

NHS WESTERN ISLES BOARD MEETING

**MINUTES OF MEETING
28 AUGUST 2025
HELD AT 10:00AM
MICROSOFT TEAMS**



Members Present: *alphabetical order by surname*

Jane Bain	Employee Director / Non-Executive Director	Karen France MacLeod	Chair of ACF / Non-Executive Director
Debbie Bozkurt	Director of Finance and Procurement	Gillian McCannon	Board Chair (Meeting Chair)
Colum Durkan	Director of Public Health	Ian McCorquodale	Non-Executive Director
Sara Else	Medical Director	Frances Robertson	Nurse / AHP Director and Chief Operating Officer
Julia Higginbottom	Non-Executive Director	Annetta Smith	Non-Executive Director
Paul MacAskill	Non-Executive Director	Paul Steele	Non-Executive Director
Naomi MacDonald	Non-Executive 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
Michelle McPhail	Corporate Business Manager

1. WELCOME

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

The Chair warmly welcomed Mr. Ian McCorquodale, to his first meeting of the Board, since his appointment as Non-Executive Director. The Chair enabled Board Members to introduce themselves.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Members apologies

Gordon Jamieson Chief Executive

In attendance apologies

Nick Fayers Chief Officer, Integration Joint Board

3. INTRODUCTION

3.1 Chair's Report

At this time, the Chair advised that there are currently no relevant updates from the Chair's office to share with Board Members.

The Chair wished to inform Members of recent positive work carried out by the Board:

- NHS Western Isles Capital Grant Applications was launched for 2024/25 inviting voluntary and not-for-profit organisations across the islands to apply for funding to support projects that deliver a health benefit to the community.
- Climate Sustainability ~ Climate Hebrides received a grant award from NHS Western Isles to support the purchase of an electric car, with a formal presentation to Climate Hebrides made during an event held in An Lanntair alongside First Minister, John Swinney.
- Accessibility at Lewis Sports Centre ~ A successful NHS capital funding grant was made to Lewis Sports Centre to ensure the facility is more accessible for those with mobility issues.
- MRI Scanner ~ Progress continues across the NHS Western Isles MRI project, with key developments in design, procurement and workforce planning. Staff are working hard behind the scenes aiming to launch the new service in summer 2026.

- Orthopaedic Surgery ~ The Chair was delighted to share that the first total wrist replacement (Motec) has been successfully performed at Western Isles Hospital, Stornoway — marking a significant step forward in delivering advanced hand and wrist surgery to remote communities.

The Chair acknowledged the very positive work being undertaken throughout all aspects of the organisation and supporting those in the communities.

Decision: Board Members formally noted the verbal update.

Action: No actions required.

4. DECLARATION OF INTEREST

Board Members did not declare any conflict(s) of interest in relation to the content of the agenda, which may require a declaration of interest.

5. MINUTES

5.1 Minute of 26.06.25 - DA

Board Members approved the Minutes of the meeting held on 26 June 2025 as a correct record of the discussion noting the following amendments:

- **Members Present:** Gillian McCannon is entered twice with the amendment of removing one. Amend the title of Frances Robertson to Nurse/AHP Director and Chief Operating Officer.

Decision: The Board formally approved the Minute of the meeting of 26 June 2025.

Action: No action required.

5.2 Matters arising from previous Minutes

No matters arising were raised.

5.3 Action Points

The Chair advised Members that of the 6 actions contained within the report:

- 1 point have a green status and on course for presentation by the noted date;
- 3 points are amber; and
- 2 points noted as overdue in red.

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

30.11.22 - 6.1 Finance Performance – *seeking update on the work to appoint to Psychiatry to reduce the financial expenditure on locums* – It was noted that this action is Amber rather than Red as agreed in May.

The impact of Mr. Fayer's absence meant that Members were unable to review the position. The Director of Finance and Medical Director acknowledged that discussions with NHS Greater Glasgow and Clyde are ongoing. They noted that there are currently around 50 psychiatry vacancies across Scotland. While the specific requirements are under review, they are complex and vary significantly from day-to-day duties to on call responsibilities. Due to the board's ongoing challenges in recruitment, there has been a reliance on locum consultants to provide on call cover, which comes at a substantial cost.

Action: Members asked for a detailed update from Gordon Jamieson at the next Board meeting.

UPDATE Amber

28.06.23 - 3.2 Cancer Service Update – *Review the Boards position in relation to the service level agreements with single handed consultants and contingencies.*

Ms. Robertson advised that currently there are no delivery issues, however work is ongoing to mitigate any winter related pressures.

