

NHS WESTERN ISLES

BOARD MEETING

MINUTES OF MEETING
30 APRIL 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
Gordon Jamieson	Chief Executive	Frances Robertson	Nurse / AHP Director and Chief Operating Officer
Paul MacAskill	Non-Executive Director	Annetta Smith	Non-Executive Director
Naomi MacDonald	Non-Executive Director	Paul Steele	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

Sara Else Medical Director

3. INTRODUCTION

3.1 Chair's Report

The Chair provided the following update to Members for their awareness:

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

The Chair reported that the Sub-National SPDC had submitted the Handbook, guidance for both West and East regions, to Scottish Government at the end of March 2026. Further updates will be presented to Board Members in due course.

3.2 Chief Executive's Report

The Chief Executive provided Members with the following update as awareness:

- **Barra & Vatersay Community Campus**

The Chief Executive reported that work is progressing slowly and discussion with Scottish Government is ongoing to clarify specific parts. The development of the project is not being developed under historically experiences seen across both NHS and Comhairle nan Eilean Siar and the controls are being clarified with Scottish Government colleagues.

The Chair thanked Mr. Jamieson for his update.

Action: A progress paper is scheduled to be presented to the Board in May.

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.

4.1 Declaration of Interest Register March 2026

Issue: The Board was asked to note as awareness the report presented by Michelle McPhail, Corporate Business Manager.

Discussion: Mrs. McPhail drew Members' attention to the Register of Interests, advising that Members are required to review their declarations at least annually. She thanked Members for completing their reviews.

Mrs. McPhail further advised that Members have a duty to notify her within 28 days of becoming aware of any new interests or changes to existing declarations. She also highlighted that where a relevant interest arises during a meeting before the Register has been updated, it must be declared at that time.

Decision: The Board formally noted as awareness the updated Register

Action: No actions required.

10.21 - Paul Steele arrived at the meeting

5. MINUTES

5.1 Minute of 26.02.25 - DA

Board Members approved the Minutes of the meeting held on 26 February 2026 as a correct record of the discussion. No amendments were reported.

Decision: The Board formally approved the Minute of the meeting of 26 February 2026.

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 ~ The Board had requested that in the interim, prior to the submission of the Dementia Plan in October 2026, a briefing is provided on the performance of the service.

This was noted on the agenda at item 10.1

Action: Draft Dementia plan present at October Board meeting – Frances Robertson.

30.10.25 – 9.1 Human Resources Workforce Report July'25 – Mrs. MacDonald to compile a summer student post experience questionnaire for use next year – The action has been completed, and responses are being received and will be monitored through the Staff Governance Committee.

Action: Complete and Remove

30.10.25 – 12 Other Information – Dental Registration & Waiting Lists ~ Mr. Jamieson advised that the Treatment Access List is open in all dental practice areas. A comprehensive report will be presented in May 2026. The Chair approved to the revised timescale.

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

26.02.26 – 8.2 NHS Western Isles Public Health Strategy 2026/27 – Members were advised that the detail as to the action plan, implementation and timeframes are located within the Public Health Workplan. Members asked for the Plan to be presented to the Board. This item is on the agenda for 30.04.26 at item 11.3.

Action: Complete / Remove

26.02.26 – 8.4 NHS Western Isles Anchors Strategy Update – The board Chair asked for the Public Health Away Day presentation to be brought to the Board for awareness to showcase the activities of Public Health department. The video presentation was circulated to Members for information and awareness.

Action: Complete / Remove

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

10:28 - Jane Bain arrived at the meeting

5.3.1 Standing Items (SI) – verbal update

5.3.1.1 SI – Psychiatry Services & Financial Impact

Ms. Robertson advised Members that, for patients requiring highly specialised psychiatric care that cannot be delivered locally, access to appropriate services is provided through agreed arrangements with other Boards. The use and availability of inpatient beds for these patients are monitored through the relevant Service Level Agreements, with regular oversight to ensure capacity, quality of care, and compliance with contractual requirements.

Decision: Board Members formally noted the verbal update.

5.3.1.2 SI – Cancer Services SLA Consultant

Ms. Robertson advised Members that, in relation to cancer services activity, no referrals were received in February 2026. As a result, the 31-day target position was recorded as zero, while performance against the 62-day target was reported at 100%. She further advised that the Board continues to work closely with mainland Boards to review patient pathways and identify opportunities for improvement.

Decision: Board Members formally noted the verbal update.

