

NHS WESTERN ISLES

BOARD MEETING



MINUTES OF MEETING
26TH JUNE 2025
HELD AT 10.00AM
VIA MICROSOFT TEAMS

Members Present:

Gillian McCannon	NHSWI Chair (Chair)
Jane Bain	Employee Director/Non-Executive Director
Debbie Bozkurt	Director of Finance and Procurement
Colum Durkan	Director of Public Health
Julia Higginbottom	Non-Executive Director
Gordon Jamieson	Chief Executive
Paul MacAskill	Non-Executive Director
Karen France MacLeod	Chair of ACF / Non-Executive Director
Gillian McCannon	NHSWI Chair (Meeting Chair)
Frances Robertson	Associate Nurse / AHP Director & Chief Operating Officer
Annetta Smith	Non-Executive Director
Sara Else	Medical Director
Sheena Wright	Whistleblowing Champion / Non-Executive Director

In Attendance:

Maggie Jamieson	Head of Communications, Claims and Patient Information
Diane MacDonald	Director of Human Resources and Workforce Development
Sophie Macleay	Secretariat

1. WELCOME

Mrs McCannon took the Chair and welcomed everyone to the meeting, including Ms Else to her first Board Meeting as Medical Director NHSWI.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Apologies noted:

Paul Steel	Non-Executive Director
Naomi Macdonald	Non-Executive Director
Nick Fayers	Chief Officer, IJB

3. INTRODUCTION

3.1 Chair's Report

3.1.1 Scotland's Population Framework

3.1.2 HSC Service Renewal Framework

Mrs McCannon provided an update in relation to three core documents that look at the short, medium and long-term planning identified as the Scotland's Population Framework, the Health and Social Care Service Renewal Framework and NHS Scotland Operational Improvement Plan.

The HSC Service Renewal Framework outlined by Ms McCannon focuses on transforming health and social care over the next decade through key principles:

- Prevention principle – Prevention across the continuum of care
- People principle – Care designated around people rather than the system or services
- Community principle – Shifting the balance of acute into community and there being more emphasis on primary care and GP led focus models
- Population principle – Population planning rather than along boundaries which links into the health assessment needs currently
- Digital principle – Reflecting societal expectations and system needs, now and in the future

Additionally, the framework highlights the importance of enhancing services that prevent Disease, enabling early detection and effectively managing long-term conditions, delivering health and social care that is people led, and value based, strengthening integration across the system and improving access to services and treatments in the community.

Mrs McCannon hopes to delve deeper into the three core documents during the development session in September to discuss how to embed these principles into the work done in NHSWI. The aspect of a long-term plan from the Scottish Government that has an emphasis on primary prevention is welcomed.

Mr Durkan agreed with welcoming the population framework. Once there is further clarity about what is expected locally and the time scale, it can be integrated into the Public Health Strategy.

Decision: Board Members formally noted the verbal update.

Action: No action required.

3.2 Chief Executive's Update

Mr Jamieson updated the group that delayed discharges remain the most challenging service delivery operational problem. Elective cancellations within the past 4-5 weeks are at the highest level in the past 18 years and this is solely related to the high level of delayed discharges within WIH, causing distress and disappointment for patients. There is preparation underway for the resilience and safety support for the upcoming festivals across the islands – HebCelt Festival, EDF and Barralive.

Decision: Board Members formally noted the verbal update.

Action: No action required.

4. **DECLARATION OF INTERESTS**

Board members did not declare any conflicts of interest in relation to the content of the agenda.

5. **MINUTES**

5.1 Minutes of 24th April 2025

Board Members agreed that the previous minutes are an accurate record of the meeting.

5.2 Matters Arising

There were no matters arising from the minutes of the meeting of 26th April 2025.

5.3 Action Points

30.11.22 – Financial Impact on Psychiatry – A meeting was held with GGC Health and Social Care Partnership on 17th June 2025. This meeting involved their Chief Officer leading in mental health, with the aim to establish a longstanding and evolving clinical pathway network that could include access to beds if needed. Mr Jamieson believed it was a positive meeting that showed promise after previous delays, with plans to share data and continue discussions in July.

