

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
27TH NOVEMBER 2024
HELD AT 10.00AM
VIA MICROSOFT TEAMS



Members Present:

Jane Bain	Employee Director / Non Executive Director
Debbie Bozkurt	Director of Finance & Procurement
Colum Durkan	Director of Public Health
Gordon Jamieson	Chief Executive
Paul MacAskill	Non Executive Director
Naomi MacDonald	Non Executive Director
Fiona MacKenzie	Nurse Director
Karen France MacLeod	Chair of ACF / Non Executive Director
Gillian McCannon	NHSWI Chair (Meeting Chair)
Annetta Smith	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
Cheryl Martin	Secretariat
Frances Robertson	Associate Nurse / AHP Director & Chief Operating Officer

1. WELCOME

Mrs McCannon took the Chair and welcomed everyone to the meeting reminding members of the Teams Etiquette.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Apologies noted:

Julia Higginbottom	Non Executive Director
Frank McAuley	Medical Director
Paul Steele	Non Executive Director

3. INTRODUCTION

3.1 Chair's Report

The Chair, Gillian McCannon provided an update on the following:

- Population Health Strategy – the publication of this report had been deferred until spring 2025. Publication was scheduled for December 2024 but a large stakeholder engagement and the 10 year framework plan had pushed the date back.
- Prioritisation Framework – circulated to all Boards to assess options. NHS Lanarkshire and NHS Forth Valley are benchmark resourcers.
- Board Development tool kit Health prevention agenda – two important pieces of work involved and will be reviewed in spring 2025.
- Scottish Government Post Budget – a meeting with all Chief Executives, Chairs, Directors of Finance, IJB Chief Officers and Chief Finance Officers would be taking place after the budget announcement on 4th December 2024.

Decision: Board Members formally noted the verbal update.

Action: No action required.

3.2 Chief Executive's Update

The Chief Executive, Mr Gordon Jamieson provided an update:

- Unannounced Health Improvement Scotland (HIS) Inspection – this inspection took place on 3rd and 4th September 2024 and a factual accuracy response was returned to HIS on Monday 25th November. The report was due to be published on 12th December and an action plan as a result of the report has been completed by Associate Nurse / AHP Director & Chief Operating Officer and the Head of Clinical Governance and Professional Practice and was due to be signed off by the Chair and Chief Executive on Friday 29th November 2024.
- National Whistleblowing Report Ligatures – good progress has been made to meet the requirements of the report. The only area that will not be completed by the 24th November 2024 was the custom made hospital doors that were heavier and larger than standard doors and a clear representation was made that a three month timescale was insufficient for construction and work being dictated by clinical activity within the unit.
- Travel Disruption for Patients and Staff – the flight from Stornoway to Benbecula continues to be very unreliable with significant disruptions most weeks. An update paper was being compiled and would be presented to the Board.
- Helicopter Landing Site – a site has been identified and discussions were being held with the landowner. Once an acceptable agreement was in place, a paper would be presented to the Board.

- Assisting Search Team – compliments have been paid to the Western Isles Hospital Catering Department who have been providing food and hot drinks to all those involved in the missing persons search over the past week.

Decision: Board Members formally noted the verbal update.

Action: No action required.

4. DECLARATION OF INTERESTS

Board members did not declare any conflicts of interest in relation to the content of the agenda, which may require a declaration of interest.

5. MINUTES

5.1 Minutes 30.10.2024 – DA

Mrs McCannon noted that item 3.2 on page 2 the national Robotarium, she asked that the last two words of the first paragraph were changed from “on day” to “in the future”. She noted that the last paragraph on page 13 “how they Care at Home” should read “how the Care at Home”.

Decision: With the noted amendments, the minutes of the meeting of the 31st October 2024 were approved as an accurate record.

Action: No action required.

5.2 Matters Arising

There were no matters arising from the minutes of the meeting of 30th October 2024.

5.3 Action Points

30.11.22 – Financial Impact on Psychiatry – In the absence of Mr Fayers, Mr Jamieson advised that there had been progress on the SLA with Greater Glasgow and Clyde and NHS Somerset. He added that there was difficulty in getting Greater Glasgow and Clyde to engage but there was good communication with the Scottish Government. Both organisations were content with the costs involved. He noted that a full report would be brought to the Board before final sign off.

Rag Status – remain as amber.

Action: Update report to be presented to the next Board Meeting.

28.06.23 – Cancer Services Update – Ms MacKenzie noted that the position remains positive although heavily reliant on the Mainland Boards. She added that there was a delay with the late delivery of Chemo drugs this week but staff stayed on and all drugs were delivered. Ms MacKenzie noted a couple of staff had not had the full training in ambulatory care intravenous delivery but training has now been completed. Ms Robertson advised that funding for a Band 3 SAC coordinator had been given which was freeing up time in administration for clinical staff.

