

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
26 FEBRUARY 2026
HELD AT 10:15AM
MICROSOFT TEAMS



Members Present: *alphabetical order by surname*

Jane Bain	Non-Executive Director / Employee 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
Gordon Jamieson	Chief Executive	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 & Patient Information
Diane MacDonald	Director of HR & Workforce Development
Michelle McPhail	Corporate Business Manager

1. WELCOME

Mrs. McCannon took the Chair and welcomed everyone to the meeting.

2. APOLOGIES AND ACKNOWLEDGEMENTS

Members apologies

All Members were present at the meeting - no apologies.

3. INTRODUCTION

3.1 Chair's Report

The Chair provided the following updates:

- **Scotland West Sub-National Strategic Planning & Delivery Committee**

The Chair reported that the Sub-National SPDC has now met on three occasions and has developed timelines for submission to the Scottish Government. Three Priority and Delivery Groups have been established covering:

1. Planned Care – Orthopaedics
2. Improving Flow – Urgent Care and the Digital Front Door
3. Finance, Planning and Workforce – Business Systems and the Finance Plan

A handbook is currently being developed to support a consistent approach across both the West and East Sub-National Committees. This will outline reporting templates and scheduling arrangements between the Sub-National Committee and individual Health Boards ahead of presentation of information to the Scottish Government.

- **Public Sector Reform**

The Chair noted that NHS Western Isles submitted its own response to the Scottish Government in December 2025, as no single shared model had been agreed with Comhairle nan Eilean Siar. No reply has yet been received from the Scottish Government.

- **Scottish Election 2026 – Pre-Election Period (Purdah)**

The Chair reminded Members that Scottish Government guidance on the pre-election period has already been circulated. The pre-election period will commence on **26 March 2026** and will remain in place until polling day on **7 May 2026**.

3.2 Chief Executive's Report

The Chief Executive provided Members with the following update:

- **Barra & Vatersay Community Campus**

The Chief Executive reported that work is underway to establish both the Project Board and Project Team. He confirmed that he and the Health Board Chair will sit on the Project Board. Discussions have taken place regarding the appointment of a delivery partner, with consideration being given to HubCo or Scape.

Scottish Government approval of the projected cost profile will be required; preparatory work to determine this profile is currently in progress ahead of appointing a partner.

Moira Anderson, Project Director, and Dan MacPhail, Project Delivery, continue to progress the programme. Both the NHS Western Isles and Comhairle nan Eilean Siar Chief Executives remain encouraged by the progress to date.

Action: A progress paper is scheduled to be presented to the Board in March/April.

- **MRI Scanner – Western Isles Hospital**

The Chief Executive advised that Phase 1 of the 34-week project has commenced positively and should conclude in Summer of 2026. Internal wall construction has now been completed to facilitate the redesign of the area. Following completion of the physical environment, the next phase will involve installation of the scanner and magnet. Further updates will be provided as the project progresses.

- **SSE / Subsea Cable Contractor**

The Chief Executive noted that meetings have been held with the main island-based and off-island contractors to understand the expected impact and requirements associated with an increased temporary workforce. These discussions included the Scottish Ambulance Service to assess any additional demand on their resources. Once all needs are identified; it is anticipated that the organisation will seek agreement on supporting these needs.

The Chair thanked Mr. Jamieson for his update.

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 18.12.25 - DA

Board Members approved the Minutes of the meeting held on 18 December 2025 as a correct record of the discussion with the amendment of moving Diane MacDonald from Board Member to in attendance.

Decision: The Board formally approved the Minute of the meeting of 18 December 2025.

Action: No action required.

5.2 Matters arising from previous Minutes

There were no matters arising from the previous minutes raised.

5.3 Action Points

The committee discussed the action points as follows:

21.03.24 – 7.2 Western Isles Performance Report – Dementia Plan will be presented in due course ~ Ms. Robertson reported that an appointment has been made to the Dementia and Frailty Lead post, with the successful candidate due to take up the role in April 2026. This post will be pivotal in progressing the development of the Dementia Plan.

The Chair noted that the Scottish Government requires implementation of the “Frailty at the Front Door” unscheduled care pathway. Key considerations for the Board include understanding the current service position, identifying areas for improvement and development, and addressing dementia service uptake. The Chair highlighted that the Plan has been outstanding for a considerable period and now requires urgent progression. However, recognising the significant pressures on Directors, it was agreed that the Plan would be presented to the Board in October 2026.

