



ADP – Q3/Q4 Updates

Medium Term Plan 2024-27

NHS WESTERN ISLES

1	Primary & Community Care	Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
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- **Delivery of core primary care services**

NHSWI are focussed on Sustainability all Core Primary Care Services.

GMS services are focussed on workforce development, greater focus on GP training, and Practice Nursing.

Within 2024/2025 NHSWI will have two 2C practices that will be operated by the Health Board. Both these practices previously provided the medical staffing for our community hospitals situated in Uist and Barra. This gives us an opportunity to take a full system approach to the delivery of primary care service and build resilience within the system through integrated workforce developments, focus on improvements within the interface between primary and secondary care and the continued development of urgent and unscheduled care services.

We are focussed on building a robust IT infrastructure, including server upgrades in preparation for the upgrade to Docman 10 and Emis/Vision transition in 2025.

We continued development of PCIP services, which includes VTP, Pharmacotherapy CTAC, Urgent Care and First Contact Practitioner services. We have engaged with HIS team to support the development of our pharmacotherapy service.

General Ophthalmic Service - with the planned introduction of Community Glaucoma we will take the opportunity to work with the Optician practices to develop electronic pathways for referrals. This avoids activity being passed back to GP practice and enables us to streamline the processes for patient access.

Community Pharmacy within the Western Isles operate Pharmacy First. The practices are enabled with access to Emergency Care Summaries which will allow us to promote patient access to service, right care in the right place.

- **Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services.**

The community Nursing teams provide the full scope of agreed appointments within CTAC. We continue to audit the service to manage waste ensuring we optimise the access and use of CTAC services for all agreed appointment types including Chronic Disease Monitoring.

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In light of the financial constraints, there are limited opportunity for growth, however we continue to seek opportunity to manage operational efficiencies to grow capacity within existing investment.

- **Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams.**

NHSWI are limited with the MDT opportunities within out of hours service. Our priority has been to develop pathways for service access, which include, care home, mental health, custody and Call Before You Convey.

NHSWI continue to grow the Urgent Care ANP service. The introduction of the Urgent care service to Uists and Barra will take place in 2024. This provides an opportunity to implement the existing processes established within Lewis. We aim to localise the service in order to maximise the service delivery which will support a number of workstreams in meeting the needs of the patient care delivered in the more remote areas of Western Isles. We aim to work towards an extended day time service, which will include weekend days and Twilight period in weeknights which will directly support the out of hours service.

Q3 and Q4

We have commenced various tests of change.

Lewis and Harris:

NHSWI commenced a test of change for the GP out of hours to support as clinical lead for Hospital @ Home service to support the nursing team that operate during the weekends. This has worked well.

A further test of change has been carried out to refine the GP model for Out of Hours and merging H@H GP role. The first test of change is planned for April, where the GP role will operate between 8am - 12 midnight and the ANPs will be supported by GP on call for Uists and Barra remotely as required and or Western Isles Hospital A&E.

We have recruited to a GP role, which will support the clinical leadership for H@H and the test of change model

Uist

NHSWI have commenced operating a 7-day service for the ANP urgent care service. This is working well, however it is not fully resilient due to leave and the limited resources available. This has allowed us to test out the 7-day model to build in the ANP role within the out of hours service.

- **Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.**

The standardised template for CDM supports secondary prevention by setting out simple targets and actions for key indices (BP, HbA1C, eGFR etc.). This has helped to ensure consistency in secondary prevention. All practices maintain CDM registers and, on the last available reports, have the highest percentages in most of the established CDM categories. This reflects the active Primary Prevention approach taken which ensures chronic disease is captured early and effectively managed.

NHSWI practices have signed up to the CVD Directed Enhanced Service released by Scottish Government PC. This will be operational from April 2025.

- **Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to.**

NHSWI are focussed on workforce developments to support the provision of equitable access across all our islands. This includes the use of skills mix, by training and utilising staff additional to dental officers such as therapists, extended duties dental nurses and orthodontic therapists. This will allow the dental team to be used to their entire skill set to allow delivery of clinical and preventative services.

We aim to prioritise the Oral Health Improvement Programme, and plan to recruit an Oral Health Support Worker in the Southern Isles to improve equitable delivery of preventative care. As part of the preventative care service, we will continue to focus on our Childsmile programme, as well as increasing our commitment to the Caring for Smiles Programme. As Western Isles has an ageing population, the elderly will be one of our main focus groups this year. In addition to this, we hope to increase the delivery of our domiciliary care to help reduce the barriers of accessing care.

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 increasingly 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.

This will also provide opportunities for a Multi-Disciplinary approach to Oral Healthcare.

We will continue to work closely with our independent general practice to ensure they are well supported, including assistance with recruitment, to enable them to improve access to NHS patients.

- **Increasing delivery of hospital-based eyecare into a primary care setting where appropriate.**

NHSWI are one of the early pathfinders for the launch of Community Glaucoma Service. Work is underway to migrate the data over ahead of the launch of service, which will commence in 2024 initially in Barra and grow through the Isles within the initial 6 months of launch.

- **Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area**

The independent practices have arrangements with community groups/independent providers for transport services. Mainly this is for prescription delivery and prior to covid, minibus service for practice appointments. We will continue to seek opportunities through the 3rd sector for collaboration in this area.

Q1 Update:

Delivery of Core Primary Care Services

NHSWI now have two 2c practices. The most recent practice transferred over on the 1st April 2024. Employees have TUPE'd over to NHS Western Isles. The services have been maintained for patient access, and we aim to conclude on the recruitment processes and onboarding by year end.

Progress continues with the IT infrastructure programme of works, with further server upgrades taking place in GP practices and any kit upgrades as required.

Primary Care improvement agenda remains a key focus for NHS Western Isles. All services are in place, which includes VTP, CTAC, Pharmacotherapy, Urgent Care, First Contact Physiotherapy and Occupational Therapy. The service leads have commenced developing a primary care improvement plan for a new phase of service now they are established. The focus of the plan is quality, performance and evaluation.

Daytime urgent care is live in Uists. This is working well for the practices daytime however, the team provide support out of hours. Due to the successful introduction, we aim to create a 7 day service for the Uists.

CTAC

The CTAC service is in operation across all 9 GP practices. The full scope of service delivery is offered to each practice. Developments are underway in Uists to support a HUB model, to provide resilience to the service provision and maintain the service, reducing impactors associated with a small workforce.

Community Glaucoma Service

Progress continues with the CGS preparation. We are engaged with the clinical lead for NHS Highland to identify the cohort appropriate for discharge.

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The service is reliant on essential IT actions this includes:
Back up for Visual Field analyser
Enable SCI Gateway referrals

IT have programmed the support for these essential works and we await a date for this work to commence.

Internal discussions will conclude on ongoing Migration of patients over to open eyes including the required IT actions, admin requirements and referral pathways.

Practice Audits have taken place at all 3 sites where the CGS service will be provided from. There were no concerns identified during these visits.

Dentistry

Three additional extended duties dental nurses have qualified in the last 9 months, and all clinics have extended duties dental nurses who have participated in our Childsmile programme, of which three of our four PDS sites have taken part and further dates have been set for our fourth clinic before the end of the year.

We will be embarking on the Caring for Smiles programme to deliver training to carers in care homes to support the ageing population's oral health in the upcoming months.

Two of our clinicians have been accepted for the Digital Leadership Programme to progress our proposed digital service model and this will begin in January 2025. We continue to engage and support our independent practice where possible.

Q2 Update:

2c Practice Transition

We continue to work towards a salaried medic model for the 2c practices.

NHSWI have maintained the core delivery of the service for the patients with the view continuing to develop multi-disciplinary team working between the practice and other service providers including the community hospitals and PCIP services.

Both Practices are linked closely with the community hospitals in Uists and in Barra for the medical staffing model, we will continue develop an integrated hub model in both areas, focussed around, service provision, standard operating procedures and pathways, workforce and patient outcomes.

Primary Care server upgrades are complete for all the practices. The next Phase of IT development is preparation for the system change and upgrades of Emis to Vision and Docman 10. The timelines currently are Docman 10 Spring 2025 and Emis to Vision August 2025. Currently we are working with Primary Care stakeholders to raise awareness through newsletters and monthly sessions with the practices.

Primary Care Improvement:

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We continue to deliver services in line with our locally agreed priorities. This includes

VTP, CTAC, Pharmacotherapy, Urgent Care, First Contact Practitioners, Physio and OT.

We have launched a hub model for CTAC in the Uists to support resilience in service delivery, this is working well and continues to develop with the Scope offered to the practices.

VTP, we continue to work on developing a travel health model that would support the operation across all 3 localities of the western isles. In keeping with the hub model, travel health will continue to operate via the 2c practices.

Our PCIP plan has been agreed with all service leads and Primary Care Improvement Board. The focus remains on Quality of service delivery now all areas are established. Our objectives include quality of service, investment and evaluation.

Community Glaucoma Enhanced Service.

There has been little progress on the migration of patients into the community Glaucoma service. This is as a result of our low numbers and the lack of ability to add onto Open Eyes manually. We continue to work with the national team to find a solution to this. It is likely this position will remain the same until Q4.

Locally we are included in the programme of works for IT to support SCI gateway referrals via community Optician service. As well as vision field backup solution to support the Community Glaucoma Enhanced Service.

Primary care has direct access to CT scanning, and Radiology have close communication with clinicians in primary care.

Out of Hours

In the Uists, we continue to develop the Urgent Care Service. We have completed a successful recruitment that will enable the Urgent Care ANP service to operate 7 days. This will support the out of hours service, albeit not on a 24/7 basis provides support during 6pm – 9pm and weekend days. This provides opportunity to grow the hospital at home model in the Uists.

Plans are underway to merge the GP OOHs and Hospital at Home Medic workforce, this provision improved local resilience across the services.

Dentistry

NHS WI are currently reviewing the needs of the service, and assessing local leadership, with the intention that this will improve communications between the islands and help identify local needs. Our Oral Health Improvement Team will also be reviewed to ensure all relevant aspects of the Oral Health Improvement Programme are addressed to improve access to priority groups. Our team are currently working on the Caring for Smiles presentations for care homes and hope to deliver this in the next quarter.

Our recruitment for an Oral Health Support Worker in Uist is progressing and we hope to have a suitable candidate in post in the upcoming quarter.

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Our Independent Practice is currently accepting new NHS patients, and we have been in regular contact regarding the challenges they face, and the Board aims to provide appropriate support where possible.

Q3/Q4 Update:

2c Practices

We have commenced improvement work of the dispensaries for the 2c practices. This includes stock management, formulary only prescribing and reviewing all standard operating procedures.

Salaried GP Model

NHSWI aim to conclude on the Salaried Dr Model for one of our 2c Practices. In addition, we have linked in with NES to recruit a rural fellowship for this year who will work across our 2c practice model.

Optician Service -

The NHSWI CGS modelling is complete and processes are agreed with all local teams and service providers. We are awaiting a Migration Date from GGC for the patients to Open eyes.

SCI Gateway referrals, NHSWI have tested one of the 5 SCI gateway referrals with a GOS practice. This has been successful and we are awaiting a GO Live Date from IT for the launch of all 5 referral pathways for Optician service.

PCIP

NHSWI continue to deliver services within the existing resources. In 2025/2026 we will be working with service leads to identify QI work which will improve service efficiencies to maximise patient facing time within the funded capacity.

CTAC service

We have centralised part of the CTAC service within the Uists via the OUAB Community Hospital. This has provided stability to the service, and this is now operationally weekly and provided resilience within the service.

The CTAC working group has been re-established which will enable provide ongoing service feedback, identify opportunities to review process and service performance.

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Dentistry

We have successfully recruited a Dental Officer in the Island of Barra, which will increase access to our rural areas.

Further expansion of skills mix will be realised once our trainee Orthodontic Therapist is fully qualified, and the intention is that they will be able to deliver orthodontic services to rural areas, reducing patient travel. Further technology will be required to reach our remote areas, and further work is being done to pursue this.

Following an approved Organisational Change proposal, our Oral Health Improvement Team is set to expand, with formal appointments of an Oral Health Improvement Manager, Childsmile Co-ordinator and Priority Groups Co-ordinator.

We have delivered 3 Caring for Smiles training sessions care home to date in Lewis and Harris, with 2 further visits scheduled, and are on target to complete visits by the end of June. We have had successful care home visits delivered in the Uists, and will prioritise the Barra Care Home as our next area of focus. We hope to utilise the NES training programme to expand our Oral Health Educators and align with NES requirements for our staff training.

Our digital intraoral scanner has had the project proposal approved and our Head of IT is continuing to support our Dental Officer in the implementation of this, as well as the Information Governance requirements.

Social work and social care services supported the transition of the residents and the workforce (TUPE) to alternative provision on island through the utilisation of housing with extra care and the holding of voids within other care homes and nursing home services. As all community based social care resources operate at maximum capacity, the loss of the 38 nursing beds has had an impact on the system in terms

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of long-term placement capacity and the ability to maintain flow through the use of interim placements. The necessary training and development of the TUPE workforce is being prioritised to enable the expansion of the respite services within the same campus of the extra care housing to be undertaken at the earliest opportunity. This will provide much needed capacity to alleviate the impact of delays on the acute system.

2

Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

- **Improve urgent care pathways in the community and links across primary and secondary care.**

NHS Western Isles are committed to a continuous programme of improvement as directed by The Urgent and Unscheduled Collaborative. Appointment of a permanent Clinical lead for Urgent and Unscheduled Care development in February 2024 paves the way for improved links across Primary and Secondary Care. Face to face interaction with both providers has begun forging the way for the improvement of services via enhanced communication. The lead for Urgent and Unscheduled along with hospital @home has made direct links into remote communities to see first-hand the requirements for enhanced service provision. The priorities identified being, local outreach and explanation of services, along with further integration with SAS.

- **Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support**

All care homes in Lewis have direct access to The Urgent Care Team 24/7 offering advice and direct care home assessments. This has led to a reduction in Care Home admissions. Planning to expand to the Uists.

Call before convey pathway introduced by SAS in Collaboration with W.I.H has sought to improve professional to professional advice, current improvements been made on pilot to refine pathway with a view to finalise role out imminently.