Rag Status – change to amber.

Action: Remain on action points.

28.06.23 – Cancer Services Update – Ms Robertson updated that there have been no recent issues or concerns regarding transport for chemotherapy. Data until 19th May 2025 shows that 98% of patients achieve the 31-day target for cancer treatment- 1 breach out of 41 patients. The 62-day target is 48%, equating to 17 breaches out of 33 patients – 4 Colorectal, 1 head and neck, 1 lung, one upper GI and 10 Urology.

Discussions are continuing between partners in Highland, to find resolutions locally to lower the number of breaches and agree the terms of SLA, particularly in Urology. In the meantime, mitigations are in place in terms of onboarding locums to allow us to continue.

Rag Status – remain as amber.

Action: Remain on action points.

27.02.25 – Cancer Services Update – Ms Robertson stated the training needs analysis has been carried out and all ambulatory staff are now efficient in the administration of SACT. There were new needs identified via the training needs analysis.

Rag Status – remain as amber.

Action: Remain on action points.

21.03.24 –Western Isles Performance Report– While full closure isn't yet possible, progress has been made. The job description for the Dementia Nurse has been approved and moving through recruitment. Initial meetings with stakeholders have taken place to begin developing a local plan aligned with government guidance, with the new dementia nurse being central to its implementation. Ms Robertson agreed to have a plan drafted for the Board in August.

Rag Status – remain as red.

Action: Remain on action points.

30.10.24 – Financial Performance Monitoring Report – Mr Jamieson provided an update on several ongoing pharmacy-related activities within Western Isles Hospital and if not one, then both 2C Practices. One is under a comprehensive investigation, while the others involve improvements in purchasing, prescribing and dispensing systems. They are expected to be addressed through the governance committee. Due to the additional workload undertaken by the Chief Pharmacist with these matters, it is unlikely that there will be a stand-alone report on medicine wastage. Instead, it is likely that medicine wastage will be addressed amongst these reports.

Rag Status – upgrade to red.

Action: Remain on action points.

24.04.25 – Corporate Risk Register – The meeting has not yet taken place. The date has been extended to August 2025.

Rag Status – Remain green

Action: Remain on action points

6. FINANCIAL GOVERNANCE

6.1 Financial Performance Monitoring Report

Issue: The committee was asked to discuss the Financial Monitoring Report presented by Debbie Bozkurt, Director of Finance and Procurement.

Discussion: Ms Bozkurt's team is currently concentrating on the 15 Grid Box, having already attended meetings on areas that were identified last year's budget setting that highlighted the risk of overspending. 2C Practices have been reviewed and future governance committees are expected to provide a report.

She expects there to be some natural differences regarding the overspending in Pharmacy due to the ongoing investigation. Additionally, Ms Else will liaise with the Chief Pharmacist on some key pieces of work with efficiencies to improve the performance of that area.

Ms Bozkurt expressed her increasing concern about delayed discharges being one of the highest cost pressures as well as being one of the highest clinical pressures. However, she was pleased to announce that the NHS Western Isles has been awarded the funding requested for hospital at home and fragility subject to quarterly monitoring. There are plans in place for the spending of this money which needs to be actioned as soon as possible.

Funding for unscheduled care has been received, which could be fundamental for the ANPs and paramedics in Uist and Barra. These posts have not yet been made permanent due to the non-recurring nature of the funding. If the funding becomes recurring, recruitment is necessary to avoid ongoing costs from delays that affect nursing bank, domestic and catering staff as well as planned care reductions. Efforts to tighten controls on agency direct engagement are underway, including addressing governance non-compliance. A new process of using PECOS ensures the correct authorization from senior management and reduce costs. Ms Bozkurt summarises that although the saving targets are much less than the previous year due to the sustainability money, rising cost pressures mean a strong focus on this is essential.

Ms Robertson confirmed that while the funding is non-recurring. Although there is hope for that to change as work with the boards over the year will establish needs, meaning the organisation needs to deliver on the work to secure the funding permanently. Mr Jamieson expressed his concerns should the funding be non-recurring since increasing the virtual bed capacity.