Ms. Robertson agreed to provide a position paper of the current Dementia Services provided for discussion to the Board in April 2026.

Action: Draft Dementia plan present at October Board meeting – Frances Robertson.
Status report of current dementia service will be presented to the Board in April 2026 – Frances Robertson

30.10.25 – 12 Other Information – Dental Registration & Waiting Lists ~ the Board wished to update the action moving from Green to Amber with a due date of April 2026 addressed by Gordon Jamieson. It was noted that Mr. Jamieson will provide a verbal update later in the agenda.

Action: Report on Dental Registration & Waiting list April 2026 – Gordon Jamieson

Decision: The Board formally noted the updates, and these will be reflected in the updated Action Points.

5.3.1 Standing Items (SI) – verbal update

5.3.1.1 SI – Psychiatry Services & Financial Impact

Dr. Else informed Members that the main area of financial pressure continues to relate to consultant and doctor staffing. Work is ongoing to finalise the job descriptions for both Consultant and Specialist Doctor posts, with completion anticipated by the end of February 2026.

She explained that Consultant posts require a Certificate of Completion of Training (CCT), whereas Specialist Doctors are fully qualified and experienced clinicians who do not hold a CCT. The introduction of both role types is expected to widen the pool of potential applicants.

Members thanked Dr. Else for the positive and proactive approach being taken to support clinical service delivery.

Decision: Board Members formally noted the verbal update.

5.3.1.2 SI – Cancer Services SLA Consultant

The Chair requested that the standing item be retitled “Cancer Service Update.”

Frances Robertson provided an update on current performance against national targets. She reported that the Board achieved 100% compliance with the 31-day target, while performance against the 62-day target, which is dependent on NHS Highland pathways, was 54.5%. Discussion followed re: the main breaches, which were Urology and Prostrate.

Members noted that the introduction of the MRI Scanner will enable patients to access scans more quickly and streamline links to other diagnostic tests provided by mainland Boards, thereby reducing the need for patient travel.

Directors recently met with colleagues in the NHS Highland Urology team to discuss the Service Level Agreement (SLA) for the visiting service. As part of this discussion, a review of the SLA will be undertaken, including consideration of service and treatment pathways, with the aim of improving patient experience.

Dr. Else informed Members of significant delays at the Beatson relating to PET scans, a diagnostic test which involves a level of radioactive injection to provide internal imaging to support diagnosis and treatment planning for patients with a cancer diagnosis. Discussions with mainland Boards regarding these delays are ongoing.

Decision: Board Members formally noted the verbal update.

6. FINANCIAL PERFORMANCE

6.1 Financial Performance Monitoring Report

6.1.1 Appendix 1 – Month 9 25/26 Finance Report

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

Discussion: Ms. Bozkurt provided an update on the financial position.

She noted that the Month 9 report had been presented to the Board and advised that the Month 10 position had recently been submitted to the Scottish Government.

The Month 10 position shows an in-year overspend of £1,433k, with a forecast year-end break-even position. Achieving break-even is dependent on several anticipated allocations from the Scottish Government, including funding for Non-Executive Pay, the Distant Island Allowance uplift, Hospital at Home, and the shortfall relating to Service Level Agreement (SLA) uplifts.

It was highlighted that a mainland NHS Board is seeking a significant SLA uplift for 2025/26 of £630k, increasing to double that amount in 2026/27, despite no evidence of activity growth. This issue is being discussed with Scottish Government colleagues and has been raised by several other NHS Boards.

There has been little change in previously identified areas of risk and overspend, including prescribing costs and consultant locum expenditure. The impact of Delayed Discharges was again emphasised. Over the past four years, levels have been at their highest, with September 2025 seeing delays equating to nearly 45% of available core staffed acute beds.

The Board noted that the notional cost of Delayed Discharges for the first nine months of 2024/25 was £2,323,077, compared with £2,245,716 for the same period in 2025/26. It was highlighted that Delayed Discharges continue to generate a direct financial impact exceeding £1.991.183 million in real expenditure.

Board Members expressed concern regarding the significant financial pressures created by Delayed Discharges and the consequent constraints these places on service development and investment.

