict(s) of interest in relation to the content of the agenda, which may require a declaration of interest.

5. MINUTES

5.1 Minute of 21.03.24 - DA

Board Members approved the Minutes of the meeting held on 21 March 2024 as a correct record of the discussion.

Decision: The Board formally approved the Minute of the meeting of 28 February 2024.

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 of the eleven actions contained within the report, 5 points have a green status and on course for presentation by the noted date, 2 points are amber and further 2 noted as overdue in red. The Chair asked for the Executive Directors to provide updates relating to:

26.10.22 - 7.3 Performance Monitoring Report – Seeking DNA information. The Chair explained that she was aware that the action is being progressed, advising that the information is still required by the Board Members in light of the Nurse / AHP Directors absence.

UPDATE

30.11.22 - 6.1 Finance Performance – seeking update on the work to appoint to Psychiatry to reduce the financial expenditure on locums – N. Fayers provided Members with an update, noting that within the budget there is funding for 2 psychiatrists posts, and currently one post is out for considered and being progressed as a contract for services and the second post is under an employment offer.

N. Fayers explained that a Service Level Agreement (SLA) is being negotiated with NHS Greater Glasgow and Clyde to provide an extended psychiatry clinical partnership.

A further verbal update will be provided at the next Board meeting.

The Chair and Members agreed to adjust the RAG status to Amber as noted the update and the work in progress. This was agreed.

UPDATE

28.06.23 - 3.2 Cancer Service Update – *The Chair noted that the Board agreed to retain this item on the agenda, further to the update provided to future Board meetings.*

Dr. McAuley advised that arrangements for the provision of oncology consultant service lies with NHS Highland and patients are being provided with a very positive experience. A meeting is scheduled between NHS Highland Cancer Services Manager and Dr. McAuley to review all cancer services and progressing to an improved position in some specific key areas.

The Chair acknowledged the work being progressed and expressed the Boards thanks for all endeavours.

UPDATE

30.08.23 – 9.3 Effect of Demographic Change on the Western Isles – *Present the information to the next Outer Hebrides Community Planning Partnership.* It was noted that the Outer Hebrides Community Planning Partnership (OHCPP) meeting was scheduled for 16 May 2024, however this session was postponed and will be rescheduled.

Cllr. Steele, who is also the Chair of the OHCPP, explained that another date is being identified but also an important aspect for consideration is the release of the census data to enable further demographic analysis.

D. Bozkurt advised that the report presented to the Board, which is the same report due for presentation to the OHCPP, could obtain an update with more relevant information, if enough time was provided in establishing the next meeting. **UPDATE**

21.03.24 – 7.1 Corporate Risk Register - GP Out of Hours (OOH) Report on WIH Front Door 7 day working plan to be presented. The Chair note that an OOH paper in on the agenda. Remove this item. **REMOVE**

21.03.24 – 7.2 Western Isles Performance Report – *Additional cancer breach information to be included in the full report.* The Chair noted that given the issue that the RAG status should be increased to Amber.

G Jamieson explained that there is a need for greater understanding as to the status of the available data being live, or retrospective. The more live or relevant the data, the greater the ability to influence change at the earliest point. Cancer Trackers support and where possible ensure that breaches are limited. It was noted that nationally cancer diagnosis and treatment is a priority, as it is for NHS Western Isles in ensuring that patients are diagnosed and treated as early as possible to obtain the best outcome possible. The Island residents / patients who require specific treatment by another NHS Board are placed on that Boards waiting list and then they are out with NHS Western Isles control, but nevertheless the Board continues to put the interests of its residents at the fore.

The Chair thanked the Chief Executive for the update.

UPDATE

21.03.24 – 7.2 Western Isles Performance Report – *Dementia Plan will be presented in due course.* The Chair advised that this action remains as noted however it is known that the Dementia Plan is being progressed.

G. Jamieson explained that the replacement of a dementia consultant is still noted as a vacancy. Discussions continue and being explored to identify the best model which will capture both diagnosis of dementia as well as the increase in post diagnostic support.

