

Shetland NHS Board

Minutes of the Public Shetland NHS Board Meeting held at 09.30am Tuesday 10th February 2026 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Mr Colin Campbell	Non-Executive Board Member
Mr Lincoln Carroll	Non-Executive Board Member
Dr Brian Chittick	Chief Executive
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
Prof. Kathleen Carolan	Director of Nursing & Acute Services
Mrs Lorraine Hall	Director of Human Resources & Support Services

In Attendance

Ms Jo Robinson	Director of Community Health & Social Care
Mrs Carolyn Hand	Corporate Services Manager
Ms Millie Boulton	Board Business Manager (minute taker)
Mrs Lucy Flaws	Head of Planning and Performance
Ms Amy Gallivan	Senior Communications Officer
Ms Edna Mary Watson	Chief Nurse, Corporate
Mrs Marianne Williamson	PA to Director of Human Resources & Support Services
Mrs Kirsty Clark	Learning & Development Manager
Mrs Daniel Cunningham	External Auditors

Chair's Opening welcome

The Chair opened by welcoming Professor Andy Elder, President of the Royal College of Physicians of Edinburgh, Dr Pauline Wilson and Dr Kirsty Brown to the meeting. He announced that Dr Brown had been awarded the William Cullen Prize by the Royal College of Physicians of Edinburgh in recognition of her outstanding contribution to medical education and service innovation in rural healthcare. The Board added its congratulations, noting the significance of the achievement for both Dr Brown and NHS Shetland. Professor Elder and Dr Wilson were thanked for their attendance and contribution.

The Chair advised that colleagues continued to work with the Developing the Young Workforce team to promote careers within the NHS, highlighting forthcoming engagement events and welcoming the continued focus on attracting local people into health and care roles.

The Chair formally recognised, and thanked Natasha Cornick for her service to the Board as her term of office would be concluded on 31st March 2026, acknowledging her leadership roles and significant contribution to governance and assurance. Best wishes were extended for her future endeavours. The Chair further advised that recruitment of a new Non-Executive Director had been successfully completed and that an announcement would be made in due course.

2025/26/79 Apologies for Absence

Apologies were noted for Mrs Natasha Cornick, Mr Joe Higgins and Dr Kirsty Brightwell

2025/26/80 Declarations of Interest

There were no declarations of interest

2025/26/81 Minutes of the Previous Meeting

DECISION: The Board approved the minutes without amendment.

2025/26/82 Board Action Tracker

DECISION: The Board approved the Action Tracker without amendment.

2025/26/83 Board Business Programme

Dr Chittick raised that for the next meeting, an amendment should be made to the programme to include an update on the sub-national transition planning for Scotland East.

2025/26/84 Matters Arising

No matters arising

Quality of Care

2025/26/85 - Healthcare Associated Infection Report Q3

(Board Paper 2025/26/59)

Professor Carolan presented the paper. The update provided assurance on system preparedness and effectiveness of controls during the winter period, and highlighted the continued strong performance of staff across hospital and community settings.

The report highlighted the following key matters:

- An early influenza season alongside ongoing circulation of COVID-19, RSV and other winter respiratory illnesses.
- Ongoing delivery of infection prevention and control training to staff across hospital and community services.
- Bespoke in-situ simulation training focused on preparedness for managing high-consequence infectious diseases.
- A small number of outbreaks over the winter period, all of which were managed effectively.
- Sustained efforts by staff to prevent onward transmission of respiratory illness within healthcare and community environments.

Discussion

The Board welcomed the report and agreed that formal thanks should be passed to staff for their work throughout the season. The Chair thanked Prof Carolan for the update and, on behalf of the Board, recorded appreciation for staff involved in infection prevention and control activity.

DECISION: The board noted the report.

Performance & Resources

2025/26/86 - Finance - Monitoring Report at Month 9

(Board Paper 2025/26/60)

Mr Marsland presented the report recording an in-year overspend position; however, a break-even outturn continued to be forecast.

The report highlighted the following key matters:

- An in-year overspend position of £1.5 million at the end of December. There was however, a continuing forecast of break-even at year end.

