Shetland NHS Board

Minutes of the Public Shetland NHS Board Meeting held at 09.30am Tuesday 23rd September 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
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:

- The Public Health Annual Report, focusing on ageing well, was now available and was highlighted as an informative read for board members.
- The Shetland Climate Change Strategy and annual reports on feedback, complaints, and duty of candour were noted as key documents providing insight into service safety and quality.
- Staff were reminded of their responsibility to protect patients and themselves, particularly during winter, and the importance of receiving the flu vaccination was emphasised. The Chair confirmed their own vaccination appointment. An update was provided on the flu vaccination programme: initial groups (aged 65–74 and those with underlying health conditions) had been offered the vaccine; the combined flu and COVID vaccination programme for care home residents, those aged 75 and over, and people with weakened immune systems would commence in October. It was noted that evidence supported offering vaccines later in the programme to those at highest risk due to waning immunity. Further information would be shared with staff and the community in the coming weeks.
- September was acknowledged as National Recovery Month, with the Chair highlighting the work of the Shetland Recovery Hub and Community Network and encouraging participation in related community events.
- Speak Up Week was announced, with the theme "Listen, Act, Build Trust." Local activities would include staff awareness sessions and a confidential contacts drop-in. The whistleblowing champion would address staff at the next organisational briefing session.
- National Fitness Day was highlighted (24th September) with the theme, '*move a little, gain a lot'.* The Health Improvement team had organised activities for staff.

- Cycle September: Ongoing throughout the month, Cycling UK were hosting lunchtime events at Gilbertson Park for the next two Fridays. Staff were encouraged to sign up and join either the Montfield team or Gilbert Bain team.

2025/26/32 Apologies for Absence
Prof Kathleen Carolan, Director of Nursing & Acute Services.

2025/26/33 Declarations of Interest
There were no declarations of interest.

2025/26/34 Minutes of the Previous Meeting
Mr Marsland indication that on page four of the minutes, the minutes should have noted a decision for one of the three terms of references. He also noted that the annual accounts, discussed at the last private board meeting were made public on NHS Shetland's website.

DECISION: The Board approved the minutes with the amendment.

2025/26/35 Board Action Tracker

DECISION: There were no updates to the Board Action Tracker

2025/26/36 Matters Arising
None to note.

<u>Quality of Care</u>

2025/26/37 - Quality Report
(Board Paper 2025/26/28)
In Professor Carolan's absence, Ms Edna Mary Watson presented the paper. The quality Q1 scorecard demonstrated an overview of strong performance, with 19 measures rated Green, two Amber, eight on Red, and 12 with no update. She was pleased to share that for patient experience outcome measures, the board reported all seven measures were above the target of 90%. She further highlighted the following points in the paper:

- Safety indicators remained positive. There were no stillbirths or neonatal deaths, and the days between stillbirths continued to increase. All newborns received screening bundles on time. Falls reduced from 23 in Q4 to 15 in Q1 following the patterns that had been seen in previous years, and it had been discussed at governance committees that some of them were due to the frailty of patients, as well as additional challenges and clinical environment for the reporting period. Two hospital-acquired pressure ulcers were recorded (one in Ward One and one in Ward Three) with reviews by a tissue viability nurse confirming all preventative measures had been in place, and that they had occurred due to co-morbidities.
- All surgical patients were risk assessed for DVT, with 80-100% receiving appropriate prophylaxis. Documentation within the HEPMA system remained a challenge, and surgical teams had been reminded of this requirement. For Catheter Acquired Urinary Tract Infections (CAUTI), compliance with urinary catheter insertion and maintenance bundles improved following targeted infection control support.
- Two clinical governance walkarounds were completed in Estates and Mental Health, both with positive findings. The third planned visit, to go to Walls Health Centre was postponed and was still to be rescheduled at the time of the Board Meeting. Excellence in Care reporting resumed after a previous gap, and data collection was back on track.
- Adverse event reporting increased slightly to 211 incidents from 199 in the previous quarter. Six formal debriefs were held, and all the adverse events categorised as

'extreme' were related to death notification reporting, and were discussed and reviewed via the weekly Clinical Risk Advisory Team (CRAT) meeting and via monthly governance meetings.

