

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING 28 AUGUST 2024 HELD AT 10:00AM MICROSOFT TEAMS

Members Present:

Jane Bain	Employee Director / Non-Executive Director	Naomi MacDonald	Non-Executive Director
Debbie Bozkurt	Director of Finance and Procurement	Fiona MacKenzie	C. Nurse / AHP Director and Chief Operating Officer
Colum Durkan	Director of Public Health	Gillian McCannon	Board Chair (Meeting Chair)
Karen MacLeod	France Chair of ACF / Non-Executive Director	Annetta Smith	Non-Executive Director
Julia Higginbottom	Non-Executive Director	Paul Steele	Non-Executive Director
Gordon Jamieson	Chief Executive	Sheena Wright	Whistleblowing Champion & Non-Executive Director
Paul MacAskill	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
Michelle McPhail	Corporate Business Manager
Frances Robertson	Deputy Nurse / AHP Director and Chief Operating Officer

1. WELCOME

The Chair, welcomed everyone to the meeting, reminding Members of the Teams Etiquette.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Francis McAuley Medical Director

3. INTRODUCTION

3.1 Chair's Report

The Chair, Gillian McCannon, provided an update on:

- **National Care Service (NCS)** – It was noted that the NCS Bill amendments are out for consultation with a closing date of 20th of September 2024. The IJB / Health and Social Care Partnership Chief Officers are completing the consultation as a collective response, however it was suggested that the IJB and the NHS Board should consider making a response to take cognisance of the impact the amendments may have on each organisation.
- **Scottish Government Population Health & Wellbeing Strategy** – Key issue of the framework is sustainability which is being addressed by COSLA and Scottish Government departments including Health.

The Chair advised that The Board should be considering what changes can be made to align it service delivery with the key drivers of the Strategy:

- Social & economical
- Place & community
- Healthy living
- Equity of health
- Population health and prevention

Decision: Board Members formally noted the verbal update.

Action: No actions required.

3.2 Chief Executive's Report

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

- **Cabinet Secretary of Health and Social Care visit** ~ Neil Gray visited the Uists and met with organisations on Lewis last week. The visit to the Uists was very positive, enabling the Minister to meet colleagues in Benbecula Medical Practice doctors and staff as well as with the Unscheduled Care Team.

The Cabinet Secretary discussed with colleagues and members of the public the impact the travel issues is having on health service delivery, which was initiated by the Patient Participation Group, with members of the public recalling their changing travel journeys.

The in the visit the Cabinet Secretary had an opportunity to meeting with the Chair and Chief Executive to discuss the pressure of Delayed Discharges.

Mr. Jamieson advised that the visit was very positive and enable the Cabinet Secretary to understand some of the challenges facing the Board in its delivery of health care.

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 29.06.24 - DA

Board Members approved the Minutes of the meeting held on 29 June 2024 as a correct record of the discussion noting the following amendments:

- **Item 8.1 Whistleblowing Reports** – Sheena Wright wished it noted that as the 2 reports were collated together the first paragraph should be reworded to –
“The quarterly report for January to March 2024 advised of no concerns raised within the reporting period.
The Annual Report provides collation of the number of concerns raised in-year, however in 2023/24 no concerns were raised. Staff have the ability to raise an issue relating to safeguarding and protecting of individuals and if anyone had a concern they have the ability to address this as business as usual where resolution can be found at a very early stage.”

Decision: The Board formally approved the Minute of the meeting of 29 June 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 12 actions contained within the report:

- 2 points noted as overdue in red;
- 3 points are amber;
- 4 points have a green status; and
- 3 actions are noted as Blue.

The Chair asked for the Executive Directors to provide updates relating to:

26.10.22 - 7.3 Performance Monitoring Report – Seeking DNA information. Ms. MacKenzie explained that following a recent meeting the number of DNA's had reduced in comparison with the previous year. Previously the number of DNA's was compounded by a DocMail system error, in that all outpatient letters are sent from the Glasgow utilising an electronic transfer and the letters were not circulated within time to enable attendance at the outpatient clinic. Staff within the Medical Records department started to telephone staff in relation to visiting services and as a result the level of DNA had reduced.