- Ongoing financial risk associated with staff employed on non-NHS terms and conditions
- Active recruitment to consultant posts referenced in the report, with the potential to support greater long-term sustainability.
- No additional new issues or changes to the financial position since the paper was issued.

Discussion

Mrs Macdonald sought clarification on the progress reported in relation to substantive GP recruitment, noting that while progress was welcome, the majority of posts were part-time. She queried whether this reflected a wider national trend or was a position specific to Shetland. In response, Mr Marsland confirmed that this was a wider, Scotland-wide issue and had been recognised through national work on sustainable medical workforce planning. It was noted that historical workforce modelling assumptions no longer reflected current patterns, as many clinicians now chose to work less than full-time. Changes in workforce demographics and expectations around work-life balance were highlighted, alongside similar trends affecting consultant recruitment. It was also noted that some rotational and consultant roles were undertaken on a part-time basis, with individuals combining NHS work with other commitments, including international activity.

Mr Gary Robinson asked Mr Marsland to expand on how the reported in-year financial gap would be closed, alongside the impact of successful consultant recruitment on future financial sustainability. Mr Marsland explained that a number of allocations from the Scottish Government were still awaited, including funding relating to the New Medicines Fund, which was now expected to offset current expenditure pressures. He also advised that non-recurrent efficiency measures were being progressed during the remainder of the year and that, based on current expenditure trends, these were expected to support delivery of a break-even position.

He continued clarifying that some funding streams, including Hospital at Home-related allocations and facilities funding, were awaiting final confirmation. However, due to planned phasing and the timing of spend, this did not present a financial risk for the current financial year, though it would require consideration in future planning. He also confirmed that Scottish Government funding for Hospital at Home was expected to continue at a similar level in the forthcoming year.

Mr Campbell then asked for Mr Marsland's view on future financial sustainability and whether it would be possible to move from reliance on non-recurrent savings to more recurrent efficiencies through service redesign. In response, Mr Marsland acknowledged that non-recurrent savings would continue to form part of NHS Boards' financial management but noted that longer-term planning and service redesign could offer opportunities to improve sustainability. However, he highlighted that achieving recurrent savings targets had been challenging for a number of years, both locally and nationally, and cited wider system pressures across NHS Scotland as contributing factors.

DECISION: The Board noted the paper.

2025/26/87 - Performance Report Q3 (Board Paper 2025/26/61)

Mrs Flaws presented the Quarter 3 Performance Report, covering indicators up to the end of December 2025 where published national data was available. It was noted that the timing of the Board meeting meant that some national datasets were not yet published, resulting in gaps within the report. Members were advised that all Q3 statistical returns had been submitted and quality-checked with Public Health Scotland, and that missing data would be reviewed by the Finance and Performance Committee in March. Overall

performance across the system remained mixed but stable and broadly consistent with previous quarters.

The report highlighted the following key matters:

- Ongoing pressure on scheduled care and diagnostic services, particularly where reliance on visiting services or inter-Board arrangements created capacity constraints.
- Continued progress towards meeting the 52-week waiting time target, with NHS Shetland on track to achieve the target by the end of March and planning underway for the forthcoming year.
- Sustained demand pressures within psychological therapies, with a continued focus on supporting those waiting longest and progressing service redesign in response to capacity challenges.
- Continued achievement of the CAMHS access target, supported by strong collaborative working between health and education partners.
- Population health and preventative care performance broadly in line with previous quarters, with ongoing challenges in smoking cessation and alcohol brief intervention targets.
- Development of a Population Health Group to strengthen oversight and reporting, including future incorporation of weight management data in line with the Population Health Framework.
- Unscheduled care reported a stable position over the winter period, despite increased demand, supported by effective system-wide working.
- Ongoing and significant pressure from delayed discharges, placing strain on acute bed capacity, with collaborative work continuing across health and social care, though challenges remained unsustainable due to workforce constraints.
- Continued delivery of work associated with the Focus on Frailty programme and the nationally supported Discharge Without Delay programme.
- Organisational challenges in meeting Freedom of Information timeliness targets due to sustained high volumes of requests, placing pressure on corporate and service teams.
- A modest improvement in appraisal completion rates, though performance remained below desired levels.
- Spotlight narratives highlighting local improvement activity, including testing of the Care Experience Improvement Model in primary care, early feedback on the rollout of Copilot, and engagement work with young people to better reflect their perspectives in public services.

