

Shetland NHS Board

Minutes of the Shetland NHS Board Meeting held at 9.30am on Tuesday 20th September 2022 via Microsoft Teams

Present

Mr Gary Robinson	Chair
Dr Kirsty Brightwell	Medical Director
Mr Colin Campbell	Non-Executive Board Member
Mrs Kathleen Carolan	Director of Nursing & Acute Services
Mr Lincoln Carroll	Non-Executive Board Member
Mr Brian Chittick	Director of Community Health & Social Care
Mrs Natasha Cornick	Non-Executive Board Member
Mr Michael Dickson	Chief Executive
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mrs Jane Haswell	Non-Executive Board Member
Mrs Kathy Hubbard	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mrs Emma Macdonald	Local Authority Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director

In Attendance

Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Ms Lucy Flaws	Planning, Performance and Projects Officer [items 2022/23/60 and 2022/23/62]
Ms Elizabeth Robinson	Public Health and Planning Principal

2022/23/49 Chair's Announcements

Mr Robinson welcomed Emma Macdonald to her first Board Meeting as the recently appointed Local Authority Member.

Members were informed that the autumn/winter seasonal flu and Covid booster programme was well underway with all care homes having been visited to offer vaccination to the residents. The team have begun vaccinating those aged 75 and over, people who are housebound and health and social care staff and will then move on to calling the next age group and younger people in at risk groups. The seasonal flu programme for children has also started in GP practices and schools.

2022/23/50 Apologies for Absence

Apologies were received from Amanda McDermott, Chair of Area Clinical Forum.

2022/23/51 Declaration of Interests

There were no declarations of interest.

2022/23/52 Draft minutes of the public Board Meeting held on 23rd June 2022

The draft minutes were approved as an accurate record with no amendments.

2022/23/53 Draft minutes of the private Board Meeting held on 23rd June 2022

The draft minutes were approved as an accurate record with minor amendment to the paragraph on page 2 referring to a board discussion(s) on efficiency savings.

2022/23/54 Board Action Tracker

The Board Action Tracker was noted.

2022/23/55 Matters Arising

There were no matters arising from the previous minutes or action tracker.

2022/23/56 Quality Report Update

(Board Paper 2022/23/32)

Mrs Carolan presented the report and highlighted the key points for members' information:

- Work is in the early stages of developing the Initial Agreement for the replacement of the GBH. The Programme Board which supports this work have approved a Communication and Engagement Plan which is underway to develop events for public, patients and service users. There are also a series of professional workshops taking place before the end of the financial year.
- Since June there has been a significant increase in activity which has run alongside a dip in workforce partly due to a number of staff absences with covid resulting in occasionally having to revert to business continuity plans in order to deliver services. No services were stopped and members acknowledged the hard work by staff to keep services running through an exceptionally busy time.
- Work has continued on the board's winter planning and business continuity plans which have been well tested throughout 2022. The Winter Plan will be presented to the board in December.
- As part of winter preparedness, a new triage suite has been put in place in the emergency department to assist working as multi professional teams offering triage to patients some of which may be better placed and redirected into planned care services.
- The Ambulatory Care Day Case Unit has opened after significant refurbishment in the last 6 months. Capacity in the unit has been doubled in terms of being able to facilitate repatriation services to Shetland and offer more care locally. There is also more resilience in terms of planned services going into winter.
- The mobile theatre unit leaves at the end of October after being in Shetland for 6 months. There will be a month of additional patients who require various visiting services such as cataract surgery.
- Progress towards working more closely with Shetland Youth Voice looking at ways in which organisations can genuinely include children and young people in decision making across the Children's Partnership.
- Appendix 4 highlights a piece of work by Neil Brice, Spiritual Care Lead which was facilitated by ward 3 staff speaking to families and relatives about their care experience using a technique called Emotional Touch Points. The report suggests some learning for the board as a result of the feedback.

Discussion

Members praised this valuable piece of work and welcomed any learning as a result. In response to a question, Mrs Carolan described how participants were selected via conversation between the SCN for the ward and Neil who then approached families and individuals. A roll-out strategy has not been considered but could be explored after the feedback session with the ward staff regarding any learning.

The Board noted the Quality Report Update.