Weekly MDT with main care home in Stornoway and Uist has focused on frailty and admission avoidance, consideration of further MDT with other care/nursing homes underway.

- **Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure.**

The Stornoway based Urgent and Unscheduled Care Team has recently piloted direct referrals to Hospital @Home with positive feedback from both patients' teams. Reduction in patient waits, rapid assessment and timely treatment in the patient's home has demonstrated a model for permanence and distribution across the island chain.

Consideration for funding of an OPAT nurse going in to 24/25 underway.

Virtual capacity funding was provided by SG this financial year (from beginning November 23 end March) allowed us to increase hours within the cardiac nurse

team, which has facilitated excellent team working with H@H to provide admission avoidance for patients requiring IV diuretics and reduce in patient bed days by managing this at home. A protocol for IV and SC therapy was established and provided management plans to support specialist care. A national digital tool to monitor patient responses to treatment has been successful and is now embedded into day-to-day heart failure management. The funding also ensured that we were able to improve our in-reach services to the wards to identify patients at risk of decompensation and therefore intervene to reduce bed days. Moving forward the service provision at this level will only continue if funding remains available.

- **Optimising assessment and care in Emergency Departments by improving access to ‘same day’ services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.**

In the last 18 months, development of the Acute Assessment Unit for GP and ANP referrals was to facilitate rapid assessment, provision of “same day services” and reduce pressures in the Emergency Department. The initial pilot has reduced the GP referral admission to hospital rate by more than 10%. AAU was initially set up as a pilot with no additional funding source, staffing workforce has been co-location of the Urgent & Unscheduled care team, H@H and Acute Assessment under 3 different managers. Moving forward into 24/25 serious consideration of streamlining these services into one team - a “front door model” has progressed to board level for discussion.

- **Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management**

All social care residential and care at home services are commissioned to maximum capacity across the island communities, the service mix of residential, respite and intermediate placements is adjusted as capacity allows to meet the appropriate needs of service users. Opportunities to expand the service offer at the Goathill campus to include bed based intermediate care will be subject to discussion through the Unscheduled Care Board.

The Short Term Reablement and Assessment Team (START) social care vacancies have been reviewed to offer FTE permanent posts, with relocation expenses and key worker housing status. Rebranding of the advert will launch a revised recruitment process. The START service continues to work at maximum capacity to support admission avoidance and accelerated discharge with social care, physiotherapy and Occupational Therapy operating over 7 days.

The Care at Home Service will embed the new career pathway and the refreshed recruitment approach will be launched in March 2024 and follows the creation of a new career pathway in the service. Recruitment progress is required to enable succession planning to be undertaken to address workforce demographics as well as the unmet need.

Social work and social care services utilise agency support in the absence of an on island workforce to sustain deployed service capacity as workforce plans address the local impact of the national recruitment challenges. The work to balance the skills mix of professional and unqualified workers with recruitment planning continues and will feature further is service development with an emphasis on undergraduate apprenticeships.

Alternative approaches continue to be considered and progressed for Allied Health Professions to address the immediate and longer term recruitment challenges with a grow our own approach central to the aspirations of the Partnership. Local resources can be identified to support apprenticeship style developments, however the fundamental issue is the development of the education pathway to support work based on island learning and that is the focus of current activity with stakeholders locally and nationally.

- **Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units**

NHS Western isles is currently undertaking an improvement project to deliver by March 31st 2024, 90% of people living in care homes on the Isle of Lewis will have a current Anticipatory Care Plan to facilitate realistic urgent care planning and include:

- A current Anticipatory Care Plan
- Current Do Not Resuscitate status
- Capacity statement/Adults With Incapacity certificate
- Evidence of recent medication review
- Standardised frailty score

Medium term delivery plan is to extend this to all other Nursing and care homes in the western isles by March 2025.

Q1 Update:

- Urgent Care lead now has Clinical management of H@H to consolidate an emphasis on shared working between Urgent Care team and H@H, streamlining pathways and refining admission/referrals from urgent care team to H@H team.
- Regular meetings and update between primary and secondary care are in place.
- Uist Urgent Care team now working a 5-day service, also offering direct access to care home patients, based on current model.
- New links and pathways with SAS (H@H, OOH, Macmillan& U&UC) have been approved through their clinical governance teams, with a few to increased admission avoidance and facilitating patient centred care pathways.
- Collaboration with GP practices across the Isles have identified how RESPECT implementation is deliverable in each local community based

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on the patient need and GP input, this service continues to be heavily supported by Macmillan Services and H@H.

-Acute Assessment unit due to become a permanent department by September 2024, aiming to provide rapid assessment and collaborative pathways aligning to alternative admission routes.

-START and Care at Home capacity for new referrals is being actioned to address patient and system risk.

-The OT restructuring to address key vacancies within the Team is near conclusion with the Team Leader and hand specialist functions secured and appointment to the stroke and neuro post pending conclusion.

- Cardiac services workforce planning in progress to support capacity within the team to prevent admissions to hospital. Cardiac service continues to support H@H when capacity allows, although withdrawal of funding has not maintained delivery of IV diuretic therapy and in reach assessment of inpatients to a satisfactory level.

Q2 Update:

Management of all three services at the front of house, Urgent Care team, H@H and Acute Assessment Unit now sits under one clinical lead, paving the way for smoother communication, collaboration of services and improved networking.

- Recruited further into Urgent Care Uist and we are now able to offer a 7-day Urgent Care service to the Island. Emphasis on improved patient care, improved relationships between primary and secondary care and further development for new staff member.
- New links and pathways with SAS (H@H, OOH, Macmillan& U&UC) have now been implemented, to increase admission avoidance and facilitate patient centred care pathways. In person visitations from hospital teams to care homes and SAS teams are cementing relationships and providing opportunities to alleviate any concerns.
- Delivery of RESPECT in the communities remains variable dependant on the GP assessment of need. H@H has dedicated a GP to facilitate ongoing completion of RESPECT in H@H pts and local care homes.
- IT project submitted for approval by exec team to facilitate transfer of electronic information between primary and secondary care to SAS. Awaiting response.

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- In September 2024 AAU became a permanent department with WIH sitting under the management of Urgent and Unscheduled care. AAU continues to facilitate rapid assessment and collaboration with inpatient services, H@H and Urgent care.
- Good links made with START and OT services.
- SAS ANP leads have visited the Isles and promoted the teamwork between SAS and WIH as an excellent example of enhanced patient care and use of resources.
- Radiology continues to provide services to Acute Assessment Unit. Fracture Liaison Practitioner remains integral to frailty pathways and networks.

Q3/Q4 Update:

We have set up a short life working group with various members of the MDT under the U&UC umbrella. The group are focusing on a major transition of front door services to increase admission avoidance and future care planning. The transition will see increased support for the U&UC ANP team and the Acute Assessment Unit with all admissions being reviewed for appropriateness and learning points for future safe and effective admission avoidance. We will test and review the proposed new model on several occasions before a proposed Go Live date of October 2025.

The HaH service are further developing the OPAT service and are at the early stages of considering novel ways of multi dose delivery of antibiotics using Elastomerics (self-fill) to allow a single visit to achieve multi dose regimes.

- **Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.**

Currently, this target is being met for generic CAMHs, however, there is a considerable wait for psychological therapies and complex ND and Learning Disability assessment across both adult and child services.

To maintain our consistent performance of the former; increased provision of Consultant Psychiatry hours is essential.

With a view to begin to meet psychological targets, recruitment undertaken to enhance cohort of psychology staff, i.e. CAAP (CAMHs), CAAP adults (post offered), Principal psychologist (CAMHs) (currently advertised), Principal Psychologist (adults) (soon to be advertised). No increase in 1% core funding forthcoming. Development of Neurodevelopmental pathway established/in place. ND team and triage process to go live April 2024.

- **Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams and better supporting those with complex needs and delivering service reforms aimed at supporting more people in the community**

Build on work with third sector partners to develop pathways and deliver targeted interventions, offering person centred approaches which build up confidence and skills using community assets and universal services to address health inequalities and engage specific communities including CYP and families, homelessness, LAC, LGBT and Neurodevelopmental.

Taking cognisance of CPN service fragility and difficulties with recruitment, we will review the service model and its efficiency and how we build resilience into the service. Work is underway in regards the development of an SLA with GG&C which will offer enhanced support for community teams.

- **Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care.**

Our CAMHs Primary Care is functioning well, although this is person dependant and single discipline at present. Further to this, our CMHT outreach clinics are to GP practices. DBI live April 2024 with a view to providing support experiencing episodes of distress 24/7 with the view of improving outcomes and experiences and supporting front line services. Primary care will be one of the initial referring pathways. SG allocation vis a vis development of MH workforce in primary care not forthcoming

- **Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.**

NHSWI do not have a forensic service because of the very low numbers of forensic patients. SLA discussions underway with GG&C in regards to clinical support to our generic mental health team, and provision of forensic beds as and when required.

- **Improving support and developing the Mental Health workforce**

See previous response re community team review and resilience building

- **Improving the mental health built environment and patient safety**

H&S and risk colleagues leading on work around ligature risk assessments and a Board policy is under development.

Q1 Update:

Custody care pathway implemented. The recently developed dual diagnosis protocol has introduced good practice of joint assessments being completed by the CPN and Substance misuse service to ensure individuals are receiving the appropriate intervention in a timely manner

Outcomes framework funding relating to perinatal care utilised to upskill a CPN in perinatal mental health. For the first time specialist perinatal input is now on offer to the women of the western isles, this now incorporates preconception for women with severe and enduring mental health issues and women who may experience mental health difficulties for the first time. Strong working connections have been developed between CPNs health visitors, social workers and the 3rd sector i.e. action for children to ensure a holistic approach to care and treatment for both mother and baby. Women are screened during pregnancy booking and referrals can be made to the specialist CPN who can engage with women as soon as practical. This allows early intervention and minimisation of risk for pregnant women. We have produced a mental health care plan that is completed alongside the woman, and this enable a conception to birth plan of care, which is shared between the CPN, maternity and the pregnant woman thereby reducing duplication of assessments. At the moment we are unable to advertise a perinatal CPN post because it is unclear whether the perinatal funding is permanent. The current arrangement is fragile as it is subject to the various (non-perinatal) service vagaries/pressures.

NHSWI has developed a final draft ligature control policy that is currently navigating the approval process

CAMHs

We have continued to meet the waiting times directive through generic CAMHs although there continues to be pressure around Consultant Psychiatrist clinics within the internal waiting lists.

We continue to build on partnership working within our community linking with all children's services through integrated children's services planning groups and processes. These forums allow for identifying gaps in service provision such as youth justice, LAC, additional support needs, homelessness and neurodevelopmental conditions particularly for those out of school and least likely

to engage with services. Community mental health workers roles meet with this remit.

Our CAMHs Primary Care continues to be functioning well with 6 mthly reporting of activity. This remains a person dependant and single discipline at present linking closely with NDP structures and pathways given the high percentage of referrals pertaining to the needs of this group.

No forensic service delivered locally, and any forensic needs are linked to advice and guidance from Regional Tier 4 consultation and liaison, local youth justice services and systems and the Ivy project.

Seconded post of social worker/ family therapist has been instrumental in providing targeted high level therapeutic interventions for families of CYP within CAMHs. It is hoped that this post can be reinstated in the future should funding be sourced. We continue to have challenges with recruiting nurses into posts.

CAMHs Psychology

CAMHs have recruited into Principal Psychology post and CAAP with result that waiting list for psychology is reducing. Two CAMHs clinicians within the generic team have been trained in CBT and will also influence the psychological therapies uptake. A seconded social worker over the past year has delivered on Family Systemic therapy (high level psychological intervention for complex cases) which has enhanced ability of CAMHs to meet best practice standards in keeping with the Psychological Matrix; however, this post is coming to an end in September 2024.

The NDP work has moved towards launch in August 24 and is now live. There is considerable waiting list.

Adult psychology

There remains difficulty in recruitment into posts for adult psychology service impacting adversely on waiting list and any movement towards Neurodevelopmental pathway development within adult services.

Q2 Update:

Outcomes framework funding has secured a job description for a permanent perinatal CPN, which will now go out to advert via job train. Ligature control policy has been approved and a SOP for the acute admission unit (APU) is about to be approved. NHSWI has agreed to provide annual health checks from within the CPN service. GP sub will be informed of this and the funding allocation will be utilised to provide admin support. The new service will be evaluated in March 2025. It is expected that with the implementation of the ND specification there will be an increased rate in diagnosis of LD in the Western Isles.

We continue to meet the waiting times directives from within generic CAMHs. Pressure remains with consultant psychiatrist clinics via waiting list due to demand for medication reviews. The recruitment of an additional CPN has been successful and it is hoped the post holder will train as a non-medical prescriber to mitigate some of the pressures. The ND pathway has been successfully launched and is implementing changes through use of PSDA cycles of change. Advanced nursing role is being developed for co ordinating and sustaining the pathway framework.

CAMHs psychology waits sitting at 26 weeks. The allocation of 6 patients will bring us back within the 18-week target range. Capacity has been challenged due to

demands on the service. Service continues to provide supervision and consultation to staff within CAMHs and the adult psychology service. We provide input to the ND pathway and are seeking to give input to perinatal and infant mental health service developments over the coming months. We are also providing PTTC and CLC cover where needed alongside clinical consultation across the life span. We are also giving input to regional developments for local condition specific pathways. Family systemic therapist JD has been approved and awaiting evaluation.

Capacity remains challenged within adult psychology, however, we have attracted strong interest in the 6th attempt to advertise and hope to interview soon.

New premises has been identified for the CAMHs, CPN and psychology services based in Benbecula. Awaiting H&S ligature and environmental assessment and guidance from PFPI lead re public engagement.

Q3/Q4 Update:

CAMHs

Generic CAMHS has continued to meet waiting times directives. While absolute number of referrals has trended downwards, cases presenting have increasing complexity compared to previous years. Significant pressures persist around consultant psychiatrist time with demand for medication reviews and with increasing numbers of new referrals for complex neurodevelopmental (particularly ADHD) being seen in the absence of a community paediatrician / nurse or specialist nurse, who fulfil this role in larger board areas. The Neurodevelopmental pathway continues to evolve with fortnightly triage meetings and rolling assessment programme.