Discussion

Mrs Macdonald thanked staff for the comprehensive performance report and acknowledged the significant efforts made by staff during a particularly challenging winter period, noting the collective response to system pressures, including winter illness. She highlighted the ongoing difficulties arising from staffing shortages within social care and sought assurance regarding the longer-term sustainability of psychological therapies following the conclusion of the Service Level Agreement with Orkney. In response, Ms Robinson advised that work was underway with Public Health Scotland to analyse demand and capacity, with findings expected shortly to inform future planning. She confirmed that joint working with Orkney continued, including the use of group-based psychological therapies to support waiting times where appropriate, while recognising the limitations of capacity within small teams and the need for informed decisions on future service models.

Mrs Macdonald further asked whether comparative work had been undertaken to understand why Orkney appeared to be experiencing lower levels of pressure than NHS Shetland. Ms Robinson responded that previous workforce gaps within NHS Shetland had

contributed to pressures, though these had now been addressed, and advised that Orkney benefited from a more mature service model established over a number of years. She noted that forthcoming analysis from Public Health Scotland would provide further insight into regional differences.

Mrs Hubbard raised concerns regarding elective care waiting times and the availability of some procedures, and asked about the scope of the “Waiting Well” initiative. Mrs Flaws noted that further work was underway to strengthen awareness and linkage into these supports, including targeted work within psychological therapies.

Mrs Jones queried whether increased demand within psychological therapies reflected emerging needs, including ADHD-related demand, and whether services were adapting accordingly. Ms Robinson advised that psychological therapy staffing gaps had been addressed, but that analysis was ongoing to assess whether capacity matched demand. She noted that ADHD demand was managed separately and that service redesign and recruitment were underway to strengthen this area. Mr Marsland provided historical context to pressures within psychological therapies, noting that the service had been highlighted as a risk in NHS Shetland’s annual accounts for several years, including in 2021-22 when compliance with waiting-time standards was particularly low. He explained that differences in capacity between Orkney and Shetland related in part to post-COVID mental health funding, where Orkney had been able to recruit substantively during the funding period, while NHS Shetland had been unable to do so, resulting in lower recurrent funding once the programme ended.

Mr McCulloch drew attention to recent improvements in appraisal activity, advising that while 20% of appraisals had been completed, a further 33% were underway, which he highlighted as positive progress given the link between appraisal, staff wellbeing and performance.

Mrs Hubbard also sought clarification on the practical benefits of Microsoft Copilot and wider Microsoft 365 tools. Dr Chittick outlined their use in supporting research, reporting, automation, data analytics and collaborative working, noting that NHS Shetland was at an early stage of realising full benefits, alongside wider work on an AI strategy and digital skills development.

DECISION: The Board noted the report

Governance

2025/26/88 - Health and Care Staffing Act Compliance Q3

(Board Paper 2025/26/62)

Ms Watson presented the paper, with members advised that steady progress continued towards full compliance, despite ongoing workforce and capacity pressures. Assurance was provided that arrangements for staffing oversight, risk escalation and access to clinical advice remained effective across acute and community services.

Key points highlighted were:

- Continued progress towards full compliance with the Act, supported by robust systems for real-time staffing, dynamic risk assessment and escalation.
- Ongoing rollout of the SafeCare system, with around 30% of services now live, alongside targeted support to address identified data quality issues.
- No incidents reported during the quarter where decisions were taken contrary to clinical advice, with established clinical and professional leadership arrangements operating as intended.

- Staffing level tools in progress and on track for completion by the end of March, with no major risks or quality concerns identified through Datix reporting.
- No further Healthcare Improvement Scotland engagement planned for the remainder of the financial year, with the programme for 2026/27 awaited.

