

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING 30 OCTOBER 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	Francis McAuley	Medical Director
Karen MacLeod	France Chair of ACF / Non-Executive Director	Gillian McCannon	Board Chair (Meeting Chair)
Julia Higginbottom	Non-Executive Director	Annetta Smith	Non-Executive Director
Gordon Jamieson	Chief Executive	Paul Steele	Non-Executive Director
Paul MacAskill	Non-Executive Director	Sheena Wright	Whistleblowing Champion & 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

1. WELCOME

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

The Chair advised that she had to attend a Cabinet Secretary National Board Chairs meeting for approximately 1 hour and in her absence she has asked Sheena Wright to chair the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Frances Robertson

Deputy Nurse / AHP Director and Chief
Operating Officer

3. INTRODUCTION

3.1 Chair's Report

The Chair, Gillian McCannon, advised that she had no item to update colleagues on.

3.2 Chief Executive's Report

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

- ***The National Robotarium*** ~ Mr. Jamieson explained that he was very impressed by a visit to The Robotarium at Heriot-Watt University in Edinburgh, which is at the cutting-edge of Human-Robotics Interaction and Artificial Intelligence (A.I) which will develop and expand on health service delivery on day.

Maggie Jamieson wished to advise members of staff and departments who are finalists in the Scotland's Health Awards 2024, noting that Janette Murray, Unscheduled Care Programme Manager has been shortlisted as a finalist for the Nurse Award and the Community Equipment Service shortlisted for the Unsung Hero Award.

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 28.08.24 - DA

Board Members approved the Minutes of the meeting held on 28 August 2024 as a correct record of the discussion noting the following amendments:

- *5.3 Action Points – page 5, second paragraph, 3rd line should read “Director and Chief Operating Officer, with Ms. MacKenzie...”*

Decision: The Board formally approved the Minute of the meeting of 28 August 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 there are 6 Blue actions noting completion and removal, however the discussion would concentrate on those actions noted as Amber and Red.

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

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 in consideration of the work being undertaken.

Nick Fayers explained that a Service Level Agreement (SLA) which is being negotiated is nearing completion with NHS Greater Glasgow and Clyde and subject to further meetings.

A position paper has been submitted to the Scottish Government outlining the Mental Health Services, developed in collaboration with Dr. McAuley and approved by the Chief Executive.

Discussions continue with NHS Somerset in establishing a Service Level Agreement and utilising Psychiatrists during sabbatical time, and obtaining their services on island. There was discussion re the practicalities of this approach and any financial implications.

Board Members asked for a further update at the November Meeting.

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 updates provided to future Board meetings.*

Ms. MacKenzie updated colleague noting that the organisation is training more nurses to support those with a cancer condition. Colleagues within NHS Western Isles and NHS Highland continue with regular meeting to address the delivery of cancer services as well as ensuring where possible patients obtain their treatment within waiting times targets.

UPDATE

21.03.24 – 7.2 Western Isles Performance Report – *Dementia Plan will be presented in due course.*

Fiona MacKenzie indicated that following the advert for the post of Lead Nurse, no suitable applicants were received. A further round of advertisement will be made, and consideration will be taken as to how the service would be delivered in the void of a Lead Nurse.

The development of the Western Isles Dementia Strategy / Plan will be aligned with the Scottish Government's national position on Dementia Services. This may experience slight delay due to work pressures.

UPDATE

21.03.24 8.3 Childcare Provision – An Cotan ~ *formal report to be presented to the Board.*

Gordon Jamieson explained that there is no update. Further intelligence is being obtained as to how the lack of childcare is impacting on staff.

It is not possible to currently resolve the issue and it will be raised with Scottish Government colleagues.

The Chair enquired if the action should be removed given the position that a report will not be forthcoming. The Chief Executive advised that he would give consideration of placing the risk onto the Corporate Risk Register and remove the action from the Board.

Board Members agreed.

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.

The Chair, Gillian McCannon, advised that she would leave the meeting and handed the position of Chair to Sheena Wright.