Further development of the Outpatient electronic system, Topas, is underway to enable a recall system to be established. It is unclear if the system will enable mobile reminders as well as telephone or letter reminder but this should help to reduce levels of DNAs. Nationally the position is to provide 3 reminders should be provided for each appointment and it is hoped that from the initial letter with the support of the recall system the organisation will see a reduction overall.

The Chair noted that with the detailed update Board Members were supportive of the removal of the action as complete. **REMOVE**

30.11.22 - 6.1 Finance Performance – seeking update on the work to appoint to Psychiatry to reduce the financial expenditure on locums – It was noted that this action was agreed to reduce the RAG status from Red to Amber.

Nick Fayers explained that a Service Level Agreement (SLA) is being negotiated with NHS Greater Glasgow and Clyde to provide an extended psychiatry clinical partnership. It is hoped that with the establishment of the clinical partnership may attract new applications for the psychiatry consultant, providing peer support, once re-advertised.

It was agreed with the update that the RAG status should change to Amber. **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.*

Ms. MacKenzie explained that the issue with travel to the Uists is impacting on the delivery of chemotherapy. Within the regular meetings with NHS Highland Nurse Director, Medical Director and Chief Officer, with Ms. MacKenzie and Dr. McAuley discussions as to how to support the chemotherapy pathway as well as discussing how to streamline other service pathways e.g. surgical.

Members noted the update and requested that this action remains on the action points, regardless of the initial action now being completed. **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 (OHCPP).*

The Chair noted that this will continue to be developed and with the agreement of Chair of the OHCPP, the issue of population decline would form part of the OHCPP agenda aligning it with the Population decline action plan.

Cllr. Paul Steele noted that would be acceptable.

REMOVE

21.03.24 – 7.2 Western Isles Performance Report – *Dementia Plan will be presented in due course.* Fiona MacKenzie indicated that work continues with establishing a Plan, which she is responsible for as this aligns to her professional position and responsibility with Care Homes.

It was noted that the Nurse Consultant job description is progressing given that Alzheimer Scotland no longer financially support the position.

The Chair thanked Ms. MacKenzie for the update, noting the importance of formally noting the responsible Director and noting the importance of concluding the Plan soon. **UPDATE**

21.03.24 8.3 Childcare Provision – An Cotan ~ *formal report to be presented to the Board.* Gordon Jamieson explained that the issue of staff obtaining childcare support is still an issue. A detailed report is under construction and will be reported to the Board in due course. The point will be raised with the Cabinet Secretary, Neil Gray during his visit to the islands. **UPDATE**

29.05.24 7.1 Corporate Risk Register – *additional narrative noting/advising on the change between the current position, target and the work being undertaken to date – improve visibility and openness.* Gordon Jamieson noted the need for further review of the flow of the register and how to advise on the changes noted. This will be taken forward by the CMT and discussed with the Clinical Governance Committee and the Audit & Risk Committee.

REMOVE

29.05.24 7.4 Complaints Report – *Additional column will be added to the report to provide a level of detail as to what stage the complaint is at and will be detailed in the report presented to the Audit & Risk Committee.* This item is on the agenda.

REMOVE

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 – Q1 24/25 Finance Report

6.1.2 Appendix 2 – Financial Efficiency Checklist

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

Discussion: The Director of Finance explained that there is no formal reporting within the first few months of the new fiscal year, noting that quarterly report is presented and advised that the monthly reports will be presented thereafter.

As at June 2024 the Bard is showing an in-year overspend of £1.098m and projecting a year-end position of £1.890m. At Month 4 (July'24) improvements have been achieved within efficiency savings.