Discussion

Mrs Hubbard commended the progress made towards compliance with the Health and Care Staffing (Scotland) Act and asked whether implementation of new systems represented a significant additional administrative burden for staff. Ms Watson explained that the introduction of e-rostering was new for all services and had required time to embed, though it was now being used consistently across most departments. She noted that, at present, there was a temporary double-running burden as staff were required to use both e-rostering and the existing SSTS system. She highlighted the importance of accurate e-rostering data to support payroll implementation later in the year. She also confirmed that the SafeCare system formalised existing safe staffing processes, enabling improved recording and evidencing of staffing levels, patient acuity, risks and actions taken.

Mr Campbell acknowledged the significant effort made by Ms Watson, Michelle Hankin and the wider team, and sought assurance that Executive Management Team involvement would support more effective rollout of SafeCare across the organisation.

Ms Watson confirmed that she was confident director-level support would enable SafeCare to be embedded more consistently across clinical areas and noted that recent Executive Management Team discussions had been valuable in progressing this.

Ms Robinson added that very small teams faced particular challenges in recording staffing pressures during periods of absence, as operational re-prioritisation took immediate precedence. She emphasised the need to establish workable approaches to ensure meaningful data was captured to support improvement and planning.

DECISION: The Board noted the paper.

2025/26/89 - Corporate Objectives 2026-27 (Board Paper 2025/26/63)

Dr Chittick presented the paper and explained that the objectives formed the annual delivery layer beneath the NHS Shetland Strategic Delivery Plan and were intended to translate the agreed strategy into focused, practical and measurable priorities for the year ahead. The objectives aligned with the Chief Executive's priority on strategic planning and reflected work undertaken over the past two years to move from strategy setting into delivery. The objectives were shaped using a three-horizon approach, balancing immediate operational pressures with medium-term transformation and sustainability.

Key points highlighted included:

- The Corporate Objectives provided a clear line of sight from Board strategy through to operational delivery, individual accountability and performance reporting.
- Immediate priorities for 2026-27 included flow, access, workforce stability and financial grip, alongside continued business-as-usual delivery.
- Medium-term priorities focused on service redesign, digital enablement and partnership working to strengthen future sustainability and resilience.
- The objectives aligned leadership and teams behind a shared set of priorities and informed development of the Annual Delivery Plan.
- Progress against the objectives would be monitored through performance reporting, providing the Board with ongoing assurance.

Discussion

Mrs Jones welcomed the Corporate Objectives, commenting positively on the clarity and alignment of the document and noting that it was helpful across the different roles held by Board members. Mrs Macdonald supported this view and sought assurance that the Corporate Objectives would remain aligned with sub-national planning arrangements. She highlighted the importance of maintaining a clear island voice and local priorities alongside wider planning developments and asked how this alignment would be managed as work progressed. In response, Dr Chittick advised that the Corporate Objectives were aligned with the Strategic Delivery Plan, which remained the organisation's primary reference point. He explained that partnership working was an integral part of the strategy and that this aligned with sub-national planning, but clarified that sub-national priorities would not override NHS Shetland's locally agreed strategic objectives. He noted that sub-national planning was still at an early stage and that alignment would continue to be developed as requirements became clearer.

Mr Campbell commented that the Corporate Objectives related to a single financial year and, in that context, described the document as well-structured, proportionate and appropriate.

DECISION: The Board approved the paper

2025/26/90 - Whistleblowing Standards Q3 Report (Board Paper 2025/26/64)

Ms Watson brought the Quarter 3 Whistleblowing Standards report to the Board. It was noted that a small number of new contacts had been received during the quarter and that arrangements for governance, investigation and oversight remained in place.

