

Attendance

Present: Melanie Barnes (Interim Director of Finance), Kirsty Cole (Chair, Area Clinical Forum), Debs Crohn (Head of Improvement), John Daniels (Head of Primary Care), Rona Gold (Non-Executive Director), Issy Grieve (Non-Executive Director), Joanna Kenny (Non-Executive Director), Dr Anna Lamont (Medical Director), Shona Lawrence (Corporate Communications Officer), Meghan McEwen (Board Chair), Ryan McLaughlin (Non-Executive Director/Employee Director), Steven Phillips (Head of People and Culture), Laura Skaife-Knight (Chief Executive Officer), Jean Stevenson (Non-Executive Director), Jason Taylor (Non-Executive Director), Sam Thomas (Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services), Phil Tydeman (Director of Improvement)

Guests: Lynn Adam (Clinical Lead for Workforce), Lorraine Davidson (Diabetes Specialist Nurse), Margaret Henning.

1. **Cover page**
2. **Patient Story (Presenter: Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (DoNMAHP))**

The Board welcomed a patient story from the Diabetes Community Team. The Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services (DoNMAHP) introduced Lorraine Davidson (Diabetes Specialist Nurse) and Margaret (Maggie) Henning to the meeting.

A video from Caroline Page (Diabetes Specialist Nurse) was presented celebrating the success of the Diabetes service in Orkney and our passion to deliver patient centred care whilst innovative developments place us in a good position nationally.

In January, this year with the support of our Diabetic Service Maggie moved on to the hybrid closed-loop system. which takes readings from a continuous glucose monitor and uses an algorithm to notify the patients insulin pump how much insulin to deliver over a 24-hour period.

Decision/conclusion

Members welcomed the presentation and thanked Maggie, Lorraine, and Caroline for their presentation.

3. **Welcome and Apologies (Presenter: Chair)**

Apologies were received from David Campbell (Non-Executive Director) Jarrod O'Brien (Director of People and Culture), Stephen Brown (Chief Officer Integration Joint Board) and Dr Louise Wilson (Director of Public Health).

The Chair welcomed and thanked Steven Phillips (Head of People and Culture), John Daniels (Head of Primary Care) and Hannah Casey (Public Health Improvement Manager) deputies for

the Director of People and Culture, Chief Officer Integration Joint Board and Director of Public Health.

The Chair acknowledged and thanked Phil Tydeman (Director of Improvement) and Alan Cooper (Interim Head of Strategy) for the significant work and contribution to the Boards improvement journey over the past 12 months recognising they will leave the Board in May 2025.

The meeting was quorate in accordance with the Board's Code of Corporate Governance.

4. Declarations of Interest (Presenter: Chair)

There were no declarations of interest raised.

5. Minutes of Previous Meeting 27 February 2025 OHB2426 - 01 (Presenter: Chair)

The minutes of the meeting held on 27 February 2025 were accepted and approved as an accurate record of the meeting.

6. Matters Arising (Presenter: Chair)

No matters arising were raised.

7. Action Log OHB2426 (Presenter: Chair)

The action log was reviewed, and corrective action agreed on outstanding issues (see action log for details).

8. Board Chair and Chief Executive Report to the Board April 2025 OHB2426 - 02 (Presenters: Chair, Chief Executive)

The Chair and Chief Executive presented their report to the Board providing an update on key events and activities from February and March 2025, these are as follows.

- **Financial Performance** - NHS Orkney is one of few boards in Scotland to deliver and achieve their financial plan for 2024/25. Chief Executive thanked all colleagues across the Organisation, we now go into a new financial year with hope.
- **Team Orkney awards** – The Chief Executive thanked The Orcadian for supporting the Patients Choice Award and Cameron Stout (BBC Radio Orkney) for hosting the event acknowledging it was a truly memorable evening for all of those who attended.
- **National recognition** - We have 2 finalists in the Royal College Nursing (RCN) 2025 awards and a finalist and winner in Scottish Governments Chief Scientist Awards.
- **NHS Reform and Renewal** - Meeting has taken place with Cabinet Secretary and Director General regarding the following priorities: further improvements on planned care, reducing delayed transfers of care, system leadership and cross-boundary collaboration.
- **Year 2 Corporate Strategy 2025/26** was launched on the 1 April 2025 following extensive engagement with our patients, community, and staff.

