Shetland NHS Board

Minutes of the public Shetland NHS Board Meeting held at 09.30am on Tuesday 29th April 2025 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Mrs Natasha Cornick	Non-Executive Board Member (Vice-Chair)
Mr Colin Campbell	Non-Executive Board Member
Prof Kathleen Carolan	Director of Nursing & Acute Services
Mr Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Chief Executive
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Kathy Hubbard	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mrs Emma Macdonald	Local Authority Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director

In Attendance

Ms Jo Robinson	Director of Community Health & Social Care
Mr Karl Williamson	Head of Finance and Procurement
Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	Board Business Administrator
Ms Millie Boulton	Board Business Manager (minute taker)
Mrs Lucy Flaws	Head of Planning and Performance
Mr David Wagstaff	Head of Estates and Medical Physics
Ms Amy Gallivan	Senior Communications Officer

Chair's Opening welcome

The Chair welcomed all attendees to the public board meeting. Mr Robinson highlighted the ongoing pressures across the healthcare system, compounded by structural work required at the hospital. He formally recorded the Board's appreciation for the continued professionalism and flexibility of staff.

He emphasised the importance of maintaining kindness and respect across the system and noted that the next steps regarding hospital structural works would be discussed in a closed session due to commercial sensitivity. Updates would be shared with staff and the public as soon as possible.

The Chair finished by giving special notice and congratulations to:

- Marie Hurson, Cardiac Nurse Specialist, for being a finalist in the RCN Scotland Nurse of the Year Awards (Clinical Leadership category).
- Dr Deepa Shah, who had commenced her role as Associate Medical Director within the Community Health and Social Care Partnership, alongside her role as a GP at Levenwick Medical Practice.
- Ralph Roberts, former Chief Executive for NHS Shetland, for undertaking a 1,200-mile cycling challenge to raise funds for NHS Shetland, NHS Borders, and the Scottish Action for Mental Health.

2025/26/02 Apologies for Absence
Apologies were received by Mrs Lorraine Hall & Mrs Edna Mary Watson

2025/26/03 Declarations of Interest
There were no declarations of interest. Members were reminded to declare any interests as they arise during the meeting.

2025/26/04 Minutes of the Previous Meeting
The minutes of the meeting held on 11 February 2025 were reviewed. Mrs Hubbard requested a minor amendment to clarify that the reference to "temporary funding for the hospital" should read "temporary funding for the Hospital at Home service."
DECISION: The minutes were approved with the amendment.

2025/26/05 Board Action Tracker
The Board reviewed the action tracker. No issues were raised.
DECISION: The board approved the action tracker

2025/26/06 Matters Arising
None to note

2025/26/07 - Healthcare Associated Infection Report
(Board Paper 2025/26/01)
Professor Kathleen Carolan presented the report, noting good compliance with infection control standards. A small flu outbreak in March 2025 was managed effectively and will be included in a future report. A debrief session was confirmed to capture lessons learned.

ACTION: No actions noted

Discussion
Mrs Kathy Hubbard queried the status of surgical site infection data collection, as she believed that the government had stopped asking for this data, having done so during the COVID period. Professor Carolan confirmed that while external reporting was no longer required, such infections were still monitored through internal multidisciplinary surgical clinical governance processes. She continued that if there was a case it would be an adverse event and would be picked up through the usual clinical governance arrangements.

DECISION: The report was noted by the Board

2025/26/08 - Finance - Monitoring Report 2024/25 at Month 11
(Board Paper 2025/26/02)
Mr Marsland reported that the Board was overspent by £1 million at the end of February 2025. However, the forecast for year-end (Month 12) remained a break-even position, supported by additional recurring funding secured through negotiations with the Scottish Government. He noted that while this funding helped address immediate pressures, underlying issues remained, particularly around recruitment and the reliance on non-NHS contracted staff. Further work was required in 2025/26 to develop recurring savings plans, especially in light of the Scottish Government's 3% recurring savings target.

ACTION: No actions noted

Discussion
Dr Brian Chittick praised the finance team's efforts in securing recurring funding to address island-specific financial pressures. He highlighted that this work, which involved clearly articulating the unique financial challenges faced by island boards, had also benefited Orkney and the Western Isles. He noted this was a shift from simply identifying issues to actively

working with the Scottish Government to secure sustainable funding solutions. Mr Campbell asked whether any historical brokerage was included in the savings target. Mr Marsland confirmed that NHS Shetland had never received brokerage, and therefore no such figures were included.