The Chair recommended that this action is amended with a deadline date as of this meeting and the RAG status is amended to Amber, which Members agreed. **UPDATE**

21.03.24 – 8.1 Board Governance Review – Committee schedule to be circulated. Noted as complete and to be removed. **REMOVE**

21.03.24 – 8.3 Childcare Provision – An Cotan – Formal report to be presented to the Board. The Chief Executive advised that a report will be presented on the position of An Cotan to bring to a close. The other pertains to childcare support, in particular care for zero to 3-years of age, and the impact this is having on the Boards ability to recruit and retain staff, as well as getting staff to return to work from maternity leave, which is of greater concern right now.

The Chair expressed her and the Boards thanks to the Chief Executive for the level of work required to move this forward. It was noted that this action will remain green. **UPDATE**

The Chair thanked Members for their review and updates in relation to the action points.

Decision: The Board formally noted the updates.

Action: No action required.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Report

6.1.1 Appendix 1 – Narrative Report

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

Discussion: The Director of Finance, Debbie Bozkurt, explained that due to the work required to address the Annual Accounts, a written report was not available. It was noted that the unqualified accounts are showing a small surplus, and following final review of the auditing process, the Annual Accounts will be presented to the Audit & Risk Committee in June. D. Bozkurt explained that the achievement is in part due to the grip & control process in monitoring and controlling budget expenditure. Discussions continue with agencies to negotiate the best possible agreement for the provision of medical locums.

D. Bozkurt explained that the Board's breakeven position has been achieved for the 16th consecutive year, which required considerable work and achievement given the challenges facing the Board in relation to poor demographics, recruitment pressures, the high cost in employing consultants and the increased level of Delayed Discharge for patients who no longer require medical intervention and await a placement and support within a social care environment..

The Director of Finance indicated that in moving forward and addressing the 2024/25 budget, there will be an intense period of pressure as a direct result of the transport issues linked with the interisland public transport changes and the ability to continue to provide services within current locations.

D. Bozkurt wished to express her thanks to all members of staff, at all levels, for their continued support in enabling the Board to break even. The level of awareness and observance of expenditure will continue in forthcoming years as cost pressures continue to rise.

Financial monitoring and the production of a detailed report will commence at the end of the first quarter for 2024/25 fiscal year, and will be reported to the Finance, Performance & Resource Committee.

D. Bozkurt advised, that as reported previously, the Board has a financial gap of approximately £5.5m against the financial allocation from Scottish Government. The gap has been reduced to roughly £1.9m of savings identified. Work continues to reduce the gap further by appropriate review of cost pressures and vacancies and all in line with the Scottish Government efficiency checklist, regarding the 154 points, which the Board was appraised of previously.

Board members considered the points raised in the verbal report, commending the Directors and all staff for their hard work and dedication enabling a break even position to be declared during inflationary and external cost pressures which is a great achievement.

The Chair thanked all members for their contribution to a very informative discussion and thanked Ms. Bozkurt for the financial update.

Decision: The Board formally noted the verbal report.

Action: No actions required.

6.2 Capital overview 23/24 & Programme 24/25

6.2.1 Appendix 1 – Capital Overview 23/24

6.2.2 Appendix 2 – Capital Programme 24/25

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

Discussion: The Director of Finance presented the reports for Board Members' awareness. It was noted that D. Bozkurt would not discuss the capital expenditure for 23/24, however she would discuss the capital programme for 24/25 (item 6.2.2).

D. Bozkurt drew Members attention to the report, noting the normal capital allocation of £1.291m, which has not changed in the previous 5 years, has been obtained, however building inflation outstrips the allocation.

In noting the number and expenditure of the projects proposed, equating to £3.341m, the allocation does not enable all projects to progress. The total of the projects, both approved and noted, relating to the first 5 projects on the appendix, as well as the 7 priority 1 projects will utilise the allocation, leaving a contingency of roughly £43k. The Corporate Management Team have approved priority 1 projects and will obtaining the Accountable Officer sign-off.

