

# Shetland NHS Board

## Minutes of the Public Shetland NHS Board Meeting held at 10.30am Thursday 26<sup>th</sup> June 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
Dr 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
Mrs Gaynor Jones	Non-Executive Board Member

### 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
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 opened the meeting by highlighting the following successes to the public and Board:

- Recognition of Marie Hurson, Cardiac Nurse Specialist, for being highly commended in the RCM Nurses of the Year Awards, within the Clinical Leadership category, earlier this month. MSP Beatrice Wishart had celebrated Marie's contributions to cardiovascular care in remote settings in a parliamentary motion. The Chair thanked Marie for all of her contributions, and congratulated her for this prestigious recognition, during which the RCN described Marie's work as exemplifying clinical excellence, innovation and dedication to person centered care.
- The Chair highlighted that the Scottish Health Awards were scheduled for 6 November 2025; nominations open until 17 August, with new categories for Pharmacist and Healthcare Scientist.
- The Board received positive feedback from the iMatter staff survey, highlighting that the results showed staff feeling respected, valued, and supported.
- Successful rollout of the Phio digital physiotherapy tool across all age groups and health centres.
- Laura Russell, Health Improved Practitioner completed the applied suicide prevention training. Attendees of the five-day course in Sterling learned how to successfully deliver suicide prevention training to others.

### 2025/26/17 Apologies for Absence

Apologies received for Lorraine Hall.

### 2025/26/18 Declarations of Interest

There were no declarations of interest. Members were reminded to declare any interests that arose during the meeting.

### **2025/26/19 Minutes of the Previous Meeting**

Mr Campbell noted that the date of the next meeting on the minutes was incorrect, and needed updating to 23<sup>rd</sup> September 2025

**DECISION: The Board approved the minutes with the amendments**

### **2025/26/20 Board Action Tracker**

Dr Chittick confirmed completion of item 6 regarding protection training supplier engagement.

**DECISION: The Board approved the action tracker**

### **2025/26/21 Matters Arising**

None to note

## **Quality of Care**

### **2025/26/22 - Quality Report (Board Paper 2025/26/18)**

Professor Carolan presented the paper, with thanks to Michelle Hankin and Carolyn Hand, and spoke on how a thematic approach was taken writing the paper, with a deep dive into patient safety, and feedback data. It was noted that some of the data had already been to the Clinical Governance Committee and others for assurance purposes.

**ACTION: No actions noted**

### **Discussion**

**Fall Rates:** There was a discussion on fall rates, and frailty in hospital patients, with Mrs Macdonald asking if there was anything that staff could work on to help that. Professor Carolan responded that the team had been analysing patient falls, especially among frail patients with longer hospital stays. Data showed that falls increased when supervision levels were insufficient, often due to staffing challenges. While falls during rehabilitation to be discharged were expected during re-abling, the focus remained on preventing falls with harm. She confirmed that all feasible safety measures were in place, but consistent staffing could not always be guaranteed. Further analysis and a case study would be developed to provide assurance through the Clinical Governance Committee.

**Maternity Data and Feedback:** Mrs Cornick asked whether maternity statistics included women who delivered outside Shetland. Prof Carolan confirmed that all women, including those referred to other boards, were included. She added that the maternity team had begun gathering direct feedback from recent mothers to better understand their experiences, especially considering the upcoming remedial works at the Gilbert Bain affecting the maternity unit.

Mrs Cornick also asked about the functionality of Care Opinion for cross-board feedback. Prof Carolan explained that while Care Opinion supports shared care feedback, it tends to attract either positive or very general negative comments. For more detailed or personal feedback, direct contact with Corporate Services was more effective. The maternity team preferred direct engagement with women to gather richer insights.

**Adverse Events and Death Notifications:** Mrs Cornick then queried the meaning of adverse events linked to death notifications in the report. Prof. Carolan clarified that these were not extreme adverse events in the traditional sense of patients receiving care

delivered through NHS Shetland but were in fact part of a review process triggered by sudden deaths. These reviews aimed to identify any learning opportunities, even if the individual had limited or no recent contact with health services. Mrs Hankin had included them in the report for completeness and to reflect the significance of this work.

**Ombudsman Complaints:** Mrs Hubbard raised a question about how long complaints to the Ombudsman could remain open. Mrs Hand responded that while there was no formal time limit, unresolved cases could be closed administratively if contact attempts failed. However, complainants could still re-engage at a later date.

**DECISION: The Board noted the report**

### **Governance**

#### **2025/26/23 – Remuneration Committee Annual Report 2024/25 (Board Paper 2025/26/19)**

Mrs Cornick presented the annual report for the Remuneration Committee. She confirmed that the report met all the obligations under the NMPC (National Performance Management Committee), and the Committee's own Terms of Reference.