The Chair expressed the Board's appreciation for the finance team's work and welcomed the positive forecast.
DECISION: The Board noted the paper

2025/26/09 - Strategic Risk Register Report
(Board Paper 2025/26/03)
Ms Hankin presented the Strategic Risk Register on behalf of Edna Mary Watson, who had sent her apologies. The report provided an overview of the current strategic risks, including updates on scores, mitigations, and new developments. Key highlights included:

SR04 – External Factors: The risk score was increased from 15 to 20, reflecting heightened concerns over medicine availability due to post-Brexit impacts and other political factors. This was identified as a very high risk under review by the Chief Executive in December 2024.

SR11 – Information Governance (IG) Training for Non-NHS Staff: The score increased from 6 to 12 due to the rise in cyberattacks nationally and globally. While controls are in place, the risk remains dependent on managers ensuring temporary staff receive appropriate Information Governance training.

SR21 & SR22 – Strategic Financial Planning and Management: These new risks replaced SR02 and reflect a more stable financial outlook following the Scottish Government's provision of recurring funding to address the historic funding gap for island boards. The risk scores have decreased accordingly. Both risks were reviewed by the Director of Finance in March 2025

Organisational Risk 1535 – Incomplete Review of IG Documents: This risk score has decreased due to the appointment of a new Corporate Records Manager in February 2025.

SRM08 – Workforce Risk: The score has reduced from 20 to 9, now considered a medium risk. This reflects the implementation of several internal controls to address workforce challenges.

SR16 & SR19 – Pandemic Risks: These have been formally closed and replaced with a more general risk (SR20), reflecting a shift from COVID-specific concerns to broader preparedness.

Transition to InPhase: NHS Shetland is preparing to transition from the Datix system to the InPhase system for adverse event and risk management, in line with national direction. A demonstration of InPhase was well received at the Risk Management Group (RMG) in November 2024. Full implementation is targeted for April 2026, with a one-year extension of the Datix license to allow for a smooth transition.

Controls Under Review: The adequacy of controls for several risks were currently being reassessed, including those related to national standards, IG training, cyberattacks, and CBRN contamination.

Horizon Scanning: The RMG has also been exploring emerging risks, including those related to estates, emergency helicopter landing sites, electric vehicles, and lone working.

ACTION: No actions to note

Discussion

Mrs Natasha Cornick raised a concern regarding whether the recent hospital pressures and the Board's period under critical incident status were adequately reflected in the Strategic Risk Register as she could not identify a specific risk within the report that addressed this issue. In response, Ms Michelle Hankin explained that a debrief session was scheduled for the following week to review the system pressures experienced. This session would explore how to strengthen winter planning, improve decision-making processes, and identify any gaps in the current risk register.

Mr Campbell commended the report and emphasised the importance of recognising the Strategic Risk Register as a living document. He praised the inclusion of Health and Social Care Partnership risks via the JCAD system, noting that this addition provided a more holistic view of system-wide risks. He also remarked on the clarity and usability of the report as a risk management tool, stating that it compared very favourably with other risk documentation.

Prof. Carolan acknowledged that there was currently no specific risk listed for the hospital estate. She confirmed that this would be addressed through the development of new implementation plans. These would include risks related to both the capital project and service resilience. She indicated that one or more new risks would be brought to the Board in due course to reflect these concerns.

The Chair concluded the discussion by noting that the inclusion of partnership risks and the forthcoming estate-related risks would enhance the Board's ability to oversee the full spectrum of operational and strategic challenges. He thanked Ms Hankin for the comprehensive report.

DECISION: The Board noted the paper

2025/26/10 - Risk Management Summary Out-turn Report 2024/25 and Draft Risk Management Workplan 2025/26
(Board Paper 2025/26/04)

Ms Hankin summarised key developments in risk management over the past year including the following:

- The team successfully recruited two Clinical Governance Facilitators and a Support Manager, though one vacancy remained. Despite staffing challenges, significant progress was made, including the closure of 792 adverse events—more than double the previous year.

- The Board is preparing to transition from the Datix system to InPhase by April 2026, with a licence extension in place to support the changeover. Strategic and organisational risks had been reformatted, and a targeted review of Directorate risks planned. Governance committees had received regular risk updates, and the Clinical Governance Committee had begun deep dives into specific risks.

- An internal audit identified seven areas of good practice and four recommendations, which were being addressed. The team was also aligning local processes with the new national framework for learning from adverse events.