The Chief Executive explained that six months ago a traumatic event in terms of severity of injuries was presented to the Accident & Emergency Department within the Western Isles Hospital. The review of the incident identified the requirements of a physical environment review to safeguard future treatment of complex presentations. It was noted that the approved capital allocation would enable and address the changes required in the resuscitation and consultation rooms to increase room capacity to accommodate the required number of professionals necessary to treat major traumatic incidents. G. Jamieson remarked that while the ED department is under construction, an alternative location will be identified but noted the need to progress this as quickly as possible from early summer onwards. All governance committees will be kept up-to-date relating to clinical and financial project monitoring including risk evaluation.

D. Bozkurt provided an explanation as to the other approved priority 1 capital projects including the need to provide the organisation with robust backups and address cybersecurity, both being imperative to implement. The other projects were noted, relating to the withdrawal of analogue telephone moving onto a digital platform and providing the correct equipment for specific diagnostic treatments.

Members asked for more detail in relation the robust backups, and were advised that currently the Boards data is backed up once or twice a day over a network exchange system with the Comhairle. This is a reciprocal arrangement where the Council back up on to the NHS system. The improvements will result in more robust processes and systems in place with back-ups happening 5 times a day and over a more secure network and enable the ability to extract a backup which can be read and used. The Chief Executive advised that he was taking responsibility to ensure that the essential upgrades would be addressed to, where ever possible, mitigate any possible cyberattack.

In responding to Board Members' questions, the Director of Finance explained that the lower priority projects have full business case details, which detail the risk assessment and note the consequences of not being approved. A detailed summary report relating to the consequences and impacts will be presented to the Board at the next meeting.

Cllr. Steele asked the Directors for an update on the position of mobile dental chairs which was noted as part of the redesign of services. A questions was asked about the position of emergency provision, given the changes to the Western Isle Hospital, Uist & Barra Hospital and St. Brendan's Hospital.

The Chief Executive explained that ensuring the correct standard of facility is important when discussing the provision of accident and emergency treatment. It was noted that approximately £500k is being invested in Uist & Barra Hospital to co locate the resuscitation facility close to the ward area and the provision of the new dental hub.

G. Jamieson explained that the hospitals in the Uists and on Barra are "no bypass hospitals", meaning that staff are on their own in an incident for an undefined period of time and the facilities need to be suitable to support treatment for that undefined period of time. This was part of the consideration in improving the resuscitation facilities, which also addressed part of the redesign of the dental hub location.

In responding to the question relating to St. Brendan's the Chief Executive explained that in the majority of cases, for Uist & Barra Hospital and St. Brendan's Hospital assistance is provided by the retrieval team. They were asked for their concerns in relation to the facilities and it was noted that more space and more light would be required, given that the retrieval team bring with them required equipment. St. Brendan's did have 5 beds which has been reduced to 3 and the capacity has enabled the emergency side to increase. Further review and consideration is to identify specifically the other areas of work, however the longer term replacement still remains outstanding in relation to the Barra and Vatersay Community Campus.

In conclusion of the discussion, the Chair noted that the projects approved by the CMT and the Accountable Officer are necessary and appropriate, resulting in a contingency of £43k to support any capital needs for the remainder of the year. Members were advised that from a governance perspective, the review of capital and any necessary monitoring of capital projects will be addressed via the Finance, Performance and Resource Committee.

D. Bozkurt explained that any additional or necessary in-year capital expenditure would require the financial support of the Scottish Government before being taken forward.

The Chief Executive added, in relation to the question posed by Cllr. Steele, that any additional or necessary work in relation to St. Brendan's would have to be discussed with the Scottish Government capital officials as the Community Campus was under a separate funding stream in support of its development, and this should be linked to any interim work required on St. Brendan's.