Ms McCannon agreed and suggested that clearly benchmark the increase of our use of contingency beds and maximise our use of them so the Government can see the money is being spent and necessary to continue care.

Decision: The members formally noted the verbal update.

Action: No action required.

6.2 Capital Programme 2024/2025 Overview & 2025/2026 Planning

Issue: *The committee was asked to note for awareness the Capital Programme 2024/2025 Overview & 2025/2026 Planning, presented by Debbie Bozkurt, Director of Finance & Procurement.*

Discussion: Ms Bozkurt noted that the report, written in April/May 2025 and reviewed by the Finance and Governance Committees, showed a significant increase in funding - £3.7 million compared to the usual allocation of £1.3 million, excluding capital grants. Appendix 1 of the report shows how the funding was used for various projects, including x-ray rooms, completing A&E and a retinal scanner. Looking ahead into 2025/26, the capital programme has been created with future reports being prioritized using RAG status. Since the report was written, additional funding has been received: £500k for IT resilience projects and potentially another £300k from the National Infrastructure Board. Ms Bozkurt emphasized the importance of reviewing all projects in Appendix 2 of the report and creating business cases to ensure readiness should money become available. It was noted that while funding is used effectively for equipment and IT, building works suffer due to the late timing of further funding. The finance team plans to work alongside Works to compile prioritized business cases and budgets.

Ms Robertson added that an initial meeting with architects have taken place to start planning the design of an entire refurbishment of Medical 2. The team are expected to be onsite for measurements and building plans in early June. The Scottish Government are expecting a business case by November.

Decision: The Capital Programme 2024/25 Overview & 2025/26 Planning was formally noted.

Action: No action required.

7. PERFORMANCE

7.1 Corporate Risk Register June 2025

7.1.1 Appendix 1 - Revised Register

Issue: *The committee was asked to note for assurance purposes the Corporate Risk Register presented by Frances Robertson, Nursing/AHP Director & COO.*

Discussion: The group were made aware that the papers have been discussed thoroughly through various governance committees prior to this meeting.

Ms Robertson stated that there are updates provided for each risk within the executive summary and the team has been working to ensure that monthly updates are provided to committees. It was highlighted that the delayed discharges risk assessment has been updated, escalated to CMT and agree to include on the Corporate Risk Register. Due to timings, this had not been included but will be added going forward.

Decision: **The Corporate Risk Register was formally noted.**

Action: **No action required.**

7.2 Information Governance Assurance Report

7.2.1 Appendix 1 – IG Assurance Report

Issue: *The committee was asked to note for assurance purposes the Information Governance Assurance Report presented by Colum Durkan, Director of Public Health.*

Discussion: Mr Durkan provided an overview of information governance activity for the first quarter of 2025. There was an increase in subject access requests compared to the same period last year, with 76% completed with the required timeframe. Freedom of Information request also rose this quarter compared to same period last year. Although, it is worth noting that overall, 2024 saw fewer requests than 2023. The highest volume of requests came from clinical services and finance departments. There were 11 information or data breaches within quarter, more than half relating to undisclosed personal information, prompting follow-up investigations to identify the cause in more detail and training where appropriate. Information governance training has reached a record high of 55-60% uptake among staff across the three modules. Further work is ongoing to boost the completion rate in other departments to lower the risk of information breaches. Mr Durkan confirmed that all breaches are risk assessed to determine the appropriate response. It is encouraged for breaches to be reported to InPhase, and then the breach is reviewed and investigated by the Information Governance Manager to take a decision with those involved on how best to manage the situation. There is an emphasis on learning from each incident to prevent future occurrences.

Ms Else acknowledges that the increasing numbers of SAR/FOIs has a significant impact on the additional work it creates. NHS Scotland are behind NHS England in this area, where letters are routinely copied to patients or patients have access to their electronic health records. She believes that enabling patients this service would limit the need for SARs.

Ms McCannon noted that it is worth considering the work with locums to limit the delay of investigations through the system and ensuring that there is a continuation of service.

Decision: The Information Governance Assurance Report was formally noted.

Action: No action required.