Partnership working within the community continues, with ongoing involvement in integrated children's service planning. Community mental health workers have provided outreach to meet and highlight gaps in services for homeless people, while primary care nurse has developed outreach to neurodivergent young people who are in transition to college, which centres on an informal drop in structure to provide signposting and advice.

Primary Care CAMHS continues, with 6 monthly reporting as before. Primary Care remains a person dependent, single discipline service within generic CAMHS. Primary care reports indicate a consistent trend towards requests for intervention, signposting and support for neurodivergent CYP and reported benefits in terms of early intervention.

CAMHS manager retired in Q3 and post is currently advertised with CPN acting team lead. This retiral has reduced number of CPNs from 3 to 2, and while acting up arrangements are in place, have reduced clinical capacity for CPN involved. CPN recruited in Q2 is now embedded in team and has been identified to undertake training in nurse prescriber qualification. Primary Care nurse has completed advanced nurse practitioner course and remains integral to CAMHS

neurodevelopmental pathway work. Systemic family psychotherapist has been successfully recruited after previous secondment of social worker to role ended. The benefits of this secondment were identified in terms of therapeutic interventions being delivered on and were of great value to both families and the service as a whole.

Psychology

Challenges remain with regards the PT target. Although CAMHs psychology are now filled, the demand for services continues to outstrip capacity. This demand also comprises referrals for paediatric psychology issues, paediatric neuropsychology and complex forensic presentations. Additionally, CAMHs psychologists are expected to fulfil additional demand from the neurodevelopment pathway.

We successfully recruited into the 8b principal adult psychologist post in April. Interviews were held on 6/6/25 for the adult consultant psychologist post and an offer has been made. However, because of the demand on PT services (from addictions, older adults, neuropsychology, learning disabilities, forensic, health and eating disorders) we will not be able to fully meet the waiting times target with the funded establishment that we have. Previous prediction for adult psychology was that we would require an additional 4 adult psychologists to adequately meet the needs. For CAMHs psychology we would require a further 8a substantive post. It is acknowledged that mental health services in NHS Western Isles do not typically receive the expected 10% apportioned figure of overall funding. This has been raised as a matter for Scottish Government to query with the board, in support of the service getting its appropriate allocation and that spending is equitable across the islands. This would also apply to the 1% spend for CAMHS, which again is typically far below this rate.

We will return the PT improvement plan by 14/6/25 in which we have undertaken an impact assessment of the requirement to meet the waiting times target with the current funded establishment. We are working with NHSO and PHS to develop a reporting system that will link waiting times trajectories to DCAQ analysis. In respect of data collection, there have been varying directives from Public Health Scotland and Government as to whether Psychological Therapies data be reported inclusive of neurodevelopmental where there is no coexisting PT demand, or mental health condition. It would be helpful if this could be clarified to ensure consistency across boards e.g. whether PT and Neuro data ought to be amalgamated and presented according to age (e.g. Child vs adult).

SLA

First exploratory meeting with NHS GG&C will be held on 17/6/25 in relation to the development of an SLA. From there operational leads will become involved in future discussions.

Primary Care MH Workforce

We are unable to proceed with our aspirations to develop a primary care based MH workforce due to the withdrawal of SG funding. We have however recruited into a newly created MH primary care CPN post, in Benbecula.

Patient safety

Work on a ligature reduction in patient ward has commenced with 2 of the 5 rooms partially completed.

Mental Health Environment

The premises that had been identified to relocate the Uist CPN and CAMHs service into has stalled due to funding issues associated with increased costs associated with structural redesign of the environment. A risk assessment has been completed to mitigate some of the risks relating to staff using the current premises. However, we still do not have any designated clinical space to see mental health patients.

Perinatal

The perinatal pathway is under development but the above mentioned demands on PT capacity has meant access to perinatal PT and options for urgent perinatal presentations has been hindered.

- **Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology and diagnostics.**

We have no long-waits in TTG (Inpatient/Day Case) or Diagnostics, although new Outpatient referrals are now beginning to wait longer than a year. This has been due to various transport issues (HIAL strikes/Loganair suspensions etc). From January 2024, and again in April 2024 there have been/will be further reductions in the flight service between Inverness, Stornoway and Benbecula. As NHS Western Isles are heavily dependent on visiting services from Inverness, this reduction in the Loganair timetable is going to significantly impact on Waiting Times performance. Waiting List Initiatives would help to minimise this impact, although reductions in the Planned Care allocation mean that arranging such additional activity will be far more challenging.

- **Maximising capacity to meet local demand trajectories.**

We have weekly Outpatient Scheduling meetings (Tuesdays) and Theatre & endoscopy Scheduling meetings (Fridays) to ensure that clinics and lists are being maximised.

- **Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).**

NHS Western Isles have no allocation at the National Treatment Centres. We do have an allocation at the Golden Jubilee National Hospital for Diagnostics (750 MRIs) and Orthopaedics (45 Joints). The Orthopaedic allocation is solely utilised by complex cases (revisions) and other cases requiring an Intensive Care Unit that is not available in the Western Isles.

- **Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.**

We have significantly increased the number of arthroplasty procedures being listed, thanks to a change in the theatre schedule and the recruitment of an Arthroplasty Practitioner. Length-of-stay has been reduced and same-day-admissions and mobilisation performances have improved. We also have a number of day-1 discharges and perception of length-of-stay amongst the island community is changing with many patients now wanting to be discharged at the earliest opportunity. There are no plans to introduce 23-hour surgery.

In Ophthalmology, we have increased the number of cataracts being listed in line with the national Cataract Blueprint. Previously we listed 11 cataracts per list, but this has now increased to 16.

NHS Western have no long waits for planned surgery. At present almost 70% of patients are being listed within 12 weeks.

- **Implement outcomes of Specialist Delivery Groups including reducing variation.**

NHS Western Isles attend Specialist Delivery Groups when possible and engage with speciality leads in order to implement national initiatives. We take part in peer review visits in Orthopaedics and Ophthalmology and have this year (2024) received excellent feedback. We are somewhat restricted in our ability to engage with every Specialist Delivery Group due to our lack of resources.

- **Undertake regular waiting list validation**

We liaise with each speciality lead and regularly send waiting list information. We have recently undertaken several waiting list validation exercises on our surveillance endoscopy waiting list and now have almost no patients overdue their target date.

- **Delivery of CfSD / NECU waiting times initiatives and productive opportunities**

We regularly undertake Waiting List Initiatives and will continue to maximise our Planned Care allocation to generate additional activity.

- **Optimise theatre utilisation and implement digital solutions**

Our theatre utilisation percentages across most specialities are excellent. Our utilisation of some specialities like Gynaecology is slightly less due to small demand. As stated above, we have significantly increased the number of arthroplasty procedures undertaken.

Q1 Update:

The **Inpatient/Day Case** waiting lists has recovered to pre Covid-19 levels. A pandemic related spike, particularly in Orthopaedics has been eradicated through an amendment to the theatre schedule and the introduction of an Arthroplasty Practitioner. We utilise an allocation at the Golden Jubilee for orthopaedic revisions and complex cases.

At the end of Q1 (Jun 24) 70% of Inpatient/Day case patients have been listed within 12 weeks, and there are no patients waiting more than 12 months for planned surgery. Theatre lists are being fully utilised except in smaller specialities where demand is lower. Elective activity has been well maintained post Covid

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through the utilisation of our Day Surgery Unit and an Orthopaedic bay within our Surgical Ward, which is ring-fenced for elective activity.

At the end of Q1 (Jun 24) 65% of patients have received a new **Outpatient** appointment within 12 weeks. A reduction in the flight service between Inverness and Stornoway and the withdrawal of the flight service between Inverness and Benbecula has led to a 40% loss of capacity in many visiting services in specialities such as ENT and Ophthalmology.

Near Me clinics are being held in many specialities and this has been particularly helpful in Orthopaedics as our consultants are now unable to travel to Benbecula. ACRT and PIR are being widely across specialities. Waiting List Initiatives are being regularly arranged to provide additional capacity and reduce waiting lists.

Our **Endoscopy** service waiting list has benefited from several waiting list validation exercises. USC and Urgent referrals are being swiftly listed and there are only a small number of surveillance patients who are overdue their target date.

Q2 Update:

There has been further recovery of the **Inpatient/Day Case** waiting list, largely due to a 3-day Waiting List Initiative in Ophthalmology that created additional capacity of 48 patients.

At the end of Q2 (Sep 24) around 75% of patients are being listed within 12 weeks which is encouraging. None of the 347 patients on the TTG waiting list at the end of Q2 had waited longer than 52 weeks.

At the end of Q2 (Sep 24) 65% of patients had received a new **Outpatient** appointment within 12 weeks. As per the Q1 update, 40% of capacity has been lost across visiting specialities following the reduction/removal of the flight service between Inverness, Stornoway and Benbecula.

We have arranged a number of Waiting List Initiatives in specialities such as ENT to create additional capacity and to minimise the impact of the revised flight service. We are also arranging more virtual clinics in the Southern Isles to compensate for the loss of travel opportunities for clinicians from Stornoway.

We are meeting regularly with our PAS supplier (Cambric) and NHS Dumfries & Galloway as we seek to implement the new Waiting Times Guidance. These changes will allow us to more readily record ACRT activity.

Our **Endoscopy** waiting list is performing well. All lists are being fully utilised and USC and urgent referrals are being listed promptly. Following several validation exercises there are only a very small number of surveillance patients who are overdue their target date.

Radiology waiting times (P1 – 2 week wait, P2 – 6 week wait, P3 – 12 week wait) are being met 95% of the time. Areas for improvement are MRI housekeeping, Ultrasound in Uist and Barra. Barriers to improvement are administration workforce to manage the MRI reports, and the complex logistics of providing Ultrasound to the community in Benbecula.

Q3/Q4 Update:

At the end of Q4 (Mar 25) 74.6% of **Inpatient/Day Case** patients were listed within 12 weeks. We currently have no patients waiting longer than 52 weeks for planned surgery.

Due to the refurbishment of our A&E Department over recent months, we have lost capacity in our Day Surgery Unit with one of the bays being temporarily repurposed as our Acute Assessment Unit. This loss has resulted in a slight increase in our waiting list, particularly in General Surgery. The A&E refurbishment is now nearing completion and on 9th June 2025 our Day Surgery Unit capacity for planned surgery will be recovered.

Ophthalmology has recently overtaken Orthopaedics as our speciality with the largest waiting list. Once the A&E refurbishment is complete we have a 3-day waiting list initiative planned for Ophthalmology (late June) which will create capacity of 48 cataract procedures.

At the end of Q4 (Mar 25), 75% of new **Outpatient** referrals were being appointed within 12 weeks. This is particularly pleasing given that 40% of capacity across most visiting specialities was lost due to the reduction of the flight service between Inverness and Stornoway and the withdrawal of the flight service between Inverness and Benbecula.

We have a small number of patients (10) who have now waited longer than 52 weeks. The majority of these patients are from our Southern Isles, and again logistical problems with the new Hebridean Air aircraft has resulted in cancelled clinics with our Dermatology clinician unable to travel to Benbecula.

We are particularly concerned with our ENT waiting list, which continues to increase despite numerous waiting list initiatives being carried out in the year. We are in the process of introducing opt-in letters into our ENT service for 10 different conditions. We hope that this will reduce the number of face-to-face appointments required and a positive impact on the waiting list.

We are also concerned about our Urology service, with NHS Highland not providing a visiting service in either February or March 2025. An initial meeting has taken place to clarify the terms of the Service Level Agreement. We have locum capacity that we are able to utilise should this be required.

We went live with Digital Dermatology in March 2025 at Barra Medical Practice. After a review period, we will further roll out Digital Dermatology in other practices throughout the Western Isles.

We hope that the new Waiting Times guidance will be implemented over coming months with August 2025 pencilled in.

Our **Endoscopy** waiting lists both in General Surgery and in Urology have increased at Q4. The loss of the February and March SLA visit has impacted the Urology waiting list. We are concerned about our surveillance Urology patients as well as new referrals. With a new General Surgeon appointed we hope to increase endoscopy capacity with a new Monday morning list.

Radiology

Post Covid prioritisation of Urgent (2 weeks) and Routine (6 weeks) has now been implemented in radiology.

As of 23.3.25, 89% of Radiology examinations in Western Isles were performed within 6 weeks, with MRI creating the biggest waits from 6 to 12 weeks.

Confirmation of B2 radiology clerical officer funding has been gratefully received; this post will go out to advert soon.

Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

- We will continue to collaborate with North Cancer Alliance and the Tertiary boards who provide cancer services in terms of improvements to cancer waiting times
- We will continue with dynamic tracking and escalation of challenges within pathways to support local resolution and early identification of tertiary centre delays
- Continue with delivery programme of Public Health interventions to promote uptake of screening programmes

Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service.

- Ongoing project management of preparations for new MRI scanner following successful submission of a business case to Scottish Government
- We will work to ensure we match demand and capacity on our local diagnostic pathways (pathology, radiology, and endoscopy).
- We continue to work with Scottish Government colleagues to ensure we fulfil the actions in the Effective Cancer Management Framework
- Currently collaborating with NCA on bid for RCDS

Embedding optimal cancer diagnostic pathways and clinical management pathways.

- Continue to deliver programme of education and awareness- 31-62 day pathways
- Local MDT with Cancer Trackers and Macmillan team (Single Point of Contact)
- Programme of audit Urgent Suspected Cancer referrals for quality assurance
- Collaborate with Health Intelligence and Cancer Trackers to produce data for local and national use and as part of the North Cancer Alliance governance structure
- Current review of local delivery of Systemic Ant Cancer Therapies due to exponential growth and arrangement with tertiary centre

Delivering single point of contact services for cancer patients

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- The Single Point of Contact (SPoC) programme is already embedded within NHS Western Isles Macmillan Nursing Service and supports patients referred by their GP/Secondary Care for the investigation of urgent suspected cancer and onwards.
- The Macmillan Team as the single point of contact can help with a wide range of queries including advice on appointments, tests, and investigations, as well as directing patients to appropriate services for clinical support.
- The SPoC are available to keep patients informed and supported throughout their journey - from the point of referral to the exclusion or diagnosis of a cancer by providing a dedicated single point-of-contact for any queries.