ACTION: No action to be noted

Discussion

Ms Gaynor Jones welcomed the report and noted that whistleblowing risks were expected to receive national scrutiny. She suggested strengthening links between the Audit and Risk Committee and local whistleblowing work. Mr Robinson agreed, highlighting his belief that

there was a challenge of resourcing whistleblowing investigations across all boards and welcoming the forthcoming audit as an opportunity to identify solutions. He thanked Ms Hankin for the report.

DECISION: The board noted the paper

2025/25/11 - Health and Care Staffing Act - Annual Report (incorporating Internal Compliance Report Q4)
(Board Paper 2025/26/05)
Ms Carolan summarised the Board's progress in implementing the Health and Care Staffing Act, highlighting the following key points:

- The focus for the year was on building the infrastructure to support compliance with the Act, which was fundamentally about ensuring patient safety through safe staffing. Appendix 3 of the report outlined the Board's current compliance status, showing areas of full and partial compliance.
- The HealthRoster system and SafeCare had been rolled out to support real-time monitoring of staffing levels. Agency staffing costs had decreased in 2024/25.
- Staff had access to professional advice when concerns about staffing arose, supported by the dual clinical and professional roles held by many senior staff.
- Workload and professional judgement tools were used annually to assess staffing establishments and skill mix.
- Future reporting would place greater emphasis on data collection, particularly to support workforce planning and identify staffing risks and opportunities.
- The Board awaited national guidance on how the Act applies to contracted services, which remains the area furthest from full compliance.

ACTION: No action noted from the board.

Discussion
Ms Emma Macdonald welcomed the report and praised its clarity in explaining a complex piece of legislation, she was interested in how the Act could help capture data on staff training, noting that service pressures had made it difficult for staff to access training opportunities. She expressed support for developing this area further.

Mr McCulloch echoed these comments, stating that the report provided strong assurance around process and aligned well with the Staff Governance Action Plan. He noted improvements in statutory and mandatory training compliance, which may be linked to recent non-pay reforms.

Ms Gaynor Jones raised two points. First, she questioned whether the current workforce plan would be sufficient to support the data requirements of the Act or whether further development would be needed. Second, she asked whether the quality clauses in contracts with external providers offered adequate assurance regarding safe staffing. Professor Carolan explained that the workforce plan alone would not provide all the necessary data, as it offered a more strategic view, whereas the Act required real-time staffing information. By combining both sources, the Board would gain a more accurate picture of staffing needs and skill mix. She acknowledged that the application of the Act to contracted services remained an area of uncertainty and that further national guidance was awaited.

Mr Marsland added that in Scotland, the Scottish Government was responsible for performance managing quality issues in contracts with other NHS providers. For example, NHS Grampian, which was the largest off-island provider for NHS Shetland, was monitored by the Scottish Government in terms of access targets and safe staffing compliance.

Mr Joe Higgins agreed with earlier comments and noted that the report provided appropriate levels of assurance at this stage. He asked whether the workforce tools being used had proven useful during recent periods of high pressure, particularly in informing the need for supplementary staffing. Prof. Carolan responded that the workforce tools were run annually and were useful for comparing year-on-year changes, especially when models of care evolved. However, she emphasised that SafeCare had been more valuable in recent months, as it provided real-time data on staffing pressures and enabled mutual support between teams. She cited the example of laboratory services, where SafeCare had helped identify out-of-hours challenges that would not be captured by annual workforce tools. She concluded that while the tools were important for budget planning and skill mix analysis, SafeCare offered more dynamic and actionable insights. Mr Higgins welcomed this clarification and supported the continued rollout of SafeCare, describing it as a key enabler for meaningful staffing data. Ms Carolan agreed, stating that SafeCare was likely the most valuable tool the Board could implement in this area, and that its effectiveness would increase as HealthRoster was more widely adopted.

DECISION: The board noted the paper

2025/26/12 - Performance Update – Operational Improvement Plan: Urgent Unscheduled Care and the Older Population
(Board Paper 2025/26/06)
Mrs Flaws introduced a focused update on a specific section of the Operational Improvement Plan, published at the end of March 2025. This update replaced the usual quarterly performance report due to incomplete data at the time of the meeting.