- Inpatient experience feedback was highly positive, with Ward One scoring between 85-100% and Ward Three between 92-100%. One negative experience related to multiple ward moves highlighted the need for improved communication with patients during clinical prioritisation. Care Opinion engagement continued, though feedback volumes remained low, maternity was one of the services that had moved to actively using Care Opinion to request feedback.
- Stage One complaints were largely managed within target timescales, with nine of thirteen handled within five working days. Stage Two complaints remained challenging, with only three of eight resolved within the 20-day target, largely due to complexity and the need to involve other board areas. The short-life working group on raising concerns held its final meeting and began developing template letters and investigation guidance to support local investigations. Training from the Scottish Public Services Ombudsman was also being considered to strengthen staff capability in handling investigations.
- Other updates included that surgical site infection monitoring remained suspended since COVID, with no reinstatement date confirmed. Student feedback declined compared to previous periods, prompting collaboration with RGU to improve engagement and address concerns.

ACTION: There were no actions noted by the Board

Discussion

The Chair observed that the report was largely positive and noted that where issues existed, clear explanations had been provided. Mrs Natasha Cornick expressed her appreciation for the comprehensive overview and raised two points, firstly querying the approach to learning from adverse events involving poor behaviour towards mental health staff, as referenced in the report. She acknowledged that the documented learning focused on communication and system recording but asked about the processes in place to support and protect staff affected by such incidents. In response, Ms Watson confirmed that immediate support was provided by the person in charge at the time of the event. She further explained that organisation-wide measures were available, including access to occupational health services and pastoral support through the spiritual lead, ensuring staff wellbeing following such experiences.

Secondly, Mrs Cornick commended staff for facilitating a patient's dog visit during an inpatient stay, describing this as an excellent example of holistic care delivered under pressure. She praised the team for recognising the importance of personal needs alongside medical care. Ms Watson acknowledged the commendation and confirmed that Professor Carolan had noted this for communication to staff. She agreed that such actions demonstrated compassionate, person-centred care and highlighted the value of these practices being recognised at board level.

DECISION: The Board noted the report

2025/26/38 - Healthcare Associated Infection Control & Prevention Update
(Board Paper 2025/26/29)

Ms Watson presented the standard quarterly report, which provided the latest data for April to June. During this period, four cases of Staphylococcus aureus bacteraemia (SAB) were identified, along with two cases of Clostridium difficile, eight E. coli bacteraemias, no Pseudomonas, and one Klebsiella. Explanations for each case were detailed in the full report.

She reported that two outbreaks occurred in May, affecting five patients within an inpatient environment. Additional support had been provided by infection prevention and control nurses, and there was no further spread beyond the initial contacts. Surgical site infection monitoring remained paused since the COVID pandemic, with no date confirmed for recommencement. All other HAI monitoring activities continued as normal, with no exceptions noted.
Ms Watson highlighted that hand hygiene compliance had reached 100% for the quarter, cleaning standards were at 95%, and estates compliance was just below 100%. These figures were noted as positive indicators of robust infection control performance.

ACTION: There were no actions noted by the Board

DECISION: The Board noted the paper

2025/26/39 - Feedback and Complaints Annual Report
(Board Paper 2025/26/30)
Mrs Carolyn Hand presented the annual report on feedback and complaints, emphasising its role in supporting transparency, accountability, and continuous improvement. The report provided an overview of feedback channels, volumes, themes, and recommendations arising from contacts with the service over the past year. The following points were highlighted:

- 217 pieces of feedback were handled during the year:
    - 82 concerns
    - 97 complaints
- Many compliments about staff and services were received, though most were expressed directly at the point of care rather than through formal channels.
- Thematic issues identified:
    - Access to dental and audiology appointments
    - Application of the patient travel policy
    - Services for people with long COVID
- Complaint volumes:
    - There was a 17% increase in complaints compared to the previous year.
    - The increase was likely linked in part to sustained system pressures on hospital and community care.
- Performance against national targets:
    - Stage 1 complaints averaged 5.2 days (target: 5 days).
    - Stage 2 complaints averaged 53 days (target: 20 days).

  Delays were attributed to:
    - Complexity of cases and need for cross-board involvement.
    - Limited investigator capacity.
- Immediate actions were often taken to resolve issues before formal closure, resulting in positive outcomes.
- Planned improvements:
    - Targeted training to broaden the pool of staff confident in conducting investigations.

Mrs Hand emphasised that, despite challenges, the number of complaints remained very low relative to overall healthcare interactions.

ACTION: There were no actions noted by the Board

<u>Discussion</u>
Board members commended the report for its thoroughness and value as a learning tool. Mrs Kathy Hubbard highlighted the importance of learning from compliments as well as

complaints, noting that positive feedback provided insight into what was working well. She acknowledged the challenge of encouraging the public to share positive experiences and suggested continued efforts in this area. Mr Colin Campbell echoed these comments and asked about additional ways to promote Care Opinion beyond posters and leaflets. Mrs Hand responded that targeted efforts had been made but suggested that more could be done through social media. She noted that, whilst NHS Shetland had been a pilot board for Care Opinion, people often preferred to give feedback by phone rather than online. Ms Watson added that Care Opinion had updated its resources and NHS Shetland had introduced co-branded cards distributed at local events to raise awareness. She emphasised that Care Opinion is a national platform enabling feedback across multiple health boards.