6. STAFF GOVERNANCE

6.1 Human Resources Workforce Report Oct'24

6.1.1 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 31st of August, 1085 headcount (898.07wte) was noted for the organisation. The recent increase was due to TUPE transfer of medical practices in Uist and Barra and reduction in vacancies due to the success in recruiting to some hard to fill posts.
- Overtime ~ for the period 211 hours were calculated noted primarily within Works and Support Services.
Members enquired about the higher level of overtime in the Works Department. It was advised that those working in the department may have to work evenings and weekends to address the individual project work, and accommodates the need to use specific areas during day hours for clinical service.
- Childcare Impact ~ following a review with department Managers over the last 12 months,
 - 18 staff required adjustments to their contract to accommodate their childcare.
 - 14 staff of the 18 adjusted their hours through flexible working.
 - Four staff left their substantive posts to joint Staff Bank which enables them to choose the hours they work but no specific contract.
 - A number of staff commented that they are concerned as becoming new parents about the future of childcare.
- Bank and Agency Usage ~ this is the first time this information has been presented. Highest use of Bank is within Domestic Services and Acute Inpatient Service with common reason being to cover sick leave and vacancies.
- Attendance ~ the level as at August was 5.35% down from June at 7.85% and July at 6.55%.

In relation to the section on Retire and Return and partial Retire and Return, Members asked for clarification as to the difference between them. Clarification was noted that it pertains to the impact on individual's pension and the amount of hours they can work when returning before impacting on tax calculation.

Ms. MacDonald enquired as to the vacancy and appointment to Paediatric Consultant, given the challenge is there also national issue in recruitment.

It was advised that there are two issues, one relation to the national position and the challenge to appoint. For the Board the Consultants are asked to work on-call as a 1 in 2, which is not very attractive.

Prof. Smith commented on the high level of recruitment to nursing positions, which is not a common picture nationally.

Members enquired as to the closure of the Nursing Home HC-One, seeking understanding as to the position of the nursing staff. It was confirmed that the nursing staff currently employed by HC-One would have a TUPE transfer to the Comhairle as they are the organisation employing the staff.

The Chair thanked Mrs. MacDonald for the detailed report.

Decision: The Board formally noted the report.

Action: No actions required.

6.2 Endometriosis Friendly Employer

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

Discussion: Ms. MacDonald provided information to Members on the Board very positive move to sign up to and support the Endometriosis Friendly Employer, which is the first NHS Board in Scotland to do so. This ensure that the Board builds on its Wellbeing Strategy where a key focus is on women's health.

Of the Board totality, 80% of women make up the workforce, and given that the ratio for those suffering with Endometriosis is 1 in 10 women, this equates to approximately 80-90 women suffering with the condition.

Through the scheme, Endometriosis UK provides guidance for employers on how to support employees with endometriosis and menstrual health conditions, and work towards improving the work environment in three key areas:

1. Leadership and management support
2. Tackling stigma and changing culture
3. Communication

Members commended the actions of the Directors to provide significant support to staff who suffer significantly with Endometriosis.

The Chair thanked Ms. MacDonald for the positive report.

Decision: The Board formally noted the report.

Action: No actions required.

7. FINANCIAL PERFORMANCE

7.1 Financial Performance Monitoring Report

7.1.1 Appendix 1 – M6 24/25 Finance Report

7.1.2 Appendix 2 – Q2 Checklist of Financial Efficiency

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

Discussion: The Director of Finance presented the report, explaining that NHS Western Isles is one of the top financially performing Boards in Scotland which is fundamentally due to the grip and control measures in place and led by the Chief Executive.

As at September 2024 the Board is showing an in-year overspend of £0.666m (£1.098m in June '24) and projecting a year-end position of £1.712m (£1.890m in June '24).

The Board has appraised the 15 grid review established by the Scottish Government seeking evaluation of 155 efficiencies, as at the end of September 2024, the Board has assessed 127 efficiencies and advised that some efficiencies are not applicable to the Board.

In assessing the pressures, it was noted that the demographic trend is toward an older population which in turn has an increased need for health care and support. Due to zero inflationary uplift available to the Board this year and next year, in relation with a 10% increase in inflationary costs of drugs, travel costs up 4-8% and fuel costs increase currently 5%.

In reviewing the report, Members enquired about:

1 - Understanding how the £500k overspend specifically relates to the 2C Practice transfer.

Ms. Bozkurt advised that an in-depth review of the transfer of the 2C Practices will be undertaken next week. A significant level of the overspend is due to substantive post holders and the Boards inability to claim back the vat on prescription drugs.

2 – Winter planning and impact on travel costs, relating to the PSO interisland transportation service.

Ms. Bozkurt explained that due to the weather conditions and the small plane services will be effected during the winter period. The ferry services are not effected and a significant number of patients are seeking support of a friend or relative to drive them from the islands to mainland hospitals for treatment.