Employee Director added his thanks to the organising Committee and to Unison for supporting the Respect Award.

Decision/conclusion

Members received the update.

9. Renewal & Reform Paper to NHS Boards - Health Board Collaboration and Leadership OHB2426 - 03 (Presenter: Chief Executive)

The Chief Executive presented the Renewal & Reform Paper to NHS Boards - Health Board Collaboration and Leadership and the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland. The Chief Executive described the associated requirement for the Board to seek assurance on delivery of these commitments and the evolution of the new governance arrangements (NHS Scotland Executive) which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms. This is being taken forward through our Corporate Strategy, Annual Delivery Plan (ADP), 3-Year-Financial Plan and monitored through the bi-monthly Integrated Performance Report (IPR).

Chief Executive advised that there will be a real shift in patients moving between boards recognising that patients must have a choice of where they receive care.

I Grieve asked if remote and rural communities had been considered in the paper. The chair confirmed that concerns regarding remote and rural inclusion in the paper. Executive Directors and Chief Executives have been asked to contribute to the plans, which is a real change seen over the past 6 months.

R Gold asked for clarity on whether this will result in additional governance and scrutiny from Scottish Government and asked for a summary to be shared with Board members of the 3 products outlined in the paper. The Chief Executive confirmed that the products mentioned in the paper have been included in the Corporate Strategy to ensure all local and national priorities are monitored and reviewed in one place.

R McLaughlin asked if there was equity of voice of smaller Boards in this new structure. Chief Executive was clear that all 22 Board Chief Executives are equal partners, and NHS Orkney is not viewed any differently from any other Health Boards.

Decision/Conclusion

The Board acknowledged, endorsed, and supported.

- their role for the population its serves as well as its contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL (2024)31 and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform directions.

10. CHAIRS ASSURANCE REPORTS

10.1. Joint Clinical and Care Governance Committee Chairs Assurance Report - 2 April 2025 OHB2426 - 04 (Presenter: Rona Gold - Chair of Joint Clinical and Care Governance Committee)

The Chair of the Joint Clinical and Care Governance Committee presented the report highlighting the following items which had been discussed at Committee on the 2 April 2025:

- Excellent staff story on the Green Maternity project which set a real focus on the purpose of the meeting.
- The meeting was extended due to the extensive agenda with lots of positive assurance given to the Board.
- Comprehensive update from Dentistry, a further update on the action plan will be brought to Committee later in the year.
- Matters of concern have leads assigned to address the actions.

The Board Chair thanked the Committee, acknowledging the maturity of the Committee on its improvement journey.

The Employee Director asked for assurance that staff have received communication on the actions in relation to the Mental Health Peer Review. The Head of Primary Care advised that there are good relationships between managers and teams and would confirm that this action plan was well-communicated.

Chief Executive provided assurance in relation to the Robertsons contract, additional leadership is now in place via the Interim Director of Finance, further update will be provided at the next Finance and Performance Committee in May 2025.

Decision / Conclusion

The Board noted and accepted the update provided.

10.2. Finance and Performance Committee 27 March 2025 OHB2426 - 05 (Presenter: Meghan McEwen - Vice Chair Finance & Performance Committee)

The Chair presented the Finance and Performance Committee Chairs Assurance Report from the meeting on the 27 March 2025.

The Chief Executive asked if wording on limited assurance on the Island Games draft plan should be amended as it does not reflect conversations at the Committee or provide assurance to our community.

The Chief Executive asked for clarity on the Band 6 post referenced in the report. DoNMAHP advised that the post is in relation to a new post within the Laboratory Service. As this is a new post, it will be brought through the internal business case process.

R Gold welcomed the contract register being presented to the Finance and Performance Committee and asked for clarity on what the Clinical Services Review (CSR) is and will deliver as it was unclear in the report.

R Gold asked that Chairs Assurance Reports are made clearer for members who were not present at meetings.

Decision / Conclusion

The Board noted the update provided subject to the amendments discussed and agreed above.