Configuring services in line with national guidance and frameworks on effective cancer management; prehabilitation; and psychological therapies and support

- Collaboration on NCA Psychological Therapies & Emotional Wellbeing Group and participation in the Scottish Psychological Therapies and Support Framework
- New project through Macmillan funding- recruiting AHP to review AHP pathways for cancer patients to include, prehab, nutritional framework
- NHS Western Isles hosts the Pan Island (Orkney, Shetland and Western Isles) Macmillan Improving Cancer Journey programme manager who is supporting the programme of work to develop Improving Cancer Journey for the three island groups
- Collaboration with local 3rd sector organisations

Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

- Contribute to the agenda of ensuring an understanding of remote, island cancer provision to inform innovative care models and equitable access across Scotland

Q1 Update:

Local MDT with Cancer Trackers and Macmillan team (Single Point of Contact) weekly meeting has allowed for more dynamic tracking of patients from point of first contact for investigations.

Work underway scoping provision of prehabilitation offer working alongside dietetics health behaviour change colleagues and third sector partners looking at one stop shop approach.

Audit work completed and will be fed back via Primary Care QI work in autumn.

Further work planned on regrading of referrals.

Q2 Update:

NHS Western Isles are supporting Ipsos Scotland in the evaluation of the Cancer Strategy with the evaluation focusing on experiences of accessing cancer treatment services among people living in rural/island and deprived areas of Scotland. It will explore what factors help or hinder access to services, and what could be improved.

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The findings will feed into the next three-year Cancer Action Plan to improve services for people in these target groups.

NHS Western Isles are hosting the Pan Island (Orkney, Shetland & Western Isles) **Macmillan Improving Cancer Journey** project with employment of the project manager. The Western Isles ICJ service is in co production with local 3rd sector organisation Western Isles Cancer Care Initiative and has employed two link workers who will work across the island groups. The link workers are currently undergoing training, and the service is aiming for accepting referrals at the beginning of 2025.

Prehabilitation- NHS Western Isles are collaborating with colleagues in SG and Centre for Sustainable Delivery in becoming a test site for prehabilitation- screening and workshops. We have also secured Macmillan monies to develop the nutritional framework for people with cancer across the islands.

Radiology continues to provide rapid access for chest x-rays, and fast-tracked CT Chest/Liver scans. Patients' imaging is available for all MDTs.

Q3/Q4 Update:

Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

- We continue to collaborate with North Cancer Alliance and the Tertiary boards who provide cancer services in terms of improvements to cancer waiting times
- We continue with dynamic tracking and escalation of challenges within pathways to support local resolution and early identification of tertiary centre delays

Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service.

- Ongoing project management of preparations for new MRI scanner following successful submission of a business case to Scottish Government. Work scheduled to start end of 2025 into 2026

Embedding optimal cancer diagnostic pathways and clinical management pathways.

- Continue to deliver programme of education and awareness- 31-62 day pathways
- Working with tertiary Boards on delays in PET scanning – this has now reduced from 5 weeks to 3 weeks from referral to appointment
- Colonoscopy delays due to staff absence – resolved

Delivering single point of contact services for cancer patients

- The Single Point of Contact (SPoC) is working well for the patient and includes navigation and streamlining of appointments; aligning diagnostic and review requirements in one visit rather than multiple.
- Will look to gather PFPI information on the service in 2025/26

Configuring services in line with national guidance and frameworks on effective cancer management; prehabilitation; and psychological therapies and support

- Working with Maggie's to provide patient support and alternative therapies for prehabilitation

Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

- Continue to contribute to the national agenda, ensuring an understanding of remote, island cancer provision to inform innovative care models and equitable access across Scotland

Planning Context

- **Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment**

The evidence base is clear that the greatest positive impact on health and health inequalities comes from policies which address the wider determinants of health and not on health services and their delivery. These determinants include education, income, employment, transport, the environment and housing. Action is therefore required to tackle the unfair differences in people's experience of environmental factors such as work, education and health (SG Report on HI, 2015). Working in partnership is essential to influence those factors that are beyond an individual's control, but can limit their chances of living longer, healthier lives.

Partnership activity will include:

- Conduct a Health Impact Assessment of the local housing strategy.
 - Provide leadership (Chair) the Community Led Local Development Group, assess bids against inequalities and sustainability criteria and distribute funding.
 - Provide training and resources that support the Community and Adult Learning Partnership.
 - Provide a staffing resource within the priority Locality areas identified through the LOIP. Needs assessment, plans and outcomes for each locality. A third target area will be developed.
 - Revise and prepare the CPP LOIP in partnership with Public Health Scotland.
- **Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation**

Co-ordinate on the National Mission Programme for Government on the Medication Assisted Treatment (MAT). Implement Standards 1-10 ensuring all people can access evidence-based harm reduction at the point of MAT delivery. We will:

- Implement the Outer Hebrides Alcohol and Drug Partnership workforce development plan including an annual training programme based on audit and needs assessment. All staff working within MAT standards are adequately trained in Psychological support and trauma informed care.
- Ensure people with lived and living experience are able to participate and be involved in delivery, planning and development of services.

- Service users and families have access to independent advocacy and support for housing, welfare and income needs. SLA with local advocacy service.
 - Ensure Whole families & Family Inclusive Practice Mechanisms are in place. Support all agencies to access CRAFT Training. Implement educational resources for schools to enhance teachers early intervention approaches for use in the Health & Wellbeing component of Curriculum of Excellence
 - New arrangement being agreed with local advocacy service to provide Experiential Interviews
 - Complete Standard Operating Procedures that include guidance on initiating same day prescribing and referral pathways inclusive of justice settings. Implementation procedures for Uists and Barra under development
 - Build staffing capacity within the addictions team and wider workforce including clinical consultation. Introduce a justice prevention workstream including early intervention service and pathway.
 - Utilise support from MIST to gather experiential data and build a sustainable method for maintenance of qualitative information
 - Utilise the Neo 360 system once fully implemented. Identify data requirements from partners external to NHS and SAS identified in the Early Intervention Pathway and put necessary data sharing agreements in place
 - Prepare guidelines and SOPs for shared care arrangements with Primary Care and GP Practices suitable for all island areas. This will include procedures for planned and unplanned disengagement from treatment
 - Residential Rehabilitation: Prepare an action plan to improve the existing pathway in partnership with national support team. The plan will include pre-rehab programme, co-producing plans for exit/post rehab and standardised protocols for harm reduction. We will continue to support assess and monitor the local residential provision.
- **Supporting improved population health, with particular reference to smoking cessation and weight management**

In the Western Isles, the rates of overweight and obesity for both children and young people are high. Very high body mass index (BMI) in early childhood is increasingly a problem concentrated in Scotland's most deprived areas. The Western Isles also have a high incidence of adult overweight and obesity.

- We will ensure programmes and funding are in place to support preconception, maternity and early years health, including healthy start; childhood obesity; weaning and nutritional health; increasing awareness and accessibility to vitamins for children; and Breastfeeding: support, training and accreditation.
- We will provide family-based interventions in the area of childhood social, emotional and behavioural problems through PPP, HENRY and Speakeasy Programmes.
- The Healthy Hebridean Kids website has been refreshed and relaunched as part of the work with the Maternal and Infant Nutrition Group.

- The dietetic team lead on the delivery of tier 2 and tier 3 standards for weight management for both adults and children.
- Children's healthy weight services are open to all under the age of 18 and age-appropriate programmes are delivered which focus on behavioural change for effective weight management.
- Adult weight management services are available for those with a BMI over 25 and consist of group programmes, one to one interventions, and also include digital options. NHS Western Isles offer supported medicated weight management as part of the tier 3 programme to those who are eligible.
- Access to our weight management programmes is open to all, and self referrals are accepted as well as referrals from health professionals.

Our Smoking Cessation Service will continue to provide access to patients across our island chain. This includes face-to-face as well as remote access.

Our Cessation services will continue to meet the national targets on new clients and remain committed to achieving the four and twelve week quit rates where we currently achieve above other Board areas.

- **Screening inequalities**

We will increase uptake of Scottish screening programmes by the coordination of health improvement activities targeting depending on age and sex. The programmes include: pregnancy & newborn, DES (Diabetic Eye Screening), cervical, bowel, breast screening as well as AAA (Abdominal Aortic Aneurysm) screening. We will support the introduction of lung cancer screening should this occur during the lifetime of this plan.

- We will create specific inclusive resources for the Western Isles audience that are clear to understand with concise text. We will target resources to gain access to groups that are less likely to uptake screening offers.
- As groups can be hard to reach, initially we will target the general population by attending public non-health events (e.g. agricultural shows) across all Islands, making links in communities and being highly visible.
- We will target GP practices & all other health settings then move to more direct contact with third sector organisations and groups including those that support the more vulnerable people within the communities.
- This work will be followed up by linking in with workplaces, in partnership with Healthy Working Lives We will deliver inputs and have displays available on the programmes ensuring we link with specialist nurses or support workers to ensure delivery is effective for the audience.

How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their “Anchors Strategic Plan”

Employment

NHS Western Isles will increase fair work and develop local labour markets by:

- Widening workforce participation

- Building the future workforce
- Being a good employer

Procurement

NHS Western Isles will maximise community benefit through procurement, commissioning and shorter supply chains by:

- Shifting more spend locally
- Embedding social value into purchasing decisions

Sustainability and Environment

NHS Western Isles will contribute to the environment, sustainability and assets by:

- Adopting stretching policies, processes, targets and management systems
- Expanding community access to NHS property
- Working in partnership to maximise the wider value of NHS estates

Service Delivery

NHS Western Isles will increase Service delivery and reach to benefit diverse and disadvantaged communities by:

- Designing and delivering core services to reach and benefit disadvantaged communities
- Influencing sustainable practices in the NHS and community

Partnerships

NHS Western Isles will become an exemplar anchor institution through leadership and working more closely with local partners by:

- Partnering with other anchor institutions across the Outer Hebrides
- Partnering with other NHS Anchors

Plans include:

- Improved use and access to green space, health service facilities, sustainable travel and activity options. We will ensure NHS Western Isles grounds and environment are used to their full potential to offer active travel in various methods to the staff, patients and residents of the Outer Hebrides.
- Review of the environment and infrastructure within NHS Western Isles grounds, particularly the 3 hospital sites, so active travel options can be incorporated for staff, patients and community.
- Development of sustainable local community funding opportunities through the NHS Community Benefit Gateway
- Provision of Health Improvement advice, support and training to employers and employees.
- Provision of awareness sessions and training to employers/employees on the cost of living and the impact it has on our mental and physical health. Employees are provided with training along with awareness sessions from local and national agencies who can provide support during cost of living crisis.

- **Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans.**

The Community Empowerment Act (2015) places a statutory duty on NHS Boards to engage with communities using a 'person centred' approach; to work with people as active participants rather than passive recipients of health or social care programmes, in ways which are empowering, and could ultimately lead to less reliance on public services.

NHS WI is a lead partner on the OHCPP attending Board and Executive meetings and workshops. Staff are allocated to support and develop Locality Planning Areas.

NHS WI is working in Partnership with Public Health Scotland to carry out a qualitative community assessment utilising the place standard tool. This will initially be carrying out a needs assessment with young people to inform the further development of the Integrated Children's Services Plan, then a wider survey to inform the revision of the LOIP.

Q1 Update:

- Twenty two alcohol and drug services staff attended Community Reinforcement and Family Training (CRAFT).
- Complete Standard Operating Procedures that include guidance on initiating same day prescribing and referral pathways inclusive of justice settings. Implementation procedures for Uists and Barra continue to be under development.
- Build staffing capacity within the addictions team and wider workforce including clinical consultation. Introduce a justice prevention workstream including early intervention service and pathway.
- Utilise support from MIST to gather experiential data and build a sustainable method for maintenance of qualitative information
- 41 referrals to the smoking cessation service and 38 taking up offered support. 17 successful quits in the first quarter 24/25. Face to face going well.
- 5 Workplace drop in sessions delivered for those who smoke, vape and also providing information to smokers' families.
- Rebranding smoking cessation service leaflets, posters and new campaigns.
- Continue to work on Tier 2 and 3 weight management.
- 8 week Henry programme delivered jointly between NHS WI (online) and NHS Shetland for parents and carers of children under age of 5.
- Healthy Hebridean kids website is currently in the process of being updated.
- Breastscreening online survey in June to identify any service improvements. 194 completed and a report will be drafted.
- All screening programme local posters were posted out to pharmacies, schools, libraries, and GP practices and we are developing this further with community halls over the next period. In person Screening presentations

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were created for carers groups and have been delivered in the smaller Island communities.

- 9 pool bikes (4 electronic and 6 manual) have been purchased and work is ongoing on induction process and a “Come and Try” day is being arranged for July.
- iMatter reports completed for all departments.
- Attendance at pupils careers fair June 2024.
- Supporting Mentors in Violence Protection programme with senior pupils at Nicolson Institute and Sir E Scott in June 2024.
- Event to celebrate Volunteering week (3rd – 9th June) held in Western Isles hospital for volunteers.
- Mental health awareness sessions being offered to employers. 40+ staff and 18 managers have attended sessions in June 2024.
- Sourced funding from HITRANS in May 2024 and completed installation of bike shelters in Western Isles Hospital, Health Centre, Health Board office, Tarbert Hub and Uist & Balivanich Clinic by the end of June.
- Successful with Sustrans Places for Everyone fund to look at implementing walking, wheeling and cycling routes around the three main hospital sites.
- Promotion of hospital garden in NHS staff newsletter and displayboards.
- Staff awareness training sessions on the womens health plan, inequalities and sexual health provided.
- Alcohol & Drug Partnership funded outreach for Safe Space tent for Hebridean Celtic Festival.
- Working with ICJ to improve cancer journey for patients.
- Local pathways for specialised menopause support is established for medical practitioners.
- Primary care update training on menopause provided by national specialist.
- Drafting action plan with members of Physical Activity group to look at adopting an asset based approach.
- Active Travel strategy drafted and taken to the Policy Group in June.
- Drop in sessions have been arranged for community members of Stornoway North to attend i.e. Smoking Cessation, Social Security Scotland, Citizens Advice, Hebridean Housing Partnership and Alcohol Liaison Team.
- Working with CPP to finalise the draft Locality report for North Uist Benbecula.
- Carrying out interviews for a mental health and wellbeing online directory for the general public. 5 interviews taken place to date.
- NHS WI is working in Partnership with Public Health Scotland to carry out a qualitative community assessment utilising the place standard tool. Information gathered from community assessments and use of online tool.