Mr Marsland informed members that eight complaints related to patient travel were referenced in the report and confirmed that the patient travel policy would be reviewed later in the year, including public engagement.

Mr Joe Higgins asked about the effectiveness of sharing learning from complaints across service areas. Mrs Hand explained that significant complaints reviewed by clinical directors were reported to the Joint Governance Group (JGG) for discussion. She acknowledged the tension between maintaining confidentiality and providing enough detail to identify themes but confirmed that the organisation remained committed to sharing learning where appropriate.

Dr Chittick commended the feedback and complaints team for their person-centred approach and the effort involved in managing complex investigations, often across multiple health boards. He stressed that while response times were important, the qualitative aspect of ensuring patients' voices were heard was equally significant.

The Chair supported adding Care Opinion links to social media and suggested incorporating feedback links into electronic appointment emails to make it easier for patients to share their experiences.

DECISION: The Board noted the paper.

2025/26/40 - Medical Director's Report 2024/25 including Duty of Candour
(Board Paper 2025/26/31)

Dr Brightwell presented the Medical Director's Report, including the Duty of Candour, noting that it had previously been considered by the Clinical Governance Committee. The reporting period covered March 2024 to April 2025. She highlighted the following in the paper:

- Recruitment and retention remained a challenge, although there were notable successes during the year, particularly in primary care.
- Significant progress was made in postgraduate and undergraduate medical education, which Dr Brightwell described as an outstanding achievement for a small system. She credited Dr Pauline Wilson for leading this work.
- The team continued to strengthen processes and provide operational support, resulting in more efficient handling of adverse events and improved integration with the complaints team to ensure compliance with the duty of candour.
- Numbers reported for duty of candour cases and death reviews remained stable overall, reflecting expected variability in a small system. Organisational duty of candour cases were low in the previous year but had already increased in the current year, which Dr Brightwell noted.

ACTION: There were no actions noted by the board

DECISION: The Board noted the paper

Governance

2025/26/41 - Ministerial Annual Review, 18 Aug 2025 feedback letter
(Board Paper 2025/26/32)

Dr Chittick presented the feedback letter from the recent Ministerial Annual Review conducted by Maree Todd MSP. He noted that the review was positive overall and reflected that NHS Shetland is on a strong trajectory. The key points highlighted were:

Strengths Identified

- Constructive clinical and staff engagement.
- Strong staff management-side relationships via the Area Partnership Forum.
- Financial sustainability.
- Workforce well-being.
- Ongoing and enduring quality improvement initiatives across the organisation.
- NHS Shetland reported the lowest sickness rate in Scotland and an improving retention rate.

Areas for Focus

- Delivering recurrent savings.
- Managing cost pressures.
- Recruitment and retention in key clinical roles.
- Winter planning and resilience.
- Addressing accommodation challenges through improved partnership working.
- Ensuring financial sustainability moving forward, despite being commended for breaking even last year.

He concluded that the review was encouraging and demonstrated progress, while acknowledging the need to maintain momentum in these priority areas.

ACTION: There were no actions noted by the board

Discussion

Mr Bruce McCulloch welcomed the positive note on strong partnership working through the Area Partnership Forum (APF). He highlighted the increased staff-side representation and the ongoing work within APF and staff governance agendas, describing this as a testament to all involved. Mr McCulloch also commended the organisation for supporting facilities time for staff-side representatives, noting that this had never been an issue and was critical to enabling effective partnership working.

The Chair agreed that the review was largely positive but emphasised the ongoing challenge of balancing financial pressures with the delivery of safe, effective, patient-centred care. He reiterated the importance of keeping patients at the centre of all decisions despite budget constraints. He summarised that feedback from the Ministerial Review day had been positive overall, with good engagement and discussion across a wide range of topics.

DECISION: The Board noted the paper.

2025/26/42 - Finance and Performance Committee Terms of Reference
(Board Paper 2025/26/33)

Mrs Hand presented a paper requesting Board approval to allow the Chair to nominate an alternative non-executive Board member to attend a committee when a member or their

named substitute was unavailable. She noted that this flexibility would help avoid postponing meetings due to lack of quorum and suggested that similar wording be considered for all Standing Committee terms of reference in future revisions.