The Chair expressed her thanks to Members for the in-depth review of the position and that the Board was in support of the monitoring and expenditure on the identified capital projects.

Decision: The Board formally noted as assurance the report and its allocation of funding.
Action: Present a summary report as to the other capital projects, priority 2 and below, to the next meeting of the Board. **D. Bozkurt**

7. PERFORMANCE

7.1 Corporate Risk Register – May 24

7.1.1 Appendix A – CRR Detailed Report

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

Discussion: Gordon Jamieson drew Members' attention to the report advising that 17 risks are contained on the register with a number of these due for review from June onwards, and highlighted the following points:

- 043CRR ~ in providing a verbal update on the current position, it was noted that a dedicated cyber security analyst is in post and is focussed on the work noted on the risk register and the Plan is underway to strengthen the Board's position. This is reflected in the previous item where capital project has been agreed.
- 048CRR ~ in addressing the risk associated with legionella and water system, the organisation continues with daily flushing throughout the Western Isles Hospital and testing continues every two weeks, however there has been no positive test results since May, however staff still remain vigilant.

Replacement of the water tanks and plant had been concluded and water filters were on all taps and showers for a period of 12 – 15 months at an additional cost of £34k per month have now been removed. This risk come July may be reduced as a result of the interactions being taken.

Cllr. Steele, in relation to 004CRR, noted that there is some concern in the Uists as to continuation and support of an Orthopaedic consultant, and noting the transportation issues, recognised that this will not be discussed at length given Purdha, seeking any relevant and available update.

At this point Cllr. Steele made a declaration as he has a personal interest in the service.

The Chief Executive was able to advice, within the election guidelines, that reviews have been undertaken relating to the flights route, there are implication in getting patients transported using the public flight service and the impact this will have on the Board providing a service. The Boards commitment remains, were services can be retained and provided locally, they will be.

J. Higginbottom, on reviewing the register, commented on a number of risks which remain as a higher risk level and have remained there for a significant period of time., what can be done to move these forward in relation to risk appetite, for example 042CRR IT digital health with a target of 8 but remains at 20.

G. Jamieson envisages that come July, at the time of review, the scoring should reduce closer to the target, given that individual staff have been appointed to address this and progress has been made.

G. Jamieson, considering the discussion suggested that additional narrative advising specifically on the current position, the target and what is being addressed to reduce the scoring to date. This will provide a level of understanding and assurance as to the work underway. Members agreed to this.

J. Higginbottom commended colleagues for the level of detail providing assurance but welcomed the increased narrative which will improve the visibility and openness as proposed by G. Jamieson.

The Chair reflected on the points raised and noting her concerns in relation to the Boards position on waiting times, asked for clarification on a few areas including urology.

G. Jamieson explained that urology is a service provided by NHS Highland which has a National Treatment Centre (NTC) and following diagnosis, and if appropriate, patients may be treated within the NTC. However the increased activity will be subject to an additional charge placed against the Board for off island treatment. If this occurred a funding resource to meet this increased need for treatment within the NTC would have to come from Scottish Government.

G. Jamieson explained that at the time the Scottish Governments established National Treatment Centres, the Board recognised from the start that the services it provides to the residents of the Islands should maintained providing these as close to home as possible and therefore there was very little involvement by the Board in the development of NTCs. NHS Highland assured the Board at the time that a “hub and spoke” model would be maintained and consultants would continue to travel to support and maintain our island healthcare system.

G. Jamieson noted the importance of the question from the Chair, but recognised that the position of the Board is, and always has been, to ensure that treatment is provided locally and as close to home for patients, with the specific specialised care being provided with the support of mainland Boards. Caution should be noted as the totality of services provided sits locally, compared with the productivity of services provided by the NTCs.

The Chair and Members agreed with the Chief Executive's statement.

The Chair thanked Mr. Jamieson for the report and the detailed discussion held by members.

Decision: The Board formally noted the report.

Action: No actions required.