Q2 Update:

- Work continues on the Lived Experience Panel with Recovery Community Co-ordinator and Scottish Recovery Consortium linking in with alcohol and drug services and recovery groups to identify members.
- Alcohol and drug service staff that undertook the Community Reinforcement and Family Training (CRAFT) Training are now planning group and individual sessions with service users and families affected by substance use
- Data capture for MAT Standards continues to be developed.
- Following organisational structure with local service provider and new staff in post, ADP Support Team are supporting the service with training and data collection.
- Shared care arrangements being formalised with two GP Practices. SMS & MH team working towards a Western Isles wide service and developing pathways.
- Continue to support MAT Standards through completion of implementation reports and attendance at national and local MAT meetings.
- Residential Rehabilitation: Review action plan to improve the existing pathway in partnership with national support team. Revised Pathway to be approved at ADP meeting in December 2024. The Support Team will continue to support assess and monitor the local residential provision and report locally and nationally.
- Working with Police Scotland to develop longer term solution to support drug detection dog and handler.
- 37 referrals to the smoking cessation service and 32 taking up offered support. 7 successful quits during this period.
- Face to face smoking cessation appointments are now being offered at the Western Isles Dental practice and are going well.
- Smoking cessation staff delivered training to all dental staff (approx 50)
- Ensuring programmes and funding are in place to support preconception, maternity and early year's health, including healthy start; childhood obesity; weaning and nutritional health; increasing awareness and accessibility to vitamins for children; and breastfeeding: support, training and accreditation.
- Providing family-based interventions in the area of childhood social, emotional and behavioural problems through PPP, HENRY and Speakeasy Programmes.
- The Healthy Hebridean Kids website has been refreshed and relaunched as part of the work with the Maternal and Infant Nutrition Group.
- The dietetic team lead on the delivery of tier 2 and tier 3 standards for weight management for both adults and children.
- Children's healthy weight services are open to all under the age of 18 and age-appropriate programmes are delivered which focus on behavioural change for effective weight management.
- Adult weight management services are available for those with a BMI over 25 and consist of group programmes, one to one interventions, and also include digital options. NHS Western Isles offer supported medicated weight management as part of the tier 3 programme to those who are eligible.
- Access to our weight management programmes is open to all, and self-referrals are accepted as well as referrals from health professionals.

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- Continuing generalised screening and awareness raising campaigns, mainly focusing online and via posters in key areas.
- Added community halls to the key settings being targeted.
- Linked with local GP practice re screening appointments and barriers patients have identified with them, also tested retinopathy glasses and received feedback on them.
- Local resources created on Abdominal Aortic Aneurysm and Diabetic Eye Screening.
- Using health intelligence information to target more effectively within communities.
- NHS staff attended a number of School Careers fairs throughout the Western Isles.
- Leadership & Management development opportunity for staff.
- Discussions and promotion of the National Credit Union to introduce scheme for staff within NHS Western Isles.
- 10 Mental health awareness sessions were delivered to employers and groups throughout the Western Isles i.e. Western Isles Carers, BASF, Harland & Wolff staff and apprentices.
- NHS WI staff given the opportunity to come and try one of the new pool bikes and to sign up for an induction.
- Promotion of community events in newsletter.
- Health Information leaflet produced for tenants of HHP housing to receive along with HHP newsletter, which will be issued in December.
- Discussions with Job Centre to discuss health improvement awareness and signposting for clients.
- Updated Useful Info links leaflet for members of the public.
- 2 Menopause awareness sessions delivered to staff.
- Leaflet produced for gentle exercise class for members of the public.
- Local suppliers are already used for a wide range of non-clinical supplies and services and all contract opportunities above the regulatory threshold of £50k value are advertised on the public contracts Scotland portal.
- Portal has been extensively promoted to local businesses through the “Business Gateway” team at the Local Authority and Western Isles Business Directory.
- Division into lots – so as not to geographically disadvantage suppliers – is considered for all contracts issued by the Procurement team.
- The main aim for procurement over the last 12 months has been to establish baseline data that can be monitored and compared going forward.
- Currently, supporting activity is focused through the central procurement function and further development may be possible by increasing awareness and /or oversight across the wider organisation.
- Discussions between Rotary Club volunteers and NHS staff re promotion of the Hospital gardens for staff and members of the public as a place to relax.
- Contract was put out to tender via Public Contracts Scotland portal re Sustrans Places for Everyone Fund to appoint an agency to look at implementing walking, wheeling and cycling routes around the three main hospital sites.
- Quit your Way Hebrides service is now available to meet clients within the Western Isles Dental Centre. They will offer confidential advice and information on a one to one or group basis along with information on the full range of HRT.

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- NHS staff continue to support communities within the Stornoway North and North Uist & Benbecula Community.
- Interviews continue to be carried out within community settings.
- Promotion of the Hospital gardens for staff and members of the public as a place to relax.
- Working with the CPP Climate Change Working Group to work towards island wide mitigation and adaptation strategies to combat the Climate emergency.
- Finalised the draft Locality report for North Uist & Benbecula following discussion at Community Planning Partnership meeting.
- Anchors report taken and discussed to the Community Planning Partnership meeting in September.
- Information and data is being gathered to populate an updated Stornoway West locality plan.
- Radiology continues to provide Abdominal Aortic Aneurysm screening, with a third screener to commence training in January 2025.

Q3 Update:

- Data capture for MAT Standards continues to be developed in partnership with NHS and funded alcohol and drug services.
- Residential Rehabilitation Revised Pathway tabled at Alcohol & Drugs Partnership (ADP) meeting in December 2024. Comments fed back to SMS team. SMS to submit to Operational Management Team and policy group for approval.
- Winter Campaign focusing on alcohol and drug harm reduction including spiking. Social media messages covering Christmas and New Year; posters distributed.
- Continue to support MAT Standards through submission of quarterly implementation reports and meetings with Public Health Scotland Support to Implement and Report team.
- ADP Support Team continue to monitor and evaluate current funded services and report back to partnership
- Supported local service with CORRA funding application for whole families work.
- ADP part funded Distress Brief Interventions Plus Service offered across Western Isles.
- Diabetic Eye Screening (DES) poster created supported by the dietetics service and advertised in various settings as well as online.
- Work ongoing to bring DES in house, making screening more accessible as patients will be able to access hospital transport for their screening appointments.
- Continuing generalised screening and awareness raising campaigns, mainly focusing online and via posters in key areas.
- Targeted promotion on specific screening programmes where uptake declining / Do Not Attend rate increasing.
- Review of breast screening survey to highlight barriers to attendance for the population across the Western isles.

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- Partner in the Improving Cancer Journey steering group with regular meetings held and the group supports the development of the project to include Long Term Conditions.
- Promoted the Peer Vaccinator program to increase vaccination uptake, alongside Immunisation Champions in Western Isles schools.
- Provided health information and advice at a variety of events, including Careers fairs, Science fairs, and Poverty and Housing forums.
- Collaborated with Hebridean Housing Partnership, which distributed health information flyers to 2,400 tenants across the island.
- Developed a Health Needs Assessment questionnaire.
- Consultants commissioned to work on the Sustrans 'Places for everyone' funding to review walking, wheeling and cycling routes around the three main hospital sites. Community engagement completed and project plans presented to the stakeholder group and wider sustainability group.
- Healthy Hebridean Kids website updated and promoted across the islands with resources highlighting the site.
- Supported promotion of the NHS Credit Union Scheme for NHS staff and their families.
- Issued invitations to public groups to apply for Capital Grant funding.
- Organised the Autumn Step Count Challenge, engaging 175 members of the public in the 12 week challenge.
- Created a database to support the NHS Western Isles pool bike scheme.
- Facilitated wheelchair handling training delivered by the NHS Occupational Therapy team for walk leaders of a local Third Sector project.
- Public health staff published a national blog highlighting the Walk on Hebrides case study, showcasing the benefits of Walking for Health grant funding.
- Continued collaboration with the Local Employability Partnership.
- Delivered a weaning and healthy teeth session to parents attending Cothrom in South Uist.
- Smoking Cessation Service maintained accessible support for clients throughout the Western isles, offering both face-to-face virtual sessions.
- Public Health Director is a member and attendee at Outer Hebrides Community Planning Partnership meetings.

Q4 Update:

- The Western Isles Lived & Living Experience Panel held its first workshop on 30th January with representation from Lewis, Uist & Barra. The workshop focussed on their hopes, fears and expectations for the panel.
- Continued to link with Scottish Recovery Consortium for support in meantime.
- Community Reinforcement and Family (CRAFT) workshops are now being delivered by various services across Western Isles, offering group or 1:1 sessions for families affected by substance use.
- Residential Rehabilitation draft action plan submitted to Healthcare Improvement Scotland support team on 28th February. Awaiting feedback.

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- Police Scotland Drug Dog Handler and Drug Detection dog went fully operational on 18th March.
- Continued to support MAT Standards through submission of quarterly implementation reports and meetings with Public Health Scotland Support to Implement and Report team.
- ADP Support Team continue to monitor and evaluate current funded services and report back to partnership SMS & MH team developing a Western Isles wide service and updating pathways.
- Co-ordinated Experiential Interviews working with locally funded service provider; collating data and undertaking thematic analysis for submission to MAT PHS team.
- The Support Team will continue to support, assess and monitor the local residential provision and report locally and nationally.
- Continuing to work to bring DES in house, making screening more accessible as patients will be able to access hospital transport for their screening appointments.
- Collaborated with Hebridean Housing Partnership to distribute Health Screening bookmarks to 2,400 tenants across the Western Isles.
- Planning drop in session in Stornoway West area to promote all screening programmes.
- Targeted promotion on specific screening programmes where uptake declining / DNA rate increasing.
- Continuing generalised screening and awareness raising campaigns, mainly focusing online and via posters in key areas.
- The Smoking Cessation Service achieved the second highest quit rate in Scotland.
- Produced and circulated the Health Needs Assessment report, drawing on data from NHS Western Isles, partners, and stakeholders.
- Supported 31 projects through NHS Western Isles Capital Grant funding.
- Achieved Living Wage Employer status for NHS Western Isles.
- Sent promotional letters about the Living Wage to 30 workplaces.
- Updated financial information leaflets for employers.
- Delivered mental health sessions for employers in partnership with Breathing Space, with 13 attendees.
- Launched Mental Health Champions program for NHS staff.
- Launched Mental Health and wellbeing website which includes information pages, self-help guides, and NHS supported programmes to improve mental health and wellbeing. Also contains a completed online directory of services in the Western Isles and training available to Western Isles residents.
- Mirror stickers created and distributed to highlight national mental health services available to people who may be in crisis or need additional support. Over 200 distributed.
- Supported “Time to Talk day” event in Berneray emphasising the importance of talking to others for your mental health.
- Held initial discussions regarding a Mental Health Accreditation award for employers in the Western Isles.
- Provided mental health training to two workplaces, with 15 attendees.
- Continued contributions to the Local Employability Partnership.
- Submitted the Anchors Annual Report on Employment, Procurement, and Land & Assets to the Scottish Government for 2023/24.

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- Attended Gaelic Careers Fair and Science Fair to highlight jobs with NHS Western Isles.
- Organised the Spring Step Count Challenge, attracting 315 public participants for the 12 week challenge.
- Completed Phase 2 of the NHS Western Isles Active Travel Study and produced the report.
- World cancer day promotion to highlight all those involved in cancer work across the islands.
- Review of vitamin distribution and a new method of delivery agreed by the maternal and Infant nutrition group.
- Implemented a new Estates Asset Management and helpdesk system.
- Continued use of the Public Contracts Scotland (PCS) advertising portal and encouraged suppliers to maintain profiles on the site.
- Utilised the PCS Quick Quote facility to directly invite local suppliers to quote.
- Maintained simple and consistent documentation for invitations to tender.
- Promoted awareness and discussion of supplier performance on sustainability, environment, and equal opportunities by including related questions in standard tender documents.
- Funding for healthy weight interventions has been baselined, work ongoing to ensure access across the Western Isles in line with Healthy Weight Standards

- **Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.**

Under the 'Best Start' Initiative and continuity of carer, the focus for NHS Western Isles has been to achieve this for the ante natal period and for women in the post-natal period. Due to size of service and staffing, we are unable to achieve this for the intrapartum period as this would incur unmanageable episodes of on call.

Our focus in NHS Western Isles is to improve on what we do; we have achieved case loading in the ante natal period. Our focus is on the post-natal period to improve continuity in that period.

Availability of staff is hampered when working with predominantly part time staff although Best Start focuses on a team of midwives or buddies, we are sufficiently small enough of a team that women will have at some point met most of the Team.

All eligible families are offered the child health reviews in the years covered above.

- **Taking forward the relevant actions set out in the Women's Health Plan**

Post natal contraception is provided. Midwives engage in consultations with the mothers before leaving the maternity unit offering choices in contraception. One midwife is trained to insert implants and we are exploring opportunities to train another to insert coils.

Midwives are reviewing and exploring how maternity services in WIH can improve access to contraception services via a drop-in service.

Midwives report a fourfold increase in elective TOP 23/24. Most are done through the EMAH termination; others are done as inpatients here in WIH. A pathway and SLA is also being developed with BPAS.

Health Promotion engage with schools to support awareness of menstruation and period products.

Period Products available in all locations throughout NHS Western Isles. Close working with HR to support the implementation of the Interim NHS Scotland Menopause Policy.

- **Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report**
- Coordinate and prepare activity and annual report on Child Poverty for NHS Board and CPP. As part of the Anti-Poverty Delivery Plan, NHS WI is working in partnership with Poverty Alliance Scotland to gather evidence from people experiencing poverty, to influence policy and institute change.
- Provide a training programme as well as information and advice to raise awareness of issues surrounding poverty with managers and frontline staff.
- With the help of PHS, we will utilise data tools and assessment at micro level to identify children and families living in poverty and signpost to support and resources.
- **Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.**

NHS Western Isles does not provide Paediatric Audiology Services – we have an SLA with NHS Highland who undertake this on our behalf.