**ACTION: No actions noted**

**DECISION: The report was noted with no further comment**

#### **2025/26/24 – Whistleblowing Standard Annual Report (Board Paper 2025/26/20)**

Dr Brightwell and Mr Higgins presented the report. Dr Brightwell explained that the whistleblowing process had matured over the years, with the report reflecting this evolution. Although case numbers remained low due to the organisation's size, the cases looked at were often complex and offered valuable learning. The focus was on building staff confidence in raising concerns and ensuring those concerns were addressed effectively. Insights from cases were being fed into staff governance processes, including a short-life working group on raising concerns. Awareness of the standards was being promoted across the organisation.

Mr Higgins added that the report fairly represented the organisation's current position. He praised the Clinical Governance Team and those who were confidential contacts for their sensitive and important work. He emphasised the need for continuous improvement and highlighted the importance of using staff feedback, such as from the iMatter survey, to inform future actions.

**ACTION: No actions to note**

### **Discussion**

**Whistleblowing training:** Mr Campbell raised concerns about the low completion rates for whistleblowing training - 8% for non-management and 24% for management - and suggested making it mandatory. He also asked when the short-life working group on raising concerns would report back.

Dr Brightwell responded that feedback from those involved in whistleblowing cases had been gathered and a report was expected within a month. She acknowledged issues with tracking training completion due to system limitations and noted that while the content was good, the administration and data collection needed improvement. She emphasised the importance of building confidence in handling concerns and mentioned ongoing work with the national team to improve the process.

Mr Bruce McCulloch added that materials were being developed to support staff involved in investigations and clarify what whistleblowing entails. These were in draft form and would soon be reviewed by the group.

Dr Chittick cautioned against overloading staff with mandatory training and suggested focusing on targeted, quality conversations and leadership development instead.

**Trends:** Mrs Jones asked whether any trends were emerging from whistleblowing cases. Dr Brightwell noted that while cases were few and varied, interpersonal communication and management were common themes. Mr Higgins added that action plans from whistleblowing cases were now formally tracked through the Clinical Governance Committee, improving visibility and trend identification.

**Confidential Contacts:** Dr Susan Laidlaw commented on the number and support of confidential contacts and asked if we had enough of them. Dr Brightwell and Ms Watson explained that five contacts were appropriate for the Board's size, and peer support was provided through regular meetings and participation in the national Speak Up Network. Mr McCulloch also highlighted the role of union representatives in supporting staff.

The Chair concluded by encouraging managers to address concerns early to prevent escalation and noted that while progress had been made, there was still room for improvement.

**DECISION: The Board noted the paper**

**2025/26/25 - Clinical Governance Committee Terms of Reference  
(Board Paper 2025/26/21)**

Mr Higgins presented the Terms of Reference with a minor amendment to include the receipt of the Medical Devices Committee's Annual Report each June.

**ACTION: No actions noted**

**DECISION: The Board approved the revised terms of reference.**

**2025/25/26 – Remuneration Committee Terms of Reference  
(Board Paper 2025/26/22)**

Mrs Cornick presented the Terms of Reference with one change in relation to escalation routes. Due to the make-up of the committee some of those escalation routes could be towards the Board or the NPMC. They would depend on the situation.

**DECISION: The Board approved the revised terms of reference.**

**2025/26/27 – Audit & Risk Committee Terms of Reference  
(Board Paper 2025/26/23)**

Mr Colin Marsland presented the Terms of Reference which had previously been to the March Audit Committee, to approve the principal change, reflecting the decision made at the Board meeting in November 2024 to membership of the committee.

**ACTION: No action noted**

**DECISION: The Board approved the revised terms of reference.**

**2025/26/28 – Finance & Performance Committee Terms of Reference  
(Board Paper 2025/26/24)**

Mr Marsland presented the Terms of Reference, went to the Finance and Performance Committee in February for approval. Changes reflected the decision by the Board to change the membership of the committee.

**ACTION: No action noted**

**DECISION: The Board approved the revised terms of reference.**

**2025/26/29 – Board Business Programme  
(Board Paper 2025/26/25)**

Mrs Hand presented the Board Business Programme, and explained that while the Board's business schedule was now published online, it remained subject to frequent changes due to shifting internal priorities and requests from the Scottish Government. She committed to improving transparency by updating the Board at each meeting and tracking any deviation from the programme.

**ACTION: No action noted**

**Discussion**

Mr Higgins noted that two items listed in the programme - the Annual Delivery Plan Q4 update and Health and Care Staffing Act compliance—were missing from the current agenda. Mrs Hand and Mrs Flaws clarified that the Q4 update was being captured through local performance reporting, which the Scottish Government had accepted as sufficient. The HAI report was also deferred due to alignment with quarterly data cycles.

Mrs Jones asked about the workforce plan's inclusion. Carolyn confirmed it had been delayed but agreed it should be listed. Brian Chittick supported this and suggested including a note or briefing if the item couldn't be presented in full. He also proposed using the business programme as a live planning tool, encouraging committee chairs to contribute to future agendas.

The Board acknowledged a date error in the paper and agreed to approve the programme, recognising it as a work in progress that would be refined over time.