One of the biggest issues for the Board is the impact noted on Delayed Discharges which results in the hospitals having to open up contingency beds, which requires staffing, catering, cleaning etc. to the value of £1.8m full year.

Ms. Bozkurt drew colleagues' attention to the report, highlighting the following:

- **Off island Mental Health Placement** – increase in the number of people need to obtain off island specialist support which could never be obtained on island.

- **Travel** – increase in the cost of travel due to the Public Service Obligation contract (CnES) which results in patients not able to travel on the flight to and from Benbecula which results in alternative route being taken and as a result increase of 4-8% in travel costs.
- **Efficiencies** – original savings target was £5.572m with an unallocated savings gap of £1.942m. At quarter 1 the unallocated savings gap has reduced to £529m and projecting full achievement by the year-end.
- **Uplift** - The NHS will not receive any inflationary baseline uplift from the Scottish Government in 2024/25. Inflationary uplift across services and provision is between 5-10% on average at an estimated gap of £1m.
- **Population decline** – Table 2 denotes the increase of £7m over and above inflation uplift which is attributed to the demographic change over 13 years.
- **Income and expenditure summary** – it was noted that the section detailed a breakdown across the Directorates noting where over and underspends have occurred to date.
- **Efficiency checklist** – to date 155 actions have been reviewed with a number of the areas having previously been reviewed prior to the Scottish Government's checklist being circulated. Further "grip & control" measures are in place to ensure that only necessary expenditure is addressed.
- **Glossary** – the detail has been updated to reflect and advise on the most appropriate meanings.

The Chair thanked Ms. Bozkurt for the update and the detailed report.

Members reflected on the report and the verbal presentation noting:

Paul MacAskill focussing on the level of Delayed Discharges enquired as to what work is being addressed to mitigate the possible £1.8m increase as a direct impact on the need to retain patients who no longer require medical intervention while awaiting a more appropriate location within either Care at Home or Residential Care.

Nick Fayers, Chief Officer of the IJB, advised that Care at Home or Care Homes are at full capacity. Alternative approach to care is being delivered by the Care at Home team to mitigate admission into hospital. Further work is being addressed to manage the flow of a patient and having robust pathways in place to ensure that the discharge date at admission is identified and that the pathway is appropriate to enable discharge on time with appropriate or alternative support.

Annetta Smith enquired as to how purchasing Mental Health consultants off or on framework impacts on the organisation.

Debbie Bozkurt explained that within Scotland there are approximately 50 vacancies for psychology services, the framework has more specific and regulated terms and conditions and therefore off contract results in the potential of greater cost impacts at the end of the contract and the need for many of these posts having a 1-in-2 on call requirement. Currently there is a 13% reduction in locum costs for Mental Health compared with the previous year.

Nick Fayers advised that once the Service Level Agreement (SLA) is in place that will be the right time to re-advertise for the permanent consultants as there will be in place peer support / clinical network via NHS Greater Glasgow and Clyde.

The Chair acknowledged the work being undertaken by Ms. Bozkurt and all the Executive Directors to ensure that “grip & control” is being managed to reduce unnecessary expenditure.

The Chair asked for a more in-depth update in relation to section 1.5 of the report noting the difficulty to project year end spending.

Ms. Bozkurt explained that this relates to the transfer of responsibility and management of the 2C practices Benbecula Medical Practice which was transferred to the Board in April 2024. There was no previously knowledge as to the prescribing format and formula used by the practice and therefore there is a need to ensure robustly that prescribing is appropriate and using generic drugs suitable.

Ms. Bozkurt concluded that Scottish Government set an in-year breakeven financial position, however during regular discussions with government colleagues it has been indicated that 1-2% overspend of the baseline allocation would be acceptable.

The Chair thanked the Director of Finance for the report and expressed her thanks to colleagues for their detailed scrutiny.

Decision: The Board formally noted the report.

Action: No actions required.