Q1 Update:

- National final report for Best Start has been submitted.
- Health Promotion continue to engage with schools to support awareness of menstruation and period products.
- 2 sessions offered to a variety of workplaces raising awareness of the menopause.
- Work began on the collection of data, which will populate an updated Anti-poverty Strategy and this year's local Child Poverty Action Report, which is due for submission to the Scottish Government in November 2024.
- A total of eleven interviews "Get Heard Hebrides" took place and extracts from these 'lived experience' interviews will be embedded into the Anti-Poverty Strategy update.
- The original Poverty Awareness training has been updated and a half-day course was delivered to 6 staff of the Learning Shop in Stornoway along with a short workshop for 4 community workers.
- Locality work continuing.

Q2 Update:

- Continuing to report on the continuity of carer part of best start and will be expected to do so until 2026.
- Continuity for post natal care will continue once 4 midwifery staff return from maternity leave later in 2025.
- Continue to engage with schools to support awareness of menstruation and period products.

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- Continue to deliver awareness sessions on menopause.
- Period products available in all locations throughout NHS Western Isles. Close working with HR to support the Implementation of the Interim NHS Scotland Menopause policy.
- Working on NHS WI becoming an Endometriosis Friendly employer.
- A series of meetings took place between NHS and CNES to establish format of the Anti-Poverty Strategy, this will be tabled at the relevant meetings in November.
- A post has been developed within the Local authority that will focus on poverty and updating the Anti-Poverty Strategy will be a piece of work they will take lead on. Aim to have update by February 2025.
- Interviews carried out with 18 people in the Stornoway North area
- Poverty Sensitive Practice training delivered to 4 community volunteers.
- Information and data is being gathered to populate an updated Stornoway West locality plan.

Q3 Update

- Continuing to report on the continuity of carer part of 'Best Start' and will be expected to do so until 2026.
- Continuity for postnatal care will continue once 4 midwifery staff return from maternity leave later in 2025.
- Period Products available in all locations throughout NHS Western Isles.
- Close working with HR to support the implementation of the Interim NHS Scotland Menopause Policy.
- Public health member of staff is active member on the Uist & Barra childcare group, highlighting the issues island communities are facing when supporting parents/carers with their childcare needs.
- North Uist & Barra locality report completed by the development officer with support from the steering group. Report presented to the main Outer Hebrides Community Planning Partnership board.
- Delivered poverty-sensitive practice training to eight community representatives, adapting the course based on their feedback.
- Through the "Get Heard Hebrides" project, interviewed 10 individuals to gather lived experience data, which will inform the Local Child Poverty Action Report 2024/25.
- Produced and distributed a short "Get Heard Hebrides" video to community groups across the Western Isles.
- Monthly outreach sessions continue at the Cearns Resource Centre in the Stornoway West area. This involved Local Authority financial inclusion services, Hebridean Housing Partnership, Tighean Innse Gall, and the Smoking Cessation Service.
- Volunteers maintained activity throughout the winter on the Cearns "Grow Our Own" project.
- Collaboratively produced the Local Child Poverty Action Report with the Local Authority, submitting it to the ICMT in November 2024.
- Senior Health Improvement Officer regularly prepares Stornoway West reports, which are presented to the Community Planning Partnership (CPP) by the Director of Public Health.

Q4 Update:

- Continuing to report on the continuity of carer part of 'Best start' and will be expected to do so until 2026.
- Continuity for postnatal care will continue once 4 midwifery staff return from maternity leave later in 2025.
- Period Products available in all locations throughout NHS Western Isles. Close working with HR to support the implementation of the Interim NHS Scotland Menopause Policy.
- Delivered menopause awareness sessions to two workplaces, with 18 attendees.
- Completed data analysis for the Stornoway West plan, which informed the development of the Stornoway West Locality Plan 2024/25.
- Expanded outreach services to include drop-in sessions with the Western Isles Alcohol and Substance Misuse Support Team and Adult Learning programs.
- Distributed a health literacy training video to all GP surgeries across the Western Isles.
- Developed a cultural awareness training workshop.

Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

Achieve reductions in Medical Locum Spend.

Nursing agency remains extremely low and Bank is optimised. Long term agency engagement is required in Medical Staffing and some AHP areas, e.g. Radiology, Pharmacy and Labs. Measures in place for agency control are:

- All agency engagement requires authorisation by Chief Executive and each period of engagement is limited to 12 weeks.
- Continuing analysis and check of market to ensure most efficient and effective agency engagement in place.
- Use of direct engagement for majority of agency staff.

Planned measures for reducing agency are:

- To help achieve reductions in medical locum spends, there is an ongoing plan in place to recruit into substantive Medical posts currently covered by locum staff. Recruitment campaigns continue to be adopted with utilisation of the British Medical Journal (BMJ) to attract candidates into long term employment opportunities.
- International recruitment.
- Review of Pharmacy workforce and increased use of apprenticeships to ensure registered staff are used for registered duties only.
- Advertisement of fixed term Locum appointments on terms and conditions.

Deliver a clear reduction in sickness absence by end of 24/25 and delivery of the NHS Western Isles Wellbeing Strategy.

- The target is to reduce sickness absence rate by 2%
- NHS Western Isles will continue to provide regular training for both managers and the wider workforce to re-enforce the roles and responsibilities when it comes to attendance management.
- We will have a sharper focus on 2024 on regular Short-Term absences across the organisation. This will ensure the NHS Scotland Attendance Policy is implemented where appropriate to manage these.
- Long-Term absence will continue to be monitored and managed, although the vast majority of these are already involved in formal Attendance Policy procedures, this will remain a key focal point for the Employee Relations and Occupational Health Teams.
- Increased reporting on absence metrics through Board Committees

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- Performance monitoring of sickness absence with all Executive leads
- Increased communications on attendance management processes to staff explaining the attendance management process, triggers and staff responsibilities within that.
- NHS Western Isles has an agreed Employee Wellbeing Strategy. There is an associated Action Plan that is reviewed and updated regularly by our Wellbeing Group. This helps to ensure the appropriate initiatives for staff are in place at the point of need. A key pillar of this strategy is the Employee Assistance Programme offered to all staff and their families. Usage is monitored and communication of available resource to staff is continuous.
- Via the NHS Western Isles Wellbeing Group, support the provision of advice, support and training to employees on the cost of living and the impact it has on our mental and physical health. Employees are provided with training along with awareness sessions from local and national agencies that can provide support during cost of living crisis.
- Implementation of the women's health strategy from an employer perspective. This means continued availability of free period products and implementation of the Interim NHS Scotland Menopause Policy.

An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026.

NHS Western Isles currently has 50% of Rosters operating through eRoster. 75% will be operational by 31 March 2025 and 100% by 31 March 2026. Risks to this are:

- Interface with SSTS and Payroll meaning double entry of data. Capacity to continue with double entry continues to be an issue.
- Capacity within the Business as Usual Team who are undertaking eRoster duties alongside other substantive duties.
- Changes required to the system with implementation of a reduced working week. These will require manual adjustments for every employee and every Roster pattern.

Safe Care has been piloted in Acute nursing and will continue to operate.

Increasing efficiencies across administrative and support services.

- Review of all fixed term contracts.
- Hold and review of all vacancies.
- Implementation of IT Future State Plan to ensure efficient and safe IT system capability.

Planning and resourcing strategies

NHS Western Isles remain involved with both national and regional recruitment programmes. These include:

- International Recruitment – Regional collaboration with NHS Grampian leading. Focus on AHP workforce.
- Armed Forces Talent Programme
- Working with the North Region group to increase capacity

- Participation in the Remote and Rural Healthcare Education Alliance (RRHEAL).
- Development and implementation of a new NHS Western Isles Learning Strategy and Policy that will complement the recently launched NHS Western Isles Turas Learning Site.
- NHS Western Isles new Strategic Workforce Group to continue supporting and driving the implementation of the Health and Care (Staffing) Act 2019. This group also ensures Workforce Planning activity is monitored.

Additional capacity building to enable recovery and growth in service demand.

- Support the establishment of the Acute Assessment Unit (AAU) as a substantive service within NHS Western Isles. This will reduce unscheduled admissions and offer alternative pathways.
- With Funding secured to install an MRI unit in Western Isles Hospital, Workforce Planning methodology implemented to support the Radiology department in staffing this. A Project Lead has been recruited to with ongoing work between HR and Finance on the development of this Workforce Plan.
- Mental Health redesign – Support the development of a Mental Health Workforce Plan to include review of Primary Care Mental Health. The workforce plan would consider nursing AHPs, psychology and psychiatry input.
- Support the approach to maximising use of digital innovation. This will include collaboration with Heads of Service and Head of IT, with particular focus on supporting delivery of:
 - e-Rostering
 - Hospital Electronic Prescribing Medication Administration (HEPMA) system
 - Turas Learn
 - M365 capacity

Shift to community-based health care

- Ongoing support in the delivery of the Hospital at Home Model which has reduced length of stay in our hospitals.
- The expansion of the Urgent & Unscheduled Care ANP / GP service to Uist and Barra
- Direct recruitment of rural GPs for 2c GP Practices and Rural Hospitals.

Resourcing Strategies

- Developing flexible working practices within Domestic Services to ensure posts are more attractive. This will help ensure long term sustainability within this crucial service.
- Catering Services – Continue to cultivate the Apprenticeship model within Catering services after initial successful recruitment in 2023.
- Health Improvement – Development of a Modern Apprentice role within onward progression routes into being a fully trained Health Practitioner.

- Identify other areas within the organisation where utilisation of Apprenticeship Model would be appropriate.

Making use of new roles, training and development opportunities to support workforce diversification.

- Expansion of Band 2 to Band 4 roles within Nursing and Midwifery.
- Provide HR Support to the development of alternate Urgent and Unscheduled Care models. These include expanding the scope of ANPs to facilitate OOHs face-to-face appointments, historically seen by GPs.
- Continue to promote Band 2 to Band 3 development Medical Laboratory Assistant posts.
- Supporting transition of GP Practice into 2c Practice in Uist and Barra.
- Development of Neurodevelopmental pathway and the potential Neurodevelopmental Nurse Practitioner role across the lifespan to reduce waiting times and increase timely access to support.
- Best Start Maternity Plan. This plan is underway in respect of maternity services at Western Isles. The focus on continuity of care now sees all midwives carrying their own caseload.
- The Realistic medicine Lead works across all sectors in NHS Western Isles to help drive the principles of Realistic Medicine. Work is ongoing to plan a programme of training for appropriate staff. This training will be piloted with a number of the specialist teams to ensure the most appropriate support can be given to embed the learning from the online resources.
- Leadership & Management Development – NHS Western Isles will ensure that a Leadership & Management Development Programme is fully embedded across all areas of the organisation. After all current managers go through the programme; this will become a twice-yearly training programme for all new managers either promoted internally, or recruited to externally. This programme will provide them each with the tools to succeed as leaders.
- Change to the role of Sonographers within Radiology department to undertake Ultrasound and AAA Screening.

Enhancing local supply pipelines

- Continued development of the NHS Western Isles Apprenticeship Programme. This includes Modern and Foundation Apprenticeships, with current consideration for longer term Graduate Apprenticeship inclusion.
- NHS Western Isles currently link in with the NHS Youth Academy team to consider how we might develop better opportunities within schools for potential future employees of NHS Western Isles.
- Establish and nourish the ambition of pupils and students with local schools and the University of the Highlands and Islands (UHI).
- We continue to grow our Work Experience Offering across all schools within the Western Isles. To support the development of valuable opportunities, particularly taking account of geographical challenges, more bespoke Work Experience opportunities are being catered for (i.e. rotating across departments, utilising digital provisions and providing longer term opportunities including afternoons and mornings each week).
- Active involvement in career fairs across the Western Isles to highlight opportunities and promote NHS Western Isles as an employer of choice.

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- Future nurse programme continues to reach out to younger children (pre-school and primary age) to promote the role of our nurses. This is currently being re-launched nationally and NHS Western Isles have engaged with that to ensure we are involved in this re-launch.
- Utilise the NHS Western Isles Simulation Lab to enhance placement opportunities for students.
- The largest Secondary School in the Western Isles (The Nicolson Institute) have opted for a theme of “Health & Wellbeing” for their P7-12 transition. NHS Western Isles will be involved in this to showcase the career options within the NHS, and actively engage with the schools to share what it is like to have a rewarding career within Healthcare.

Use of technology and automation to support increased efficiency

- Optimising Microsoft 365 licenses, products, and tools. The use of Microsoft Teams, Forms and continue to adopt Microsoft 365 apps across health and social care to support staff working across organisation boundaries to improve the user experience when working in multi-disciplinary teams.
- Increased use of Near Me video consulting platform that helps to offer video call access to health services.

Use of national and local workforce policies to maximise recruitment and retention

- NHS Western Isles continue to promote the Retire & Return option for staff ensuring we are able to retain valuable skills and experience, ensuring continued delivery of high-quality care to the people of the Western Isles.
- Develop and implement new NHS Western Isles Learning Strategy and associated policy. This will help to assist with embedding new Turas Learn learning site and encourage a culture of learning within the organisation.

Addressing and reducing barriers to delivering exemplary workforce practice.

NHS Western Isles continue to focus on:

- Flexible Working opportunities considered across the organisation
- Enhanced data to support Workforce Planning
- Recruitment innovation with harder to reach groups
- Strategic Workforce Group working to respond to the Safe Staffing Legislation.
- Ensuring greater links between Finance and Workforce Planning.

Q3/Q4 Update: See Appendix 1 for Workforce Q1/Q2/Q3/Q4 Update tables

9	Digital Services Innovation Adoption	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
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- **Adoption and implementation of the national digital programmes**

The IT Team work closely with the national teams to provide sufficient local resources to adopt and implement national initiatives.

- **Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework**

Cyber Security is a priority area and we are currently recruiting a dedicated Cyber Security Analyst to work alongside the team and the Head of IT & Digital Health to improve cyber resilience. We are using independent assessments such as the NIS Audit to help prioritise our actions.

- **Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce**

The Head of IT & Digital Health has presented an IT Future State Proposal to both CMT and Board of Directors and received support to implement the plan. The Executive see the value that digital can bring and understand the need to continually invest in technology to avoid it becoming a liability.