Refreshment break taken from 1135 – 1145

7.2 Information Governance Performance Summary

7.2.1 Appendix 1 – Narrative Report Jan-Mar'24

Issue: *The Board was asked to note for assurance the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan presented the summary report for January to March 2024, noting:

- Subject Access Requests (SARs) received in 2023 was 151, with a 16% increase to date 2024 noted. The trend continues with 54 SARs being made in January to March 2024 and projecting for the remainder of the year a further 146 SARs expected.
- 241 Freedom of Information (FOIs) requests have been received within the reporting period with 92% of requests receiving a response within the 20 working day timeframe. 16 requests obtained a response out with the 20 working day target.

C. Durkan explained that the report provides the data in the numbers received and responded to, however the report does not allude to the complexity of those requests and the number of specific questions within each submission which staff across the majority of departments have to address.

C. Durkan advised Members that further consideration is being given to the staffing capacity within the department to address the year-on-year increase in the number of requests being made, as work will become unsustainable with the current staffing level.

The Chair thanked Dr. Durkan for the report, conveying the Board Members thanks.

Decision: The Board formally noted the report.

Action: No actions required.

7.3 Healthcare Associated Infection Report

7.3.1 Appendix 1 – Detailed Report

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

Discussion: Gordon Jamieson presented the routine report to members, drawing their attention to the collective hospitals summary for February to March 2024. Specific attention was noted on the cleaning, hand hygiene and estates monitoring which is being maintained at a very high compliance rate. Further on in the report, Members recognised the significance of the surgical site infection data resulting once again in zero infections post op being reported

The Chair recognising the continued pressure on services, staff should be commended for their continued efforts to maintain and deliver a high level of cleaning compliance. In scrutinising the report, the Chair remarked on the level of the healthcare associated infection rate which could be linked to the increased use of contingency beds and the reduction in bed spacing as a result.

The Chair thanked Mr. Jamieson for the report.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

7.4 Complaints Report Q4 summary

7.4.1 Appendix 1 – Detailed Report

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

Discussion: In providing the Board with the detailed summary, Debbie Bozkurt advised that for the reporting period of January to March 2024, Q4 23/24, in total 44 complaints were made, with 6 being addressed as stage 1.

In drawing Members attention to the appendix, D. Bozkurt noted the reduction in the number of complaints received this year in comparison with 2022/23. This could be related to the historical learning from previous complaints, which is reported to the Learning Review Group, with the learning outcomes being actioned and implemented to reduce future impact.

Advising on the monitoring and reporting of complaints D. Bozkurt reported than an additional column will be added to the detailed report indicating at what stage the complaints process is at. This will help to provide greater scrutiny of the information presented at the Board Committee meetings such as Audit & Risk Committee as well as Clinical Governance Committee.

The Chair asked about the handling of those complaints which are known from the outset will not achieve the target response date. D. Bozkurt assured Members that a response date is known at the outset, considering if a specific response is required from a member of staff who is on leave, the extended date is advised to the complainant.

Members enquired when a complaint is made against staff, clinical/locums or medication, how is the information imparted to those concerned, especially in relation to locums who may have left the organisation after their contracted time.

In considering the Chair's request, D. Bozkurt advised that not all complaints are upheld fully or partially, however feedback is given to the Medical Director to address with medical staffing on the findings.

The Chair thanked Ms. Bozkurt and the associated staff for their endeavours.

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

Action: **No actions required.**

8. CORPORATE GOVERNANCE

8.1 Immunisation Report 2022/23

8.1.1 Appendix 1 – Detailed Report

Issue: *The Board was asked to note for assurance the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan presented the report, explaining that the report covers all vaccinations available to adults and children. The Board's uptake levels compares favourably across other NHS Boards in Scotland, which is very encouraging. In some areas, the vaccination uptake is not as high across the field of vaccinations available and work in ongoing to help to improve this and advise members of the public on the benefits of being vaccinated.