6.2 Capital Programme 24/24 Q1 update

6.2.1 Appendix 1 – Capital Report Detail

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

Discussion: Debbie Bozkurt presented the report advising that it has been discussed by the Finance, Performance and Resource Committee noting the addition of a RAG status column being added to the report at appendix 1.

The Scottish Government capital allocation to the Board is £1.297m, increase of 5% over the last 2-5 years, set against collective projects valued at £4.538m. This means that a significant number of projects will not be addressed in the current financial year. The addition of the RAG status will indicate the level of risk associated with each project and therefore it can be identified at a glance as to which project, with a high risk, the Board is being asked to carry.

Ms. Bozkurt advised that the cost of the MRI Scanner project is secure as this is being supported directly by the Scottish Government and not part of the Boards capital allocation.

10 capital projects will be addressed in-year utilising the full capital allocation, with no great level of contingency.

Paul Steele enquired as to the upgrade of St. Brendan's given the wider Barra and Watersay Community Campus (BVCC) being delayed by Scottish Government.

Gordon Jamieson clarified the position noting that a condition assessment has been undertaken to evaluate the status of the facility and compare this against the previous condition report. It was noted that there has been areas of improvement given the replacement of the water tank and pipes.

The Scottish Government have indicated that while the larger BVCC may be on hold they would continue to support St. Brendan's Hospital, however further detailed discussion will be taken once the review of the assessment report.

The assessment and comparison report will be presented to the Corporate Management Team (CMT) for consideration and reviewed before being presented to the Board.

Since the Pandemic construction work and costs have increased significantly and set against zero inflationary uplift the allocation does not cover all the necessary project cost increases.

Paul Steele asked about the status of the dental chairs in relation to the Dental redesign in the Uists.

The Chief Executive noted that the IJB reached an agreement with the dental provision and the development of the dental hub in the Uists, with the specific action that oral health could be addressed using dental chairs in Care Homes.

However with the Pandemic came the change in aerosol generating procedures where any medical procedures which release aerosols from the respiratory track are no longer permitted in areas without ventilation circulation and filtering.

Dental is still in state of recovery and the service is not back at pre-pandemic levels across the Islands. To date the commitment to deliver the dental services has not changed, however a report from the Dental Director is pending.

The Chair thanked colleagues for their debate.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – August '24

7.1.1 Appendix 1 – CRR Detailed Report

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

Discussion: Fiona MacKenzie presented the report to colleagues, highlighting an update on those risks scoring high:

- **Waiting Times** – 40% of all those waiting are achieving the standards.
Currently 380 people on the inpatient / daycase list as at 01.08.24, with the majority to obtain treatment within the 12 week timeframe.
Orthopaedic treatment is in a good position with the support of the Arthroplasty Nurse, enabling same day admission and theatre efficiencies.
Ophthalmology capacity has reduced with the retiral of one of the consultants.
- **Outpatient Department** – 65% of patients are listed within the 12 week timeframe which equates to the national 40% level.
There has been a loss of 40% in capacity directly linked to the travel issues between Stornoway and Benbecula with to mitigate the loss by using Near Me links.
Visiting service for Urology is in a very positive position with the consultant staying overnight. The Urology Nurse Specialist has left NHS Greater Glasgow and Clyde and there is an opportunity to assess in-house Urology Nurse Specialist role.
- **Scopes** – currently 9 patients are waiting over the timeframe with all patients being screened and prioritised appropriately and those with suspicion of cancer are seen within 2 weeks.

- Dermatology – GP with specialist interest is being linked technologically with the Consultant in Highland and in line with the National Centre for Sustainable Delivery (CfSD).
- Cancer services – 95% are seen 31days and 73% seen within the 62day target. Breaches are known but the Board is reliant on the mainland treatment centres.

The Chair recognised the detailed work being taken forward to support patients to be seen within the timeframe. It was noted that with digital dermatology the service would be ready formally next year as further national review of governance issues need to be aligned.