Actions: Finance and Performance Committee Terms of Reference, and all other standing committee terms of reference to be amended to allow the Chair to nominate an alternative non-executive Board member to attend a committee when a member or their named substitute is unavailable.

Discussion

The Chair supported the proposal, noting that the original arrangement of one substitute per committee had proven insufficient. Mr Higgins agreed and emphasised that the change should apply to all committees, not just Finance and Performance. Mr Campbell also supported the amendment and endorsed its application for all of the Terms of References across the governance groups.
Mrs Hand confirmed there was no barrier to implementing this decision immediately.

DECISION: The Board approved the amendment to the Terms of Reference

Performance & Resources

2025/26/43 - Financial Monitoring Report at Month 04

(Board Paper 2025/26/34)

Mr Marsland presented the financial monitoring position for month four (July), noting that the Board was £1.1 million overspent at the end of the period. He outlined the underlying reasons and provided an update on recruitment progress with the below points:

- Current Position: The Board reported an overspend of £1.1 million at the end of July. The key drivers for this were costs associated with staff engaged on non-NHS terms and conditions and the ongoing challenge of delivering recurrent savings in the longer term, as previously highlighted by the Chief Executive.
- Recruitment Update: Appointment of a consultant anaesthetist, who commenced in early August. Increase in GP numbers noted, although offset by staff departures and continuing community vacancies. Recruitment and retention of key clinical staff remained a significant challenge.

ACTION: There were no actions noted by the board

Discussion

The Chair asked whether financial balance at year-end remained achievable, with Mr Marsland confirming that action would be required by the Executive Management Team (EMT) but expressing confidence that, with appropriate measures, the position could be managed.

DECISION: The Board noted the paper

2025/25/44 – Performance Report (Q1) 2025/26

(Board Paper 2025/26/35)

Mrs Flaws presented the performance metrics for Q1 (up to the end of June 2025), noting that updated data would be provided to the Finance and Performance Committee Meeting in October. The report included the usual suite of indicators, narrative context, and spotlight sections on improvement work aligned to the Strategic Delivery Plan. The report included the following:

- Performance Overview:

    - Persistent challenges in waiting times for psychological therapies, elective services, cancer care especially where there was reliance on other boards, and national workforce shortages.
    - Diagnostics performance remained strong compared to the Scottish average, though targets were not fully met.
    - Preventative care targets, such as smoking cessation, continued to be difficult.
    - Delayed discharges remained a challenge within urgent and unscheduled care, driven by social care staffing and availability of appropriate accommodation constraints. The four hour ED wait performance remained fairly steady but was not meeting the target. This related to occurrences where teams were trying to treat and discharge from ED rather than admitting where it was appropriate.
- Fairer Futures Spotlight:
    - A system-wide programme focused on person-centred care and tackling inequalities, aligned with Scottish Government reform strategies. Supported by some national funding, the approach emphasised whole-family, relationship-based service design.
- Support Systems
    - Sickness absence performance remained steady and was highlighted as a key focus for maintaining resilience during winter.
    - Freedom of Information requests continued to increase significantly, creating workload pressures despite teams working collaboratively to process them more quickly.
- Improvements Actions:
    - Appointment of a clinical psychologist enabled progress towards psychological therapy targets and improved service sustainability.
    - Mental health improvement plans were being implemented by the mental health team, including work to visualise service performance.
    - Collaboration with regional and national partners continued to address elective and cancer care pressures, with a national focus on reducing 52-week waits by March 2026.
    - Frailty work aimed to reduce time in inappropriate settings and prevent crises.

Mrs Flaws concluded by noting that improvement work was ongoing across all areas and invited questions.

Actions: There were no actions noted by the Board.

Discussion

Mrs Emma MacDonald asked how the strategic direction that “frailty is everyone’s business” was being embedded across the system. Mrs Flaws confirmed that this work was being scoped and integrated. Mrs MacDonald then commented on the Fairer Futures initiative, praising its alignment with Scottish Government frameworks but expressing concern about the lack of flexibility in funding to enable resource shifts. She noted that while policies promoted prevention and joined up services, investment to support these changes had not followed, making it difficult to implement new approaches while maintaining existing services. Mrs Flaws agreed and explained that, although additional funding would be welcome, the team was focusing on reducing duplication and inefficiencies and learning from other areas that had achieved savings through collaboration and prioritisation. She highlighted ongoing work to explore transformation and strategic funds and emphasised that freeing up resources through better integration was a priority.