Recently published data for 31- and 62-day targets sits at 100% although number are low, however conversations with NHS Highland remain active.

UPDATE Amber

27.02.25 – 3.2 Cancer Service update ~ Update the board on Cancer Service Training.

In noting the update from 26.06.25, Ms. Robertson wished to note an amendment to the last sentence to read “There are **no** new needs identified...”

Ms. Robertson also note that all ambulatory staff have been trained in Systemic Anti-Cancer Therapy (SCAT).

Members agreed to place the action as Blue and remove.

REMOVE Blue

21.03.24 – 7.2 Dementia Plan will be presented.

It was noted that the delivery of the Plan timeframe was for August, however Ms. Robertson advised that due to vacancy processes being slightly slower in the appointment of the Dementia Frailty Nurse it is anticipated that the Plan will be one of their priorities and should be available towards the end of October '25.

Members accepted the revision of delivery date.

UPDATE Red

30.10.24 – 7.1 Financial Performance ~ Medicine wastage report be presented to the Board.

The information is not contained within one report, and it was suggested, which Members agreed, is to provide the appropriate updates to the Audit & Risk Committee and remove the action from the Boards Action Points.

REMOVE Blue

24.04.25 – 7.1 Corporate Risk Register ~ Meeting between the Chair and Nurse Director.

The Chair advised that a meeting did take place on the 12th of August, and it was agreed that the CRR would be reviewed monthly with updates, report by exception being noted in the executive summary.

REMOVE Blue

The Chair thanked Members for their review and updates in relation to the action points.

Decision: The Board formally noted the updates.

Action: No action required.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Report Month 4

6.1.1 Appendix 1 – Narrative Report

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

Discussion: The financial position of the Board as at July 2025 indicated an in-year overspend of £98k, with a projected breakeven position by year-end.

The Director of Finance raised growing concerns regarding the number of assumptions required in the financial planning process, particularly given the significant financial risks outlined in the report. These include an anticipated year-end overspend of £500k due to increased Delayed Discharges and a projected £300k overspend related to high-cost drugs. In addition to these, five further areas of financial risk were identified.

During the review of population demographic changes, it was agreed that a development session should be scheduled late October or early November. This session will include members of the Integration Joint Board and focus on exploring the implications of demographic trends.

Members continued to scrutinize and questions areas of the report.

The Chair thanked Ms. Bozkurt for the report and Members for their scrutiny and oversight of the financial position.

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

Action: **Population Demographic development session, including Members of the IJB, to be held in late October / early November – Gillian McCannon & Debbie Bozkurt.**

7. PERFORMANCE

7.1 Corporate Risk Register – August 2025

7.1.1 Appendix 1 – CRR Detailed Report

Issue: *The Board was asked to note for assurance the report presented jointly by Frances Robertson, Nurse / AHP Director and Chief Operating Officer.*

Discussion: Colleagues were directed to the report, with emphasis placed on the monthly monitoring of risks. Any changes to risk status will be reported accordingly, while areas requiring no updates will not be detailed.

In relation to the risk associated with Delayed Discharges, Ms. Robertson explained that real-time impact monitoring is conducted at the point of admission (the front door), complemented by ongoing oversight through the Operational Service Delivery Team (OSDT). Where necessary, issues are escalated to the Corporate Management Team (CMT). To support this work, it was noted that the job description for the Discharge Co-Ordinator role has been finalised, and the post will be advertised following completion of the banding process.

The Chair welcomed the continuation of monthly reviews.
Upon reviewing the report, Members noted the following:

- The 62 day cancer treatment target is currently not being met. While this may be influenced by small patient numbers, it was acknowledged that any delay is unacceptable for the individual awaiting treatment. Efforts are ongoing to ensure that breaches are not due to service availability.
- Ms. Robertson reported that the most recent data shows 100% compliance with both the 31-day and 62-day cancer targets, covering five patients. Dr. Else highlighted that small numbers can significantly affect percentage outcomes. However, there are no failures within the treatment pathways, and evaluations are appropriately managed. Unfortunately, some patients may still fall outside the target timeframe.

It was proposed that Members gain a clearer understanding of the treatment pathway and that this be incorporated into future reports to provide enhanced assurance regarding the reasons behind the breaches. Members welcomed this additional level of transparency.

The Chair thanked Ms. Robertson for the report.