Ms. MacKenzie explained that the impact of Logan Air timetable change from Inverness has resulted in a 40% decrease in clinical time available in patient treatment. The Board continues to address and support patients are treated within the target time, NHS Western Isles is one of the top performing Board in relation to waiting times in Scotland.

3 – Enquiry as to the level of medicine wastage –

The Chief Executive advised that a media campaign initiated by NHS Grampian will be advertised on TV within the North of Scotland, encapsulating the Western Isles. Waste is a significant issue and further information will be obtained from the Chief Pharmacist and present to the Board.

Mrs. Jamieson advised that the Chief Pharmacist had previously indicated that an estimated percentage of 10% was underestimated as there are additional costs relating to the incineration of the drugs and the environmental impact.

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: Report on Medicine Wastage to be presented to the Board in November 2024
Gordon Jamieson

Mrs Wright noted that the Board Chair has asked to take specific performance reports in an alternative order, which Members agreed to and started by reviewing item 8.4.

8. PERFORMANCE

8.4 Healthcare Associated Infection Report Jun-Jul'24

8.4.1 Appendix 1 – Detailed HAIRT Report 24/25

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 June – July 2024.

The Report noted:

- SABS (Staphylococcus aureus bacteraemia) – 2 infections both Healthcare associated infection
- ECB (Escherichia coli bacteraemia) – 2 Infections which were reported as healthcare associated infections.
- CDIF (Clostridioides difficile infection) – 2 infections - 1 community associated infection and 1 healthcare associated infection.
It was confirmed that each infection is scrutinised via route cause analysis to identify the infection, learning from the cause and mitigate future potential infections.
- Hand Hygiene – 95.0% - 99.4%
- Cleaning Compliance – 96.5%- 96.3%
- Estate Cleaning – 99.1% - 98.82%
- Surgical Site Infections – 32 operations with 1 infection (knee arthroplasty)

Board Members commended the effort and commitment of staff given the increase and continuous use contingency beds, resulting in decrease spacing of beds which in turn increases the risk of infection transmission.

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

Action: **No actions required.**

The Chair advised that item 8.6 would be taken next.

8.6 Sustainability Quarter Report

8.6.1 Appendix 1 – Detailed Report

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

Discussion: Dr. Durkan advised that the report provides Members with assurance as to the progress being achieved in relation to the Boards sustainability aims and in line with the Scottish Governments NHS Scotland Climate Emergency and Sustainability Strategy 2026.

In September the Western Isles supported the COP (Conference of the Parties) discussion with stakeholder engagement on climate change.

Work has been progressed with prescribing review and identifying efficiencies as well as adopting green inhalers and addressed reduction in anaesthetic gases.

In supporting staff with the travel and commuting, a number of cycle sheds have been installed at the Board hospital and office premises along with the purchase of pool bikes and electric bikes for use during working hours.

Ms. Bozkurt advised that as part of the review of the Boards fleet of electric vehicles, maintenance of the charging points installed at Board premises are being reviewed.

A report will be presented to the Corporate Management Team for consideration.

Mrs. Higginbottom assured colleagues that, as part of the steering group, significant work continues to support and achieve the outcomes required within the noted timeframe.

The Chair thanked Dr. Durkan for the update.

Decision: The Board formally noted the report.

Action: No actions required.

The Board took a refreshment break from 11:20 – 11:30

The Chair advised that the order of agenda items under Performance will be followed as noted on the agenda.

8.1 Corporate Risk Register – Oct '24

8.1.1 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:

- Financial Balance – Very high at 20 ~ as noted within the financial presentation by Ms. Bozkurt.
- Waiting Times – Very High at 20 – the level of risk is associated and impacted on visiting services. In relation to waiting times for endoscopy currently 9 people are waiting over the target.

- System pressures and Winter – Very High at 20 – system pressure has been increasing and this is related to the increase in the number of delayed discharges which has resulted in the need to postpone inpatient or day case treatment due bed capacity.
- Inpatient Beds in WIH – Very High at 20 – Due to the increase in delayed discharges and the number of sick people, the use of contingency beds remains high. However this means that each ward bay have 5 or 6 beds in each bay where normally there are 4. With the decrease in spacing between beds results in a potential increase in cross infection.

Members enquired as to the success of colon capsule treatment. Ms. MacKenzie advised following the pilot scheme of the colon capsule investigation the results did not support any reduction in the number of scopes required and has been discontinued.

