

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING
27TH FEBRUARY 2025
HELD AT 10.00AM
VIA MICROSOFT TEAMS

Members Present:

Jane Bain	Employee Director / Non Executive Director
Debbie Bozkurt	Director of Finance & Procurement
Julia Higginbottom	Non Executive Director
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
Frank McAuley	Medical Director
Gillian McCannon	NHSWI Chair (Meeting Chair)
Annetta Smith	Non Executive Director
Paul Steele	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

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:

Colum Durkan

Director of Public Health

Frances Robertson

Associate Nurse / AHP Director & Chief Operating Officer

3. INTRODUCTION

3.1 Chair's Report

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

- *Delivering together for a Stronger Nursing and Midwifery Workforce:*

Mrs McCannon reminded members that a link to this report was included in Team Brief 351. She added that there were a number of actions in Annex 2 of the report, which she would be taking forward as part of the Midwifery Working Group. Mrs McCannon requested that all members read the report if they had not already done so.

- *NHS Recovery and Reform Plan*

Mrs McCannon noted that there had been significant press interest around this. She added that Boards would be charged with key priority areas especially concentrating on health and social care. She added that there would be more focused work at future Board meetings on this.

Decision: Board Members formally noted the verbal update.

Action: Mrs McCannon to take forward the actions in Annex 2 of the report as part of the Midwifery Working Group.

3.2 Chief Executive's Update

The Chief Executive, Mr Gordon Jamieson provided an update:

- *Emergency Department Refurbishment*

Mr Jamieson advised that the relocation of the Emergency Department to the Day Hospital although not ideal had been working well with staff settling into a new routine. The refurbishment work was going well and expected to be completed on time.

- *MRI Scanner*

Mr Jamieson advised that the project was progressing well and on target for installation in 2026.

- *Key Appointments*

Mr Jamieson advised that there were a number of key appointments under offer including the Associate Medical Director Acute and Lead Nurse Acute. He added that these appointments should make the clinical team stronger and patients would see a benefit from these appointments.

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 27.11.2024 – DA

Mrs McCannon

Decision: With the noted amendments, the minutes of the meeting of the 27th November 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 27th November 2024.

5.3 Action Points

30.11.22 – Financial Impact on Psychiatry – Mr Fayers advised that there had been progress on the SLA with Greater Glasgow and Clyde and NHS Somerset. Mrs McCannon queried if a full report would be presented to the Board in April however, Mr Fayers advised that there was a significant amount of work still to be done which would not be completed before the end of April. He noted that a full report would be brought to the Board before final sign off.

Rag Status – remain as amber.

Action: a full report to be presented to the Board before final sign off.

28.06.23 – Cancer Services Update – Ms MacKenzie advised that despite the National situation the Board continues to deliver high quality timely cancer related care. She added that the breast clinics held in Forth Valley were well led and beneficial to the patients. Ms MacKenzie noted that the chemo logistics remain fragile due to flight issues however the chemo service itself was delivering an excellent service over a number of days per week due to demand.

Rag Status – remain as amber.

Action: Remain on action points.

28.06.23 – Cancer Services Training – It was agreed that the cancer services update be split into two sections. The service update and an update on training. Ms Robertson would take this forward.

Rag Status – remain as amber.

Action: Remain on action points.

21.03.24 – Local Dementia Care Plan – Ms MacKenzie advised that a recent HIS guideline introduced an enhanced fragility agreement in General Practice and they were no looking at dementia / fragility combined post. It was agreed that fragility should be included in the dementia plan.

Rag Status – remain as red.

Action: Remain on action points.

30.10.24 – Medicine Wastage Report – Mr Jamieson advised that the Chief Pharmacist was still working on this item, concentrating on several issues but due to staffing issues within the department, she had been unable to complete this review. Dr McAuley advised that the Chief Pharmacist was reviewing the drugs being held in the 2C practices.

Rag Status – remain as amber.

Action: Remain on action points.

27.11.24 – Layout of Action Point Template – Mrs McCannon advised that she would work on this with Ms Martin in the absence of Mrs McPhail.

Rag Status – Amber

Action: Remain on action points.

27.11.24 – Financial Governance Patient Travel Situation in Uist – Ms Bozkurt advised that HiTrans had been commissioned to compile a report by the Scottish Government and would present this to the Board once published.

Rag Status – Red

Action: Present the report to the April meeting.

27.11.24 – Whistleblowing Report Q2 Speak up Week Visit Report – Mrs Wright advised that the report would be included in the Whistleblowing Annual Report being presented to the April Board meeting.

Rag Status – Green

Action: Presented within the Annual Report to the April meeting.

27.11.24 – Whistleblowing Report Q2 staff uptake TURAS module – Mrs D MacDonald advised that a full update had been presented to the last Staff Governance Committee. She added that 25% of staff had completed the Whistleblowing TURAS module.

Rag Status – Blue

Action: Complete and remove.