The Chair commented on the section in the report where the provision of a centralised vaccination location could be having a negative impact on the number of people being able to obtain a vaccine. Dr. Durkan advised that this is being reviewed.

The Chair, considering the provision to all groups of people the report does not provide data on a breakdown as to ethnicity. Dr. Durkan would look at this as a future development.

The Chair thanked Dr. Durkan and the vaccination team for their hard work.

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

Action: **No actions required.**

8.2 NHS Western Isles Anchors Strategy

8.2.1 Appendix 1 – Anchors Strategy Plan 2023-26

8.2.2 Appendix 2 – Place & Wellbeing Anchors Guidance

Issue: *The Board was asked to make a decision on the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: In asking Dr. Durkan to present the report to the Board, the Chair remarked on her appreciation in noting the Anchors Strategy being presented to Members for decision, which will support and inform the work of the Population Health and Wellbeing Board Committee once it is established in the autumn.

Dr. Durkan presented the report, notifying Members that the credit for the development of the Strategy is extended to the Health Promotion Team. In taking this piece of work forward, Members of the Health Promotion Team have already started to engage with a variety of stakeholders across the organisation to ascertain their availability to support the work over the next 12 months.

It was explained that if the Board approves the Strategy, the success is underpinned in implementing the Plan with the support of stakeholders.

The Chair, considering the implementation of the Strategy may be more problematic noting the identification of the pillars – e.g. under procurement, spending more locally.

Overall the report is very positive and advised that there is key role for the Outer Hebrides Community Planning Partnership to play in supporting the implementation.

Dr. Durkan reflected on the points raised during Member's deliberation, advising that he would provide a status report presented to the Board in a number of months as to the implementation progress. Members fully supported the suggestion.

Decision: **The Board fully supported the Strategy**

Action: **Future progress implementation report presented to the Board in August 2024.**

Colum Durkan

8.3 Outer Hebrides Child Poverty Report 22/23

8.3.1 Appendix 1 – Detailed Report

Issue: *The Board was asked to note for assurance the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan presented the 2022/23 action report on Child Poverty, providing an update as at November 2023 on the action plan progress to date, supported by the Health Promotion Team within NHS Western Isles.

N. MacDonald, welcomed the direction being taken to support children and being made aware of a member of staff within the Health Promotion Team who has a role responsibility to support children who are in poverty.

K. France MacLeod recognised the breadth of work being taken forward and suggested that the report is circulated wider within Head of Departments for awareness and to take cognisance of the outcomes and areas of deprivation.

The Chair advised that she is a member of the Anti-Poverty Strategy Planning Group, which is a multidisciplinary sub group of the OHCPP. The Chair asked that Dr. Durkan could, as suggested by Members, circulate the report to a number of key stakeholders, to expand knowledge and understanding.

Members welcomed the detailed report.

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

Action: **No actions required.**

8.4 Communications Strategy & Action Plan

8.4.1 Appendix 1 – Detailed Strategy

8.4.2 Appendix 2 – Fairness Assessment

Issue: *The Board was asked to make a decision on the report presented by Maggie Jamieson, Head of Communications, Claims and Patient Information.*

Discussion: Maggie Jamieson drew members' attention to the Strategy, advising that the report presented is in its 7th version, and first developed and approved in 2007.

The purpose of the Strategy is to ensure that the Public and Staff are fully aware as to how the Board communicates with people, via social media and website. The Strategy was out for consultation in March and April and obtained useful feedback relating to jargon and using plain English terms. It was important to note that each department have their own communications plan, as to how they communicate within the organisation and with external stakeholders.

M. Jamieson advised Members as to the specific changes or updates made within the report. It was advised that the key in getting the Strategy circulated and understood lies within the departmental action plans, and understanding why processes are in place.

The Chair thanked Mrs. Jamieson for the very informative Strategy and asking Members of the Board to take cognisance of the processes, noting that the key issue.