[09:45 Presentation by Sarah Dempster, Associate Family Wellbeing Practitioner describing the project supporting children and families, how the project developed and the next steps]

Members thanked Ms Dempster for her hugely interesting and comprehensive presentation which demonstrated the amount of work being undertaken in this area in the last 9 months.

In response to a question regarding how people can be supported to engage with the service, Ms Dempster explained it is integrated within the overall universal maternity service so referrals are made through the department and into the health visiting service for families wishing a little more support in an open, flexible manner.

Ms Dempster added that support was informally set up on 6 week blocks based on current capacity but the team manage their time dependant on some families who have required more “whole family” support than others. The hope was that contact would be maintained up to 2 years olds, but there had initially been more capacity enabling the team to offer short term support to older children where required. The team works closely with Anchor and with the Family Centre to ascertain how best to support families and ensure their needs are met.

In response to a question regarding referral criteria and identified trends, Ms Dempster said due to small numbers it was not possible to ascertain at present, but the team plans to produce a report in due course.

Dr Laidlaw acknowledged that families can face multiple challenges and asked if the Family Wellbeing Service linked in with other specialist services such as the Domestic Abuse Partnership and Women’s Aid, drug and alcohol services, criminal justice etc in order to access specific expertise.

Ms Dempster explained that in their role as associate practitioners, they delegate care through the midwife or health visitor so where there are multiple agencies involved it will usually be the health visitor who attends multi-agency meetings. The team have attended GIRFEC meetings in respect of families where appropriate and to ensure all agencies and the family are communicating with one another and not working in isolation.

Ms Dempster informed members that the Associate Family Wellbeing Practitioners were contracted for 18 months meaning they were approximately half way at present. It was not clear what the future of the service would be going forward after the 18 months.

Mr Robinson asked if communication may contribute to the minimal involvement with the criminal justice service rather than lack of need. Ms Dempster acknowledged this concern and offered to discuss this with the Child Health Manager, Clare Stiles who oversees the Family Wellbeing Service in order to ascertain if there is any more that can be done.

ACTION: Ms Dempster

Mr Chittick assured members that the criminal justice team would be happy to facilitate information sharing and added that a lot of work had already been done including staff participating in a trauma exercise and working with the NHS Information Governance team regarding information sharing appropriately across both organisations.

2022/23/57 Healthcare Associated Infection Report *(Board Paper 2022/23/33)*

Mrs Carolan presented the report and highlighted the board’s good compliance with infection control and prevention across the whole system.

Discussion

Mrs Haswell asked if work was underway with unpaid carers to recognise the early signs of infections which might support other work. Mrs Carolan replied that Infection Control Nurses had been doing a lot of work with community teams and also supporting national campaigns about Infection Control awareness which took place over summer.

Mrs Carolan said there was already crossover with people in caring roles as part of their training, but acknowledged there may be more that could be done to specifically support awareness raising. Mrs Carolan offered to raise this with the team to ascertain if they have capacity to link in with carers groups specifically. **ACTION: Mrs Carolan**

The Board noted the Healthcare Associated Infection (HAI) Report.

2022/23/58 Feedback and Complaints Annual Report 2021/22 (*Board Paper 2022/23/34*)

Mrs Hand presented the report which sets out the way the organisation centrally gathers feedback about services and the high level summary summarises concerns and complaints received in 2021/22. Members noted the report only captured contact made through the Corporate Services Department and not the significant amount of feedback which goes directly to teams, and in particular compliments.

NHS Shetland is required to report against 9 key performance indicators and in 2021/22, the team handled 167 pieces of feedback including 82 complaints, which is a 61% increase from complaint numbers in the previous 2 years. Mrs Hand suggested the reason for this increase could be a move back to more typical figures following the pandemic and emerging areas of concern reflect the national position as the NHS continues to remobilise following Covid.

Of the 82 complaints, 47 were stage 1 and typically handled at the point of service with many of them being handled within the 5 working day target; 35 complaints followed a formal investigation route with a written response and were classed as stage 2 complaints; 6 complaints were handled which began as stage 1 and were escalated to stage 2 when it became evident that something more robust was needed in terms of finding a response.

83% of stage 1 complaints were handled within the 5 working days target, but meeting the 20 working day target for responding to stage 2 complaints has continued to be a challenge across boards in Scotland. Mrs Hand said this delay was sometimes due to the complaints involving other organisations, but was also impacted by staff being on leave or having left the organisation.