27.11.24 – Chief Operating Officer Review Follow up Letter – Mr Jamieson advised that the letter had been replaced by the minutes of the meeting, which were more comprehensive will be presented to the next Clinical Governance meeting.

Rag Status – Blue

Action: Complete and remove.

6. FINANCIAL GOVERNANCE

6.1 Financial Performance Monitoring Report

6.1.1 Financial Monitoring M10 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 the M10 position was showing a £1.2m overspend at M10 a reduction of £550k from M8. She added that there were complexity involved in managing the pay uplifts and budget allocations for NHS Western Isles and other boards. Provider Boards have requested a 5.1% minimum pay uplift, but the NRAC share does not cover this cost, nor the 5.5% uplift for NHS Western Isles. The shortfall against the Board's NRAC share is a pressure of £1m. This shortfall is not included in the £1.2m outturn and Scottish Government have requested that it should be treated as a risk. Managing these financial pressures and ensuring adequate funding for pay uplifts is crucial for maintaining staff morale and service quality.

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 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.

Delayed Discharges notional cost the Board £1,864,047 in 2023/2024 and for the first eight months (reportable) of 2024/2025 cost £1,641,273 as shown below in table 19. Extrapolated for a full year on a straight-line bases would result in notional costs of £2,188,000. To note October 2024 had the highest delays over the 3 years. The lack of social care housing and community care was noted as being the main contributor to these delayed discharges but with difficulty in recruitment in these areas, there was little the Board can do to mitigate this risk.

There were a number of areas of which have been difficult to project year end spend, specifically around GP Prescribing, locums in General Medicine, new 2C practices and Mental Health but uncertainty around recruitment in the first 10 months results in a sizable overspend which may reduce slightly by year end.

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 additional non recurring capital funding of £1.997m had been received including a specific allocation of £380k for the renewal of the X-ray room in Uist and Barra Hospital driven by the National Procurement team and is being delivered by Phillips as a part of a national programme of imaging equipment renewal.. The additional capital allocation announced in mid-December has resulted in some projects that were deferred to 2025/2026 being brought forward. The requirement to spend the budget in full by 31st March 2025 means that it has not been possible to progress significant improvements/alterations within Estates, the priority has therefore been to secure essential equipment purchases and small scale works in line with funding requirements. Ms Bozkurt noted that in addition to the additional capital funding, £500k had been awarded in capital grants to non profit local charities.

Decision: The members formally noted the verbal update.

Action: No action required.

7. PERFORMANCE

7.1 Corporate Risk Register January 2025

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 noted that the Corporate Risk Register presented was for January due to the cancellation of the February Corporate Management Team. She added 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 all TTGs were running considerably above the current national performance despite a number of issues including the absence of a substantive General Surgery Consultant and changes to flights affecting the Outpatient Waiting list. She added that the cancer targets in 2024 saw a 95% of the 31 day target achieved and 75% of the 62 day target. The Cancer Steering Group meeting monthly and liaise with service managers in NHS Highland were most of the Board's cancer pathways exist.

Risk 047 – System Pressure ~ the main risk was the number of delayed discharges with the imminent closure of Blar Buidhe adding to the already high risk.

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

Risk 051 – APU ~ further mitigating actions to include action plan and ligature removal and reduction. She added that the new automatic doors had arrived but there were issues installation due to occupancy issues within the department.

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 advised that the risk matrix, the risk quantification criteria and the risk appetite statement were omitted from the full report and requested that this was included in the next report coming to the Board.

Decision: The Corporate Risk Register was formally noted.

Action: Risk matrix, risk quantification criteria and risk appetite statement to be included in future reports.

7.2 Whistleblowing Report Q3 2024/2025

7.2.1 Narrative Report

Issue: The committee was asked to note for assurance purposes the Whistleblowing Q3 Report presented by Ms MacKenzie.

Discussion: Ms MacKenzie advised that there were no whistleblowing concerns raised in the period October to December 2024. She added that they continue to raise awareness through the intranet page and advertising in the Team Brief.

Decision: Board Members formally noted the report.

Action: No action required.

8. CORPORATE GOVERNANCE

8.1 Annual Delivery Plan Q2

8.1.1 ADP Q2 Report

8.1.2 Workforce Plan Actions Q2 Update

8.1.3 Standards & Hospital Performance Report

Issue: The committee was asked to note for assurance purposes the Q2 Annual Delivery Plan presented by Ms MacKenzie.

Discussion: Ms MacKenzie advised that the Q2 report was approved at the Corporate Management Team meeting in December 2024 and submitted to the Scottish Government with the caveat that it would not be presented to the Board until February 2025.

Ms MacKenzie noted that the Scottish Government intention was not to routinely provide specific individual feedback to Boards on ADP Update Reports, although if there are particular questions or issues that arise from their review they may discuss further. Rather they will review them (alongside the Delivery Indicators metrics data already held by SG) in partnership with policy colleagues and produce a short quarterly progress update paper which will pull out the key themes and challenges arising from these reports as a whole. These progress papers will be used to both update colleagues within the Scottish Government.