- **Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.**

The R&I Lead links to IDA and partners in ANIA pathway innovations as appropriate and as part of wider early innovation development and trialling via the North of Scotland Innovation Hub and other national and international R&I projects.

Q1 Update:

The Cyber Security Analyst has been appointed and is working with the Head of IT & Digital Health to prioritise and progress actions. Included in the Cyber Security Analysts role is to coordinate the Boards response to Audits such as the NIS Audit.

The IT Future State Proposal has resulted in a prioritised list of initiatives and projects to further evolve and stabilise the digital landscape within NHSWI.

No ANIA innovations currently considered for NHSWI but R&I Lead maintains links with NoS Innovation Hub via regular R&I leads meeting. Continue to participate in Caelus drones project Via NoS Innovation Hub.

Q2 Update:

Progress being made on cyber resilience. A best practice IT Backups strategy has been implemented to aid recovery in the event of an attack. Work continues removing out of support operating systems.

Radiology and IT are preparing for the national PACS reprovisioning, this is an enormous piece of work which required specialist knowledge of integrated systems. National Services Scotland is also providing guidance.

Q3/Q4 Update:

In January 2025, a new Head of IT and Digital Health was appointed, and progress has been made in expanding the local team and enhancing their capabilities. Additionally, close collaboration with the broader NHS Scotland digital organisation has been achieved to drive forward key initiatives. The new Head of IT is receiving robust support from the Executive team, who are dedicated to providing the necessary resources to drive digital transformation and enhance cybersecurity.

The IT project and technical teams continue to work closely with the national teams to support adopting national initiatives. Progress on the deployment of the new PACS reprovisioning had been delayed centrally, and there is currently no go-live date, but we continued to work with the national programme on the deployment of the emergency downtime system. The deployment of new GPIT solutions, Visions and DocMan, had also been delayed, but we continued to plan and prepare as much as possible with the central teams and the local lead. Significant progress was made on the national Digital Dermatology system, which will be ready to go live in April 2025.

Enhancing the organisation's cybersecurity remained a top priority for the IT department, with significant advancements achieved in Q3 and Q4. Notably, improvements to the Network and Information Systems Directive controls led to an 18% increase in compliance scores during the January 2025 assessment. The backup process was also enhanced, expanding the coverage scope and ensuring greater data recovery assurance. Progress has been made in replacing legacy operating systems, with a comprehensive risk assessment conducted and several migration projects completed.

In October 2024, a phishing exercise was carried out to evaluate the effectiveness of current cyber awareness training, followed by additional staff training. Furthermore, an external penetration test was conducted in November 2024 to assess the security posture of existing technical controls, which informed further cybersecurity enhancements.

NHSWI are actively involved in several ANIA projects at present:

- Digital Dermatology. After a soft launch in one practice, it is the intention to go live with all practices in NHSWI (9) on 8/7/25 to tie in with a launch at the Cluster meeting. Practices are actively onboarding clinicians and promoting training.
- Genetic testing for drug resistance. NHSWI are one of the first two NoS pilot areas to go live with a date of 1/10/25. We intend to use a dedicated group of nursing staff (Clinical Support Nurses) to co-ordinate all testing. A clinical pathway is in development, and we await funding release to obtain the relevant hardware
- AI for Endoscopy interpretation, CXR interpretation and cardiac monitor interpretation. NHSWI are cited on all these projects and have indicated a desire to see how each can be effectively utilised in a remote and rural setting. All remain at an early stage of development.

R&I Lead maintains links with NoS Innovation Hub via leadership group and is developing with Hub a pan-island innovation resource to support innovation development and adoption in island settings.

- **Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide.**

The net-zero route map delivered by Jacobs will be assessed for viability of recommendations and potential workstreams.

There are potentially two properties that can be transitioned to ASHP. A funding application will be submitted to undertake feasibility studies once it opens in 2024/25.

All NHS Western Isles properties will be surveyed to assess the power and capacity suitability for installing EV charge points. Locations and numbers/types of charge points required will also be assessed and then funding sought for installation or upgrades.

The N₂O pipelines have been decommissioned in November 2023. Some cylinders of Entonox have been retained for use in Maternity, where required. The use of desflurane in surgery has been discontinued.

Primary Care are reviewing patients currently prescribed MDIs in their current cost saving/QI workplan, which they are working alongside the hospital on. At present, Primary Care are focussed on MDI to DPI switches on an adhoc basis (eg. when carrying out medication reviews but plan to do this as a future project to identify all patients suitable and switch them - which will reduce carbon emissions). They are also looking at potential areas of general deprescribing (not just inhalers) which they can focus on during polypharmacy reviews - which will reduce medication burden/medicines in circulation.

The hub model - previously the Primary Care Pharmacy team worked from GP practices, which limited the access to the service and involved significant travel across the islands with the practice locations being spread out. With the introduction of the hub (and the support from IT of a remote access solution), they now have a base from which they can provide Pharmacy support to all 9 practices remotely which supports Monday to Friday access and has reduced the amount of travel required for the team, which in turn reduces carbon emissions.

- **Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards.**

NHS Western Isles is a member of the OHCPP Climate Change Working Subgroup. We will continue to be an active participant in adaptation initiatives including Climate Hubs and an Outer Hebrides COP.

The IJB is working to identify the strategic intent to develop community assets and human capital as a key element of the Health and Social care Partnership.

NHS Western Isles is also a member of the WI Food Partnership to develop an island Food Action Plan and Good Food Growing Strategy to create a sustainable food community.

Plans are underway to include sustainability issues in the Place Standards Assessment tool to inform and support the community to design solutions to the effects of climate change.

NHS Western Isles will support two external stakeholders, Climate Hebrides and The Oxford University, who have applied for funding to research the impacts of climate change on the Outer Hebrides and identify adaptation solutions.

- **The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards**

A food dryer will be installed in Western Isles Hospital. This will reduce food waste bulk by up to 90% and will be sent to the local biodigester, which generates methane that is used as an energy source in hydrogen production.

A business case has been prepared to install an on-site clinical waste treatment unit which could reduce the carbon emissions generated by disposing clinical waste by up to 70%. At present the waste is sent to the mainland for incineration. Using the unit is projected to increase running costs. If approved, national capital funding will be sought.

Sustainability will be included in the staff induction programme to educate staff on the carbon footprint and lifecycle impacts of goods and services to enable staff to source, use and dispose of goods more sustainably.

Around 90% of properties have access to recycling bins. The other sites will be assessed for additional need in 2024. We will continue staff awareness raising of these and the importance of reducing waste and ensuring correct disposal. We will continue to carry out pre-acceptance audits of clinical waste to ensure segregation is carried out as required and recycling is maximised.

We will work with Procurement over bulk-buying short-life products and purchase more products made from recyclable materials. The Genesis Stock Management ordering system, which will reduce waste, has been rolled out to several departments.

The IT department will work on a proposal to reduce the amount of equipment that goes to landfill, by partnering with local charities who can reuse equipment that is beyond its useful life or is economically viable to repair.

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The CDU will review the use of re-usable instruments as well as waste reduction measures.

The catering department will continue running awareness raising campaign to reduce untouched meals waste that have already seen significant reductions. The food dryer will also enable better food waste data gathering and monitoring. The catering department has a 20% vacancy level. This is being addressed and once staffing levels are back at full capacity work on delivering the Action Plan points will commence.

- **The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.**

A Sustainable Transport Subgroup, reporting to the Sustainability Steering group, has been established and will deliver an action plan with agreed, actionable steps that can be implemented.

Financial and infrastructure challenges (including a lack of on-island garages for service and maintenance of EVs, a lack of charge points and routes travelled) mean the fleet will not be decarbonised by 2025. There are no hybrid LCVs available as an alternative. The travel subgroup will explore solutions.

Funding has been received from Cycling Scotland and HITRANS to install or upgrade facilities throughout NHS Western Isles' properties, e.g. bike shelters, showering facilities. These will be implemented in 2024. The Employer Friendly Cycling Award has been achieved by Western Isles Hospital and Dental Centre. Other premises will apply for the award when the requirements are met.

Funding has been received from Cycling Scotland and HITRANS for the purchase of 10 cycles (including 4 ebikes) and these will be promoted for staff use.

We will continue to promote cycling friendly initiative such as the cycling eExpenses allowances, the cycling Teams channel as well as promotional events that allow staff to try out ebikes and get maintenance and finance advice.

The Stage 0-2 Sustrans funding for 3 walk, wheel and cycle routes and the three WI hospitals is to be released in 2024. This will be used to pay for consultation services and to fund a part-time worker to drive the project forward.

The use of Near Me and digital services will continue to be promoted.

Initiatives like car-sharing schemes will continue to be promoted.

The Working From Home policy and VC meetings will continue to be promoted and implemented.

- **Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.**

The Western Isles Clisham Garden and woodland walkway will be promoted widely to staff and public. Ease of access to all users will be addressed and there will be signage put in place. Staff will be encouraged to volunteer to help maintain the gardens to learn about gardening.

The greenspace of NHS Western Isles premises will be mapped. Following on from this a management plan will be drawn up.

We currently use the RIO EMS system as a waste data tool. There are no immediate plans to expand the EMS due to a lack of resources.

- **Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.**

The N₂O pipelines have been decommissioned in November 2023. Some cylinders of Entonox have been retained for use in Maternity, where required. The use of desflurane in surgery has been discontinued.

Green Theatres are a standing agenda item of the Theatre Group and they will determine actions to be adopted, implemented and tracked in line with National Green Theatres achievements. We will continue to work with the National Green Theatre Team to deliver validation and measurement reports as well as meeting the reporting requirements.

Q1 Update:

Work is ongoing in all areas. Specific updates:

Greenhouse gas emissions

- Transitioning to ASHP: A feasibility study of the Health Board Offices has been completed and one for Laxdale Court accommodation and offices has been commissioned.
- EV charge points: All properties have been assessed for capacity; funding to expand the charging network will be sought.
- Reducing MDI emissions: Primary Care use Scriptswitch to encourage prescribers to change to more sustainable inhalers. The pharmacy in Western Isles Hospital has begun to transition patients to DPI where appropriate. They have also begun putting instructions on dispensing bags, encouraging people to return used inhalers to pharmacy.

Adapting to the impacts of climate change

- Research funding: The Oxford University bid was unsuccessful. The Climate Hebrides bid – a joint bid with them and the Open University, to UKRI – has been

submitted. If successful, the islands will be awarded £2.5million to provide an adaptation plan to cover health, social, buildings, historic, ecology and all other aspects affected by climate change. This will include a researcher who will be supported by NHS WI to oversee the impacts on health and delivery of services.

- NHS will be on the panel of a planned Outer Hebrides Conference of the Parties (OH-COP), the largest climate event ever held in the Western Isles, being held in September 2025. The event will bring together key organisations, stakeholders, frontline staff, businesses, community groups and individuals, with updates, interactive discussions and making commitments to action.

Waste and procurement

- A new business case will be submitted for a food waste dryer in 2024/25
- Waste treatment unit: There are increased running costs associated with installing the unit so savings need to be identified before the bid can be submitted. It is currently under review.
- Pharmacy review: We are planning a review of the Pharmacy department in WIH to review opportunities to reduce waste.
- Corporate induction: The sustainability content for the staff corporate induction programme has been approved and will be live soon.
- Green Champions Network: The implementation of a network of staff Green Champions, who will promote and implement green initiatives in their own work area, has been approved by the Sustainability Steering Group. It is to be discussed at the APF and upon approval work will begin on recruiting and training members.

Decarbonising the fleet

- The Sustainable Travel Subgroup has begun work on a localised Action Plan.
- Walk, wheel and cycle routes (Sustrans/Paths for Everyone funding): The tender bid details are on Public Contracts Scotland and a consultant will be engaged in September. A project coordinator has been identified to work part-time with the consultant to deliver the proposal.
- Cycles and ebikes: 4 ebikes and 6 cycles have been purchased. At present only journeys between work sites is covered but we are looking at solutions to extend use to staff for leisure purposes. Staff inductions will begin soon.
- Bike shelters: A new bike shelter has been installed in Western Isles Hospital premises and Velobox units installed in North Harris Practice, the Health Centre Springfield Road Stornoway, Health Board Offices Stornoway and Uist & Barra Hospital.
- NB – At the end of 2022, during routine testing, elevated levels of the bacteria Legionella were discovered in some pipelines at Western Isles Hospital. Remedial action has been taken but it still requires the water system to be flushed three times per day. This practice needs to continue indefinitely, unfortunately increasing water usage and processing needs. No initiatives that disrupt the water flow will be considered for the present.

Environmental management

- Western Isles Hospital gardens: An extensive awareness raising programme is being worked on, to raise awareness of the garden to staff, patients and the community and encourage use. There are two separate gardens: the hospital garden and the coronation garden, as well as a woodland walkway.
- EMS: Relevant staff have been identified and will undertake training on the RIO EMS platform. This will allow them to update the system, although resources and staff availability to work on this is limited.

Q2 Update:

Work is ongoing in all areas. Specific updates:

Greenhouse gas emissions

- Transitioning to ASHP: A feasibility study reported that to transition the HBO to ASHP would cost around £4.5million. A second study has been undertaken at Laxdale Court residence and offices and the report is pending.
- Emissions: Between 2022/23 and 23/24 building energy kWh fell by 6.2% and CO₂(e) by 5.4%. Medical gas emission fell by 24%. Waste tonnes and CO₂(e) both fell by 15%. Since baseline year 2015/16 energy emissions have fallen by 21% (all from electricity reductions) but building energy kWh use has gone up by 1.4%, all gasoil.
- The net-zero routemap recommended transitioning to HVO. This option remains open but using HVO will incur higher costs. Security of supply would also need to be assured. Gas oil, as the dominant fuel source throughout the isles, is readily available via multiple storage depots. Our sites lack adequate storage facilities; therefore, HVO would require special shipments, potentially compromising fuel security. We will evaluate following trial results from other boards and cost analysis.
- The Director of Finance is preparing a Fleet Strategy report.
- Reducing MDI emissions: Patient inhaler and medication reviews will continue. Switchscript guidance will be updated to signpost prescribers to greener inhalers and will encourage prescribers to change to more sustainable inhalers. Posters and leaflets will be produced for dispensing doctors and community pharmacies, explaining the need for proper disposal of inhalers and asking them to put stickers on dispensing bags to encourage people to return inhalers to pharmacy, as well as reminders to put them in purple top bins for incineration and higher temperature.