The Chair acknowledged the challenge and noted that the NRAC funding formula did not fully reflect social and economic factors, though changes may come in future. Dr Chittick added that governance structures had not evolved to support flexible funding flows and that

shifting resources from acute care to prevention remained complex. Mr Marsland confirmed that a specific allocation for frailty had been received and would be discussed at the Finance and Performance Committee.
The Chair recognised the shared ambition for prevention and system change, while noting the structural and financial challenges.

Mrs Cornick raised a question on smoking cessation, noting Shetland's low smoking prevalence and the equally low uptake of cessation services, asking how these services were advertised and whether they operated on a self-referral or targeted basis.
Mrs Flaws explained that self-referral options were available through Healthy Shetland and community pharmacies, with pharmacies typically supporting less complex cases. She noted that targeted campaigns had been undertaken, but uptake remained low, reflecting the small smoking population. Dr Susan Laidlaw added that while general advertising was in place, there was scope to focus more on those who would benefit most, such as patients awaiting surgery or managing long-term conditions. She also highlighted the need to address youth smoking and vaping, which was being actively worked on.

Mrs Gaynor Jones asked whether there was scope for more structured commissioning with partners to use resources differently. Mrs Flaws explained that work was underway with the Shetland Partnership to map services and improve connectivity rather than adding new services. Dr Chittick highlighted the success of small community-led projects funded through mental health community grants and suggested expanding this approach, focusing on outcomes rather than outputs. Ms Jo Robinson noted that while funding streams such as Hospital at Home and frailty work were helping shift resources into the community, balancing existing service pressures with preventative ambitions remained challenging. She stressed the need to maximise efficiency in core services to release resources for prevention, despite savings requirements limiting reinvestment.

Mrs Jones also asked for more detail on vaping, questioning whether it was becoming a significant issue and what demographics were involved. Ms Nicola Balfour explained that vaping was an emerging issue locally and nationally, with Shetland adopting a mixed approach to support both smokers using vaping to quit and individuals seeking help to stop vaping. Early data showed a wide age range, from teenagers as young as 13 to adults in their 40s and 50s. She highlighted plans for school-based education and local data collection, as national data was limited. The aim was to provide tailored cessation support and understand trends in nicotine use, including vaping and other products. Mrs Flaws added that vaping was an example of the Health Improvement Team working responsively to emerging issues. She emphasised the team's person-centred approach, focusing on behaviour change and tailored support rather than rigid processes. The Chair welcomed the update and noted the importance of addressing vaping alongside smoking cessation.

Mr Joe Higgins noted that delayed discharges had been a significant challenge last winter and asked what measures were being considered within the winter preparedness framework to alleviate pressures. Mrs Flaws responded that while work had been done to improve social care staffing through role redesign, the impact had been limited. She explained that the focus for the coming winter would be on preventing crises in the community to reduce admissions and ease pressure on hospital discharge. This included scaling up the Hospital at Home service to provide hospital-level care in patients' homes, supporting functional improvement during hospital stays to reduce care needs on discharge, and using technology such as medication administration aids to free up care time. Mrs Flaws also highlighted plans to deploy allied health professionals to help patients regain independence and reduce reliance on social care packages.

Dr Chittick added that the approach was being reframed to focus on early intervention and prevention, not just bed capacity. He emphasised the importance of keeping people well

and connected during winter, reducing admissions at the hospital front door, and maintaining Shetland's low conversion rate from emergency department visits to inpatient stays. Dr Chittick also noted efforts to sustain discharge flow over holiday periods and improve escalation pathways through NHS Inform, NHS 24, community pharmacy, and primary care. He acknowledged Shetland's high emergency department attendance rates and said work was underway to shift care closer to home.

Ms Robinson reinforced concerns about social care workforce shortages, explaining that vacancies were being covered by agency staff or overtime, which maintained care provision but created cost pressures and quality risks. She warned that over-reliance on agency staff could affect Care Inspectorate grades and stressed the need to support unpaid carers to prevent burnout, which often led to emergency situations and increased demand for primary care and respite services.

The Chair concluded by noting the demographic challenge, with Shetland's over-75 population increasing by 46% compared to 23% nationally. He emphasised the need to improve quality of life alongside longevity. Lucy confirmed that the national Discharge Without Delay team supported Shetland's preventative approach and recognised its system efficiency.

DECISION: The Board noted the paper

2025/26/45 – Strategic Risk Register
(Board Paper 2025/26/36)
Edna Mary Watson presented the six-monthly update on the Strategic Risk Register, confirming that current risks had been reviewed by the Risk Management Group (RMG) and relevant standing committees. She noted that overall risk scores had remained stable, but several risks were under review, and control measures were being tested following internal audit recommendations. Staffing challenges within clinical governance were acknowledged, though work to update risks continued.