Ms MacKenzie advised that the Board was making good progress on all areas including the transfer of the independent practice to 2C practices, the primary care IT infrastructure has been completed and the enablement of the urgent care service to operate seven days a week in Uist. Further collaboration with Scottish Ambulance Service and improving access to Hospital at Home has led to a reduction in hospital and care home admissions.

To help in addressing lack of access to specialised services, we are identifying digital healthcare delivery models to support the community, which should allow patients to be seen in their own locality; thus, reducing patient travel and decreasing travel time for clinicians. This will not only improve efficiencies but also should reduce costs to both the patient and Health Board, as well as reduce the carbon footprint.

Mrs Smith welcomed the success of the Hospital at Home service and was aware how positively received the service has been and the service being extended to Uist was a very positive step. Mr Jamieson advised that the Scottish Government had seen its success and were considering an expansion of Hospital at Home service.

Ms N MacDonald queried if the pressures surrounding perinatal care funding and the Child and Adolescent Mental Health Service (CAMHS) should be noted as a risk. Ms MacKenzie advised that the current perinatal care arrangement was fragile but until the funding from the Scottish Government has been made permanent, the Board was unable to advertise for a perinatal CPN. She added that CAMHS primary care continues to function well although it remains a person dependant and single discipline at present.

Mr Steele agreed with Ms N MacDonald that mental health among the younger

population was an issue with recent studies showing significant increases in mental health disorders among adolescents and young adults. Mr Jamieson noted the committees concerns however there had been no issues raised from the CAMHS or Mental Health teams. He added that the Board was always striving for improvement in all services.

Mrs McCannon thanked Ms MacKenzie and all involved in this comprehensive document but noted a significant amount of abbreviation within and queried if a glossary of terms could be added. Ms MacKenzie advised that this would be included in the Q3 report.

Mrs D MacDonald advised that there was good progress with the Workforce Action plan discussed in detail at the Staff Governance committee.

Mrs MacKenzie advised that to avoid workload and duplication the standards and hospital performance report was attached to show detailed performance figures for assurance purposes. Mrs France MacLeod noted the high rates of Did Not Attend (DNA) and queried if there was any progress in reducing these figures. Ms MacKenzie advised that the TOPAS letters were posted from Glasgow and on occasion, there can be issues with this, there were also discussions regarding the use of NETCALL but there were significant costs involved. She added that due to the small numbers one or two DNAs leads to a high percentage recorded.

Decision: The report was formally noted.

Action: No action required.

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report December 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 there were no significant fluctuations in the workforce composition with strict vacancy controls in place. She added that requests for overtime and bank and agency use were all within the acceptable limits.

Ms D MacDonald added that there had been issues with the thirty minute reduction of the working week from 1st April 2024 and the further one hour reduction has been delayed to 1st April 2026.

Ms D MacDonald informed the committee 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.

Recruitment activity remains steady. According to National data, NHS Western Isles currently has the fewest number of nursing vacancies across the territorial Boards in Scotland.

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

Action: No action required.

10. PUBLIC HEALTH

No items were presented under this section.

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

11.1 Audit and Risk Committee

11.1.1 ARC Minutes of 27th November 2024

11.2 Area Partnership Forum

11.2.1 APF Minute of 3rd December 2024

11.2.2 APF Minute of 31st January 2025

11.3 Clinical Governance Committee

11.3.1 CGC Minute of 7th August 2024

11.4 Finance, Performance & Resource Committee

11.4.1 FPR Minute of 13th August 2024

11.5 Staff Governance Committee

11.5.1 SGC Minute of 14th November 2024

Mrs McCannon noted that all minutes presented were well presented and informative.

Decision: Board Members formally noted the minutes of all the Governance Groups presented.

Action: No action required.

12. AOCB

Mrs McCannon advised that this would be Dr McAuley's last Board meeting in his role as Medical Director and noted that he had made a significant impact during his time at NHS Western Isles. His contribution to unscheduled care, Out of Hours services, cancer and chemotherapy care and the implementation of Hospital at Home were truly commendable. She added that his colleagues will miss him and thanked him for his dedication and forthrightness.

Mr Jamieson agreed with Mrs McCannon that Dr McAuley's contribution over the years, many in the Organisations most difficult periods, had been second to none.

Dr McAuley thanked everyone for their kind words over the past weeks and noted it had been a pleasure working with many exceptional people within the Organisation.

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 discussed in the meeting with the Corporate Risk Register paper presented.
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

Board Development Session

Date: 27th March 2025

Time: 10.00am

Venue: Vaccination Centre, Western Isles Hospital

The Chair thanked members for their attendance and involvement in the discussions and ended the meeting at 1.10pm.

END