Decision: **The Board formally approved the Strategy.**

Action: **No actions required.**

8.5 No report presented.

8.6 Scottish Government Ministerial Annual Review

8.6.1 Appendix 1 – Ministerial AR letter 23/24

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

Discussion: The Chair wished to make Members aware of the letter from the Ministerial Annual Review visit in March 2024, noting the importance placed upon the discussions with the Boards Advisory Committee Members - Area Clinical Forum and the Area Partnership Forum and the positive and constructive working groups.

Noted within the letter there were a number of areas which need to improve i.e. delayed discharges.

The Chair noted that this was a very positive review and Ministerial group were well sighted on the work of the Board.

Decision: **The Board noted the Annual Review letter.**

Action: **No actions required.**

8.7 NHS Western Isles Teams Etiquette

8.6.1 Appendix 1 – Detailed Report

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

Discussion: The Chair advised that this is to affirm the Boards Teams etiquette.

Gordon Jamieson advised that this focusses on the use of Teams and how people attend and interact in the Boards business across Teams.

The Chair welcomed the standardised approach, noting the links to freedom of information. The Committee Chairs, can in exceptional circumstances may record a meeting e.g. when secretariat may be on leave and no other support available. Members welcomed the flexible approach in appropriate circumstances.

G. Jamieson asked for an addition, to be made, given the discussion, that the recording is deleted after the completion of the minute and the sign-off but at the point where a set of minutes are approved by the committee or the group that the administrator deletes the recording.

Members agreed with the points noted, suggesting that the given the development of the Artificial Intelligence technology a review date should be added to the Etiquette. The review period should be every quarter, given the speed of technology development, and presented to Finance, Performance & Risk Committee, rather than the Board. Review should be undertaken by the appropriate professional directorate within the organisation.

Members approved, in summary, is:

1. to adopt a review date, quarterly, of the Etiquette Standards and
2. if a meeting is being recorded the deletion of the recording will be made once the formal minutes are approved by the Board / Committee or group.

Reflecting on the discussion, the Chair noted the point raised that Microsoft is developing in its complexity, there may be a risk that as systems develop how do we deal with the training and competency of staff in addressing this. It was suggested by Members to utilise the Digital Development Team within NES to support and navigate the way forward.

Decision: The Board formally approved the Etiquette with the caveat as noted.

Action: No actions required.

9. SERVICE DEVELOPMENT

9.1 Managed Laboratory Service

Issue: *The Board was asked to note as awareness the report presented by Dr. Frank McAuley, Medical Director.*

Discussion: Dr. McAuley provided a synopsis of the report to Members, noting that the facilities and equipment within the Western Isles Hospital laboratory department is outdated and requires modernisation. The Corporate Management Team took the decision to undertake a full development of the service environment working with Roche Diagnostics entering into a Manage Laboratory Service agreement (MLS) with Roche redeveloping the full area including new equipment. The full upfront capital cost funding is not required within the MLS, a significant amount of risk sits with the supplier being Roche. There will be a guarantee that all the equipment will link with each other and the information will be reportable up to the national system being SCI Store in relation to clinical governance and patient safety. There will be the ability, once the department is redesign, to repatriate a number of lab services and tests back into the Western Isles Hospital.

The concept and funding has been scrutinised and advising of the single award process via the NHS Framework process and it is anticipated that the work will start this year. However it was noted that the planned work is being scheduled to ensure that no laboratory service is displaced, sequential approach resulting in one system out and immediately replaced.

Members deliberated and commented on the positivity of the report, enabling modern equipment used to support in house service as well as the upskilling and appropriate utilisation of staff ensuring forward thinking.

The Chair commended Dr. McAuley on the very positive report and for leading on this piece of work, noting the significant challenges, expressing Board Members thanks to be passed onto the Laboratory Manager and staff.

The report is in its conceptual stage and noted that the development of the redesign will be presented and monitored via the Finance, Performance and Resource Committee.