Rag Status – remain as amber.

Action: Remain on action points.

21.03.24 – Dementia Care Plan – Ms MacKenzie advised that she had to rethink how to advertise for the post of Lead Nurse, as advertisements had been unsuccessful. She may have to advertise as an allied health professional. The dementia plan would be aligned with the National Strategy although it would be difficult to progress this until recruitment to the post had been secured. Ms N MacDonald queried if breaking down the components of the plan in to sections would assist in completing the plan and Ms MacKenzie noted that this could be done if requested.

Rag Status – remain as red.

Action: Components of the dementia to be broken into sections and review dates given to each component.

30.10.24 – Medicine Wastage Report – Mr Jamieson advised that he had been in discussion with the Chief Pharmacist and noted that she would compile a report on medicines storage and wastage although he was unsure how comprehensive this report would be. Mrs McCannon noted that she was unsure as to what this action was referring to but would wait until the Chief Pharmacist's report was presented to the next Board meeting.

Rag Status – remain as amber.

Action: Mr Jamieson to present the Chief Pharmacist's report to the next Board meeting.

Decision: The action points were formally noted.

Action: Mrs McCannon to discuss layout of the action points template with the Business Manager.

6. FINANCIAL GOVERNANCE

6.1 Financial Performance Monitoring Report

6.1.1 Financial Monitoring M6 2024/2025

Issue: *The committee was asked to note for assurance purposes the Financial Monitoring M6 Report presented by Ms Debbie Bozkurt, Director of Finance and Procurement.*

Discussion: Ms Bozkurt advised that there was the detailed M6 report attached with the papers was for 2023/2024 and noted that as she had discussed the M6 at the previous Board meeting, she would give details of the M7 position.

The M7 position was showing a £1.867m overspend an increase of £0.155m from M6. This was mostly due to increasing drug pressures, high inflation on drugs with a zero percentage uplift and a gap in the uplift for the recent pay awards. There were a number of areas which have been difficult to project the year end spend specifically around GP prescribing, General Medicine Locums and Mental Health.

There has been no uplift in the baseline funding, and where inflationary uplifts are between five to ten percent on average, this would result in an estimated gap of £1m at the year end. The Scottish Government were fully aware of the Board's position and the work being done by the Board to breakeven but understand that many of the issues are beyond the Boards control.

Ms Bozkurt noted that the costs of MRI scans at NHS Highland was causing pressures as benchmarking against other suppliers was three times more and the finance team were reviewing these costs. Off Island Therapeutics was showing an overspend partially due to unfunded uplifts and higher than expected biological therapies. Pharmacy was overspending despite an increase in budget to cover increasing in the volume of drugs being prescribed. Significant work has been carried out by the Pharmacy staff regarding issues with stock control and reductions in costs in this area was expected this year, however, inflationary costs on drugs may balance out this reduction. Pressures with the Facilities budget was due to high inflationary increases on food, electricity and oil.

There were emerging pressures on the Acute Nursing budget was due to the requirement for a high level of bank usage covering contingency beds used for delayed discharge patients. With the reduced number of care home places and vacancies within homecare staffing the overspend was likely to continue and was predicting this year's notional cost to be over £2m. Professor Smith thanked Ms Bozkurt for her report, which made it very clear in terms of the budget challenges and mitigations in place. She added that she was shocked by the projected costs for delayed discharges not only financially but to those individuals involved and although clearly this was due to care home and care at home staffing issues which were beyond the Board's control. Mr Jamieson advised that delayed discharges have an impact on most services within the hospitals and the pressure on staff was considerable especially when bed occupancy can be as high as 116%. He added that the Board continues to do everything it can and it was pleasing to hear that the Start Team were making a difference to the number of people being admitted to hospital but the statutory requirement for these individuals care sits with the CNES and until an arrangement for their provision was made there was very little the Board could do.

Mr Jamieson advised that the HIS inspection noted its concern regarding the lack of a paediatric area within the Western Isles Hospital. He added that there was a three bed wing within Medical 1 that was taken over due to acute admission and delayed discharge pressures. Because of this, any child admitted to the hospital was placed in an available bed, which could be in any department, which was unacceptable and the re-introduction of the paediatric wing was now a priority.

Mrs France MacLeod noted her approval to the re-introduction of the paediatric beds as the admittance to hospital was an extremely stressful time for a child and their family, having a child friendly bay would assist in this admission.