7.3 Complaints Q4 Report

7.3.1 Appendix 1 – Complaints Q4 Full Report

Issue: The committee members were asked to discuss the Complaints Q4 Report, presented by Debbie Bozkurt, Director of Finance & Procurement.

Discussion: Ms Bozkurt stated that although there are a few complaints coming through, the number is slightly less than the previous quarter.

Drawing attention to the table in Appendix 1, there were 8 complaints not upheld, 4 fully upheld and 6 partially upheld. It was explained that partially upheld could contain several issues, some upheld and the remainder not upheld, however complainants were unable to recognise the different parts. Therefore, they have been separated to make the process easier.

Discussions with Ms Else have taken place to improve completing the complaints process within the 20 working days timeframe. Although, it is worth remembering that there will be delays due to locums that need contacted through their agencies or legal departments for responses. It is also important to note that the hospital manager works through the complaints, who is due to retire shortly, so other staff should be trained.

Ms McCannon acknowledged Mr Macpherson's pending retirement as hospital manager and added that a clear plan needs to be set in place to allow for a smooth transition for staff and ensuring no pending work is missed.

Ms Else shared her experience of having an escalation process in place, ensuring that queries/complaints are responded within a certain time frame. If it goes beyond the time frame, it is escalated further and encourages people to prioritise responding. Ms Wright suggested including an opening statement regarding the learning that is taking place.

Ms Bozkurt added that a piece of work needs to be done regarding concerns with dental services. There is a noted discrepancy between reported complaints and public feedback, with patients struggling to make complaints via the dentist and instead bringing their concerns directly to the health board. Discussions have begun to investigate this further.

Decision: The members formally noted the verbal update.

Action: No action required.

8. CORPORATE GOVERNANCE

8.1 NHS Scotland Operational Improvement Plan

8.1.1 Appendix 1 – OIP Full Report

Issue: The committee was asked to discuss the NHS Operational Improvement Plan, presented by Gordon Jamieson, Chief Executive Officer.

Discussion: Mr Jamieson discussed the document that focuses on four critical areas that the Scottish Government have committed to deliver.

- Improving Access to Care

The NHS Western Isles is actively working to enhance access to care despite current pressures, such as increasing service capacity. Performance is good in diagnostic indicators. Especially in rapid cancer diagnostics. There is a national issue with CAMHS and mental health backlogs, which is an area needing attention locally due to pending senior staffing changes.

- Shifting the Balance of Care

Hospital at Home and unscheduled care is proving to be a success, offering an alternative to hospital admission. Specialist frailty and dementia services will be key to develop. Pharmacy First looks to provide quicker access to treatment through community pharmacies by experienced professionals. There is recognition that more work needed in terms of dentistry and the oral health of the population, and access to Primary Care GPs.

- Improving Access to Health and Social Care Services through Digital and Technological Innovation

Digital innovation is new territory, and dedicated time will be required to explore how a 'digitally driven' service looks like and how it would be implemented. Diabetes management is in a good position. Genetic testing is mentioned but is more relevant to population health than service delivery. Tools like the operating scheduling tool are being used to improve clinical productivity and access to treatment.

- Prevention – Working with People to Prevent Illness and More Proactively Meet Their Needs

The importance of proactive prevention is emphasised, in particular conditions like cardiovascular disease and frailty. Whilst measuring past outcomes is helpful, the focus should move to preventing health issues and this approach requires long-term commitment, support and resources. This will bring significant benefits to the population, including improved health and well-being and longer life expectancy.

Ms McCannon highlights that the plan links well to the medium and long-term planning of the Service Renewal Framework. Support is critical for the GPs in taking on the focus of prevention of primary care. Whilst GP services are through the GMS contract, they are a delegated service to the Integrated Joint Board and transparent, collaborative discussions are required to detail responsibilities and support.

8.2 ADP Q3 & Q4 Updates

Issue: The committee was asked to note for assurance purposes the ADP Q3 & Q4 Updates presented by Frances Robertson, Nursing/AHP Director & COO.

Discussion: 8.2.1 Appendix 1 – ADP Q3 & Q4 Updates Full Report

8.2.2 Appendix 2 – Workforce Update (ADP Section 8)

Ms Robertson announced that the Q3 & Q4 paper has not been requested by the Scottish Government for review, as previously done. The SG are looking into moving away from traditional ADP and guidance is due to detail further and updates will be provided.