Mrs Hand thanked Katherine Cripps, Feedback & Complaints Officer who predominantly acts as the interface with the public in terms of feedback and complaints and also the clinical directors and other senior colleagues who undertake the majority of the complaint investigations on behalf of the board.

Discussion

Mr Robinson asked if the informal feedback and positive comments received at health centres and the hospital could be captured and presented in the report in the future.

Mrs Hand agreed more could be done to expand the content of the report to include some of the narrative left on Care Opinion in order to capture more of the positive feedback received. The plan is to do some publicity around Care Opinion and information materials can will be obtained and distributed to various services to encourage the public to use the platform.

The Board noted the Feedback and Complaints Annual Report 2021/22.

2022/23/59 Financial Monitoring Report 2022/23 at Month 4 (*Board Paper 2022/23/35*)

Mr Marsland presented the report and informed members that at month 4 the board was £2.1m overspent. The underlying causes for this remain the continued difficulty to fill substantive posts and the use of temporary staff to fill these vacancies outside the terms and conditions of the NHS, plus incurring additional costs in relation to travel and accommodation for these staff.

Workforce is the greatest risk to the financial plan for the current year and also on sustainability for future years and is one of the issues which must be addressed as the board works through the Clinical Strategy and in implementing clinical pathways in the future taking staffing into account.

Discussion

Members noted that at present the SGov had not given boards detailed information regarding allocations for this year with primarily only the baseline allocation received to date. However, boards have an obligation to breakeven and the current outturn forecast is for a £4m overspend and the board is required to submit an action plan for return to break even. Some of the issues sit outside the board's control such as clarification on pay awards for the NHS partners in the current year.

There was lengthy discussion on the risks to the financial plan including staffing models and the overspend on the estates department budget which includes the costs associated with the mobile theatre unit.

Mr Marsland explained that there is an elective planned care allocation due to be issued shortly which will include costs for the mobile theatre unit. Mr Dickson added that some of the estates spend also reflected the expansion of the board's estate due to covid, the increase in workforce and the increase in demand to accommodate staff safely along with the associated additional costs such as cleaning in clinical environments.

NHS Shetland has been exploring different staffing models, for example in obstetrics and some GP practices where contracted staff are not based on the island and are only in Shetland for a certain number of weeks. The challenge remains where staffing gaps persist that have to be filled through use of locums in addition to the issue of sustaining these models. Longer term solutions for sustainable workforces are being explored by senior managers which meet the board's clinical aspiration to have care as close to home as possible. Members acknowledged that there was a shortage of workforce across many professions and was a challenge for boards across the UK.

Mr Dickson said the bigger challenge was the ongoing change programmes and work is underway across the north region looking at mental health services and the board should consider its own out-of-hours service. In the past, the board has been successful in being able to offer positions to individuals who would be happy to come to Shetland to fill roles currently held by locums, but there are challenges such as housing and the cost of living.

Mrs Macdonald asked what the process was if the action plan was not successful and the board was unable to break even. Mr Marsland explained that the SGov would provide brokerage to any board assuming funds were available to do so. Any NHS body in the public sector receiving brokerage is required to meet their obligations to breakeven, to review how they redesign services, make efficiencies and work in different ways to break even whilst working with partners to maintain delivery of safe, quality care. They must therefore provide a recovery plan detailing how they will make steps towards breakeven on a recurring basis and also to prepay the brokerage over the next 3 years. Boards are independent legal bodies and the accountability falls to Mr Dickson as Accountable Officer, and Mr Robinson as Chair and accountable to the board as far as the consequences of decisions made that may impact on patient care.

Mr Chittick reported that there was a piece of work underway to revisit mental health out-of-hours coverage to explore the possibility of providing this remotely as a region. The final decision would be made by SGov and the Mental Welfare Commission taking into account

views on patient safety and patient focus. Some funding for mental health provision had been received recently but was predominantly for third sector in collaboration with IJBs.

In response to a request from Mrs Cornick for board members to receive more detailed financial analysis of the vision for the longer range forecasting, Mrs Carolan asked that the board work with managers over the next 6 months. Taking into account the operational pressures for staff this year, teams have not had the time to dedicate on longer range strategic thinking but it was hoped the work could recommence over the next few months.