10.3. Audit and Risk Committee 4 March 2025 OHB2426 - 06 (Presenter: Jason Taylor, Chair of Audit and Risk Committee)

The Chair of the Audit and Risk Committee presented the report highlighting the following items which had been discussed at their meeting on 4 March 2024:

- **Internal Audit Plan 2025/26** - significant reduction in the number of internal audits in 2025/26. The Audit and Risk Committee Chair thanked the Senior Leadership Team for their support. Board Chair thanked the Audit and Risk Committee for the maturity displayed in the Chairs Assurance Report.
- The Committee Chair thanked the Director of Improvement for their support.
- Board Risk Management Workshop scheduled for the 29 May 2025.

I Grieve asked for assurance that the internal audit recommendations have been delivered by the 31 March 2025. Director of Improvement advised that delayed actions are in relation to digital, one of the lessons learned is to be realistic with timescales so assurance can be taken.

Decision / Conclusion

The Board noted the update provided.

10.4. Senior Leadership Team - March and April 2025 OHB2426 - 07 and OHB2426 - 08 (Presenter: Chief Executive - Chair of Senior Leadership Team)

The Chair of the Senior Leadership Team (SLT) presented the report highlighting the following items which had been discussed at their meetings on 6 March 2025, 21 March 2025, and 1 April 2025.

6 March 2025

- **Corporate Risk Register** - digital maturity risk score has now reduced due to the work undertaken by the Digital Information Operations Group.

21 March 2025

- **Wider staff communications regarding workforce workstream** - Deep dive taking place with SLT and Area Partnership Forum in May 2025

- **Medical Device policy** - draft Medical Device Policy has been sent to Scottish Government, this will be presented to the SLT and Board in June 2025.
- **HR Records Management** - is now being picked up as part of Business as Usual. Board Chair asked for assurance on policies being updated to ensure policies are fit for the future. Chief Executive advised that further work is required, a Board Seminar will be arranged to fully update the Board on work underway.

1 April 2025

- **Financial sustainability** - the risk rating has been upgraded due to no brokerage being available to Boards in 2025/26.
- **Integrated Performance Report (IPR)** - there has been a deterioration in our planned care performance, a deep dive session to take place with the Board 24 April 2025.

R Gold thanked the SLT for the work being undertaken on the review of metrics in the IPR. Interim Head of Strategy is leading this piece of work to look at our current key performance indicators to ascertain what local indicators are not included, which will add value to the Board and our Community.

The Chief Executive advised that a full review of the IPR will be undertaken with the Board taking into consideration best practice ahead of IPR 2026/27.

Decision / Conclusion

The Board noted the update provided.

10.5. Area Clinical Forum - OHB2426 - 09 (Presenter: Kirsty Cole, Chair of the Area Clinical Forum)

The Chair of the Area Clinical Forum presented the report highlighting the following items which had been discussed at their meeting on XX 2025:

Matters of concern

- **Accommodation concerns highlighted for students** - work is underway to look at housing and clinical accommodation. This is being led by the Boards Head of Estates.
- **Delays at Vacancy Control Panel** are causing concerns this was raised by clinical advisory committee.

Positive assurance

- Tongue Tie Policy approved for onward clinical consultation and approval.
- Allied Health Professionals are now being included in the discharge planning process - this was welcomed by the Board.
- Board Chair confirmed that Board agendas are now being shared with the Area Clinical Forum to ensure clinicians are sighted on and able to contribute to Board Agendas

Decision / Conclusion

The Board noted the update provided.

10.6. Staff Governance Committee (Presenter: Joanna Kenny - Chair of Staff Governance Committee)

No meetings have taken place since the last Board Meeting.

The Chair of Staff Governance Committee advised that there are still concerns in relation to mandatory training, appraisals, staff sickness and limited assurance on the Health and Social Care Staffing Act.

11. Corporate Risk Register OHB2426 - 10 (Presenter: Medical Director)

The Medical Director presented the report which provided an update on active risks, changes to risk ratings, any newly added risks and any risks that had been closed or made inactive within the last reporting period.

Members were advised that the top three highest scored risks for the organisation were lack of senior leadership capacity and capability, lack of organisational digital maturity and corporate financial sustainability.

The chair welcomed sight of the Corporate Risk Register and the opportunity the Board Development Session in May 2025 will bring.

Decision / Conclusion

The Board noted the update provided and the current mitigation of risks highlighted.