Relating to Hospital at Home service, Ms. MacKenzie noted that core funding budget which supports the 5 day service in Stornoway will continue as is for this year.

Prof. Smith noted the benefits of the service and aligns with the requirements of the Scottish Government in reducing hospital admissions, the delivery of this service to the residents should be recognised by the Scottish Government.

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.

8.2 Western Isles Standards & Hospital Performance Report Q1 24/25

8.2.1 Appendix 1 – Narrative Report Apr-Jun'24

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 drew Members attention to the report noting the following points:

- 62 day suspicion of cancer – currently 73% against a 95% target. As at June there is a slight improvement on the position, however in most cases treatment is required within a mainland hospital and therefore achieving the target depends on the waiting times within the referring hospital. At the Cancer Steering Group meetings breaches are discussed with mainland providers.
- 18 week referral to treatment – As at June the position was 77% against a standard of 90%. This is related to small number of people who are unable to obtain the treatment due to other related issues, however progress is being made to return to pre-covid level of 90%.

- A&E attendance has reduced related to the support provided by the Acute Assessment Unit and Hospital at Home with the avoidance of admission. However those requiring A&E treatment were at 96% against 95% standard.

The Chair opened up the discussion to colleagues.

Prof. Smith recognised the level of work being undertaken to support the performance of the Board, thanking all staff for their continued support. In noting the position of Dementia post diagnostic support, asked Ms. MacKenzie for an update.

Ms. MacKenzie advised that the initial advert for the Dementia Practitioner was unsuccessful and the advert will be recirculated.

Gillian McCannon returned to the meeting – 11:50

Mrs. McCannon acknowledged the position on those waiting for Dementia post diagnostic support but enquired if the length of waiting could also be reported.

Ms. MacKenzie gave an update as to the current position but advised that this information, could be contained in future reports if required.

Dr. Durkan gave the Board assurance that in relation to the Alcohol Brief Intervention noting that with the appointment of a co-ordinator work will start to address the performance.

The Chair thanked Ms. MacKenzie for the report.

Decision: The Board formally noted the report.

Action: No actions required.

Mrs. Wright formally handed the position of Chair to Gillian McCannon.

8.3 Delayed Discharge Report – Apr-Jun'24

8.3.1 Appendix 1 – Whole System Flow Intelligence Report

8.3.2 Appendix 2 – Delayed Discharge Charts

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

Discussion: Nick Fayers provided Members with an update on the position of delayed discharges advising on the challenges to support recruitment within the Care at Home service.

The provision of the first whole system report was presented providing significant detail as to a whole system of information located within one report. The report will develop with further iterations but presented to the Board for information and awareness as to how the organisation is developing its performance reporting.

There was subsequent discussion as to the effectiveness of the range of data presented within the report. It was suggested that Board Members would be asked what information is most helpful in order to streamline the reporting process. The Chair will take this forward.

Members, in reviewing the report raised concern at the level of delayed discharges, noted on appendix 8.3.2 as at September recording 27 people who were in an acute location while awaiting more appropriate support to be discharged to their home or residential care, as they no longer required medical intervention.

Mr. Fayers advised that the level has subsequently reduced to 16 with a further review being undertaken later in the week.

Members discussed the standard set by the Collaborative Response and Assurance Group (GRAG) within Scottish Government noting the level of delayed discharges which the Board is required to meet is set at 7. Taking this in relation to the challenges within Social Care, the Chair asked that the level of detail should be reported by expanding the information within future reports.

Mr. Jamieson explained that the report is supported by many levels of detail collated and the report is work in progress with further iterations coming forward which will support the Board in providing the necessary assurance. The delayed discharge information should be reported specifically to ensure the correct level of assurance is provided against the priority set explicitly by the Scottish Government.

Mr. Jamieson noted that the issue of delayed discharges has not been addressed in ten years and resulted in the Board using contingency beds. It was noted, as winter approaches, this could place additional pressure on the Board's ability to deliver services.

Board Members supported Mr. Jamieson's remarks noting the value in having more specific detail noted in the report. The level of notional cost to the Board in addressing delayed discharges equates to £1.8m.

In summarising the discussion the Chair noted the importance of the IJB identifying solutions to the level of delayed discharges and how they Care at Home and Residential Care can be improved to ensure that people are cared for in the right environment which is not hospital based.