Ms. MacKenzie wished to expand on the impact recorded since October 2023 with an increase of seriously unwell patients being admitted as a consequence of the pandemic. Currently 3 patients with Covid are in hospital, along with patient's boarding in other wards due to the pressure on beds and the level of delayed discharges being at 13. The spacing between beds has been reduced to allow for additional beds to be erected to support the increasing admissions. The service is under pressure.

The Chair expressed her and the Boards thanks to all the staff for their continued commitment to support patients and each other.

Decision: The Board formally noted the report as assurance.

Action: No actions required.

The Board took a refreshment break for 15 minutes.

7.2 Western Isles Information Governance Performance Report Apr- Jun'24

7.2.1 Appendix 1 – Narrative Report Apr-Jun'24

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

Discussion: Dr. Durkan provided Member with an update highlighting the following:

- Subject Access Requests (SARs) – from April to June 103 requests have been received, projecting a year end position of 206, which will be 53 higher than in 2023 at 153.
- Freedom on Information Requests - to date, at the end of June '24, 441 have been received with a projected year end being 882, approximately 60 requests higher than in 2023 at 822.
- Data Breaches to date is recorded as 17, which does included suspected or unconfirmed breaches. The principle reason is human error but the reasons fluctuate annually.

The Chair thanked Dr. Durkan for the report, enquiring if there is any trend to the data breaches. However, Dr. Durkan explained that there are a number of ways in which people can make an error, but the detailed scrutiny, to avoid any data breaches or identification will be noted in review of the report at the Finance, Performance and Resource Committee.

The Chair explained that she was looking at the triangulation of FOIs / SARs with complaints to provide further level detail and assurance.

Decision: The Board formally noted the report.

Action: No actions required.

7.3 Whistleblowing Quarterly Report Q1

7.3.1 Appendix 1 – Detailed Report

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

Discussion: Fiona MacKenzie provided Members with the quarter 1 report, April to June 2024, which indicates that 1 concern has been raised and this is being taken forward at Stage 1 process. The individual has been off work and therefore the ability to take this forward has not been progressed.

The Nurse Director advised that there are no other concerns being raised and that staff have the ability to raise concerns as part of Business as Usual or raise with an appropriate Senior Manager or Executive Director to discuss and obtain assurance.

Sheena Wright, Whistleblowing Champion, noted that Speak Up week will take place from the 30th of September until 04th of October where staff can obtain greater understanding of the processes. Mrs. Wright will be supporting a number of activities which are being finalised and supported by Mrs. Louise Sullivan and Mrs. Maggie Jamieson. It was noted in the last publication of the staff Team Brief an article on Whistleblowing which demonstrated the regular updates that staff obtain.

The Chair thanked Ms. MacKenzie for the report and the assurance obtained.

Decision: The Board formally noted the report.

Action: No actions required.

7.4 Healthcare Associated Infection Report Apr-May'24

7.4.1 Appendix 1 – Detailed Report

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

Discussion: The Nurse Director, Fiona MacKenzie, presented the Healthcare Associated Infection Report for the period of April to May 2024.

The Report noted:

- SABs (Staphylococcus aureus bacteraemia) – 1 Healthcare associated infection
- ECB (Escherichia coli bacteraemia) – 5 Infections which were all reported as healthcare associated infections.
- CDIF (Clostridioides difficile infection) – 1 community associated infection
It was confirmed that each infection a route cause analysis is undertaken to identify the infection, learn from the cause and mitigate future potential infections.
- Hand Hygiene – 96.2% - 98.5%
- Cleaning Compliance – 96.2%- 96.9%
- Estate Cleaning – 97.8% - 99.2%
- Surgical Site Infections – 48 operations with zero infection

The Chair enquired as to the report providing the April to May position and enquired about obtaining a more up-to-date position. Ms. MacKenzie advised that she will look at how this can be achieved.

The Chair commended the effort and commitment of staff, specifically noting the work of the domestic staff who, with currently 4 vacancies, provide a high standard of cleanliness.