12. STRATEGIC OBJECTIVE - PLACE

12.1. Community Planning Partnership Update OHB2426 - 11 (Presenter: Public Health Manager)

The Public Health Manager provided an update from the Community Planning Partnership (CPP) meeting held on the 24 April 2025 on behalf of the Chief Officer Integration Joint Board (IJB).

The CPP meeting was held at The Balfour and members had a tour of the hospital and learnt more about our approach to Net Zero. The Community Wealth Plan was approved, and discussions took place regarding the gender pay gap.

I Grieve advised that the CPP recognise that impact assessments are being undertaken in isolation, partnership committed to ensuring that they are undertaken in partnership going forward.

The Board Chair recognised the Community Planning Partnerships improvement journey.

Decision/Conclusion

Members received and noted the update.

12.2. Integration Joint Board (IJB) update OHB2426 - 12 (Presenter: Head of Primary Care)

The Head of Primary Care provided an update from the Integration Joint Board held in February.

- 2 new carer representatives were welcomed to the board.
- Assurance given following the joint inspection of adult services.

J Kenny asked if a direction has been issued to the Board for the Daisy Villa, once minutes from the IJB are available, a direction will be sent to the Chief Executive, Interim Director of Finance and Head of Corporate Governance.

Decision/conclusion

Members received and noted the update.

13. STRATEGIC OBJECTIVE - PEOPLE

13.1. External Review - culture governance and senior leadership - April 2025 progress update OHB2426 - 13 (Presenter: Chief Executive)

The Chief Executive presented the report summarising the external review that was commissioned by her in mid-2024 into Cultural Development, Governance and Senior Leadership at NHS Orkney to help to identify good practice and recommendations for areas of focus to support our continuous improvement.

The paper highlights several actions that have been delivered since the last meeting.

- All Executive Directors have completed a 360 appraisal.
- Behavioral values and standards workshops have taken place with the Board and SLT
- Leadership Development Programme socialised at Extended Senior Leadership Team (ESLT)
- Portfolio changes have now taken place - Deputy CEO joins the Board 12 May 2025

The board Chair noted that the external review of culture governance and senior leadership improvement plan being brought to Board demonstrates our commitment to openness and honesty.

Decision / Conclusion

Members accepted the report and approved the Action Plan which would feature at each Board meeting.

13.2. Your Employee Journey Staff Experience Programme OHB2426 - 14 (Presenters: Head of People and Culture)

The Head of People and Culture presented the Your Employee Journey Staff Experience Programme Report

Extensive engagement has been undertaken with staff to co-produce the programme to deliver our commitment as set out in Corporate Strategy.

39 improvements have been identified to improve employee journey and specifically designed to include as many people as possible. SLT have agreed on 5 areas of focus in particular values and behaviours.

Organisational development programme has been approved by SLT and Staff Governance Committee.

Chair asked for reflections from the SLT workshop on values and behaviours. The Head of People and Culture advised that there are some common themes and a fantastic opportunity for the SLT to learn more about their peers and to deliver the values session in their teams.

J Kenny acknowledged the tremendous amount of work that has gone into the Your Employee Journey Staff Experience Programme recognising this is a big part of the Staff Governance Committees improvement journey.

The Employee Director asked for clarity about who is leading this piece of work. Head of People and Culture advised highlight reports will be provided to the Senior Leadership Team with assurance provided to the Staff Governance Committee which has representation from across the Organisation. This work will be led by the People and Culture team.

Board Chair asked what clinical buy in there is for the programme. The Head of People and Culture advised that face-to-face sessions have taken place across teams including clinical teams.

The Chief Executive thanked the People and Culture team, recognising this is a single blueprint for our people strategic objective and asked that we map out what will be delivered and when. The Chief Executive raised concerns regarding charitable funding for staff well being, there needs to be a sustainable solution in place recognising the importance of staff well-being as referenced in our iMatter results.

The Chief Executive asked that we challenge ourselves to have a patient experience framework at the next Board meeting following the same blueprint led by our Director of People and Culture.

Decision/conclusion

The Board received and approved the Your Employee Journey Staff Experience Programme

13.3. NHS Orkney Annual (Health and Care Staffing Act) Report 2024/25 OHB2426 -27 (Guests: Lynn Adam - Clinical Lead for Workforce)

The Clinical Lead for Workforce presented the NHS Orkney Annual (Health and Care Staffing Act) Report 2024/25 for approval before submission to Scottish Government thanking those involved in providing updates.