6. FINANCIAL PERFORMANCE

6.1 Annual Budget 2026/27

6.1.1 Appendix 1 – Detailed Finance Report

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

Discussion: The Chair advised that, due to the requirement to submit the Annual Budget to the Scottish Government, Board Members had reviewed the budget, as presented at today's meeting, during a development session held on 19 March 2026. At that session, Ms. Bozkurt presented the Annual Budget, highlighting known cost pressures and outlining the financial forecasts for the three-year period from 2026 to 2029.

Ms. Bozkurt advised that, following the approval of the position in March, no substantive changes had been made. Members considered the position and formally homologated the decision taken in March 2026.

Decision: The Board formally homologated the 2026/27 Annual Budget.

Action: No actions required.

6.2 Scottish Government Review of Budget 2026/27

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

Discussion: Ms. Bozkurt advised Members that, following the earlier decision to approve the budget and its homologation at today's meeting, correspondence from Fiona Bennett, Chief Finance Officer, Health and Social Care, confirms the Scottish Government's agreement with the Board's financial planning assumptions for the period 2026–2029. This was presented for Members' awareness.

The Chair, on behalf of the Board, expressed her thanks to Ms. Bozkurt and her team, and to all Directors, for their significant effort and contribution in enabling a balanced budget to be projected.

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

Action: **No actions required.**

6.3 Financial Performance Monitoring Report M11

6.3.1 Appendix 1 – Month 11 Finance Report

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

Discussion: In drawing Members' attention to the report, Ms. Bozkurt advised that the Month 11 financial position indicated a year-end break-even outcome, achieved through the appropriate utilisation of reserves, contingency funding and agreed financial flexibilities.

Members also noted a verbal update on the Month 12 (March 2026) position, which confirmed a pre-audited break-even position with a small underspend. This outcome establishes the Board's financial performance as the 18th consecutive year of achieving a break-even position, a notable achievement which Ms. Bozkurt highlighted no other NHS Board in Scotland has matched.

Mr. MacAskill formally expressed his congratulations to Ms. Bozkurt, the Executive Directors, and all staff, recognising the sustained hard work, discipline and collective effort required to deliver a financial position that many Boards would regard as highly aspirational.

Ms. Bozkurt acknowledged that cost pressures continue across the majority of departments and directorates; however, she confirmed that Heads of Department remain vigilant in ensuring expenditure is appropriate, justified and aligned to organisational priorities. She further advised that strengthened financial oversight continues to be applied through the “Grip & Control” arrangements, overseen jointly by the Director of Finance and the Chief Executive. These arrangements provide enhanced assurance to the Board around robust governance, financial discipline and responsible stewardship of public funds.

Ms. Bozkurt explained that, using Pharmacy as an example, a programme of robust review and challenge has been undertaken to ensure that, wherever clinically appropriate, generic drugs and bio-equivalent medicines are used in place of branded products. She advised that this approach has delivered savings of £160k to date.

In addition, Ms. Bozkurt highlighted improvements in the management and review of polypharmacy services, alongside the implementation of electronic vending systems for medicines stock control. She noted that this system, which is now in use across a number of areas, supports improved stock management, enhanced governance, and stronger control over medicines usage and expenditure.

The Chair reflecting on the report and the discussion added, as a Board, we should be very proud of the strong financial governance we have in place, which is an area of real strength for us. Prescribing costs remain significant across NHS Scotland, and advancing the primary prevention and early intervention agenda will be key to addressing this. Overall, we are in a good position.

The Chair formally thanked Ms. Bozkurt and all Executive Directors for their hard work and strong stewardship.

Decision: The Board formally noted the report.

Action: No actions required.

7. PERFORMANCE

7.1 Corporate Risk Register – April 2026

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 current risks had been reviewed and formally presented to the Committee. She advised that Risk 04 - GP Out of Hours had been de-escalated and would now be managed and monitored through the Operational Service Delivery Team, reflecting the improved position and reduced level of concern associated with this risk.

During Members' consideration of the report, attention was drawn to the status of Risk 45 - COVID-19. Members queried whether COVID-19 should still be regarded as a relevant risk to the organisation at this time. In response, Mr. Jamieson confirmed that COVID-19 continues to be a relevant consideration and is reflected within the HAIRT report presented at the meeting. While he acknowledged that the level of pressure is significantly reduced compared to the period 2020–2022, COVID-19 remains an ongoing factor within a broader infection control.