Mr Durkan explained that Public Health have committed to providing a dental needs assessment as part of the Public Health Strategy, with input and support from the Director of Dentistry. This will help with future service planning and health improvement planning, including the Childsmile programme and oral health initiatives within the community. Mr Jamieson confirmed that the board checked with the private dental centre that they were still upholding their requirements in terms of the NHS proportion of their contract after stopping accepting new NHS patients. The situation is being monitored closely.

Ms Robertson informed that the newly appointed speech and language therapy manager has experience and training in ENT services and is working with the team as how support is provided. Urology service backlog is an ongoing concern, with discussions continuing with Highland around the provision of the service and overcoming the decline in performance. Alternative models and boards are being considered. In the interim, locums are continuing the work.

Mr Durkan explained that some of the MAT standards are easier than others to evidence due to being a smaller health board. The volume of service users is too small to collect the data that supports compiling evidence. Ms McCannon suggested

that a sentence should be included within the report that details the challenges of collecting data and evidence to support certain MAT standards.

8.2.3 Appendix 3 – Q3 Standards & Hospital Performance Report

8.2.4 Appendix 4 – Q4 Standard & Hospital Performance

Ms Robertson stated that the reduction of capacity in day surgery in Q4 was due to AAU being temporarily relocated there. It is expected that the numbers will rise again now that AAU has returned.

Mr Jamieson explained that the SLA process provides very little influence from a local clinical point of view, and yet the health board holds the responsibility and accountability on low figures for the 62-day wait. Progress needs to be made across widespread Scotland for the effects to be felt locally.

He suggested that the board takes time to reflect on the four newly released strategic documents alongside the performance report and reassess how the board aligns priorities. He emphasised the importance of taking ownership to ensure the board receives all the correct information to fulfil its responsibilities to the population.

Decision: The ADP Q3 & Q4 Updates were formally noted.

Action: No action required.

8.3 ADP Medium Term Plan 2025/2028

8.3.1 ADP MTP 2025/2028

8.3.2 List of Acronyms

Issue: The committee was asked to note for assurance purposes the ADP Medium Term Plan 2025/2028, presented by Frances Robertson, Nursing/AHP Director & COO.

Discussion: Ms Robertson outlined the medium-term plan that was shared with the Scottish Government in January, followed by some early engagement throughout February and March. The plan includes an update to the planned care section, focusing on optimising capacity and exploring opportunities to support other boards. There is also work ongoing with the National Theatre Scheduling Team to optimise the capacity. Although the Scottish Government isn't giving feedback on these plans now, focus will be on the 10 key recovery actions, specifically cancer. A Macmillan Cancer and Palliative Care Lead is being actively recruited, and the waiting lists continue to be managed to maximise the availability across theatre scheduling and outpatients lists. Urgent and unscheduled care is performing well, and news of additional funding is welcomed to support further progress.

Ms France Macleod expressed her concern of offering capacity to other boards when there is a growing concern regarding delayed discharges and cancelled surgeries within our own health board. Ms Robertson explained that gynaecology is the only speciality that has capacity to offer day cases only. There is a national expectation through 'Route to Zero' that the health board identifies capacity that can be offered.

Decision: The ADP Medium Term Plan 2025/2028 was formally noted.

Action: No action required.

8.4 Whistleblowing Quarterly Report Q4

8.4.1 Appendix 1 – Detailed Report

Issue: The committee was asked to note for assurance purposes the Whistleblowing Quarterly Report Q4 presented by Frances Robertson, Nursing/AHP Director & COO.

Discussion: Ms Robertson reported that one stage two concern was received in Q4, which was closed within the 15-day timescale. The concern was fully upheld, an improvement plan has been written, and the responsible team are actioning this. The risk review group are monitoring for progress.

Decision: The Whistleblowing Quarterly Report Q4 was formally noted.

Action: No action required.