The DoNMAHP advised that our primary focus in Year 1 on embedding the Health and Care Staffing Act has been to increase understanding across the whole system. There is recognition of compliance in some areas but not all duties, this has resulted in the Board being in a position of limited assurance with compliance. The DoNMAHP advised that there is a need to produce a summary document for our patients and communities which sets out what this means for NHS Orkney.

The Chair asked what actions will be put in place to address areas which are non-compliant, where the work is being undertaken and what the red, amber, green status in the self-assessment means. The Clinical Lead for Workforce advised that grading for each duty is an amalgamation of self-assessment scores from staff. DoNMAHP advised that the Workforce Operational Group will provide oversight of the improvement trajectories led by the Director of People and Culture. Inconsistencies are due to systems and processes not being in place. The Board noted that there are currently no meetings in the diary for the Workforce Operational Group. The chair requested confirmation of dates for the next 12 months from the Director of People and Culture.

The Employee Director advised that implementation of the Act is on our Corporate Risk Register, clarity is still required on what resources are required to bring the Board compliant with the Act.

DoNMAPH advised that work has been undertaken to identify what resources are required, challenges remain in terms of competing clinical priorities, double entry of data and additional information being provided by Scottish Government.

R Gold thanked the report author for the cover paper and comprehensive self-assessment and the information provided.

J Kenny advised that Scottish Government are aware of our current position but felt that insufficient mitigations continue to be presented via quarterly reports to Staff Governance Committee. J Kenny asked the Board to consider the actions, recognising the inaccuracies noted in the submission, for example all leavers have an exit interview. Staff Governance Committee have continued to provide limited assurance on the Health and Social Care Act.

The Medical Director commended the report to the Board, celebrating that data is now available and recognising the amount of work undertaken to complete and produce the report.

The Employee Director recommended that the report be approved, with the focus being on the improvement plan going forward.

The Chief Executive asked that a recovery plan be put in place by the Executive Team and brought back to the Board in June 2025.

Decision/conclusion

Whilst limited assurance can be provided to Scottish Government, members received and approved the NHS Orkney Annual (Health and Care Staffing Act) Report 2024/25 subject to the Chair of Staff Governance Committee, Employee Director, Clinical Lead Workforce and DoNMAHP providing assurance to the Chief Executive the issues raised above are addressed prior to submission to Scottish Government.

13.4. Succession Planning Committee Terms of Reference Cover Paper OHB2426 - 15 (Presenter: Chair)

The Board Chair presented the Succession Planning Committee Terms of Reference for consideration recognising that several Board Members' terms of office are ending.

I Grieve has been asked to Chair the Succession Planning Committee.

Decision/conclusion

Members welcomed the report and approved the Terms of Reference and membership of the Succession Planning Committee

13.5. Board Walkaround Feedback OHB2426 - 16 (Presenter: Chief Executive)

The Chief Executive presented the feedback from Board Walkarounds which took place in February and March 2025.

Decision/conclusion

Members received the update

14. STRATEGIC OBJECTIVE - PATIENT SAFETY, QUALITY AND EXPERIENCE

14.1. Healthcare Associated Infection Reporting Template (HIART) Report OHB2426 - 17 (Presenter: Director of Nursing, Midwifery, AHP and Chief Officer Acute)

The DoNMAHP presented the report providing assurance on infection prevention and control standards for all key performance targets as set out by the Scottish Government and locally led initiatives, highlighting the following:

- Updated Direction Letter shared with the Board
- Increased our compliance with Methicillin-resistant *Staphylococcus aureus* (MRSA) reporting
- 6 walk arounds have taken place since the last meeting

Board Chair noted consistent excellence and performance in our domestics and estates team.

Decision / Conclusion

The Board noted the update provided received assurance.

14.2. Code of Corporate Governance 2025/26 OHB2426 - 18 (Presenter: Chief Executive)

The Chief Executive presented the refreshed Code of Corporate Governance 2025/26 which has been aligned to our Corporate Strategy.

The board welcomed track changes in papers.

Decision/Conclusion

Members approved the updated Code of Corporate Governance 2025/26.