Key points highlighted were:

- Four new contacts were received during the quarter, comprising one externally facilitated Stage 2 investigation, two contacts determined not to be whistleblowing matters, and one contact received at quarter end to be reported in Quarter 4.
- Two Stage 2 investigations remained ongoing, both relating to the same service area, with action plans monitored through the Clinical Governance Committee.
- Interim executive leadership arrangements were in place following the commencement of leave by the usual executive lead, with Mrs Hall acting as interim Executive Lead for Whistleblowing.
- Uptake of whistleblowing training modules remained low, with encouragement given to staff to access the available learning.
- Actions following Speak Up Week included plans to engage with staff groups with less routine access to confidential contacts, such as domestic and estates teams.
- An additional Confidential Contact had been appointed, enabling a gender choice for the first time.
- No whistleblowing concerns had been raised with external stakeholder organisations during the quarter.

Discussion

Mrs Jones welcomed the continued emphasis placed on whistleblowing arrangements and noted that, while case numbers remained low, it was important that the matter continued to receive appropriate Board oversight. She sought clarification on the length of time taken to progress two ongoing Stage 2 investigations, one of which had been open for almost a year, and asked whether this was typical. She also queried whether multiple Stage 2 investigations within the same service represented a potential warning sign.

Ms Watson explained that, while Stage 2 investigations had a standard timescale of 20 working days, it was recognised nationally that the complexity of such cases often resulted in significantly longer timescales, commonly extending to between six and fifteen months. She advised that NHS Shetland was not an outlier in this regard and emphasised the importance of keeping individuals informed throughout the process. She highlighted the role of Confidential Contacts in providing independent support to those raising concerns and to other staff involved during what could be a challenging period. In relation to the two cases within the same service, she advised that any Stage 2 investigation represented a potential concern and required continued oversight until conclusions and reports were available.

The Chair added that early assessment was critical to ensure concerns were routed through the appropriate process, noting that not all issues initially raised constituted whistleblowing matters.

Mrs Hall provided further assurance, outlining the ongoing work arising from the Raising Concerns short-life working group. She advised that a range of support mechanisms remained available for staff involved in raising concerns, including Confidential Contacts, spiritual care, wellbeing services, occupational health, trade unions and peer support arrangements. Mr McCulloch echoed the value of the work undertaken and suggested exploring more accessible and continuous mechanisms for staff to raise concerns, such as digital feedback tools, rather than reliance on time-limited initiatives. Ms Watson confirmed that this suggestion would be considered through existing Confidential Contact forums. Professor Carolan cautioned that while accessible mechanisms were important, the wider cultural focus on professionalism, team working and having difficult conversations was central to achieving meaningful and sustained improvement.

Mr Robinson noted the discussion, commenting that the presence of complaints, grievances and whistleblowing concerns could be indicative of a healthy organisational culture where issues were appropriately surfaced and addressed.

DECISION: The Board noted the paper.

2025/26/91 – Sub-national Planning & Delivery (Board Paper 2025/26/65)

The Board received and considered an update on the development and early activity of the Sub-National Planning and Delivery Committee (East) from Dr Chittick, of which NHS Shetland was now a participant. The update followed previous discussion at the December Board meeting regarding the new statutory planning arrangements and the requirement for NHS Boards to collaborate on defined national priorities. Dr Chittick emphasised that this update was intended to provide assurance, particularly regarding how NHS Shetland's island perspective and priorities would be represented within sub-national arrangements. Key points highlighted included:

- Work streams had been established across five mandated national priority areas, including planned orthopaedic waits, emergency care, digital access (including MyCare.scot), business systems alignment and consolidated financial planning.
- Additional work had been commissioned specifically on rural and island healthcare, led by NHS Orkney, supporting visibility and representation of island issues.
- Interim leadership arrangements were in place across planning, finance, operational, clinical and public health functions, with Executive Directors providing leadership on an interim basis while longer-term arrangements were scoped.
- Core governance, statutory accountability, clinical responsibility and financial accountability arrangements for NHS Shetland remained unchanged.

- Timescales were tight, with sub-national plans required to be submitted to Scottish Government before the end of the financial year.
- Sub-national plans would return through NHS Shetland's own governance arrangements to enable Board scrutiny and assurance of alignment with the Strategic Delivery Plan.