We are also planning an ongoing waste campaign to encourage patients to only order the medication that is needed when they request a new prescription.

Adapting to the impacts of climate change

- Research funding: the outcome of the UKRI bid is still outstanding.
- OH COP1: On Tuesday, 24th September, the Outer Hebrides held its first Outer Hebrides Climate Conference (OH-COP1) in Stornoway. The event was organised by Climate Hebrides and the Outer Hebrides Climate Hub. This was the largest climate-focused event ever held in the islands, bringing together over 80 in-person attendees and 35 more via livestream. The day offered a platform for sharing what has been done to combat climate change across our islands, what is currently underway, and what more can be achieved through collaboration. The event featured presentations and speeches from influential organisations, including NHSWI and a Q&A panel discussion developing ideas on the day (including potential projects to take forward).
- Place Standards: interviews and questionnaires were carried out and circulated to people of all ages throughout the Western Isles for their comment. Elements of sustainability were included and the Information has been gathered and passed to the local authority to progress.

Waste and procurement

- Waste treatment unit: savings are still being investigated.
- Waste reviews: we will undertake departmental waste audits where possible. The maternity department have implemented a number of sustainable actions that include using second hand clothes, reducing waste, reducing the use of single-use items, reducing the need for women to travel and reducing the use of paper resources. A birth pool has been installed which has been found to reduce the need for other forms of pain relief and pharmaceutical products, such as nitrous oxide.
- Corporate induction: the content will be uploaded soon.
- Green Champions Network: this has been approved by APF and CMT and recruitment will begin during Q3 and Q4. This will include promoting the new staff "Environmental Sustainability for NHS Scotland" TURAS module.
- Radiology: have reviewed necessary stock items for the department. Single-use slide sheets have been discontinued, and launderable slide sheets are now in use.
- Dietetics: patients using Wegovy are given a pre-paid pencycle returns box. Once full, this is returned to the manufacturer who recycle the injection pens.
- Clinical waste bins: Biobins are now in use the Laboratory for non-sharp waste. Sharps bins were reviewed in other areas, ensuring the correct size bin was in use and liaising with ward managers to ensure they are full before being shipped to the waste treatment site.
- IT: we reviewed transitioning to greener data centres but at present, it is cost prohibitive. We aim to establish a process of upcycling IT equipment to be donated to local charities.
- Dental: a digital scanner has been purchased for WIH, once in use this will reduce waste from alginate and gypsum.
- Food waste: A new data gathering system began 2024, which will collect data on food production, patient plated, patient untouched, and dining room and retail

waste. 2024/25 data will become the baseline year. A target of reducing food waste by 33% by 2027 from a 2024/25 baseline will be set. It should be noted that food waste reduction initiatives have already begun, but progress has not been quantified.

- Reusable takeaway cups: we began investigating replacing single-use cups in the hospital dining rooms with re-usable takeaway cups. This would reduce the amount of waste produced and emissions from the production and disposal of single-use cups, as well as give financial savings.

Decarbonising the fleet

- The Sustainable Travel Subgroup continues to work towards a localised action plan. A BEV has been purchased to replace an ICE, deliver due Spring 2025. Further transition to BEV will be guided by the vehicle's intended use, as the islands' current charging infrastructure limits long-distance travel capabilities.

- Walk, wheel and cycle routes (Sustrans/Paths for Everyone funding): A consultancy firm has been engaged to deliver Stage 0-2 project objectives and scope. Expected delivery of the plans is March 2025.

- Cycles and ebikes: staff inductions have been ongoing and they continue to be promoted.

- Active travel: The Clean Air Day campaign was used to promote the benefits of active travel and the initiatives that make the transition to active travel more attractive.

- EV charge points: funding opportunities to upgrade EV infrastructure have been frozen. This will be revisited when funding becomes available.

Environmental management

- Western Isles Hospital gardens: plans are being put in place for a Spring 2025 campaign, when the flowers come into bloom again, promoting Our Hospital Garden in WIH to staff, patients, visitors and public. This will include new signage on how to access the gardens and information boards on types of flora and fauna that can be seen in the garden.

- EMS: leads have been assigned and training on the RIO system booked for Oct 24.

- We will assess other NHSWI properties for the possibility of working with Third Sector, or other partner agencies, to start more growing projects.

Green Theatres

- The Infection Prevention and Control Team undertook a "Gloves Off" campaign where they worked with ward managers, sharing information and animations from the NIPCM, available on TURAS. There were also interactive sessions empowering staff and encouraging peer support, to come up with innovative ways to highlight and reduce the overuse of gloves. Hand hygiene sessions were delivered as part of the campaign.

- We investigated sourcing green oxygen in conjunction with the green hydrogen project at the local biodigester plant. At present, it has been deemed unworkable due to the risks associated with the oxygen compressors. We will continue to assess oxygen resilience for the Western Isles, including reviewing cylinder types and manifold design.

Q3/Q4 Update:

Greenhouse gas emission reduction – building energy use, transport, travel, and medical gases.

NHS Assure have confirmed they will not, at this time, fund the upgrade of Health Board Offices to Air Source Heat Pumps (ASHP) as they will focus the available funding on projects, which will give more impactful results. The NHSWI Sustainability Steering Group will assess whether to pursue further, given the potential costs involved (~£4.5 million) in upgrading an old building and the disruption to staff with temporary relocations required. The ASHP transition report for Laxdale Court is completed and we are awaiting the financial analysis, following which a funding assessment will be made.

The Net-zero routemap work is ongoing.

Plans are being made to implement a Salary Sacrifice scheme for staff to lease cars, with enhanced benefits to those who choose a green option.

Work is ongoing in Primary and Secondary Care to reduce MDI (metered dose inhaler) emissions, including moving patients to Dry Powder inhalers (DPI) where clinically appropriate, as well as through awareness raising campaigns on the environmental impact of MDIs and signposting environmentally friendly ways to dispose of used inhalers, for both staff and patients. Scriptswitch guidance is being followed, signposting prescribers to greener inhalers. Prescribers are also working with patients, using new asthma guidelines, to reduce the numbers of inhalers issued through better disease control.

Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.

A bid was made for funding from the UKRI for a Western Isles multiagency research programme on climate adaptation mapping and planning in the Western Isles, led by the Open University. This bid was unsuccessful – another, similar bid, has been made to Lottery Funding, with the same partner agencies.

“NHS Scotland Climate Change Risk Assessments and Adaptation Plans: A Summary Report” was release in January 2025. This is the national report, compiled using Scotland’s local Board’s Climate Change Risk Assessments (CCRA) and

Adaption Plan reports, giving the national picture and providing recommendations. This report has been assessed by the Sustainability Coordinator and the Resilience Officer and discussed by the Sustainability Steering Group for actions that can be taken forward. It should be noted that many of the recommendations are already in place in the Western Isles.

We are planning to deliver “climate emergency, sustainability and the NHS” awareness raising sessions with staff with Climate Hebrides. There will be a particular emphasis on highlighting concerns and issues with delivering healthcare in the community should extreme weather events become more severe.

Waste and procurement

The Sustainability Steering Group agreed to review the bid for an Onsite Clinical Waste Treatment Unit bid in 18 months’ time as, at present, to run one onsite would incur increased operating costs.

A number of departments are undertaking ongoing waste reduction measures. We will continue to promote and support these. They are also being reported in staff communication channels, such as the Team Brief, Social Media posts and Press Releases; this celebrates the achievements staff are making as well as giving examples of good practice that can be adopted by other departments.

Sustainability is now included in the Staff Corporate Induction programme. The Environmental Sustainability eLearning course on Turas has been widely shared among staff and will be continue to be promoted regularly.

Recruitment for Green Champions began December 2025 and ten staff members signed up, from a range of disciplines over the 3 main islands. Meetings are held approximately every 4-6 weeks, with email and Teams communications and updates given regularly. They are very engaged and proactive and very committed to helping drive sustainable initiatives within their own department as well as throughout the organisation.

A fee to use disposable cups in hospital restaurants will be imposed summer 2025 on all takeaway drinks bought from hospital dining room. All staff will be offered a reusable cup to keep and use as an alternative. Cup design has been approved and funding has been awarded from the Endowments Committee.

Two new food dryers have been purchased for the Western Isles Hospital. Installation is expected late 2025. At present, the food is macerated and flushed out with the water system. The new dryers will reduce waste bulk, which can be sent to landfill, with reduced waste, water consumption, and greenhouse gas emissions and improved resource recovery. All food waste: plated (wards), dining room waste and production waste (kitchen) is now being recorded.

The Pharmacy Department is preparing to sign up to the Royal Pharmaceutical Society's Greener Pharmacy Toolkit — a digital self-assessment tool designed to help community and hospital pharmacy teams take practical steps to reduce the environmental impact of pharmacy services, pharmaceutical care, and medicines, while continuing to support patient care. The department has already implemented many of the recommended measures.

The Dental Department have purchased a digital scanner, which is expected to be in use end 2025. This will reduce the need to take impressions and waste from alginate and gypsum, as well as supplementary equipment/postage emissions. They are also reviewing practices to identify waste reduction measures.

IT waste is being reviewed. We aim to establish a process of upcycling IT equipment to be donated to local charities. A division restructure alongside an already heavy workload has delayed progress.

Efforts to reduce paper waste are currently underway. These include expanding the use of hybrid email, exploring electronic communication options for appointment letters and other correspondence, and implementing a digital platform for lab test requests/results to reduce the need for paper. Additionally, a transition to unbleached paper is under consideration. There are longer term plans to move to digital patient records.

We continue with awareness raising initiatives such as the “Gloves Off” campaign and supporting national sustainability campaigns.

Decarbonising the fleet & increasing Active Travel

A Fleet Management Strategy Report was completed by the Finance Director. It outlines the fleet vehicle types, contains a funding update, details the electric vehicle (EV) charging infrastructure, discusses the financial implications and delivers recommendations on decarbonising the fleet. This includes case-by-case considerations to replace small cars and vans with EVs; larger vehicles to continue to be replaced by traditionally fuelled cars, to be reviewed in 18 months.

An EV infrastructure review has been undertaken. A proposal for expansion and upgrade will be delivered Q1 or Q2 of 2025/26. Locating funding is an ongoing problem.

Dentistry will review increasing remote access to services, reducing patient travel.

A range of initiatives to improve physical activity levels to empower people to choose Active Travel options have been undertaken, including:

- The Big Winter Step Challenge – walking a virtual North Coast 500 route

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- distributing 300 hi-viz armbands to members of the community to use when walking outdoors during the dark months
- The Spring Challenge – walking a virtual route to Portugal
- networking at HITRANS events to explore using Cycle Trains and digital availability to hire e-bikes
- the Health Promotion Practitioner has been trained on upskilling Walk on Hebrides Walk Leaders to become Dementia Friendly Walk Leaders
- Walk on Hebrides is being used as a case study into the benefits of providing grant funding through Walking for Health
- continued promotion targeted at those struggling to meet the 30 min daily physical activity recommendations, including “Walk your way to strength and balance” exercises offered by Walk Leaders
- Walk Leaders from the local Third Sector project “Embark” have worked in partnership with NHSWI Occupational Therapy Team to deliver Wheelchair Handling training to support those in Wheelchairs and their carers to attend Health Walks
- the IT Department have implemented an online booking platform for staff pool bikes, and Estates have installed secure KeySafes, both of which improves the ease of booking staff pool bikes
- five new Adult Bikeability instructors have been trained to increase confidence and safety among those wishing to cycle more
- plans are in place to launch the Commonplace Engagement Tool to map the most common cycle and walking routes, to identify improvements that would make the routes a safer and easier choice for people to use

Through Sustrans and Places for Everyone funding a consultant was hired to deliver a comprehensive options appraisal report to identify and evaluate opportunities to enhance walking, wheeling, and cycling access across the three NHS Western Isles hospital sites in Stornoway, Benbecula and Castlebay. The report was delivered March 2025. The methodology to complete the report included on-site visits and an extensive engagement programme with staff, patients, community members, schools and stakeholders. The report will be reviewed over the coming months and if agreement is reached to progress to the design stage, funding will be sought early 2026 to deliver this next stage.

A draft Travel Action Plan has been prepared.

Environmental management, improving biodiversity and increasing the use of NHSWI greenspace

Promotion of the Western Isles Hospital gardens to staff and community has been postponed until after summer 2026. This is due to plans to install a new MRI scanner as part of the garden will need to be temporarily relocated and access restricted to allow installation.

There are plans for some NHSWI properties to participate in No Mow May.

The land at Ospadal Uibhist agus Bharraigh is being assessed for the opportunity to install community polytunnels.

National Green Theatre Programme & Quality Prescribing Guides

We continue to attend quarterly progress meetings with the national Green Theatre team. We have completed or displayed progress in most actions, with dispensation given in others (e.g. fluid warming and “rub not scrub”) as our circumstances either don’t allow them to be implemented or the benefits aren’t significant enough. Discussions are ongoing to start using reusable theatre cap. The Lean Tray assessments are beginning soon, where never-used and some rarely-used instruments will be removed as a standard item on the surgical trays, reducing decontamination emissions and waste.

Campaigns are ongoing to minimise medicine waste through

- advising patients on repeat prescriptions to only order the medicine they need
- asking patients being admitted to hospital to bring their own medicine
- reviewing the ordering process for wards to reduce over-ordering
- encouraging oral dosing of paracetamol rather than IV, where appropriate, and reviewing after 48 hrs if IV is being used
- prescriptions of low clinical value are being reduced
- where possible, full prescriptions are being supplied by Wester Isles Hospital Pharmacy, rather than e.g. monthly, reducing the number of trips the patient / representative need to make
- replacing injectable anticoagulants to tablets after arthroplasty
- identifying non-cytotoxic waste for incineration to prevent chemicals from entering the atmosphere or water
- providing patients a recycling kit for used weight-loss and insulin pens, to be returned to the manufacturer
- using drinking water to reconstitute oral solutions, which reduces bottled water associated waste