The Chief Executive provided clarification on the operational impact of Delayed Discharges. Members were advised that sustained delays severely limit the organisation's ability to maintain patient flow and support elective treatment. The Chief Executive further reported a marked increase in Emergency Department waiting times, attributed to the lack of available acute beds resulting from delayed transfers of care.

The Board recognised the substantial human cost associated with Delayed Discharges. It was noted that individuals who no longer require medical intervention are often held in hospital unnecessarily, with some passing away in hospital rather than at home with Care at Home support or in more appropriate settings, such as residential care. It was noted that contingency beds remained in constant use, resulting in potential increased risk of cross-infection due to six beds being accommodated within bays designed for four.

Ms. Bozkurt advised of an in-depth audit review was undertaken to examine the reasons for the £761k overspend within the 2C practices in 2024/25. It was reported that work on rota management, implemented from June 2025, is expected to reduce the overspend by year-end, with a projected out-turn of £422k. Plans are in place to bring the practices to a break-even position in the following year, subject to all GP vacancies being filled. The Board noted that the 2C practices will continue to be monitored closely to ensure that corrective actions deliver the anticipated improvements.

The Board also noted that the budget for 2C practices is set on a break-even basis. In contrast to private GP practices, which operate as businesses and may generate profit, particularly through prescribing, NHS Scotland cannot reclaim VAT on drug purchases. As such, 2C practice budgets are established to cover costs rather than generate net income.

Board Members noted the position regarding the Scottish Government's patient travel arrangements. Clarification was provided by Ms Bozkurt, who confirmed that the patient travel budget is intended to contribute toward the costs incurred by island residents travelling to the mainland for medical treatment. It was further noted that individuals living on the mainland who travel between different Health Board areas are not eligible for support under the patient travel scheme, which is specifically designed to recognise the additional costs associated with accessing healthcare from the islands.

Cllr. Steele expressed the view that the scheme is long overdue for review, particularly considering the significant travel burden placed on elderly residents in the Uists and Barra.

The Chair thanked colleagues for their contributions and for their thoughtful consideration of the financial impacts affecting several areas that lie out with the Board's direct control. She further advised that both she and the Chief Executive continue to raise these challenges directly with the Cabinet Secretary and Senior Officers within the Scottish Government.

Decision: The Board formally noted the report.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – December 2025

7.1.1 Appendix 1 – Revised Register

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

Discussion: Ms. Robertson reported that all risks have been reviewed and presented, highlighting the inclusion of the cyber security risk. She also advised that Risk 006, relating to formal arrangements for professional direction or clinical consultant reporting for laboratory services, has been de-escalated. Members noted and approved the update.

Prof. Smith sought clarification on the level of risk associated with Major Incidents (Risk 002(A)), particularly in relation to the anticipated influx of workers to the islands. Mr. Jamieson confirmed that, as referenced in his Chief Executive Report earlier in the meeting, discussions are ongoing with contractors, with Scottish Ambulance Service (SAS) colleagues involved, to assess requirements and potential risks arising from the increased workforce presence.

Mr. Jamieson further highlighted that the potential for a major incident is also influenced by the growing number of visitors arriving via cruise ships and other means. He noted that the island has only three emergency ambulances available; therefore, any incident involving more than three to six casualties would present significant pressure on local emergency response capacity. He emphasised that multi-agency review, including SAS participation, of assimilation exercises and desktop planning remains essential, and consequently, the current risk level cannot be reduced at this time.

Prof. Smith requested that this position be clearly reflected in the narrative within the risk register. Mr. Jamieson advised that while a separate risk will be created once further information on the impacts is available, the narrative for the existing risk will remain unchanged at present.

The Chair thanked Ms. Robertson and her team for the updated register.

Decision: The Board formally noted the report.

Action: No actions required.

The Chair advised Members that a refreshment break would be taken from 11:50-12:05

7.2 Whistleblowing Report Q3

7.2.1 Appendix 1 – Narrative Report

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

Discussion: Ms. Robertson highlighted the report and confirmed that no concerns had been raised during the reporting period.

Sheena Wright informed members that the national Whistleblowing Champions met on 8 January 2026 and held discussions with Paul McFaden, Scottish Public Service Ombudsman, following his appointment in October 2025.