14.3. Whistleblowing Standards Annual Report 2024/25 OHB2426 - 19 (Presenter: Chief Executive)

The Chief Executive presented the Whistleblowing Standards Annual Report 2024/25. Annual report 2025/26 outlines the approach to whistle blowing and transition of Whistle blowing Executive Lead transferring to the Medical Director from Chief Executive. 1 whistle blowing case this financial year - this has been dealt with and is closed.

This has been another year of improvements but recognise more to do.

Decision/Conclusion

Members received and approved the Whistleblowing Standards Annual Report 2024/25.

14.4. Whistleblowing Champions Assurance Report OHB2426 - 20 (Presenter: Whistleblowing Champion - Jason Taylor)

The Whistleblowing Champion presented the Whistleblowing Champions Assurance Report 2024/25 outlining how lessons learned are being implemented. A workshop has taken place to look at whistle blowing processes recognising the impact this has on the individual raising concern.

The Board Chair thanked the Whistleblowing Leads and those colleagues who have raised concerns.

Decision/Conclusion

Members received and approved the Whistleblowing Champions Assurance Report 2024/25.

15. STRATEGIC OBJECTIVE - PERFORMANCE

15.1. Corporate Strategy 2024/25 Quarter 4 Update OHB2426 - 21 (Presenter: Chief Executive)

The Chief Executive presented the Corporate Strategy 2024/25 Quarter 4 update.

Decision/conclusion

Members received and approved the Corporate Strategy Quarter 4 update.

15.2. Board Assurance Framework Quarter 4 Update OHB2426 - 22 (Presenter: Chief Executive)

The Chief Executive presented the Board Assurance Framework Performance Scorecard (BAFPS) Quarter 4 2024/25 update for discussion and approval.

Decision/conclusion

Members welcomed and approved the Board Assurance Framework Performance Scorecard (BAFPS) Quarter 4 2024/25 update.

15.3. Corporate Strategy Year 2 High Level Priorities and Key Performance Indicators OHB2426 - 23 (Presenter: Chief Executive)

The Chief Executive presented the Corporate Strategy Year 2 High Level Priorities and Key Performance Indicators set out in Appendix 4. Senior Leadership Team have approved the Corporate Strategy, this year Corporate Strategy reflects how we have listened to our patients, community, and staff.

Detailed in the report is how priorities will be overseen by each of our Governance Committees.

I Grieve attended the Extended Senior Leadership Team (ESLT) where the Corporate Strategy was presented, this was well received with a high level of engagement.

Decision/conclusion

- Members received and approved the Year 2 Corporate Strategy High Level Priorities and Key Performance Indicators/metrics for delivery in 2025/26, noting the engagement activity and feedback received from our patients, community, partners, and staff that has informed the development of the Year 2 Corporate Strategy

15.4. Integrated Performance Report April 2025 OHB2426 - 24 (Presenter: Chief Executive)

The Chief Executive presented the Integrated Performance Report (IPR) by exception in chapters which summarised NHS Orkney's performance based on national and local reporting requirements as well as those indicators which matter patients, staff, and local community.

The reporting schedule was presented to members to ensure all Governance Committees receive IPR chapters ahead of coming to the Board.

Patient safety, Quality and Experience

- The Board Chair asked for clarity on inpatient falls and what evaluation is in place for improvement work. DoNMAHP advised that our excellence in care leads supports staff on the wards, all falls have a 5-minute analysis undertaken

by staff. Board Chair asked that Red, Amber, Green status be reviewed. DoNMAHP will consider how the Excellence in Care dashboard can be incorporated into IPR.

Operational Standards

- J Stevenson asked for assurance on the recovery plan for endoscopy services. The Medical Director advised that recruitment has now commenced.
- **Post-natal midwife standard** - Board Chair asked for clarity on why the standard is 0%. The DoNMAHP advised that a change to service delivery means that patients will have the same midwife throughout their pregnancy. Board Chair asked that oversight of this standard is discussed at the Joint Clinical Care Governance Committee.