Mr Chittick assured members that conversations had already taken place with health economists to look at understanding the system activity and what the financial case effect might be in order to move forward on the horizon change.

Mrs Hubbard said she would be keen to see more strategic guidance from the SGov in light of the current financial situation and its longer term effect on the future of the health service across the country.

Mr Chittick said that through their own iMatter action plans, staff are being invited along to team meetings to speak about staff governance. Some teams are very interested in understanding change management of the board and how they can contribute while other teams are more tired post covid. Staff are also keen to have the opportunity to see and speak to more senior managers and board members.

Mr Robinson explained that iMatter Action Plans belong to individual teams and if any team wanted to work more closely to align their action plan to the work of the board then he welcomed those conversations.

Mr Marsland described some of the national work which is underway in respect of some of the key areas for NHS Shetland at present, for example the rural training scheme run with NES which assists with education and training of general surgeons. In terms of using agency and locums, the Chief Nursing Officer for NHS Scotland is setting up a task force to look at the issue of nursing agency and bank use with the aim of bringing in standard procedures across the whole of Scotland. NHS Shetland is looking at having similar discussions about the options that are available including training schemes funded through endowments.

The Board noted the Financial Monitoring Report 2022/23 at Month 4.

2022/23/60 Performance Report Quarter 1 (to June 2022) (*Board Paper 2022/23/36*)
Lucy Flaws, Planning, Performance and Projects Officer presented the report and highlighted some points illustrating how the board's services are performing well to maintain levels of service and stability, and good outcomes under the recent operational pressure post pandemic.

- Sickness absence and delayed discharges - the links between health and social care service show the symptoms of the last 2 years of pressures and that there has not been any respite for teams who are working hard to keep services working as restrictions ease.
- The refurbishment and replacement of disinfection units - planning for change has ensured continuity of service despite changes happening.
- Workforce - noting the inherent fragility of the board's smaller teams and the uncertainty of working with pockets of funding, plus thinking about how to support the wellbeing of staff going into winter, the board's business continuity has been well tested.

- Use of agency staff allows provision of services to continue but is not financially sustainable or the consistency to build on improvement work in addition to the pressures on managers to manage that agency staffing.
- Work is underway looking to improve the performance management process and it is hoped the Finance and Performance Committee will enable conversations to help build improvement.
- Members noted that the organisation is beginning to see the symptoms of the pressures within the system in the data that is collected.

Discussion

Members noted the progress on the psychological therapies waiting time and commended the team for being able to sustain delivery of services throughout the implementation of the action plan.

There was discussion on the benefits and risks of offering temporary, part-time or permanent employment contracts as a way of filling vacant posts. Mr Dickson explained the use of temporary contracts reflected funding streams that the board receives from SGov and are periodic in nature. Balancing the level of risk the board is willing to take in order to offer permanent substantive positions is the responsibility of members.

The Board noted the Performance Report Quarter 1 (April 2022-March 2023).

2022/23/61 Draft Shetland Health and Social Care Integrated Workforce Plan 2022-2025 (Board Paper 2022/23/37)

Mrs Hall presented the report which covers staff working in Health & Social Care and was collated by Lorraine Allinson, NHS Shetland HR Services Manager and Denise Bell Executive Manager for HR in Shetland Islands Council and produced in conjunction with public health and finance colleagues. SGov is keen that board members have sight of the draft plan and this had been planned to take place at the Board Development Session in September which was subsequently cancelled.

The integrated workforce plan draft was closely drafted in accordance with SGov regulations and guidance issued in December 2019 and updated over many iterations before the final single format for the plan presented today.