Key Highlights:

- Lone Worker Safety (SR16): Implementation of the lone worker FOB system was progressing, with approximately 50% of teams covered. Full completion was expected by November, enabling this risk to be reduced or closed.
- Workforce Risk: Additional controls were introduced, including a three-year workforce plan, use of staffing level tools under the Health and Care Staffing Act, and recruitment of 15 international nurses.
- Cybersecurity (SR17): Responsibility for this risk moved to the Chief Executive following a management restructure. Brian Chittick confirmed regional collaboration on cyber resilience and threat analysis.
- Estates Risks: SR14 was being revised to reflect net zero targets and sustainability concerns. A new risk was drafted on structural integrity at Gilbert Bain Hospital and ageing estate issues linked to lack of capital investment.
- Other Updates: No new risks were added, no risks closed, and no changes to risk scores this quarter. The risk management strategy was due for review, and implementation of the InPhase risk system remained a priority for the year.

Board members noted the importance of lone worker safety and cyber resilience. The Chair raised sustainability as an emerging risk, which would be incorporated into the revised estates risk.

ACTION: Estates Manager to review SR14 to reflect net zero targets and sustainability concerns

Discussion

Mr Lincoln Carroll highlighted the importance of lone worker safety, particularly with winter approaching, and noted the significance of cyber security given recent national incidents. Dr Chittick confirmed that cyber resilience was a priority across all boards and outlined plans for a regional approach to threat analysis and technical support to improve efficiency and collaboration.

The Chair asked whether the estates risk included meeting 2040 sustainability targets and reducing greenhouse gas emissions. Ms Watson confirmed that the current SR14 did not fully cover these issues but would be revised to include wider climate and sustainability considerations. Mr Robinson noted this was a live concern across other boards following discussion with Audit Scotland. Mr Marsland added that previous reports indicated the board could not meet targets operating from the current Gilbert Bain Hospital.

DECISION: The Board noted the paper, and there were no further risks added to the register

2025/26/46 – Procurement Annual Report 2025
(Board Paper 2025/26/37)

Mr Marsland presented the annual procurement report, noting that it had been shared with board members earlier in the year for comment and published on the website due to the statutory deadline of 31 August. He highlighted that the only change from the draft was the addition of the phrase “building blocks of health and sustainable organisations” on the front page at the Chief Executive’s request.

The report outlined key procurement activity during the year, including the negotiation of the Abbott’s contract and the Shetland Community Connections contract as part of a key working project. Mr Marsland noted that 66% of procurement was through the National Distribution Centre (NDC), but local procurement remained significant, particularly in catering, with substantial expenditure supporting local industries such as fishing and dairy.

ACTION: There were no actions noted by the board.

DECISION: The Board approved the paper

2025/26/47 – Director of Public Health Annual Report 2024/25
(Board Paper 2025/26/38)

Susan Laidlaw presented the Director of Public Health Annual Report for 2024–25, confirming it was a collaborative effort by the Public Health Directorate.

Key Highlights

- Ageing Well:
  The report focused on supporting older people to live longer, healthier lives, with emphasis on frailty, falls prevention, bone health, and long-term conditions. Preventative measures included physical activity, healthy diet, reducing alcohol and tobacco use, and maintaining social connections. Initiatives such as the Otago Falls Prevention Programme and local campaigns like National Fitness Day, and Cycle September were noted.
- Population Health Data:
  Included infographics and summaries from the Joint Strategic Needs Assessment, combining survey results with service use and disease incidence data to inform future planning.
- Public Health Activities:
  Covered a wide range of programmes and linked reports, including the Health Improvement Team’s annual report and the Realistic Medicine report.
- Accessibility and Engagement:

The importance of making the report accessible to a broad audience was stressed and feedback on the content and presentation to improve future editions was invited.

Dr Laidlaw then shared a video including members of the community that were involved with the OTAGO falls prevention programme, with her thanks. The video included discussion on how the programme had helped the individuals physically and also provided community time.

Discussion

Board members commended the Director of Public Health Annual Report for its clarity, accessibility, and value beyond the Board, noting its usefulness for services across Shetland. Mrs Macdonald described it as an excellent and informative report, while Mr Campbell praised its presentation and raised a brief question on TB detection, which had increased, though still in small numbers. Dr Laidlaw explained that there had been an increase in latent TB detection across Scotland and the UK. She noted that cases were being identified mainly through two routes: occupational health screening for international recruits from higher-incidence regions and pre-treatment screening for individuals starting immunosuppressant or biological therapies.