As Mrs Wright will stand down from her role as Non-Executive Director on 28 February 2026, Ian McCorquodale will assume responsibility for the Whistleblowing portfolio. He expressed his thanks to Mrs Wright for her support.

Decision: The Board formally noted the report.

Action: No actions required.

8. CORPORATE GOVERNANCE

8.1 Corporate Values & Objectives 2026-28

8.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to approve the report presented by Gordon Jamieson, Chief Executive.*

Discussion: Mr. Jamieson presented the revised Values & Objectives, reflecting the additional amendments requested by Board Members. Following consideration, Members formally approved the document.

Mrs. McPhail will finalise the document by accepting all tracked changes and will arrange for it to be circulate to all staff via Maggie Jamieson.

Decision: **The Board formally approved the document.**

Action: **No actions required.**

8.2 NHS Western Isles Public Health Strategy 2026/27

8.2.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to approve the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: The Board received the Strategy, which, once approved, will inform the 2026/27 workplan, incorporating national, local, and objective-driven planning streams. Dr. Durkan confirmed that the Strategy is directly aligned to the national five pillars and wider national contributions.

Members welcomed the clarity and accessibility of the Strategy and raised several points for consideration:

- Members requested the inclusion of measurable outcomes and progress reporting for each objective. Dr. Durkan advised that these measures sit within the workplan, which is not routinely presented to the Board but can be made available on request.
- Members also sought indicative timelines for delivery of the desired outcomes. Dr. Durkan noted that some impacts, particularly those linked to early intervention and MAT standards, are long-term in nature, with improvements in drug and alcohol related harm potentially taking 10–20 years to evidence.

The Chair highlighted the substantial work underpinning the Strategy and emphasised the need for the Board to understand how implementation will be progressed and the associated timeframes. Dr. Durkan confirmed that he will continue to report on progress through the routine six-monthly updates to the Board.

The Chair advised that the Population Health and Wellbeing Committee review both the Strategy and the accompanying workplan to provide assurance that progress is being monitored and measurable outcomes are in place.

Dr. Durkan agreed to provide a redacted version of the workplan, with lead names removed, for presentation to the Board in April. The Chair welcomed this.

Decision: The Board formally approved the Strategy.

Action: Redacted workplan will be presented to the Board in April – Colum Durkan

8.3 The Role of Health Staff within Bairns' Hoose

8.3.1 Appendix 1 – Health Roles within Bairns' Hoose

8.3.2 Appendix 2 – NHS WI Bairns' Hoose Journey Mapping

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

Discussion: Ms. Robertson drew Board Members' attention to the report summary and accompanying appendices, which outlined the role of NHS Western Isles in delivering health examination and support functions for children and young people within the emerging Bairns' Hoose model. She explained that Bairns' Hoose brings together justice, health, social work, and therapeutic recovery services within a single, child-centred hub to ensure coordinated, trauma-informed support for those who require it.

Ms. Robertson emphasised that, while the local model will strengthen multi-agency collaboration and streamline access to services, any assessments of a forensic nature will continue to be carried out off-island, in line with current national protocols and to ensure appropriate specialist facilities.

She further reported that NHS Western Isles was selected as a pathfinder site in 2023 to support the early implementation of Bairns' Hoose across Scotland. The Stornoway facility, located on Kenneth Street, is up and running. Work is ongoing to finalise the other location within the Ambulatory Care Centre, Western Isles Hospital to ensure that the facilities provide a child-friendly service.

The Chair welcomed the development, noting its significance in enhancing local provision for children and young people and reinforcing the Board's commitment to improving outcomes through collaborative working.

Decision: The Board formally noted the report.

Action: No actions required.

8.4 NHS Western Isles Anchors Strategy Update

Issue: *The Board was asked to note for assurance the report presented by Dr. Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan presented the Board with a six-month progress update covering the period July to December 2025. The report detailed developments across the five key Anchor areas:

1. Employment
2. Procurement and Commissioning
3. Capital and Estate (including Environment, Sustainability and Assets)
4. Capital Design and Delivery
5. Partnership Working to strengthen the Board's role as an exemplar Anchor organisation

The Chair thanked Dr. Durkan for the comprehensive and helpful update. She reflected on the recent Public Health away day she attended and proposed that elements of the work be showcased at the April Board meeting. Dr. Durkan confirmed he would welcome this opportunity.