The Chair noted from a meeting with the Cabinet Secretary for Health and Social Care that an updated toolkit had been circulated to Health and Social Care Partners. Mr. Fayers advised that the kit has been shared with both NHS and Local Authority and media campaign on Home First.

Mr. Jamieson noted that there has been a good discussion by Board Members and wished to thank the Hospital at Home Team, Urgent and Unscheduled Care Teams, NHS 24 and notably the Third Sector who play an important part in supporting both individuals and their primary carers.

The Chair thanked all Members for their deliberation and scrutiny of the report, asking Executive Directors to take the Board Members comments into consideration.

Decision: The Board formally noted the report as assurance.

Action: Request Members comments on the information provided in the Whole System Flow Intelligence Report
Chair

8.5 Annual Delivery Plan Report Q1

8.5.1 Appendix 1 – Detailed Summary

8.5.2 Appendix 2 – Workforce Action Plan

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

Discussion: The Chair remarked that Members had previous sight of the report in private to enable the Boards comments to be taken ahead of submission to the Scottish Government. The report is presented for formal homologation of that decision.

The Chair remarked on the format of the report which provided greater assurance on the work being undertaken to support the Annual Delivery Plan medium term plan aligned with the 10 drivers of recovery.

Ms. MacKenzie advised that the presentation and subsequent submission of information will be aligned with the Board meetings ahead of submission to the Scottish Government.

The Chair noted that the detailed narrative of the report should be linked to performance measures to ensure that the Board obtains the right level of assurance.

In acknowledging the comments from the previous discussion, further iteration of the narrative report will be established to include performance measures and outcomes with the quarter 2 report which will be presented to the Board in due course.

The Chair thanked Members for their review.

Decision: The Board formally homologated its decision.

Action: No actions required.

9. CORPORATE GOVERNANCE

9.1 Patient Valuables Operating Procedure

9.1.1 Appendix 1 – Detailed Report

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

Discussion: Debbie Bozkurt presented the report to Members advising that the policy document was updated in relation to the new technology people bring with them to hospital and provides them with an understanding as to what the classifications are in addressing responsibility of patient's valuables.

It was noted that if a patient brings IT devices or valuables into hospital with them and retain those while in hospital the organisation / board is not responsible for those items. Where people come in as an emergency and they have valuables on their person, they will be recorded and held by the Ward Manager for safe keeping and while they are in safe keeping the Board is responsible for their safety. A decision may be taken to hand them over to the patient's next of kin. Posters and communication information will be circulated and published on social media.

The Chair thanked Ms. Bozkurt for bring the update to the attention of Members.

Decision: The Board formally noted the report.

Action: No actions required.

9.2 Coastguard Helicopter Landing Site

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

Discussion: Gordon Jamieson presented the information to Board Members, raising their awareness of the impact of withdrawal of the Search and Rescue Helicopters from landing sites which have less than a 65 metre space between the landing site and buildings. The impact of the decision on Bristow Helicopters has impacted on 32 sites across Scotland.

Mr. Jamieson advised that the position was reported in September and effects the sites at both the Western Isles Hospital and St. Brendan's Hospital. This impacts on Bristow Search and Rescue Helicopters noting the Scottish Ambulance Service Helicopters are

still able to use the existing landing sites but do now require the onsite support of the Coastguard in having visual site landing support. The landing site at the Western Isles Hospital (WIH) is currently 28 metres from any building.

It was noted that the WIH is the second highest use of Search and Rescue Helicopters for inbound and outbound use in Scotland and therefore impact is significant.

A substantial amount of work has taken place to identify other potential landing sites, with the multiple interests particularly from HM Coastguard and Scottish Ambulance Service to understand the impact.

Current work is required to the landing site at the Western Isles Hospital, which was upgraded in 2016 and now requires replacement of all 12 landing site lights.

Mr. Jamieson advised that the Board needs to take accountability for the site and a formal letter from the Chief Executive to the Scottish Ambulance Service and HM Coastguard will be established.

The Chair thanked Mr. Jamieson for the important update noting the financial impact this will have and confirming the need for capital support to address this, which if not financially supported by the Scottish Government Capital Group will have to be addressed from within the Boards allocation, depending on the costs. capital projects being put on hold.

Decision: The Board formally noted the report.

Action: No actions required.

9.3 Winter Planning update

9.3.1 Appendix 1 – North Region Urgent Care

9.3.2 Appendix 2 – SAS & NHSWI Pathway Guide

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

Discussion: Fiona MacKenzie advised that the report presented was written before receiving the Winter Plan Readiness Checklist from the Scottish Government. The Checklist is similar to those presented in previous years and will be presented in due course.