Ms Bozkurt informed the members that the two biggest overspends in the community were the transfer of the 2c practices and the costs involved in the use of locums to cover whilst recruitment was taking place. She added that there was an increase in the GP prescribing costs due to the Board being unable to claim VAT back on prescribing.

On a more positive note good use of direct engagement locums to cover surgical vacancies and substantive post holders in place in areas such as medical locums, excluding general medicine and mental health) was resulting in a projected underspend for Medical Consultants at the year end.

Ms Bozkurt advised that due to the unreliability of the flight from Stornoway to Benbecula many patients during the autumn period had opted to travel via ferry however, coming into winter weather disruptions for ferry travel could leave patients with little options for travel. She added that she would be bringing a paper on the options for patient travel to the Board early next year.

Mr MacAskill queried when Ms Bozkurt would know if the Board would be funded the gap relating to the National Resource Allocation Formula (NRAC) share of the pay awards. Ms Bozkurt advised that the risk was reported monthly to the Scottish Government but notification of allocations were often made for this situation very close to the financial year end.

Decision: The members formally noted the verbal update.

Action: Ms Bozkurt to present a briefing paper on the patient travel situation in the Uists to the Board in the New Year.

7. PERFORMANCE

7.1 Corporate Risk Register November 2024

7.1.1 Revised Register

Issue: *The committee was asked to note for assurance purposes the Corporate Risk Register presented by Ms Fiona MacKenzie, Nurse Director.*

Discussion: Ms MacKenzie advised that she would highlight the very high risks as follows:
Risk 001 – Financial Risk ~ this had been discussed in detail early in the meeting.
Risk 004 – Waiting Times ~ at present the Board was in a good position in terms of the TTG, not as good a pre Covid-19 however, there were concerns regarding disruptions to air travel having a knock on effect on scheduled clinics.
Risk 047 – System Pressure ~ the main risk was the number of delayed discharges as discussed earlier in the meeting.

Risk 049 – Demographics ~ further mitigating actions including increased engagement with schools and increased summer student placements.

Risk 050 – In Patient Beds WIH ~ appointed to the Medical 1 SCN post and would be looking to recreate the paediatric bay as soon as possible.

Mrs McCannon noted that a couple of risks including Risk 004 Waiting Times had passed their review date and Ms MacKenzie advised that this was due to the timing of the meeting and these would be included in the next update. Mrs McCannon queried the last sentence on page 6 of the executive summary regarding Colon Capsule Endoscopy where it states that 9 patients were overdue surveillance endoscopy and CCE was being considered however, early in the paragraph it states the CCE projected had ended. Ms MacKenzie advised that this was an error in the report and the sentence regarding CCE would be removed.

Ms Bozkurt advised that the Audit and Risk Committee had discussed the risk of the PSO contract and its effects on planned care being added as a risk and she was in the process of compiling a risk assessment to be discussed at CMT.

Decision: The Corporate Risk Register was formally noted.

Action: No action required.

7.2 Whistleblowing Report Q2 2024/2025

7.2.1 Narrative Report

Issue: *The committee was asked to note for assurance purposes the Whistleblowing Q2 Report presented by Ms MacKenzie.*

Discussion: Ms MacKenzie advised that there were no whistleblowing concerns raised in the period July to September 2024. She added that Mrs Wright in her role as Whistleblowing Champion was on the island during the Speak up Week in October and with the Head of Clinical Governance and Professional Practice conducted a number of walk rounds in the Western Isles Hospital and met with the Board's Confidential Contacts.

Mrs Wright noted her thanks to all concerned regarding her visit and had presented a paper to the Staff Governance which she would update for the New Year. Mrs France MacLeod queried if there were figures on the TURAS Whistleblowing module uptake and Mrs D MacDonald advised that this was not normally analysed but could retrieve the data and update the next Board meeting.

Decision: Board Members formally noted the report.

Action: Mrs Wright to present her Speak up Week visit report to the next Board meeting.

Action: Mrs D MacDonald to provide the staff uptake figures for the TURAS Whistleblowing module.

8. CORPORATE GOVERNANCE

8.1 Winter Readiness Checklist / Communication Plan

8.1.1 Winter Plan

8.1.2 Winter Preparedness Checklist Template

Issue: *The committee was asked to note for assurance purposes the Winter Readiness Checklist / Communication Plan presented by Ms MacKenzie.*

Discussion: Ms MacKenzie advised that the checklist template was in the same format as the previous year and had been completed and forwarded to the Scottish Government. She added that the winter plan team meet fortnightly to discuss any issues and update the plan as necessary.