Decision: The Board formally noted the report.

Action: Showcase Public Health activities at the Board in April – Colum Durkan

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report October 2025

9.1.1 Appendix 1 – Narrative Report

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

Discussion: Mrs. MacDonald presented the October 2025 Workforce Report and highlighted the following key points:

- **Workforce Numbers** - As at 31 December 2026, the organisation's headcount was 1,108, equating to 914.11 WTE.
- **Changes in Staff Numbers**
 - Staffing levels have increased over recent years, largely due to the merging of the 2C Practices in Barra and Benbecula.
 - Mrs. MacDonald reported that the Agenda for Change Reduced Working Week, effective 1 April 2024, resulted in a real-time reduction of 19 WTE.
 - A further one-hour reduction to the working week will take effect from 1 April 2026, reducing the standard week to 36 hours. This is projected to create an additional 37 WTE real-time impact.
- **Retire and Return** - Since the introduction of the relevant policies in 2022/23, the organisation has accepted 47 Retire and Return applications, and 19 partial retirements.
- **Attendance:**
 - Attendance for December 2025 was recorded at 6.83%, down from a peak of 7.89% in September 2025.
 - Employee Relations Officers and Occupational Health continue to work closely with managers to ensure appropriate management of absence.
 - A monthly absence review meeting is held to analyse absence levels and ensure appropriate follow-up on any cases not being managed correctly.

The Chair thanked Mrs. MacDonald for the report and opened the floor for discussion. Regarding the Reduced Working Week, the Chair advised that a presentation will be delivered at the March Board Development session.

Mrs. MacDonald confirmed that all services and departments had been asked to risk assess their areas and prepare business cases where significant challenges were identified. These business cases were reviewed in detail, and in some instances, departments retained part-time staff to provide continued support. She emphasised that Heads of Service must continue to risk assess their departments in relation to the Reduced Working Week and escalate any concerns through their line managers.

The Chair thanked Mrs. MacDonald for the report.

Decision: The Board formally noted the report.

Action: No actions required.

9.2 Sexual Harassment Campaign

9.2.1 Appendix 1 – Narrative Report

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

Discussion: Mrs. MacDonald reported that the Sexual Harassment Campaign had recently been presented to both the Corporate Management Team and the Staff Governance Committee.

She highlighted that NHS bodies carry both a legal and moral duty in this area. Under the Equality Act 2010 (Workers Protection Amendment 2024), employers are now required to actively prevent sexual harassment, rather than only respond to incidents once they occur. Failure to meet this duty may result in a 25% uplift in tribunal compensation where a claim is upheld.

Mrs. MacDonald confirmed that the Board is compliant with the Once for Scotland Policies, and that Turas training is available to all staff, with additional training provided for managers.

The Chair thanked Mrs. Robertson for the report and for outlining the Board's responsibilities.

Decision: The Board formally noted the report.

Action: No actions required.

10. CLINICAL GOVERNANCE

10.1 Health Improvement Scotland Safe Delivery of Care Acute Inspection

10.1.1 Appendix 1 – HIS Acute Hospital Safe Delivery of Care Inspection Report

10.1.2 Appendix 2 – Acute Services Action Plan

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

Discussion: Ms. Robertson provided an update on the Healthcare Improvement Scotland unannounced follow-up inspection of Acute Hospital Safe Delivery at Western Isles Hospital, undertaken on 13–14 October 2025. She presented the published inspection report, along with the agreed Action Plan. The report, issued on 15 January 2026, identified three areas of good practice, five new or revised requirements, and six requirements that remain outstanding.

Members noted that of the 23 individual actions, 13 have been assessed as green and completed, while 10 remain amber and in progress. The Action Plan reflects the position as at January 2026, and further updates will be reported to the Clinical Governance Committee.

The overall inspection findings were positive, particularly given the substantial improvements made since the initial review in September 2024.

The Chair thanked Ms Robertson for the report.

Decision: The Board formally noted the reports.

Action: No actions required.