Discussion

Mrs Macdonald welcomed the inclusion of a dedicated rural and island healthcare work stream and noted reassurance that NHS Shetland would be well represented. She expressed concern about the tight timescales and commented that the overall aims of sub-national planning were not yet sufficiently clear, particularly in terms of how sustainability improvements would be achieved. She emphasised the importance of maintaining a strong island voice as the work progressed.

Mrs Hubbard sought assurance that, once further clarity was provided by Scottish Government on what success would look like for sub-national planning, this would be brought back to the Board for consideration and scrutiny. The Chair noted alignment with wider work through the National Centre for Remote and Rural Healthcare and highlighted the growing recognition that a whole-system approach was required.

Dr Chittick acknowledged the concerns raised and advised that sub-national planning was still at an early stage, with the focus currently on establishing the "what", before work progressed to the "how". He confirmed that NHS Shetland's Strategic Delivery Plan remained the priority and that sub-national arrangements would not override locally agreed strategic objectives. He gave assurance that relevant developments would be reported back to the Board and that alignment with local strategy and delivery planning would continue to be embedded. He emphasised that success would be defined by improved sustainability and outcomes, without detriment to the quality of services currently provided.

DECISION: The Board noted the paper.

2025/26/92 - Corporate Governance Handbook: Section 4 - Committee Terms of Reference

(Board Papers 2025/26/67, 2025/26/68, 2025/26/69)

Mrs Hand brought the annual review of the Board Standing Orders. It was reported that the Standing Orders remained aligned with the national NHS Scotland model and were considered fit for purpose. Members were advised that any proposed amendments outside the standard model would require engagement with Scottish Government.

The Board was also reminded of the requirement for members to update their Register of Interests in writing whenever a change occurred, and in any event within one month of the change.

Discussion

There were no objections from the Board Members.

DECISION: The Board approved the standing orders.

Information and Noting

2025/26/93 - iMatter 2025 Cycle - Update

(Board Paper 2025/26/70)

Ms Kirsty Clarke presented the outcomes of the 2025 iMatter staff engagement survey. It was reported that overall staff engagement within NHS Shetland remained consistently strong, with results above the national average and in line with long-term trends. The report

provided assurance on areas of strength as well as highlighting priorities for further improvement and action.

Key points highlighted were:

- An overall employee engagement index score of 78, above the national average and consistent with previous years.
- Continued positive feedback from staff in relation to line management support, role clarity, dignity and respect, and confidence in patient services.
- An overall response rate of 56%, slightly below the national average and the 2024 position, largely due to lower participation from Shetland Islands Council staff, while NHS Shetland staff achieved a strong response rate of 69%.
- Improved action planning performance, with 50% of team action plans completed within the national reporting period, representing the highest completion rate to date.
- Ongoing challenges relating to staff involvement in organisational decision-making and perceptions of Board visibility, consistent with national patterns.
- A mixed picture in relation to raising concerns, with most staff feeling able to speak up safely, but lower confidence that concerns would be acted upon compared with national averages.
- Successful trial of electronic-only distribution of the survey, enabling a shorter delivery timeline, with this approach to continue into 2026.

Discussion

Mr Robinson highlighted feedback from the survey indicating that some staff were disappointed by a perceived lack of follow-up or action after raising concerns. He emphasised the importance of closing the feedback loop, noting that staff needed to see that action was taken and to receive feedback on outcomes where possible.

Ms Robinson commented on the lower response rate from Shetland Islands Council staff, noting that iMatter was an NHS-specific tool and that participation by local authority staff had always been challenging within integrated services. She advised that discussions were ongoing with council HR colleagues to consider whether alternative approaches to staff engagement would be more appropriate, given that council staff also participated in separate feedback processes.

Mrs Hall thanked officers for their work in delivering the survey and acknowledged the Chair's comments. She referenced actions arising from the Raising Concerns short-life working group, including improved debriefing and communication with staff who raised concerns. She noted the balance required between maintaining confidentiality and ensuring staff were acknowledged and informed that an outcome had been reached, and assured members that this work remained ongoing.

DECISION: The Board noted the paper

Date of Next Meeting: Tuesday 28th April 2026 at 09.30am