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

Action: **Embed additional cancer pathway information into future reporting.**

7.2 Whistleblowing Report Q1

7.2.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Frances Robertson Nurse / AHP Director and Chief Operating Officer.*

Discussion: France Robertson presented the report indicating zero concerns raised and zero outstanding,

It was noted that the Board is holding its Speak Up week between the 29th of September and 03rd of October to raise awareness.

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

Action: **No actions required.**

7.3 Duty of Candour Annual Report 2024-2025

7.3.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for assurance the report presented by Frances Robertson Nurse / AHP Director and Chief Operating Officer.*

Discussion: Ms. Robertson presented the annual Duty of Candour report, noting that two incidents occurred in the previous year where the organisational duty applied. These incidents were both unintended and unexpected and were not directly related to the natural progression of the individual's illness or underlying condition.

Improvement plans have been developed in response and discussed through the Learning Review Group and the Clinical Governance Committee.

During the review, the Chair asked how process changes identified by the Learning Review Group, particularly those relating to deteriorating patients, are communicated to frontline staff. Ms. Robertson confirmed that all relevant information is cascaded through lead charge nurses, quality assurance leads, head of departments, departmental staff meetings and through handover sessions for monitoring purposes.

Regarding locums and medical staff, Dr. Else noted that across Scotland, the issue of clinical deterioration and its monitoring mechanisms are currently under review.

Mrs. Jamieson noted that each department within the organisation has its own Communication Policy, which outlines how information is shared internally and how communication is managed with other departments and external organisations.

The Chair thanked Ms. Robertson for the update.

Decision: The Board formally noted the report.

Action: No actions required.

Refreshment Break 11:40 - 11:50

8. CORPORATE GOVERNANCE

8.1 Corporate Values and Objectives

8.1.1 Appendix 1 – Detailed Report

Issue: *The Board was asked to make a decision on the report presented by Michelle McPhail, Corporate Business Manager in the absence of Gordon Jamieson, Chief Executive.*

Discussion: The revised Corporate Values and Objectives report was presented to the Board.

Members reviewed the proposed changes and the actions requested that specific references to equality and diversity be incorporated into both the Values and Objectives.

This request was acknowledged, and it was confirmed that the suggested amendments will be considered and presented to the Corporate Management Team prior to the updated document being brought back to the Board in October.

Decision: The Board formally noted the report but did not approve.

Action: Revise the Report to incorporate more detailed content on equality and diversity. The updated version should be presented to the Board at the October meeting.

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report June 25

9.1.1 Appendix 1 – Detailed Report

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

Discussion: The Workforce Performance Report for June 2025 was presented, highlighting key data which also supports the employment strand of the Anchors Strategy.

The report demonstrated a positive shift in the organisation's age profile, indicating a younger workforce. This trend is attributed to initiatives such as work experience placements, career fairs and summer student recruitment. Between May and September, 24 work experience placements are planned, an increase from 17 in the previous year. Mrs MacDonald provided further detail on the current staffing position.

Members discussed the report and agreed that capturing and sharing positive experiences and success stories from summer students would be beneficial. Mrs. Jamieson will take this forward for future Team Briefs.

The Chair thanked Mrs. MacDonald for the report.

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

Action: **No actions required.**

10. CLINICAL GOVERNANCE

10.1 Healthcare Acquired Infection Report

10.1.1 Appendix 1 – HAIRT Feb-Mar '25

10.1.2 Appendix 2 – HAIRT Apr-May '25

Issue: The Board was asked to note for assurance the report presented by Frances Robertson, Nurse / AHP Director and Chief Operating Officer.

Discussion: Ms Robertson drew colleagues' attention to the report, which provided two reports covering performance across the 4 months. Collectively between February to May 2025, there were:

- 4 SABs
- 12 ECB
- 2 CDIFs
- Zero surgical site infections – of the 77 operations 51 were arthroplasty procedures and positive to note that there were no infections were detected.
- Hand Hygiene ranged between 97.1% to 99.2%

- Cleaning compliance ranged between 96.3% to 96.9% - above the 95% performance threshold.
- Estate monitoring compliance ranged between 98.7% to 99.5%

The Chair thanked Ms. Robertson and wished to acknowledge the work of all staff, from doctors and nurses to domestics.

Decision: The Board formally noted the report.

Action: No actions required.