10.2 Health Improvement Scotland Maternity Services Safe Delivery of Care Inspection

10.2.1 Appendix 1 – WIH Maternity Services Safe Delivery of Care Inspection Report

10.2.2 Appendix 2 – Maternity Improvement Action Plan

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

Discussion: The Healthcare Improvement Scotland (HIS) unannounced inspection report on Maternity Services (Safe Delivery), carried out in October 2025, was presented to members for information, together with the accompanying Action Plan.

Ms. Robertson advised that the overall findings were positive. Of the twenty-three actions identified, thirteen have been rated green and are now complete, with ten actions currently assessed as amber and still in progress. Work continues to address and close these outstanding actions. It was noted that updated reports will continue to be submitted to the Clinical Governance Committee for assurance until the Action Plan has been fully delivered. The Chair requested that the Board also receive regular updates on progress until all actions have been completed, Ms. Robertson agreed.

The Chair further advised that Maternity inspections have been discussed by the Cabinet Secretary at recent National Chairs Group meetings, where Board Chairs were asked to provide assurance that HIS inspection recommendations would be fully implemented.

The Chair thanked Ms Robertson for the report, which will be forwarded to the Board for noting.

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

Action: **No actions required.**

10.3 Health and Care Staffing Act Report Q3 2025/26

10.3.1 Appendix 1 – Quarterly Narrative Report

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

Discussion: Ms. Robertson informed Members that Healthcare Improvement Scotland carried out an unannounced inspection of the Acute Psychiatry Unit at Western Isles Hospital last week. She advised that the immediate post-inspection feedback was minimal and noted that this was the first psychiatric inspection undertaken on an island board. No significant issues were identified on the day, although the Board will be asked to provide additional evidence as part of the follow-up process.

The Chair thanked Ms. Robertson for the update.

Ms. Robertson reported that there had been no significant changes between Quarter 2 and Quarter 3, and the current focus is on preparing the Annual Report, due for completion in April 2026. She noted that the updated reporting format now includes directional arrows to show whether performance in each category has improved, declined, or remained stable compared to the previous month.

It was highlighted that not all departments are currently using the SafeCare toolkit, and as a result, formal completed staffing reports are not yet available.

The Chair thanked Ms. Robertson for the updated report.

Decision: The Board formally noted the reports.

Action: No actions required.

10.4 Dental Services

Issue: *The Board was asked to note the verbal update provided by Gordon Jamieson, Chief Executive.*

Discussion: Mr. Gordon Jamieson provided Members with a verbal update on the current position of dental services across the Western Isles, highlighting the following key points:

- **Statutory Requirements:**
The National Health Service (General Dental Services) (Scotland) Regulations 2010, Regulation 9, outlines the duties of Health Boards, specifically the requirement to ensure the provision of Emergency Dental Services and urgent dental treatment.
- **Understanding Current and Unmet Need:**
The organisation does not currently hold comprehensive information on dental demand or unmet need.
At present, there is no formal waiting list for new patients at the Western Isles Dental Centre. Review appointments do take place, but scheduling varies by individual and individual dentist treatment management.
- **Statutory Responsibilities and Oral Health Improvement:**
NHS Western Isles has a statutory duty to secure NHS dental service provision and to support oral health improvement across the islands. This is delivered through programmes such as Childsmile (children), National Dental Inspection Programme for and Caring for Smiles (adults).

- *Treatment Access Lists (TAL):*
To support ongoing need, Treatment Access Lists are being opened for residents in the HS1 and HS2 postcode areas where registration with a General Dental Practitioner is currently difficult.
The TAL is intended for individuals requiring a single course of treatment to stabilise oral health, addressing short-term clinical need.
- *Uist and Barra Position:*
The position in the Uists is currently the most challenging due to unexpected vacancies arising from dentists leaving the islands.
An active recruitment campaign is underway, and the Board remains committed to maintaining a workforce of three dentists plus supporting staff for the area.
The recruitment programme includes efforts to appoint:
 - Two Dental Officers, and
 - One Senior Dental Officer (enhanced role).

The TAL is also open in Uist to address immediate single-course treatment needs.

Members shared concern regarding the situation, noting that sudden clinical departures cannot always be anticipated and that immediate replacement solutions are not always readily available. They acknowledged, however, that recruitment processes are comprehensive and active.

Cllr. Steele noted that he was reassured by the update and by the work underway to establish appropriate Treatment Access Lists. He welcomed the positive progress being made in understanding unmet need, which will enable the Board to plan more effectively.