8.5 Whistleblowing Annual Report 2024/2025

8.5.1 Appendix 1 – Detailed Report

Issue: The committee was asked to note for assurance purposes the Whistleblowing Annual Report 2024/2025

Discussion: Ms Robertson reported that there were two concerns raised during this period – one described as above and the second was a stage one concern which was authorised an extended time frame due to extenuating circumstances. The risk review group are monitoring improvement and learning plans.

Decision: The Whistleblowing Annual Report 2024/2025 was formally noted.

Action: No action noted

8.6 Whistleblowing Champion Update

Issue: *The committee was asked to note for awareness the Whistleblowing Champion Update presented by Sheena Wright, Whistleblowing Champion/ Non-Executive Director*

Discussion: Ms Wright provided an update on whistleblowing, creating an open and communicative environment and has visited various areas to support this. Ms Wright noted her thanks to the clinical governance team for their work and assistance with the visits. Updates on whistleblowing are provided through difference governance meetings. It was mentioned that Speak Up Week 2025 is scheduled for 29 September to 3 October, with planning underway.

Decision: **The Whistleblowing Champion Update was formally noted**

Action: **No action required**

8.7 Email Etiquette Policy 2025

8.7.1 Appendix 1 – Email Etiquette Full Policy

8.7.1.2 Appendix 2 – Fairness Assessment Toolkit

Issue: *The committee was asked to note for assurance purposes the Email Etiquette Policy 2025 presented by Maggie Jamieson, Head of Comms, Claims & Patient Information.*

Discussion: Ms Jamieson outlined the updated email etiquette policy, first developed in 2013. Sections on prefixes, BCC use and emailing with consideration remain mostly unchanged. New sections have been added, including guidance on message encryption, read and delivery receipts, mailbox management to prevent full inboxes and security risks, and clarification on who can send all-user emails. There is also a section on email signatures, and an expanded dos and don'ts list, including how to handle suspicious emails. A key addition is a section on acceptable email use, focusing that email should not be used for urgent clinical information due to risk of data breaches and incomplete medical records. Email should be used for internal staff communication unless unavoidable. The Medical Director and Head of IT are working on alternative systems that can be adopted to improve extracting patient data to patient records. The policy encourages the use of auto-reply messages to help clarify the purpose of a mailbox. It also urges caution when setting up a shared mailbox, considering who has access, the purpose of the mailbox and whether the additional workload is manageable for staff.

Ms France Macleod raised concerns that many teams rely on email to communicate with patients and questioned whether there are alternative systems to support secure communication.

Ms Else clarified that urgent clinical information should be handled directly, for example phone calls. For non-urgent clinical information, SCI Gateway can be used to upload queries and information that can be shared across clinicians. However, it does not support queries within the same speciality or support communication with patients. Future solutions like an NHS Scotland app could help. There is a need for clear rules to be set for when email is appropriate.

Ms Jamieson added that information governance has advised that a SOP should be developed where emails are being used for clinical communication.

Decision: The Email Etiquette Policy 2025 was formally noted.

Action: No action required.

8.8 Population Health & Wellbeing Committee TOR

8.8.1 PHWC Terms of Reference

Issue: *The committee was asked to note for approval purposes the Population Health & Wellbeing Committee TOR, presented by Gillian McCannon, NHSWI Chair.*

Discussion: Ms McCannon detailed the membership of the new committee – three non-executive directors, a locality representative from Lewis & Harris and Southern Isles. Key attendees include Director of Public Health as Executive Lead, Nurse/AHP Director, Consultant in Public Health, Public Health Manager, Head of Health Intelligence, IJB Well-Being Group Representative, Equality and Diversity Representative. She expressed her urgency to move forward with this committee. Mr Durkan confirmed that the Public Health Strategy, the Health Needs Assessment, the Health Intelligence Plan and the Long Terms Conditions Steering Group sit beneath to support the Population Health & Wellbeing Committee.

Decision: The group formally approved the Population Health & Wellbeing Committee.

Action: No action required.

9. SERVICE DEVELOPMENT

No reports were presented under this section.

10. STAFF GOVERNANCE

10.1 Human Resources Workforce Report April '25

10.1.1 Appendix 1 – Narrative Report

Issue: The committee was asked to note for assurance purposes the Human Resources Workforce Report April '25 presented by Diane Macdonald, Director of Human Resources and Workforce Development.