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

Action: **No actions required.**

9.2 Out of Hours Service Provision

Issue: *The Board was asked to note as awareness the report presented by Dr. Frank McAuley, Medical Director.*

Discussion: Dr. McAuley provided the paper, providing historical background and an update on the service. The Out of Hours service is now known as Primary Care Out of Hours service, which is an urgent care service.

Within the Western Isles we have in place 24/7 urgent unscheduled care services across the three islands utilising the Uists and in Barra community hospitals as the local hub.

Two models:

1. Lewis & Harris – Rural General Hospital, Western Isles, with a 24/7 staffed A&E department, 24/7 consultant lead co speciality service providing service.
2. Uists -
 - Appointing on Barra acute GPs to provide the GP and provide cover within the community hospital, and developing staff to the level of Advanced Nurse Practitioners to support service delivery with GPs in an advisory role.
 - Uist Benbecula Medical Practice is now a 2C Practice and the organisation is about to appoint to the 5 GP positions providing GP and community hospital support. A number of the GPs have previously worked as a locum on the islands.

The Chair thanked Dr. McAuley for the positive report and enabling clarification on a number of points.

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

Action: **No actions required.**

9.3 MRI Project Update

Issue: *The Board was asked to note as awareness the report presented by Dr. Frank McAuley, Medical Director.*

Discussion: Dr. McAuley updated Members on the agreement by the Scottish Government to implement an MRI scanner within the Western Isles Hospital. The initial work has revealed a few structural issues which have associated costs; however the Board has obtained continued support by the Scottish Government, with an anticipated date of 2026/27 on Island.

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

Action: **No actions required.**

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report Mar'24

10.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note the report, obtaining assurance, presented by Diane MacDonald, Director of Human Resources and Workforce Development.*

Discussion: Diane MacDonald presented the report highlighting:

- Age profile improving – work experience continues and encourage managers to accept work experience pupils. Providing positive destination for young people and linked to being an Anchor organisation. 7 positions have gone out for student summer recruitment, to target young people who are studying and provide an opportunity to secure links with the Islands with the hope of attracting them to join the Boards. Careers event in June, an NHS only event will be held at the Nicolson to attract P7 to S1 by providing a transition pathway.
- Attendance/absence for March 4.96% the lowest rate in the reported previous 2 years. This level now includes those with Covid, which had previously been reported separately. Staff are being managed appropriately to support a return to work. With the greatest absence reason being anxiety/stress/depression at 313 lost days.
- Recruitment remains a challenge, however the links with UHI have helped to recruit new nursing staff.
The attraction work on the GP posts in the Uists was a very successful campaign.
- The North of Scotland International award has been given for pastoral care to support those recruiting internationally.
- Reduced working week, with the 01 April being the National requirement to reduce working week from 37.5hrs to 37hours with a further one hour reduction over the

next 2 years. A significant amount of work has been required to support the reduction.

Members deliberated the report, specifically recognising the international award and asked that consideration is given as to how the process could support other organisations on the islands to benefit from international recruitment. In sharing with non NHS organisation could be the barrier in obtaining the visa but this should not diminish the sharing opportunity.

The Chair thanked Mrs. MacDonald for the report and the discussion held by Members.

Decision: The Board formally noted the report.

Action: No actions required.

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

11.1 Healthcare Governance & Audit Committee

11.1.1 Healthcare Governance & Audit Committee Minute of 06.02.24

Presented for information and 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 of 08.02.24

Presented for information and no questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.3 Area Partnership Forum

11.3.1 Area Partnership Forum Minute of 27.02.24 - A

The Minutes was presented for information.

No questions were raised.

Decision: The Board formally noted the reports.

Action: No actions required.

11.4 Health & Safety Committee

11.4.1 Health & Safety Committee Minute 18.09.23

Presented for information and no questions were raised.

Decision: The Board formally noted the reports.

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?	✓		
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: 26 June 2024

Time: 10:00am

The Chair thanked everyone for their contribution, commitment and involvement in the Board discussion. The meeting was brought to a close at 1:45pm.

END