For each of the 4 priorities a lead has been appointed:

Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

LEAD: Emma MacSween – Partnership Services Manager

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

LEAD: Janette Murray – Clinical Programme Lead for Urgent and Unscheduled Care.

Priority Three: Maximise capacity to meet demand and maintain integrated health and social care services, protecting planned and established care, to reduce long waits and unmet need.

LEAD: Frances Robertson – Associate Nurse / AHP Director and Chief Operating Officer.

Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as recognising and supporting Scotland's unpaid carers.

LEAD: Diane MacDonald – Director of Human Resources and Workforce Development.

The Chair thanked Ms. MacKenzie for the report.

Decision: The Board formally noted the report.

Action: No actions required.

9.4 Board Meeting Schedule 2025

Issue: *The Board was asked to make a decision on the report presented by Michelle McPhail, Corporate Business Manager.*

Discussion: Michelle McPhail presented the Board and governance committee schedule for 2025. It was advised that the proposed Board meeting dates have changed from the last Wednesday of each month to the last Thursday to accommodate the Cabinet Secretary National Chair's Meeting which will be held on the last Wednesday of each month. The change in dates is being noted within a number of NHS Boards.

Mrs. McPhail advised that the schedule of governance committee dates had been circulated to the Committee Chairs and Lead Directors for their agreement.

It was noted that upon a decision of Members the dates would be circulated to the Lead Director's admin staff for wider diary circulation.

The Chair acknowledge the need to move the Board meeting dates and the schedule was approved by Members.

Decision: The Board formally noted the approved.

Action: No actions required.

10. CLINICAL GOVERNANCE

10.1 Health & Care Safe Staffing

10.1.1 Appendix 1 – Narrative Report

10.1.2 Appendix 2 – Annual Reporting Q1

10.1.3 Appendix 3 – SG Circular

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 advised that this is the first quarterly internal board report following the commencement of the Health and Care Staffing Act in April 2024.

Within the Act at Section 12IM it places a requirement on the Board to produce 3 types of reports:

1. An annual report detailing how the Health Board have carried out their duties.
2. A quarterly report on the use of high-cost agency workers.
3. An Internal Board Report for monitoring and assurance.

Ms. MacKenzie advised that the report has been discussed by the Corporate Management Team and provided to the Board for assurance, raising awareness to Members of the key achievements and the objectives for the next quarter. From the presentation Members noted the risk and challenges.

The Chair thanked Ms. MacKenzie for the report noting the two appendices. It was suggested that regular monitoring of the report, prior to presentation to the Board should be via the Boards Clinical Governance Committee.

Mr. Jamieson acknowledged the work progression to date and the importance for the Board to understand the status and the next stages. The primary for the Board is what should be done if at ward level this cannot be achieved and what aspect of contingency is required.

The Chair acknowledged the view of Mr. Jamieson and suggested that the Board holds a development session to explore and understand this in more detail, assessing eRostering and Safe Toolkit. Ms. Robertson advised that a presentation had previously been held and the information could be adapted to support the needs of the Board.

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

Action: **Establish a Board Development Session on Safe Staffing.**

Frances Robertson

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

11.1 Audit & Risk Committee

11.1.1 Audit & Risk Committee Minute of 26.06.24

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

Decision: The Board formally noted the Minute.
Action: No action required.

11.2 Area Partnership Forum

11.2.1 Area Partnership Forum Minute of 14.08.24

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

Decision: The Board formally noted the Minute.
Action: No action required.

11.3 Health & Safety Committee

11.3.1 Health & Safety Committee Minute of 04.07.24

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

Decision: The Board formally noted the Minute.
Action: No action required.

The Chair advised Members of the benefits in having approved Integration Joint Board minutes presented on the Board agenda for information and asked Prof. Smith if she would support this in her role as Chair of the IJB. Prof. Smith had no objections and provided Members with a verbal update as to the recent work of the IJB.

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?	✓		The Chair noted her gratitude at the amount of detail in the substantive reports to support questioning and providing the necessary level of assurance
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: 27 November 2024

Time: 10:00am

The Chair thanked everyone for their contribution, commitment and involvement in the Board discussion, specifically thanking Mrs. Sheena Wright for Chairing part of the meeting.. The meeting was brought to a close at 1:20 pm.

END