Mr Higgins then asked about the sustainability of the public health workforce, noting the critical role of the directorate in prevention and expressing concern about reliance on short-term funding and Scottish Government cuts. He queried whether dialogue with the Scottish Government was taking place and what could be done to stabilise the directorate more meaningfully. Dr Laidlaw acknowledged these challenges and highlighted ongoing efforts to strengthen resilience, including supporting staff to train as public health specialists and collaborating with other boards through shared on-call arrangements and mutual aid agreements. She noted that while funding constraints were significant, the team was exploring ways to work differently and share resources regionally. Mrs Flaws added that the team demonstrated strong resilience and retention, with staff often returning after short-term roles and contributing valuable skills. She noted that longer contracts had been supported to improve stability while balancing funding challenges. Mrs Jones commended the leadership and collaborative approach of the Public Health Directorate and welcomed the integration of the Anchors Strategic Plan into its work, describing it as a “living and breathing” initiative.

DECISION: The Board noted the paper.

2025/26/48 – Resilience and Business Continuity Annual Report 2024/25
(Board Paper 2025/26/39)

James McConnachie provided an overview of ongoing workstreams related to resilience and emergency preparedness, noting that reporting was thematic due to the wide cross-cutting nature of these activities.

Key Highlights:

- Business Continuity Plans
    - Business continuity remained a key focus and was highlighted in internal audit findings. Around 60% of departments completed Business Impact Analyses (BIAs) following interviews to identify risks and mitigation strategies.
    - A new Business Continuity Management System was developed using a dashboard format, embedded on the intranet, to improve visibility of plans and BIAs.
    - Continuity plans often expired on a rolling basis, creating challenges in maintaining up-to-date documentation.
- Major Incident Plan:

    - A full rewrite of the decade-old plan was underway, incorporating JESIP (Joint Emergency Services Interoperability Principles) and updated command structures (Gold/Silver). The draft plan had been shared for input and would integrate lessons from recent incidents and exercises.
- Training and Exercises:
    - Five Medical Incident Officers were trained in MIMS (Major Incident Medical Management and Support) and would participate in Exercise Lorday, linked to SaxaVord Spaceport. Planning was also progressing for Exercise Pegasus, a UK Tier 1 pandemic exercise, with Shetland selected as Scotland's sole participant due to its remote and rural challenges.
- CBRN and HAZMAT Preparedness:
    - Risks were reviewed with clinical governance input. While CBRN incidents remained low likelihood, HAZMAT events (e.g., chemical spills) were identified as more probable. Mitigation measures included self-decontamination kits and plans to repurpose a former COVID testing pod into a fixed decontamination facility to reduce response times.
- Transport and Logistics:
    - A project mapping staff, patient, equipment, and medicine movements aimed to improve resilience and reduce costs. This work broke down organisational silos and led to the recruitment of two NHS drivers to support blood product and chemotherapy transport, enhancing winter preparedness.
- Future Developments:
    - Work continued on the winter preparedness plan, integration with the major incident plan, and deployment of the business continuity management system on the intranet. Additional training offers for loggists and debriefers were being explored through the Scottish Multi-Agency Resilience Training Unit.

ACTION: No actions noted

Discussion

Mr Higgins commended the report and emphasised the importance of business continuity and resilience, noting that these should never be considered fringe issues within NHS Shetland. He highlighted that Mr McConnachie was currently the sole Business Continuity and Resilience Officer and suggested that the organisation should consider contingency arrangements for this critical role to ensure ongoing stability.

DECISION: The Board noted the paper

2025/26/49 – Shetland Climate Change Strategy & Implementation Plan
(Board Paper 2025/26/40)

Dr Laidlaw presented the Shetland Climate Change Strategy, explaining that it sat under the Community Planning Partnership and was developed collaboratively by multiple organisations, led by the Climate Change Strategy Team within the Council. NHS Shetland contributed to the process through representation on the multi-agency group.

Key Highlights

- Purpose and Scope: The strategy outlined local climate change challenges, performance indicators, and actions to achieve net zero while managing the consequences of climate change, including severe weather events and associated health impacts.
- Health and Socioeconomic Impacts: Dr Laidlaw noted that climate change affected health both directly and indirectly, including through global impacts on industries such as fishing and farming. The strategy emphasised opportunities to improve health and reduce inequalities through initiatives like active travel, which also supported sustainability and economic wellbeing.

- Implementation and Alignment: The report included the main strategy document and implementation plan, with technical appendices available online. Dr Laidlaw highlighted existing NHS Shetland projects aligned to the strategy, such as work on net zero buildings, electric vehicles, and circular economy initiatives (e.g., equipment reuse to reduce costs and carbon footprint). These efforts complemented realistic medicine and anchor institution principles.
- Challenges and Opportunities: Dr Laidlaw acknowledged the unique challenges for Shetland due to geography, reliance on oil, gas, fishing, and farming, and the need for air travel. Despite these constraints, significant progress was being made through collaborative efforts and structured approaches.