Mrs Jamieson noted that the progress of the actions on the communications plan and advised that there had been no feedback from the Scottish Government on this to date.

Mrs McCannon queried the progress of the no or partial responses to the actions and Ms MacKenzie advised that there were some that the Board cannot complete but the winter plan team were working through all actions and update the Scottish Government as required.

Mrs McCannon thanked all those involved in the winter planning process noting the extensive work done to date.

Decision: **The report was formally noted.**

Action: **No action required.**

8.2 Section 22 Approved Medical Practitioner Report

Issue: *The committee was asked to note for awareness purposes the Section 22 Approved Medical Practitioner Report presented by Mr Nick Fayers, IJB Chief Officer in the absence of Dr Frank McAuley, Medical Director.*

Discussion: Mr Fayers advised that the paper provides details of Section 22 employed Approved Medical practitioners (AMP) between 2023 and 2024, which was presented to the Scottish Government.

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

Action: **No action required.**

8.3 Public Bodies Climate Change Duties

8.3.1 Detailed Report

Issue: *The committee was asked to approve the Public Bodies Climate Change Duties Report presented by Dr Colum Durkan, Director of Public Health.*

Discussion: Dr Durkan advised that the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) order 2015 requires Schedule1 listed bodies to report on climate change duties compliance.

The report attached presents the key findings on the Board's corporate emissions, projects, renewables, emission targets, climate risk assessment and adaption action. He added that the report was presented to the Board for approval before final submission.

Ms N MacDonald thanked Dr Durkan for the very detailed report and queried if there had been any indication of funding being received. Dr Durkan advised that many of the funding elements were still to place their bids for funding so no timescale at present.

The members approved the report.

Decision: The Board Members formally approved the Public Bodies Climate Change Duties Report.

Action: No action required.

8.4 Climate, Emergency and Sustainability Annual Report for 2023/2024

8.4.1 Detailed Report

Issue: The committee was asked to approve the Climate, Emergency and Sustainability Annual Report presented by Dr Durkan.

Discussion: Dr Durkan advised that in accordance with the NHS Scotland Climate Emergency and Sustainability Strategy (2022-26) and A Policy for NHS Scotland on the Climate Emergency and Sustainable Development DL 38 (2021), NHS Western Isles were required to submit an Annual Climate Emergency and Sustainability report by end November 2024. This report requires Board approval and content would contribute to the NHS Scotland Annual Climate Emergency and Sustainability Report 2023/2024, published in 2025. He added that the Board was required to publish the report on the public website. Mr Durkan noted that the report was presented to the Board for approval before final submission.

Decision: Board Members formally approved the Climate, Emergency and Sustainability Annual Report for 2023/2024.

Action: No action required.

8.5 Update on Covid-19 Inquiries

8.5.1 Detailed Report

Issue: The committee was asked to note for awareness purposes the Update on the Covid-19 Inquiries presented by Mrs Maggie Jamieson, Head of Communications, Claims and Patient Information.

Discussion: Mrs Jamieson advised that the paper provides background and the current progress on the three inquiries being held.

The UK Covid Inquiry have the territorial Boards as core participants for five of the modules as noted in the detailed report attached.

The report on Module 1 resilience and preparedness published during the summer essentially equates to a major overhaul of how the UK Government and devolved administrations prepare of whole system civil emergencies.

In terms of the Scottish Covid Inquiry, Health and Social Care Impact Hearings ended during the summer and a detailed written narrative describing the evidence heard over the sixteen weeks of hearing expected to be published in spring 2025.

Operation Koper was the investigation into Covid-19 deaths in Scotland undertaken by the Covid-19 Deaths Investigation Team at the Crown Office and Procurator Fiscal Services. She added that to date there had been no significant update on this. Mrs Jamieson advised that any legal costs incurred via Operation Koper was not covered by Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and could prove to be a financial risk to the Board.

Mrs McCannon thanked Mrs Jamieson and her team for the very detailed update.

Decision: The report was formally noted.

Action: No action required.

8.6 Claims against NHS Western Isles

8.6 Detailed Report

Issue: The committee was asked to note for awareness purposes the Claims against NHS Western Isles report presented by Mrs Jamieson.

Discussion: Mrs Jamieson informed members that the report gives an overview of the claims settled over the last five years and the active claims, oldest of which was lodged in 2021 and the most recent in 2024. She added that due to patient confidentiality, she was unable to provide details of the claims but an overview was attached.

Mrs Jamieson advised that the current time limit for making a claim against the NHS in Scotland was three years with certain exemptions applied and the three year limit applying to children starting on their 18th birthday. She added that the Board was currently managing nine active claims, six were clinical negligence and three related to employer liability. There were no trends represented in the nine closed claims noted in the report.