11. PUBLIC HEALTH

11.1 Anchors Strategy update

11.1.1 Appendix 1 – Narrative Report

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

Discussion: Dr. Durkan presented the progress report on the 2023-2026 Anchors Strategy to Members, which provided an overview of the progress which sets out the areas the Board is currently working on to help to achieve the Scottish Governments requirements within inequalities and tackling childhood poverty relating to the 5 categories:

1. Employment
2. Procurement Commissioning
3. Capital and Estates
4. Service Design and Delivery
5. Working in Partnership

Members thanked Dr. Durkan for the update, recognising the exemplary work being undertaken, however Dr. Durkan acknowledged that the achievement in progress is from all departments and it's the colleagues within Public Health which collate the information. Clarification was sought re the scoring in the procurement and commissioning section under the value for community, employees and the environment which scored 1. Dr. Durkan advised that he would follow-up and report back to Members.

The Chair thanked Dr. Durkan and all staff for the progress being made.

Decision: The Board formally noted the report.

Action: Review the scoring within Procurement and Commissioning section of the report and report back to the Board.

Colum Durkan

11.2 Climate Emergency Quarterly update

11.2.1 Appendix 1 – Narrative Report

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

Discussion: Dr. Durkan presented the quarterly progress report, noting the comparison in the report to that of the areas contained within the Anchors Strategy.

The five areas to address climate emergencies include Building and Land; Travel; Goods and Services; Care and Communities.

Board Members considered the report, noting its easy-to-read format which is very informative.

Ms. Bozkurt, Director of Finance, advised that NHS Western Isles recently launched a Capital Grants programme for 2024/25 inviting voluntary and not-for-profit organisations across the islands to apply for funding to support projects that deliver a health benefit to the community. One aspect of this was funding to support the electric vehicle purchase for Climate Hebrides, which was formally presented by Mr. John Swinney and Board Chair, Gillian McCannon.

The Chair noted that Climate Hebrides had recently acquired a new electric vehicle to support its outreach efforts raising awareness about climate change thanks to the capital grant funding from NHS Western Isles. Mrs. McCannon met the First Minister, Mr. John Swinney, and she was able to showcase a number of sustainability actions that the NHS Board is involved with.

The Chair thanked Dr. Durkan and expressed her thanks to all involved in supporting the Board to meet its sustainability priorities.

Decision: **Board Members formally noted the progress report.**

Action: **No actions required.**

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

12.1 Audit & Risk Committee

12.1.1 Audit & Risk Committee Minute of 21.05.25 - A

The Minutes were presented to Board Members for awareness. Members were afforded the opportunity to ask questions; however, no questions were raised.

Decision: The Board formally noted the minute.

Action: No action required.

12.2 Area Partnership Forum

12.2.1 APF Minute 07.05.25 – A

12.2.2 APF Minute of 27.06.25 – A

The Minutes were presented to Board Members for awareness. Members were afforded the opportunity to ask questions; however, no questions were raised.

Mrs. Jane Bain advised that during May & June the Members of the APF collectively reviewed, updated and approved 4 policies.

Decision: The Board formally noted the minute.

Action: No action required.

12.3 Staff Governance Committee

12.3.1 SGC Minute of 12.06.25 – A

The Minutes were presented to Board Members for awareness. Members were afforded the opportunity to ask questions; however, no questions were raised.

Decision: The Board formally noted the minute.

Action: No action required.

12.4 Board Sub-Committee Annual Report 24/25

12.4.1 Finance, Performance and Resource Committee

12.4.2 Audit & Risk Committee

12.4.3 Clinical Governance Committee

12.4.4 Staff Governance Committee

12.4.5 Patient Focus and Public Involvement Committee

12.4.6 Health & Safety Committee

The Chair drew members' attention to the annual reports of the Boards Governance Committees for their information. The reports have been presented to the Audit & Risk Committee for their review.

The Chair thanked Committee Chairs and Executive Director leads for their support and progression in ensuring that the Board's governance arrangements are met by ensuring that strategic oversight and accountability is addressed by each Committee.

Decision: The Board formally noted the reports.

Action: No actions required.

13. OTHER INFORMATION

13.1 Integration Joint Board Minute of 20.03.25 - A

Annetta Smith provided a brief update to Members on the most recent development session held in August and advising that development of a draft annual commissioning plan is underway.

Decision The Board members formally noted the minute.

Action: No actions.

The Chair wished to acknowledge the work of Mr. Nick Fayers who is due to leave the Board on the 15th of September 2025, to the Board as well as to the Integration Joint Board. On behalf of all Board members, the Chair thanked Mr. Fayers for all his work and wished him well in his new ventures.

14. 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	✓ ✓ ✓		

15. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meetings

Date: 30 October 2025

Time: 10:00am

The Chair thanked everyone for their contribution, commitment and involvement in the Board discussion. The meeting was brought to a close at 12:45pm.

END