Mrs Flaws highlighted the following points in the report:

- The population in Shetland was ageing more rapidly than the Scottish average, intensifying demand on services.
- The improvement plan aimed to support people in the most appropriate setting, ideally avoiding hospital admission where possible.
- Priorities included early intervention, reducing emergency department attendances, and enhancing support at the point of presentation to prevent unnecessary admissions.
- The approach built on existing work but sought to expand community-based support and improve front-door decision-making.
- The data used was representative of broader trends and challenges, and further detail was available upon request.

Ms Flaws noted that the improvement work was not about radically changing direction but about enhancing what was already in place and adapting to meet the evolving needs of the population.

ACTION: No action noted from the board.

Discussion
Ms Macdonald raised the importance of identifying and supporting older individuals not currently engaged with services (outside of the standard availability of the community GP and nurse) that did not have a condition, so that they felt able to interact with services sooner, and therefore not presenting higher when they did require medical intervention. Mrs Flaws responded that Shetland's success in shifting care into the community had created new challenges, particularly in supporting people with complex needs across dispersed areas. She

emphasised the importance of prevention and noted that the Frailty Focus Group was reviewing urgent and unscheduled care against the ageing and frailty standards that came out last year.

Ms Jo Robinson highlighted that while there was a success story in the number of people that were staying out of hospital, this could increase demand for community services, particularly emergency respite, and the growing complexity of adult care needs. Dr Susan Laidlaw reinforced the need for preventative measures such as physical activity, medication reviews, and vaccination, noting that while these were well understood, they remained difficult to implement consistently.

Ms Flaws added that NHS Shetland was participating in a national frailty improvement cohort, offering opportunities to share and learn from other boards. In response to a question from Mr Joe Higgins, she confirmed that formal responses to NHS Scotland had been submitted, outlining what could be achieved with current and additional resources. She stressed the importance of building on existing services rather than creating unsustainable new ones.

DECISION: The board noted the paper

2025/26/13 - HSCP Joint Strategic Plan 2025-28
(Board Paper 2025/26/07)

Ms Flaws and Ms Robinson introduced the Joint Strategic Plan, which had been approved by the Integration Joint Board (IJB) in March 2025 and was presented to the NHS Shetland Board for awareness. They explained that the plan was developed to align with the NHS Shetland Strategic Plan and the Shetland Partnership Plan, and built on previous partnership strategies with a renewed focus on sustainability and realistic service delivery.

Key points highlighted included:

- The plan set out three core ambitions: fair and accessible support, a focus on prevention and well-being, and sustainable models of care.
- It was developed through extensive community engagement, including equalities-focused work and feedback from self-directed support reviews.
- The plan acknowledged the financial and workforce challenges facing services and aimed to provide a realistic framework for long-term sustainability.
- An “easy read” version of the plan was produced to improve accessibility and public understanding, forming part of a broader effort to improve communication.

Ms Robinson added that the plan reflected a strong integrated approach and clearly articulated the challenges and priorities for the years ahead.

ACTION: No action noted from the board.

Discussion

Board members welcomed the plan and praised its clarity and accessibility. The ‘easy read’ version and the plan’s honest and realistic approach to addressing service limitations around sustainable models of care were an example. Mrs Macdonald emphasised the importance of engaging the community in conversations about change and thanked Pam Shead. Ms Flaws responded that the plan was grounded in real challenges identified through the risk register and informed by public engagement, which showed that people were generally understanding of service pressures.

Dr Susan Laidlaw highlighted the value of the easy read format, especially for individuals with lower literacy or for whom English was not a first language. She described the plan as a model for future strategy documents, and highlighted the strength in the engagement and feedback

from the community. Dr Chittick welcomed the plan's alignment with national policy and its emphasis on prevention, transformation, and sustainability. He encouraged capturing learning from recent system pressures to inform future resilience, not just focused on the pandemic and COVID-19.

Ms Flaws agreed and described ongoing work across partnerships to promote person-centred care, particularly for vulnerable groups. Mr Lincoln Carroll added that transitions between children's and adult services, housing, and workforce capacity were key areas for improvement. He stressed the importance of supporting staff who worked across multiple services.

DECISION: The board noted the paper

2025/26/14 - HSCP Resource Funding 2025-26
(Board Paper 2025/26/08)
Mr Marsland explained that the Integration Joint Board (IJB), in the latest report, had assumed a level of funding from NHS Shetland that was consistent with the Board's financial plan as of January 2025. This item was brought forward to formally align the IJB and NHS Shetland Board records regarding the opening budget for 2025/26. He noted that, as with all budgets, the figures may be subject to change throughout the year as additional information and funding was received from the Scottish Government.