Mr. Jamieson further advised that the risk relating to Covid-19 requires review, taking account of all levels and types of infection, rather than focusing on a single cause. He highlighted that infection risk is multifactorial and, when combined, can severely impact the organisation's ability to deliver services. Particular challenges noted included potential service paralysis resulting from high levels of infection, increased demand for single-room capacity, and the cumulative effect on workforce availability and service resilience.

The Chair reflected on the overall risk position, noting that a significant number of risks remain rated as high or very high, with limited evidence of mitigation progress at present. Mr. Jamieson agreed to review these risks in detail and report back to the Board with an update on proposed actions and mitigations. He also advised that consideration is being given to the addition of a new risk relating to the impact on services arising from SSE activity and line installation works, particularly in light of the anticipated increase in the temporary population and the potential risks associated with this large-scale infrastructure work and linking this to the review of Business Continuity Planning.

In considering the update provided by Mr. Jamieson, Members queried whether the Major Incident (MAJAX) risk should be reviewed and potentially revised in light of current pressures. Mr. Jamieson advised that the Major Response Plan is currently under formal review and will be brought back to Members for consideration in due course.

He explained that one of the key challenges impacting major incident planning is the reduced number of General Practitioners, who would traditionally provide off-site clinical support during a major incident. This reduction has implications for how the organisation is able to deploy and sustain its professional workforce during such events. Mr. Jamieson further noted that the revised MAJAX assessment will formally recognise the increasing number of shipping liners and visitors to the islands, and the associated implications for surge capacity and response. As a Category 1 responder, the organisation's responsibilities and level of risk exposure in this context are considered to be significant.

Mr. Jamieson also took the opportunity to provide assurance to Members regarding the strength and resilience of multi-agency arrangements in place. He highlighted the close partnership working across the Western Isles Emergency Planning Group, which includes Police Scotland, Scottish Fire and Rescue Service, the Coastguard, RNLI, Social Care, Comhairle nan Eilean Siar (CnES), and Mountain Rescue. He emphasised that, should an incident occur, all partner agencies are able and willing to mobilise support, either collectively or individually, to assist the response.

Mr. Jamieson noted that this integrated, multi-agency approach is a particular strength of the Western Isles, representing a level of collaboration and mutual support that is not typically seen to the same extent in mainland settings.

The Chair expressed her thanks to Ms. Robertson and to Mr. Jamieson for the detailed update.

Decision: The Board formally noted the report.

Action: No actions required.

7.2 Healthcare Associated Infection Report

7.2.1 Appendix 1 – HAIRT Report Dec'25 – Jan'26

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

Discussion: For the reporting period covering December 2025 to January 2026, Ms. Robertson presented the infection prevention and control report, which provided a detailed overview of performance and activity during this time.

The report highlighted that there was one case of *Staphylococcus aureus* bacteraemia (SAB), which was identified as community acquired. In relation to *Escherichia coli* bacteraemia (ECB), a total of four cases were reported, comprising three healthcare-associated infections and one community-associated infection. It was noted positively that there were no reported cases of *Clostridioides difficile* (CDiff) during the reporting period.

Performance metrics demonstrated strong compliance across several key areas. Hand hygiene compliance achieved its highest performance in December 2025, reaching 100%. Cleaning compliance peaked in January 2026, with an overall compliance rate of 97.2% for the period. Estates monitoring also showed high standards, recording a performance level of 99.3% in December 2025.

During the same period, 28 associated surgical operations were undertaken, with no surgical site infections reported, reflecting robust infection prevention practices. The report also noted that several outbreak-related infections were managed during this time, including COVID-19, Influenza A, and Respiratory Syncytial Virus (RSV).

Ms. Robertson formally acknowledged and commended the significant efforts of the entire multidisciplinary team, recognising their commitment to minimising and controlling the transmission of infection wherever possible.

The Chair thanked Ms. Robertson for the comprehensive and highly positive report, and echoed appreciation for the continued diligence and hard work of the team in maintaining high standards of infection prevention and control.

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

Action: **No actions required.**

7.3 Local Delivery Planning Report Q3

7.3.1 Appendix 1 – Standards & Hospital Performance

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 formally recorded her thanks to the Health Intelligence Team for their work in producing the quarterly report.

In considering the report, Ms. Robertson highlighted that a number of performance targets had not been achieved. However, Members were reassured that there were no patients waiting longer than 52 weeks in relation to the Treatment Time Guarantee. It was further noted that a key objective for 2026 is to reduce the number of patients waiting beyond 26 weeks.