**DECISION: The Board approved the paper.**

**Performance & Resources**

**2025/26/30 – Performance Update to 31<sup>st</sup> March 2025 (Q4)  
(Board Paper 2025/26/26)**

Mrs Flaws presented the Q4 2024/25 performance update, covering January to March 2025. She noted that overall performance remained consistent with previous quarters, with key challenges continuing around waiting times — particularly for psychological therapies, cancer pathways, and elective services provided by other boards (visiting and off-island). Delays in hospital discharges due to social care capacity also persisted.

She highlighted the following:

- Waits over-52-weeks were now being closely monitored by the Scottish Government, and Shetland's unique reliance on external providers made these issues more complex.

- A new clinical psychologist had recently joined, which should help reduce therapy wait times over time.
- Service improvements in podiatry (early intervention and bundled care) and dementia (remote assessments).
- She emphasised the importance of offering flexible access to services, including remote options.

The report also included updates on realistic medicine, equality and diversity efforts, and the ongoing work to improve data quality and system sustainability.

### **Discussion**

Discussion opened with Dr Chittick, who emphasised the importance of addressing waiting times while maintaining a holistic view of system performance. He reassured the Board that the planned care team was actively working with the Scottish Government and partners to address Shetland's island nuances.

Mr Higgins sought assurance that funding discussions with the Scottish Government remained open. Dr Chittick and Prof Carolan confirmed that these conversations were ongoing, with regional collaboration helping to advocate for island-specific needs.

Mrs Macdonald praised the focus on equality of access, and Mrs Flaws acknowledged ongoing efforts to improve data and address gaps. Dr Chittick added that this work aligned with the Population Health Framework and broader efforts to tackle inequality. Dr Laidlaw highlighted national initiatives on equity in screening and vaccination and commended the inclusion of realistic medicine in the report.

**ACTION: No actions noted**

**DECISION: The Board noted the paper.**

### **2025/26/31 – Financial Performance 2024/25 & Forward Plan for 2025/26 (Board Paper 2025/26/27)**

Mr Marsland presented the paper with Mr Williamson, key points including that the paper primarily looked at efficiency savings across the two years, and that efficiency savings are defined as the difference between income and expenditure:

Savings Achieved (2024/25):

- The Board faced targets of £3.5 million in recurring savings and £1 million in non-recurring savings, primarily to cover the cost of staff engaged on non-NHS terms and conditions.
- Against that, £3.3 million were achieved in recurring savings and £600,000 in non-recurring savings were delivered.
- An additional £1.3 million in unplanned income helped reduce the year-end funding gap to £1.6 million, down from the original £3.5 million target.

Savings Targets (2025/26):

- The Board faced a new target of £2.7 million in recurring savings and £1 million in non-recurring savings. Whilst external auditors raised a concern about the ability to deliver recurrent efficiency savings, the recurring target again this year is actually less than last year. Of that target £2.1 million of that is held centrally and £600,000 is allocated out to departments which is part of an historic target set many years ago.

- Challenges persisted due to recruitment difficulties (vacant post savings) and reliance on non-NHS contracted staff, which continued to impact the ability to deliver recurring savings.

Mr Williamson added that the Finance Sustainability Group (FSG) had supported financial control through:

- Improved controls are in taxi bookings and linked to that a transport review has resulted in employing an internal driver which would be better value than paying for taxis to deliver samples to the airport for example.
- Reductions in locum use via tighter vacancy controls against prior years.
- A new monthly financial infographic to engage staff and gather cost-saving ideas.
- Reviewing local contracts, to be more proactive than reactive to renewals.
- Supporting HR in developing the workforce plan.

He also added that the challenge going forward was to try and find more recurrent savings going forward, as the Board's target is 3%, and at the time, only 1% had been identified for 2025/26.

### **Discussion**

Mr Campbell asked about the 15-box grid, a national benchmarking tool, and how it was used as a framework towards achieving more efficiencies. Mr Williamson explained it helped track and share best practices across boards, with each initiative assigned to a senior lead and monitored via a live spreadsheet.

Dr Chittick emphasised the importance of balancing savings with cost reduction. He highlighted successful reductions in agency and locum spend, particularly within nursing, and praised FSG's role in driving efficiency.

Mr Higgins sought clarification on the 2025/26 savings breakdown. It was confirmed that £2.7 million was recurring, with a further £1 million non-recurring required. He noted the challenge of meeting the Scottish Government's 3% recurring savings target.

**DECISION: The Board noted the report.**

### **Approved committee minutes for noting**

The Board noted the approved minutes of the following committees:

1. Endowment Committee meeting held on 18 February 2025
2. Finance & Performance Committee meeting held on 25 February 2025
3. Staff Governance Committee meeting held on 27 February 2025
4. Clinical Governance Committee meeting held on 11 March 2025
5. Audit & Risk Committee held on 25 March 2025

**DECISION: The Board accepted and noted the minutes.**

Date of Next Meeting: 23rd September 2025 at 09.30am