ACTION: No action noted from the board.

Discussion
The Chair asked if the item was for approval which Ms Robinson confirmed. No further questions or comments were raised.

DECISION: The board approved the paper.

2025/26/15 - Health Board Collaboration and Leadership
(Board Paper 2025/26/09)
Dr Chittick presented the report, which followed the First Minister's January statement, calling for a collaborative, person-centred NHS with three aims:

1. Reduce system pressures
2. Shift care from acute to community settings
3. Use digital innovation to improve access

He highlighted that:

- Collaboration is to occur at national and regional levels, supported by; National Treatment Centres; A new planning directive (Nov) promoting regional planning; and cross-board collaboration.
- There are three key policy drivers: Operational Improvement Plan, Population Health Framework (spring), Health & Social Care Reform Framework (summer)
- A new NHS Scotland Executive Group (Scottish Government and Health Board Chief Executives) meeting regularly to address system-wide issues and solutions.

For NHS Shetland this means:

- Continuing longstanding collaboration due to the health board's size and geography
- Continued partnerships and shared capacity with neighbouring boards to ensure best service

Going forwards, key initiatives are: digital portfolio, Hospital at Home, Shetland Health Intelligence Platform, and also Shetland issues raised like system pressure, Gilbert Bain redevelopment and dental access, all of which were being raised at national level.

Discussion
Mrs Hubbard raised concerns about whether increased regional collaboration might lead to reduced local governance and accountability. Dr Chittick clarified that the First Minister had been explicit that there are no plans to change the governance structure of territorial health boards. The focus is on performance and accountability, not legal governance changes.

The Chair noted that while collaboration had historically been informal (e.g., service-level agreements with Grampian and Golden Jubilee), the expansion of collaboration (e.g., with Highland for orthopaedics) necessitated stronger governance structures.

Mrs Macdonald asked whether the First Minister's upcoming Programme for Government might include more concrete health-related initiatives. Dr Chittick responded that the current health direction was already being shared in advance to allow for better planning and funding alignment. The three policy documents represented the core of the government's health agenda.

The Chair added that the Cabinet Secretary had confirmed there would be no surprises, and that the system was moving from planning to implementation, which should be welcomed by the board.

Mrs Jones suggested a board development session to explore the concept of collaboration beyond geographical boundaries in more detail. She proposed reviewing current collaborations, identifying gaps, and planning future partnerships. This was supported by the Chair once all three papers were published.

Reassurance was felt by board members, and the opportunity for NHS Shetland to have a stronger national voice was welcomed.

The Chair reflected on the importance of Tayside's continued inclusion in the North region, which added valuable scale to regional collaboration. He reiterated support for a development session to help inform future planning.

ACTION: A board development session to be undertaken on the topic once all three papers published.

DECISION: The board noted the paper.

2025/26/16 - Staff Governance Committee – Terms of Reference
(Board Paper 2025/26/10)
Mr Marsland raised two point with regards to this paper

1. The current terms of reference still restricted digital meetings to once per year with prior approval, which was outdated given that meetings were now routinely held via Teams.
2. The committee was scheduled to meet three times annually, unlike other governance committees which meet quarterly.

ACTION: Amendments to be made to the terms of reference, and a board development session to be undertaken to discuss communication between board committees.

Discussion
The Chair agreed the digital meeting clause should be updated. On the frequency of meetings, he noted that three meetings had historically sufficed, with flexibility to add more if needed.

Mrs Carolyn Hand confirmed that while four meetings were initially scheduled, three had proven sufficient for managing committee business including the Staff Governance Action Returns.

Mr Campbell highlighted that section 6.1 had been amended to include a decision note and escalation process, which also required approval.

Mr Higgins raised the need for a clear mechanism to share key information between committees, especially following the recent restructuring. He suggested this be addressed at the next Board Development Session, which was supported by the Chair.

DECISION: The board accepted the paper with the discussed amendments.

Approved committee minutes for noting
The Board noted the approved minutes of the following committees:

1. Endowment Committee held 5th November 2024
2. Staff Governance Committee held 21st November 2024
3. Clinical Governance Committee held 26th November 2024
4. Audit and Risk Committee held 26th November 2024
5. Area Partnership Forum held 23rd January 2025

DECISION: The board accepted and noted the minutes.

Date of Next Meeting: Tuesday 29th April 2025 at 9.30am.