Discussion

The Chair noted that the Shetland Climate Change Strategy was timely, particularly in light of recent international guidance on reducing oil dependency to meet climate targets. Mrs Jones welcomed the strategy and asked about how much engagement there was with the private sector. Dr Laidlaw confirmed that there was strong collaboration across Scotland, particularly through Highlands and Islands networks and climate hubs, enabling shared learning and careful consideration of what worked locally. She emphasised the importance of avoiding approaches that had failed elsewhere and tailoring solutions to Shetland's unique context.

The Chair highlighted examples from other regions, such as hydrogen transport projects, stressing the need to learn from these experiences. Dr Laidlaw agreed and reiterated that the strategy aimed to ensure informed, evidence-based decisions. She also noted that Scotland's Climate Week was scheduled for the following week, providing further opportunities for awareness and engagement.

Mr Marsland added that it was currently National Recycling Week, underlining the importance of ongoing sustainability initiatives.

ACTION: No actions were noted

DECISION: The board approved the plan.

Workforce

2025/26/50 – Health and Care Staffing Act Internal Compliance Report Q1
(Board Paper 2025/26/41)

Ms Watson presented highlights from the quarterly report on healthcare staffing systems and compliance.

Key Highlights

- HealthRoster Implementation: HealthRoster was almost fully implemented across the organisation, with only the medicine area pending completion. Targeted support was being provided to finalise this rollout.
- SafeCare Adoption: Usage continued to grow steadily, with 31% of the organisation live on SafeCare by July. Additional one-to-one support sessions were offered to teams requiring further progress.
- National Tool Integration: Maternity services trialled the national staffing tool integrated with SafeCare, with outcomes awaited. A national rollout plan aimed to move all staffing level tools onto SafeCare by 2028.
- Operational Embedding: The Sunburst tool was actively embedded into acute sector huddles, improving daily operational oversight.
- Staffing Level Tools: Annual two-week assessments were completed in February–March, with outputs documented in common staffing method reports.

Identified gaps were escalated through SBARs and linked to organisational planning cycles, with unresolved risks added to the risk register.

- Reporting and Compliance: A suite of organisational reports from Roster Perform was selected for testing, with plans to standardise quarterly reporting to Clinical Governance, Staff Governance, and the Board. The annual report to Scottish Government was expected to follow a revised format.
- External Monitoring: Healthcare Improvement Scotland moved to six-monthly compliance reviews, with the first review completed in May. Feedback and position slides were included in the report.
- Governance and Support: The Healthcare Staffing Programme Board agreed to continue meetings through 2025-26, with the next scheduled for late September. A new Allocate Management Group, chaired by the Director of Finance, was introduced to support operational teams in optimising HealthRoster use.

Discussion

Mr McCulloch noted that following the last APF workforce highlights report, appraisal data was being collected differently, showing a significant improvement. Based on the updated method, the completion and in-progress rate was around 67%, which was a marked change from previous figures. He suggested linking with the Learning and Development team to update the report accordingly.

Actions: There were no actions noted by the board

DECISION: The board noted the paper

2025/26/51 – Whistleblowing Standard Report Q1 2025/26
(Board Paper 2025/26/42)

Dr Brightwell provided a brief update on whistleblowing activity, noting that there had been one new case during the reporting period. An investigation via INWO had been completed, and recommendations were reviewed through the Clinical Governance Committee. These would be taken forward as part of business-as-usual processes.

She confirmed that quarterly reports would continue to be presented to the Board and highlighted that Speak Up Week was scheduled for the following week as part of ongoing awareness-raising efforts.

In response to a question from Mrs Lorraine Hall on risks, Dr Brightwell explained that whistleblowing remained an area of organisational learning. While processes were in place, the preference was still for issues to be resolved through open conversations rather than defaulting to whistleblowing. Capacity within clinical governance to manage these cases was noted as a consideration.

The Chair added that NHS Shetland had recently been recognised by INWO for good practice in handling a case featured in its newsletter.

DECISION: The board noted the report

2025/26/52 Information and Noting

Approved committee minutes for noting

The Board noted the approved minutes of the following committees:

1. Endowment Committee held on 15 May 2025
2. Staff Governance Committee held on 29 May 2025
3. Area Partnership Forum held on 4 June 2025
4. Clinical Governance Committee held on 10 June 2025

Date of Next Meeting: 16th December 2025 at 09.30am