Members queried the performance range set out in the report in relation to Access to the GP Practice Team. Ms. Robertson advised that she did not have the detailed information available at the meeting but undertook to obtain this and circulate it to Members by email following the meeting.

The Chair thanked Ms. Robertson for the update.

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

Action: **No actions required.**

**** Additional note addressing the issue raised during the meeting. Update provided after the meeting**

Access to GP Practice Team 56% - 88% refers to the monitoring within each practice as to who patient are referred to within the Team and for the reporting period the percentages against each are:

- Doctor 83%
- Nurse 88%
- Physiotherapist 65%
- Mental Health Practitioner 56%
- Another Healthcare Professional 63%

7.4 Complaints Report Oct – Dec ‘25

7.4.1 Appendix 1 – Complaints Report Q3

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

Discussion: The report was presented to Members outlining complaint activity for quarter 3, covering the period October to December 2025. During this period, a total of 14 complaints were received, all of which were progressed at Stage 2 of the complaints process. Of these, two complaints were fully upheld, one complaint was partially upheld, and seven complaints were not upheld. The remaining four complaints were ongoing at the time of reporting and continued to be subject to investigation.

Members noted that, cumulatively, between 1 April 2025 and 31 December 2025, the organisation received a total of 70 complaints. Of these, 11 were managed at Stage 1 and 59 at Stage 2, reflecting the overall complexity and nature of the issues raised.

Ms. Bozkurt advised Members that further familiarisation with the new InPhase system is required to fully understand and utilise the reporting functionality available. She confirmed that work is ongoing to assess how the system can best support improved reporting and analysis of complaints data. To assist with this, consideration is being given to the use of a Summer Student placement to help review current processes and reporting arrangements.

Members noted the update and the actions underway to strengthen reporting and oversight.

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

Action: **No actions required.**

7.5 Information Governance Report Q4

7.5.1 Appendix 1 – Narrative Q4 Report

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

Discussion: Dr. Durkan presented Members with an update on performance for quarter 4 of 2025/26. The report highlighted that 57 Subject Access Requests (SARs) were received during the quarter, averaging 19 per month, which is in line with activity levels seen in the same period in previous years. However, it was noted that during 2025 only 50% of SARs were completed within the statutory one-month timescale. Current performance shows a further decline, with some individual cases delayed by up to 156 days and 15 requests

outstanding for more than 90 days. These delays were attributed primarily to extended turnaround times within Patient Services and additional delays from Laboratories.

Members were advised that between April 2025 and March 2026 a total of 860 Freedom of Information (FOI) requests were received, with 221 of these submitted in quarter 4. This represented a slight decrease compared to the same quarter in the previous year, when 241 requests were received. An overall compliance rate of approximately 80% was achieved in quarter 4, which is lower than the year-to-date compliance figure of 88%.

It was further reported that 43 data breach-related incidents were recorded between January 2025 and March 2026, with 11 occurring during quarter 4. Following investigation, eight of these were assessed as low-level breaches and none met the threshold for notification to the Information Commissioner's Office.

In relation to Information Governance training, compliance levels at the end of quarter 4 were reported as follows: FOI training at 82%, Safe Information Handling at 77%, and Staying Safe Online at 71%.

The Chair thanked Dr Durkan for the report and acknowledged the significant workload managed by a small team.

Decision: The Board formally noted the report.

Action: No actions required.

8. CORPORATE GOVERNANCE

No reports presented.

Refreshment break was taken from 1115 – 1125

1125 - Paul Steele did not return to the meeting

9. STAFF GOVERNANCE

9.1 Human Resources Workforce Report Jan'26

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 January 2026 Workforce Report and highlighted the following key points:

- **Reduced Working Week** – For staff employed under Agenda for Change, the standard working week has reduced from 37.5 hours to 36 hours, as approved by the Scottish Government Cabinet Secretary for Health and Social Care. The implications of this change have been fully assessed, with a significant body of work required to implement it. Heads of Department will continue to monitor service performance and escalate any issues directly attributable to the reduced working week for review.
- **Workforce Numbers** – As at 31 January 2026, the organisation's headcount stood at 1,112, representing 915.87 whole-time equivalent (WTE) staff.
- **Summer Students** – Eight summer student placements are currently under consideration across a range of non-nursing departments. The approach to managing summer student placements is being aligned with processes used across other NHS Boards.
- **Work Experience** – Forty requests for work experience placements have been received from The Nicolson Institute, representing the highest level of interest recorded to date. The organisation is actively working to accommodate all requests. In addition, 21 placements have been noted from UHI.
- **Agency Staff** – Locum staff continue to be required primarily to support long-term consultant vacancies in Psychiatry, General Medicine, General Surgery, Paediatrics and Radiology. Following a recent recruitment process, two CAMHS Consultant appointments are expected to be made.
- **Absence** – Sickness absence stood at 6.29% as at January 2026, compared with the performance target of 4%. This represents an improvement from the peak absence level of 7.89% recorded in September 2025.

When reviewing the volume of work experience requests, Members asked whether any placements related to the Southern Isles or Barra. Mrs MacDonald confirmed that she was aware of such requests, although she did not have the specific numbers available at the meeting. She advised that remote placements are being offered, enabling students to undertake work experience virtually in areas such as IT.

Mr. Jamieson advised that he personally reviews all placement requests and is fully supportive of both the process and the significant opportunities it provides. He noted that the number of requests has increased substantially in recent years and highlighted the value of work experience in allowing young people to explore potential career paths. He further observed that the scale and breadth of placement opportunities offered by NHS Western Isles is unmatched by any other island-based organisation. It is hoped that participants will find the placements engaging and be encouraged to consider the NHS as a future career option. Members were reminded that placements extend beyond nursing and are available across a range of functions, including Finance, Human Resources, IT, and Estates and Works.

Mrs. Maggie Jamieson advised that details of the summer placements had recently been circulated via a press release to all agencies.

The Chair thanked Mrs MacDonald for the update.

Decision: The Board formally noted the report.

Action: No actions required.

10. CLINICAL GOVERNANCE

10.1 Dementia Services Performance Update

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

Discussion: Members were provided with an update on the current performance of Dementia Services, as requested, in light of the delay in finalising the Dementia Plan. In presenting the update, Ms Robertson outlined recent service developments and progress.

It was noted that the Dementia/Frailty Lead Nurse took up post in April 2026 and is currently becoming familiar with the organisation, service structures and team members, while also identifying key priority areas for development. Members were advised that the Dementia/Frailty Lead Nurse will have responsibility for leading the development of the Dementia Plan and will also provide leadership and support to frailty services within the Front Door assessment process. In addition, the role will include providing support to care home settings across the islands, alongside line management responsibility for all Frailty Practitioners and the wider Frailty Team.

Ms. Robertson further advised that a Dementia Steering Group will be established to support service development and to ensure appropriate governance arrangements are in place. This group will provide oversight and review of the draft Dementia Plan as it is developed.

In updating Members on service performance to date, the following key performance information was reported:

- A total of 73 referrals were received between 1 April 2025 and 31 December 2025.
- Of patients currently receiving Post Diagnostic Support (PDS), 100% have been receiving support for less than 12 months from first contact.
- The average time between diagnosis and first contact with a PDS practitioner was reported as 16 days.
- All referrals received met the standard referral criteria.
- For 100% of referrals, the uptake decision was recorded.
- 100% of accepted referrals proceeded to receive Post Diagnostic Support.

Members expressed their appreciation of the strong performance reported, noting the positive impact of the service not only for patients but also for their families and carers.

The Chair thanked Ms Robertson for the comprehensive update and for her leadership in the continued development of the service. The Chair also suggested to Mrs Smith, Chair of the Integration Joint Board (IJB), that consideration be given to a similar update being presented to IJB Members.

Decision: The Board formally noted the reports.

Action: No actions required.

10.2 Health and Care Staffing Act Annual Report 2025/26

10.2.1 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: In presenting the report to the Board, Ms. Robertson advised that the Health and Care (Staffing) (Scotland) Act 2019 places a statutory requirement on all NHS Boards to provide assurance on compliance with the Act. The purpose of this requirement is to ensure that appropriate staffing levels are maintained across health and care services, thereby supporting the delivery of safe, effective and high-quality care and contributing to improved patient outcomes.

Members noted the compliance assessment across the ten relevant Duties, with one Duty assessed as “Limited”, five Duties assessed as “Reasonable” and four Duties assessed as “Substantial”. In relation to Duty 12IJ, the Duty to follow the common staffing method, Ms. Robertson highlighted ongoing challenges associated with the timeliness of data reporting through Microsoft Teams. It was noted that these challenges are recognised at a national level and that remedial work is currently underway to improve consistency and timeliness of reporting across Boards.