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

Action: **No actions required.**

7.5 Complain Report Q1

7.5.1 Appendix 1 – Detailed Report

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

Discussion: During the report period, April to June 2024, Debbie Bozkurt drew Members attention to the summary of the report, noting:

- 15 complaints have been received with 1 addressed at Stage 1 (resolved within 5 working days) and 14 being investigated at Stage 2 (resolved within 20 working days).
- Contained within the 15 complaints 32 separate issues were raised relating to:
 - Attitude and behaviour
 - Communication – oral & written
 - Clinical Treatment
 - Patients property / expenses
- Outcomes
 - Stage 1
 - 1 complaint was fully upheld
 - Stage 2
 - 3 were not upheld
 - 5 were fully upheld
 - 3 were partially upheld
 - 1 complaint was withdrawn
 - And 2 are still under investigation

The Chair thanked Ms. Bozkurt for the report noting that a number of complaints relate to poor communication, which could be related to the level of service pressure being experienced by staff.

Ms. MacKenzie explained that the outcomes are presented at the Learning Review Group, which is chaired by the Nurse Director and the Medical Director. The Learning Review Group meet regularly assessing the issues contained with the Datix system, looking at the development and support for those departments and wards who have yet to close off issues and how the outcomes of complaints and risks can be improved to remove or mitigate any future issues.

Decision: The Board formally noted the report.

Action: No actions required.

7.6 Delayed Discharge Report – Jul'24

7.6.1 Appendix 1 – CRAG Letter

7.6.2 Appendix 2 & 3 – DD Data

Issue: *The Board was asked to note for assurance the report presented by Nick Fayers, Chief Officer, IJB.*

Discussion: Nick Fayers presented the report to Member, noting that the national mission for Scotland which is to reduce the number of patients delayed in a clinical acute environment, who no longer require medical intervention and where they should be located in a more appropriate and supportive environment. This is reflected in the CRAG letter (Collaborative Response and Assurance Group) which is supported by COSLA and the Cabinet Secretary for Health and Social Care, Neil Gray.

The new trajectory set for the Western Isles, across both Health and Social Care is to have a maximum of 8 delayed discharges. Currently there are 13 people classed as delayed discharge. It is hoped that the partnership can achieve the new level by alternative admission and support via the Hospital at Home team. Work continues to review the flow of patients within the acute system and having a Planned Date of Discharge (PDD) at the point of admission, which sets out the how the support teams will be implemented at the point of discharge.

To date there are 49 vacancies across Home Care which has an impact on enabling appropriate timely discharge and relates to the impact on the 13 patients classed as delayed discharge due to the Care at Home.

The Chair thanked Mr. Fayers for the update, noting that this should be a priority for the Integration Joint Board (IJB) but recognised the impact this has on the NHS with service delivery pressures.

Annetta Smith enquired about the support provided to those delayed discharges to ensure that their overall health and physical health does not reduce further.

The Nurse Director advised that in terms of mobilisation staff do what they can within the constraints of very busy acute wards however it is known that the longer someone is in hospital, especially when not requiring medical intervention, there is a level of deconditioning.

Debbie Bozkurt, who is the Chief Finance Officer of the IJB, advised that there should be financial data contained in the report to advice of the financial impact on the increase in contingency beds and notational costing. It was noted that the vacancies support the overall financial position and if they were filled, which would be to the benefit of service delivery, would have a higher overspend. The inability of the Comhairle to appoint to the complement required to support Goathill Care Home (Taigh Shiphoint Care Home Service) has had an impact on the level of delayed discharges.

The Chief Executive, Gordon Jamieson, advised that nationally the level of delayed discharges is not in a good place and has poor performance. 5% of all admissions every day impacts on 25-30% of bed availability. Every day the hospitals have to juggle routine and urgent care availability due to the level of delayed discharges, which is not a reflection on any individual. Patients need to be assessed in the correct environment to enable supportive and appropriate care to be provided.