Discussion: Ms Macdonald highlighted an ageing workforce with high proportion of staff over 55, with flexible retirement options allowing staff to continue to work beyond retirement age. The median staff age has decreased from 48 to 47, with a notable rise in younger staff – under-25s increased from 8 in April 2023 to 27 in April 2025, due to work experience placements, careers fairs, and student recruitment. There are 24 work experience students between May and September and 9 summer students this year, with good feedback regarding their quality of work. Staff turnover remains stable, with more joiners than leavers over the past two years. Bank staff is continuing to be used, mainly in domestic and acute nursing due to vacancies and sick leave. Plans are in place to reduce the use of locums in 2C Practices by September through permanent staffing.

Sickness absence stood at 6.21% in April, placing NHS Western Isles third lowest absence rate for sickness across all territorial boards. Recruitment is active, with 18 new starts in April, though challenges remain in areas like catering and physiotherapy.

Ms Smith recognised the hard work that has taken place to attract young people into the workforce.

10.2 OD & Learning Q1 Report

10.2.1 Appendix 1 – Detailed Report

Issue: *The committee was asked to note for assurance purposes the OD & Learning Q1 Report, presented by Diane Macdonald, Director of Human Resources & Workforce Development.*

Discussion: Ms Macdonald introduced a new quarterly report summarising operational development and learning. A Key highlight was the significant improvement in mandatory training compliance, rising from 10% to 57%. Training in areas such as appraisals are being prioritised, with information detailed on Turas Learn resource. The iMatter staff survey achieved a record response rate of 69%, up from 62% last year. Survey results will be available on 1st July, with team action plans due by the end of August. Well-being initiatives included promoting endometriosis awareness, running focus groups and launching the 'Rest, Rehydrate and Refuel'. Additional OD support includes civility sessions, conflict resolution, mediation and ongoing training.

Decision: **The OD & Learning Q1 Report was formally noted by the group.**

Action: **No action required.**

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

- 11.1 Audit and Risk Committee
 - 11.1.1 ARC meeting 19.02.2025
- 11.2 Area Partnership Forum
 - 11.2.1 APF meeting 05.02.2025
- 11.3 Clinical Governance Committee
 - 11.3.1 CGC 11.12.2024
 - 11.3.2 CGC 19.03.2025
- 11.4 Integration Joint Board
 - 11.4.1 IJB Meeting 20.03.2025
- 11.5 Finance, Performance & Resource Committee
 - 11.5.1 FPR Meeting 11.03.2025
- 11.6 Staff Governance Committee
 - 11.6.1 SGC Meeting 13.02.2025

Ms McCannon noted the amount of work that is being done by all committees.

Ms McCannon clarified that the letter of representation, ISA 580, Annual Assurance Statement 2425 and the Annual Accounts 2425 was previously presented and approved at the Audit and Risk Committee, where most board members were present.

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

Action: No action required.

12. AOCB

Ms McCannon wanted to extend her thanks to the executive teams for papers that were presented and the commitment to the work, acknowledging the additional workload on the teams.

13. Evaluation

	YES	NO	COMMENTS
For Chair only to Complete: Was the draft minute and action plan / log received within the 5-day time frame for you to review? If note state how many days before receipt.	✓		
Were you satisfied that the agenda items presented covered the current significant areas?	✓		Ms McCannon wanted to express her thanks to Cheryl Martin for her work in compiling and distributing the papers together on top of her own workload.
Was there was sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		
Were the executive summaries an accurate reflection of the detailed paper?	✓		
Was the information contained within the meeting papers, clear, focused, explicit and enabled members to make informed and effective decisions? If not state what information would have helped.	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Was there were sufficient refreshment breaks?	✓		
Did you consider that the Board discharged its duty in respect of - Proper Scrutiny - Relevant Questioning - Constructive Challenging	✓ ✓ ✓		

14. DATES, TIMES & VENUE OF NEXT MEETING

Board Meeting

Date: 28th August 2025

Time: 10.00am

Venue: Microsoft Teams

END

DRAFT