Community

- **Podiatry** - Board Chair asked for assurance on the additional resources identified for the podiatry service and what risks are presented to patients of long waits. DoNMAHP advised that a substantive podiatrist has commenced, a piece of work is underway led by the Associate Director of Allied Health Professions.
- **Mainland Community Nursing** - K Cole asked for clarity on capacity issues within the mainland community nursing team. The Head of Primary Care advised that one of the challenges is the lack of an electronic health record. Work is underway to optimise activity within the team. The service has now been transferred into the Primary Care Directorate.

Population Health

- Chair asked for assurance on the reduction of blood spot testing and what learning could be shared. DoNMAHP advised that the maternity team are taking a person centred approach, this will be included in the next IPR.

Workforce

- J Taylor asked if the number of vacant/absent hours could be included in the IPR. To be reviewed by the Director of People and Culture.

Decision / Conclusion

Members noted where Key Performance Indicators were off track and the improvement actions in place to bring deliverables back on track and the IPR reporting Schedule for 2025/26.

15.5. Month 11 Finance Report OHB2426 - 25 (Presenter: Interim Director of Finance)

The Interim Director of Finance presented the Month 11 Finance Report. The reported financial position at the end of Month 11 was an improved position from Month 10 due to additional funding received from Scottish Government for Distant Islands Allowance and Agenda for Change.

Year-end out turn (Month 12) is anticipated to be an improved position based on our planned trajectory. The Chair acknowledged that this is the first time the financial and efficiency plan has aligned and welcomed improved financial reporting, recognising we are on a continuous improvement journey.

Chair encouraged members to meet with the Interim Director of Finance if they have any questions in relation to Boards finances and financial reporting reports.

The chair asked that the Agenda for Change work be overseen by the Workforce Operational Group.

I Grieve thanked the Interim Director of Finance for the quality of data presented, recognising that whilst we are in an improved position in Year 1 - it will be challenging to sustain this in Year 2.

The Interim Director advised that there is a risk in Year 2, however our Improving Together Programme Board continues to ensure we are sighted on and coordinating delivery of the programme.

Chair asked that the Integration Joint Board be referred to as the Health and Social Care Partnership so clarity in financial reporting between the IJB and HSCP can be provided on the Board's responsibilities for best value and financial improvement.

Decision / Conclusion

Members took assurance from the report.

15.6. First draft Improving Together Programme Plan 2025/26 OHB2426 -26 (Presenter: Director of Improvement)

The Director of Improvement presented the first draft Improving Together Programme Plan 2025/26.

There was a strong level of confidence in the schemes presented to the Board, all plans will be further developed and brought back to the Board in June 2025.

Chief Executive thanked, Executives and the SLT for their work undertaken, recognising that investing in leadership development and quality improvement training is critical in delivering our improvement programme and that we start Quarter 1 of 2025/26 in a strong position.

K Cole asked that we refer to The Balfour as a Health and Care facility, recognising it is much more than a hospital and asked for clarity on the number of individuals living on ferry linked isles. The Medical Director to confirm the percentage of individuals living on ferry linked isles ahead of the final plan coming to Board in June 2025.

The Chair asked that scrutiny, grip and control continue moving forward.

Decision/conclusion

Members received and noted the first draft of the Improving Together Programme 2025/26

16. STRATEGIC OBJECTIVE – POTENTIAL

No papers for discussion

17. ANY OTHER COMPETENT BUSINESS

18. MINUTES FROM GOVERNANCE COMMITTEE MEETINGS

18.1. Staff Governance Committee (Presenter: Chair)

Members noted the minutes.

18.2. Joint Clinical Care Governance Committee

Members noted the minutes.

18.3. Audit and Risk Committee (Presenter: Chair)

Members noted the minutes.

18.4. Area Clinical Forum (Presenter: Chair)

Members noted the minutes.

18.5. Finance and Performance (Presenter: Chair)

Members noted the minutes.

19. ITEMS FOR INFORMATION (Presenter: Chair)

19.1. Board Meeting Schedule 2025/26

Members noted the meeting schedule 2025/26.

19.2. Evaluation of the meeting

- The board recognised the value of having the patient story at the start of the meeting.
- Meeting felt rushed at times - consideration to be given to the best way for patient stories to be brought to the Board.
- Information about the patient story being presented would have been useful ahead of the meeting.
- The chair acknowledged the agenda was challenging and there is a need to say no to items coming to Board.
- Positive meeting, quality papers presented.

The Chair closed the meeting at 12.33.