This review process places pressure and has a level of clinical risk in the decisions taken as to which patient is discharged to enable those who are sicker to be admitted.

Contingency beds are now being used as the norm, as a direct result of the level of delayed discharges and has a financial consequence on the Board of £1.8m, this level of money is hindered in supporting more progressive development.

It is the responsibility of the Integration Joint Board (IJB) to establish appropriate strategic processes to address the requirements to reduce delayed discharges by redesigning the social care delivery. The IJB has still to provide direction and leadership in considering alternative approach to social care / home care and residential care.

The Chair asked Mr. Fayers for further explanation as to how the enhanced workforce would support Social Care delivery.

Nick Fayers advised that the recruitment into the 49 posts sits within the Comhairle in Care at Home and the posts would enable maximising delivery, and recruitment is needed to enable patients / clients to be assessed.

The Chair expressed her thanks to colleagues for their in-depth scrutiny and discussion.

Decision: The Board formally noted the report as assurance.
Action: No actions required.

8. CORPORATE GOVERNANCE

8.1 NHS Western Isles Anchors Strategy Update

8.1.1 Appendix 1 – Detailed Report

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

Discussion: Dr. Durkan drew colleagues' attention to the Board report, noting that the update was placed upon the Anchors Strategy previously presented to the Board.

The Health Promotion Team are progressing the work across the 5 areas and the relevant update across the areas noted in the report:

1. Employment;
2. Procurement and commissioning;
3. Capital and estates;
4. Service design and delivery; and
5. Working in partnership.

Paul Steele noted that Children's Working is not included in the report, in relation to working in partnership. Dr. Durkan advised that he will discuss this with colleagues.

The Chair enquired if the Outer Hebrides Community Planning Partners (OHCPP) will have sight of the Strategy and the update. Dr. Durkan would discuss this with Paul Steele, who is the Chair of OHCPP, supporting the presentation.

The Chair asked that the next report is requested in 6 months – February 2025.

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

Action: **Further update in February 2025.**

Colum Durkan

9. PUBLIC HEALTH

9.1 Population Health and Wellbeing Strategy

9.2 Population Needs Assessment

Issue: *The Board was asked to note for awareness the verbal update from Dr. Colum Durkan, Director of Public Health / Caldicott Guardian.*

Discussion: Dr. Durkan provided a verbal update:

- **9.1 Population Health and Wellbeing Strategy** ~ advised that the Scottish Government are developing the national 10 year Population Health Framework for Scotland and the information will inform the local Plan which will take until April 2025 before the Plan is complete.
- **9.2 Population Needs Assessment** ~ advised that work continues to produce the Health Needs Assessment and Demographic Groups, which should be concluded by end of the fiscal year.

The Chair thanked Dr. Durkan for the update noting that the establishment of the Needs Assessment is a critical piece of work to inform how services are established and the service need to meet the needs of the future.

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

Action: **No actions required.**

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report June'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 the following parts:

- Workforce Composition ~ at 30th of June, 1093 headcount (905.83wte) was noted for the organisation. The recent increase was due to TUPE transfer of medical practices in Uist and Barra.
- Age Profile ~ the age of the workforce has dropped by 3% since 2022 noting that 45% of the workforce are aged 50 years + with the highest proportion between 55-59 years. 28% more employees in the under 40 year's age bracket are in post compared to 2022.
7 summer students who return home for the summer will be working within the organisation, with the hope to promote longer term working location.
- Turnover ~ more staff were employed during the period of Covid compared and the rate as at 31.03.24 was 8.9%.
- Childcare Impact ~ work is ongoing to identify tangible data and questions have been asked of Manager to ascertain the impact on staff with young children. To date 18 staff have asked to adjust their working contract under the organisations working policies. However 4 substantive staff have left the organisation as a direct impact of not having childcare available locally and further candidates have declined their appointment as a result of the lack of childcare.
- Overtime ~ 403 hours attributed to overtime which includes Benbecula Medical Practice that had contractual overtime within their contracts which has been recognised through TUPE transfer. The April figures were cleansed taking account of the recalculation of working hours taking cognisance of the reduced working week, reducing in year 1 by 30 minutes.
- Attendance ~ the level is at 7.85% due to covid absences, which are now being recorded as part of the normal absences.
- Recruitment ~ nurse candidates are being recruited locally and nationally. Movement in the Allied Health Professionals vacancies with recruitment being successful in longer term posts. There are still challenges in appointing to consultant posts at both local and national perspective with locally the issue being the requirement to have consultants with high level of on-call.