Members were further advised that, given the extent of data gathering, validation and analysis required, the reporting process typically spans a period of nine to eleven months. This timeframe allows for the necessary assurance processes to be completed prior to presentation to the Board and subsequent submission to the Scottish Government.

The Chair thanked Ms Robertson for the comprehensive report and acknowledged the significant volume of work undertaken to ensure compliance across all statutory Duties.

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

Action: **No actions required.**

11. PUBLIC HEALTH

11.1 Director of Public Health Annual Report 2025

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 drew Members' attention to the Director of Public Health Annual Report, highlighting that the report reflects progress made across 16 key topic areas led by his team. He noted that, in future years, the report will move away from a calendar-year format and instead align with the financial year, thereby ensuring consistency with other Board reporting cycles.

Dr Durkan took the opportunity to acknowledge the significant contribution and hard work of his team, offering particular thanks to Laura MacKay and Manisha Sharma for their efforts in preparing the report.

In reviewing the report, Members commented positively on its clear structure and accessible style, noting that it was easy to read and understand.

The Chair echoed these sentiments and formally thanked Dr Durkan and his team for the comprehensive and well-presented report.

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

Action: **No actions required.**

11.2 Public Health Strategic 2025/26 Year End Update

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 introduced the report and outlined of the strategic priorities for the Public Health service over 2025/26, highlighting how the Strategy aligned with national public health priorities and the organisation's wider strategic objectives. It was noted that the workplan provided context on population health challenges, planned areas of focus, and intended outcomes, together with associated deliverables.

Members remarked on the benefits of tracking the progress of each priority area against its aim and including the detail of the specific progress made at each quarter.

The Chair thanked Dr. Durkan and his team for the work carried out to support the Boards aim to protect and improve the health of its population.

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

Action: **No actions required.**

11.3 Public Health Strategy Workplan 2026/27

11.3.1 Appendix 1 – Narrative Report

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

Discussion: Dr. Durkan highlighted the report, noting that it set out the priority areas of work for the Public Health team and demonstrated a clear linkage to the 2026/27 Strategy. It was noted that progress reports would be presented on a biannual basis.

Members welcomed the level of detail provided and the clear alignment with the Strategy, which offered overall assurance. The Chair queried whether the service was appropriately resourced. In response, Dr Durkan advised that some programmes have dedicated funding streams, with allocations provided by the Scottish Government.

The Chair thanked Dr Durkan for the presentation.

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

Action: **No actions required.**

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

12.1 Population Health & Wellbeing Committee

12.1.1 PH&WC Terms of Reference

12.1.2 PH&WC Minutes of 16.12.25 - A

The Chair commented that she was pleased to note that the Committee was now fully established and operational. She invited Members to review the Terms of Reference and sought formal approval as presented.

Members approved the Terms of Reference.

The Minutes of the meeting held on 16 December 2025 were presented for information and awareness. No questions or comments were raised.

Decision: The Board formally noted the Committee minutes.

Action: No actions required.

1155 – Paul Steele returned to the meeting

12.2 Staff Governance Committee

12.2.1 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.

12.3 Area Partnership Forum

12.3.1 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.

12.4 Area Clinical Forum

12.4.1 ACF Minute 03.10.25 - 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.

13. DATES, TIMES & VENUE OF NEXT MEETING

Public Board Meeting

Start time: 10:15am.

Month / 2026	Paper deadline / 2026	Meeting Date / 2026	Venue
<i>February</i>	<i>09.02.26</i>	<i>26.02.26</i>	<i>Teams</i>
<i>April</i>	<i>13.04.26</i>	<i>30.04.26</i>	<i>Teams</i>
May	11.05.26	28.05.26	Hybrid
August	10.08.26	27.08.26	Teams
October	12.10.26	29.10.26	Hybrid
December	30.11.26	17.12.26	Teams

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 available at day 4 of the 5 working days timeframe.
Were you satisfied that the agenda items presented covered the current significant areas?	✓		
Was there 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 sufficient refreshment breaks?	✓		11:15 – 11:25
Did you consider that the Board discharged its duty in respect of • Proper Scrutiny • Relevant Questioning • Constructive Challenging	✓ ✓ ✓		

The Chair thanked everyone for their contribution, commitment, and involvement in the Board discussion and brought the meeting to a close at 12:00pm.

END