Decision: Board Members formally noted the report.

Action: No action required.

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report September 2024

Issue: *The committee was asked to note for assurance purposes the Human Resources Workforce Report presented by Ms Diane MacDonald, Director of Human Resources and Workforce Development.*

Discussion: Ms D MacDonald highlighted that the Board does have an ageing workforce but was actively encouraging younger people to the workforce and a recent careers fair at the Nicolson Institute was well received and thanked the staff who participated. Work experience was ongoing with thirteen current work experience placements. She added that requests for overtime and bank and agency use were all within the acceptable limits.

Ms D MacDonald added that absence peaked over the winter period last year and then reduced to its lowest level in two years in March 2024. It spiked again in June and there has been a steady reduction between June and September. She noted that she personally met with the managers with the highest levels of absence to support and assist their staff journey to return to work.

There was positive recruitment in the hard to recruit areas included Podiatry, Pharmacy and Uist and Barra although many specialist skills posts have shortages across the county noting that Psychiatry Consultant has the highest number of vacancies (57.7 WTE at 1st June 2024). She added that the 1 in 2 On Call rota was proving unattractive to potential employees adding to the difficulties in recruitment.

Decision: **The Workforce Report was formally noted by Board Members.**

Action: **No action required.**

10. PUBLIC HEALTH

10.1 Screening Annual Report

10.1.1 Detailed Report

Issue: *The committee was asked to note for assurance purposes the Screening Annual Report presented by Dr Durkan.*

Discussion: Dr Durkan thanked Janet MacLean, Health Protection Clinical Specialist for producing this very detailed report and noted that all six screening programmes were performing well, with uptake in line or above the Scottish average.

Ms N MacDonald queried that there were no eligible but not screened data for 2023/2024 and page 22 and 23 there was no data available for 2022/2023. Mr Durkan advised there had been issues that accessing this data and the decision to publish without this data had been taken.

Mrs McCannon noted that this was a very positive report and the team should be congratulated on a positive screening programme.

Decision: Board Members formally noted the report.

Action: No action required.

10.2 Immunisation Annual Report

10.2.1 Detailed Report

Issue: The committee was asked to note for assurance purposes the Immunisation Annual Report presented by Dr Durkan.

Discussion: Dr Durkan advised that monitoring the proportion of eligible population vaccinated was a key measure of the immunisation programme performance. It was of public health concern should the immunisation rate decrease, as it makes the possibility of disease re-emergence and transmission more likely.

Dr Durkan noted that all programmes were performing satisfactory, with uptake in line or above the Scottish average however, the uptake for Covid-19 and Flu update for adults was slightly below the national average. He added that representatives from Public Health Scotland provided hints from other Boards on how to improve adult uptakes.

Decision: The report was formally noted.

Action: No action required.

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

11.1 Audit and Risk Committee

Issue: The committee was asked to note for assurance purposes the Audit and Risk Committee Minutes of 3rd September 2024 presented by Mr Paul MacAskill, Chair of Audit and Risk Committee.

Discussion: Mr MacAskill advised that the minutes were very detailed and gave a good reflection of the discussions. Issues to be escalated to the Board were the transport issues for patients and consultants in Uist and Barra.

Decision: Board Members formally noted the minutes of the Audit and Risk Committee meeting of 3rd September 2024.

Action: No action required.

12. AOCB

Mr Jamieson advised that regular Chief Operating Officer engagement sessions were held and the mid year review went extremely well and the Board gave a good account of itself. He added that he would bring the follow up letter from this review to the Board once received.

Action: Mr Jamieson to present the Chief Operating Officer Review follow up letter to the Board meeting when received.

13. Evaluation

	YES	NO	COMMENTS
For Chair only to Complete: Was the draft minute and action plan / log received within the 5 day time frame for you to review? If note state how many days before receipt.			
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there was 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?	✓		
Was the information contained within the meeting papers, clear, focused, explicit and enabled members to make informed and effective decisions? If not state what information would have helped.		✓	There were issues with the paper presented for: The Action Plan The Financial Monitoring detailed paper. The Corporate Risk Register.
Were you able to contribute to the discussions and have your views considered?			
Was there were sufficient refreshment breaks?	✓		
Did you consider that the Board discharged its duty in respect of • Proper Scrutiny • Relevant Questioning • Constructive Challenging	✓ ✓ ✓		

14. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meeting

Date: 27th February 2024

Time: 10.00am

Venue: Microsoft Teams

The Chair thanked members for their attendance and involvement in the discussions and ended the meeting at 1.00pm.

END