The Chair thanked Mrs. MacDonald for the detailed report.

Decision: The Board formally noted the report.

Action: No actions required.

10.2 iMatter 2024 Report

10.2.1 Appendix 1 – Narrative Report

10.2.2 Appendix 2 – Raising Concerns

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 provide Members with an understanding as to the response to the recent iMatter 2024 survey. The following points were noted:

- The Board response was published on 02 July 2024 and it is anticipated that the national report will be published in November 2024, allowing peer review and consideration.
- Boards response rate was 62% - 625 against total of 1008 staff responded to the survey. This is an increase on previous years but the overall objective is to achieve 100%.
- The Employee Engagement Index is 75, against the 2022 position of 74.
- Action planning phase closed yesterday, 27.08.24, detailing what actions each department/ ward would address in year. The compliance of developing the required action plans is 66% against the position last year being 59%.

The Chair thanked Mrs. MacDonald for the report, noting it is an improving position and very positive. The Chair expressed her personal thanks to Stuart King for his support and advice in enabling the development of the Action Plan, noting that the Plan for the Non-Executive Directors was submitted prior to the deadline.

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

Action: **No actions required.**

The Chair apologised to colleagues noting that she omitted the timely presentation of the Whistleblowing report, item 8.2, asking Mrs. MacKenzie to present.

8.2 National Whistleblowing Standards Users Guide

8.2.1 Appendix 1 – NHS WI Users Guide

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

Discussion: Fiona MacKenzie drew colleagues' attention to the Users Guide noting that the Guide was still in draft format and welcomed the opportunity to seek comments from Board Members. The changes noted in report were advised including the new appendices of Whistleblowing Team.

Members should contact Fiona MacKenzie, outwith the discussion, to advise of any comments and the Guide will be presented in October seeking formal approval.

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

Action: **Board members to make comments to Fiona MacKenzie within one week.**

Present the revised Guide in October '24

Fiona MacKenzie

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

11.1 Finance, Performance and Resource Committee

11.1.1 Finance, Performance and Resource Committee Minute of 14.05.24

The Minutes was presented for information.
No questions were raised.

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

Action: **No action required.**

11.2 Clinical Governance Committee

11.2.1 Clinical Governance Committee Minute of 17.04.24

The Minutes was presented for information.

The Chair, Sheena Wright, provided an update on the meeting held in August which was very positive and people welcomed the split of the previous Healthcare Governance and Audit Committee, providing greater focussed scrutiny.

No questions were raised.

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

Action: **No action required.**

11.3 Staff Governance Committee

11.3.1 Staff Governance Committee Minute of 08.02.24

The Minutes was presented for information.
No questions were raised.

Decision: The Board formally noted the Minute.

Action: No action required.

11.4 Area Partnership Forum

11.4.1 Area Partnership Forum Minute of 22.05.24

The Minutes was presented for information.
No questions were raised.

Decision: The Board formally noted the Minute.

Action: No action required.

11.5 Health and Safety Committee

11.5.1 Health and Safety Committee Minute of 14.03.24

The Minutes was presented for information.
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?	✓		It was noted that one paper had different reason / purpose compared with the recommendation. Need further review.
Were you able to reach a satisfactory conclusion from the information presented on each item?	✓		The Chair noted that she will review this question and propose change.
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: 28 August 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 1:00pm.

END