Mr. Jamieson further confirmed that significant efforts are ongoing to recruit dentists and senior staff, with emergency cover arrangements currently in place. His intention is that the learning arising from the present challenges will support the development of a consistent and standardised approach to dental service delivery across all island communities. Contingency planning is also underway, should recruitment efforts not succeed.

The Chair thanked Members for their contributions and welcomed a more detailed report to be presented to the Board in April 2026 by the Chief Executive.

Decision: The Board formally noted the verbal update.

Action: Dental Service paper will be presented in April 2026 – Gordon Jamieson

11. PUBLIC HEALTH

11.1 Public Health Immunisation Report 2024/25

11.1.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for approval the report presented by Mr Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan briefed Members on the overview of the report, advising that the uptake on all areas of immunisation was either above or equal to that of the national position with exception of areas of childhood immunisation uptake, which requires further review to understand the rationale for not taking immunisation in the age group from 0 to 12 months and RSV (4% below Scottish position).

The Chair highlighted the consistently high uptake achieved locally and emphasised that maintaining strong immunisation performance remains a core responsibility of the Health Board in safeguarding public health.

It was noted that the full immunisation performance report will be submitted to the Board for consideration in due course.

The Chair thanked Dr. Durkan for the report.

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

Action: **No actions required.**

11.2 Public Health Annual Screening Report

11.2.1 Appendix 1 – Narrative Report

Issue: *The Board was asked to note for approval the report presented by Mr Colum Durkan, Director of Public Health.*

Discussion: Dr. Durkan drew Members' attention to the report indicating its compliance against the national annual screening programmes:

1. Abdominal Aortic Aneurysm
2. Bowel
3. Breast
4. Cervical
5. Diabetic Eye
6. Pregnancy and Newborn

It was noted that the breast screening programme was supported with the access to the mobile unit, visiting locations on Barra, Benbecula, Harris and Lewis.

The Chair thanked Dr. Durkan and his team for the report.

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

Action: **No actions required.**

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

12.1 Clinical Governance Committee

12.1.1 CGC Minute of 01.10.25 – A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: **The Board formally noted the Committee minutes.**

Action: **No actions required.**

12.2 Area Partnership Forum

12.2.1 APF Minute 03.12.25 - A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: **The Board formally noted the Committee minutes.**

Action: **No actions required.**

12.3 Staff Governance Committee

12.3.1 SGC Minute 13.11.25 - A

The Minutes were presented for information and awareness purposes. There were no questions raised.

Decision: The Board formally noted the Committee minutes.

Action: No actions required.

13. OTHER INFORMATION

The Chair formally acknowledged and thanked Sheena Wright, Non-Executive Director, for her continued commitment, thoughtful challenge, and unwavering support, noting that her term of office will conclude on 28 February 2026. The Chair highlighted that Sheena's guidance, perspective, and dedication have been invaluable in strengthening the Board's governance and ensuring continued focus on delivering the best outcomes for the local communities.

Appointed in 2021, Sheena was the Board's first official Whistleblowing Officer and has played a significant role in embedding whistleblowing practices within the organisation's culture and reporting arrangements.

Mrs. Wright expressed her thanks to all Members for their professionalism and conveyed her best wishes for the Board's continued success.

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.	✓		Draft minute was not available within the 5 working days due to secretariate being on annual leave.
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there was sufficient time to review the papers between receipt and the meeting date?	✓		
Was there sufficient time allocated to all agenda items?	✓		
Were the executive summaries an accurate reflection of the detailed paper?	✓		
Was the information contained within the meeting papers, clear, focused, explicit and enabled members to make informed and effective decisions? If not state what information would have helped.	✓		
Were you able to contribute to the discussions and have your views considered?	✓		
Was there were sufficient refreshment breaks?	✓		11:50 – 12:05
Did you consider that the Board discharged its duty in respect of			
• Proper Scrutiny	✓		
• Relevant Questioning	✓		
• Constructive Challenging	✓		

14. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meeting

Date: 30 April 2026

Time: 10:15am

Venue: Teams

The Chair thanked everyone for their contribution, commitment, and involvement in the Board discussion and brought the meeting to a close at 1:35pm.

END