The plan is linked to service planning and financial planning and reflects the response and impact of covid 19, remobilisation and a focus on current service delivery and the short term future. Many wrap around conversations have taken place and will continue with service managers and Heads of Departments. The draft plan was submitted to SGov on 1 July 22, the final plan must be submitted on 31 October 22 and the NHS governance route will be via the Staff Governance Committee. An initial feedback meeting with SGov took place on 19 August 22 and the initial feedback was that the plan was a very good start, with the workforce wellbeing section being commended. The official feedback response is still awaited but some points positively highlighted by SGov included:

- There was a good analysis of recruitment and matrix;
- There are a huge number of innovative projects such as Vanguard and the GP Hub;
- There is strong partnership working with SIC;
- SIC has a separate workforce plan that will run alongside this plan and that workforce is agile and will look to address service priorities and needs;
- The workforce profile will constantly change as required and will expand and contract with the demands of the service;

- Retention is as important as recruitment and whilst the board has a Retire and Return Scheme, it is important to better understand how to utilise experience and skills in the latter part of their career in particular and how we nurture some colleagues at the beginning of their career;
- Encourage all colleagues to undertake their appraisal as appropriate for every staff group particularly as this is the means to understand their future aspirations, succession planning and how the organisation can support this including mentoring and coaching support;
- NHS Shetland is working closely with the North of Scotland around international recruitment. SGov have issued targets for boards (NHS Shetland it is 5 WTE nurses);
- The report's authors are looking at approaches for innovation locally and regionally and proposals will be presented through the Joint Staff Forum;
- There are risks associated with the development of the National Care Service and any reconfiguration of the workforce and what that might look like;
- How to support agile and blended working and different modes in order to redress the balance;
- Building and creating ongoing relationships to bind colleagues to NHS Shetland (and SIC) as an employer of choice and ways to create the right starting conditions for colleagues is vital;
- Provision of accommodation including how organisations support mental wellbeing and resilience with a rising number of colleagues concerned about the rising costs and the impact of this.

Mrs Hall said the final version of the plan would be shared with board members before it is submitted to SGov. Mrs Hall said the authors of the report would be happy to attend the next Board Development Session in order to allow a more detailed discussion around workforce and the workforce planning tools. This could be done by email or by presentation at a future session. Members agreed that that a discussion at a Board Development Session would be beneficial.

ACTION: Mrs Hall to facilitate

Discussion

Mr Carroll said it was important to include in the plan the young workforce and the developing workforce already running in schools, working with young people face-to-face. This is a valuable resource when considering work experience for young people, apprenticeships, planning for university courses and engaging those young people in 5th and 6th year. People changing career and looking at opportunities to do something different could also be considered and explored.

Mrs Haswell said an emphasis should be placed on how the board supports its staff in current times and understanding where there is room for staff banding to reflect "our staff are our patients, our patients are our staff". Employees working within the voluntary sector need to be considered because it was not possible to consider a workforce plan with just the SIC and NHS particularly in the context of the preventative work moving forward.

The Board noted the draft Shetland Health and Social Care Integrated Workforce Plan.

2022/23/62 Annual Child Poverty Report

(Board Paper 2022/23/42)

Lucy Flaws introduced the report and said it was the 4th annual local Child Poverty Action Report to be submitted to SGov. NHS along with SIC have a joint statutory duty under the Child Poverty Act to report on activity they undertake to reduce child poverty. This is the final report under the "Every Child Every Chance" national delivery plan and a new plan was published this year entitled "Best Start Bright Future" which covers the next 4 year period.

Figures released in July 2022 estimate that 18.7% of children in Shetland are living in poverty which is below the figures being experienced in other local authority areas, but is still considered to be too many. The reports highlights the importance of understanding the impact that poverty has on the life chances of children in Shetland going forward as well as the impact on the services that the NHS and SIC provide. It also highlights the importance of agencies working collectively on improving the situation for Shetland.

The report uses case studies to illustrate how agencies, organisations and teams are working together and the impact they are having in the community. It also sets out actions undertaken to tackle the drivers of poverty including:

- income from employment;
- income from social security and benefits;
- the cost of living (said to be 20-65% higher than the UK depending on where you stay in Shetland depending on what it is that you're looking at)

The report includes an Action Plan for 2022/23 and members noted that work continues with families to understand the support that is needed particularly in light of the increasing cost of living and services emerging from covid.

The national delivery plan sets out the 3 priority areas:

- Providing the opportunities and support that parents need to get into the workplace,
- Maximising support available for families
- Supporting the next generation to thrive

Discussion

Board Members praised the report and commended staff in all agencies in Shetland for their hard work supporting communities.

In response to a comment from Mr Carroll regarding how the school holiday time can be challenging for families, Lucy said that there had been some support available during the pandemic through direct payments in the holidays where SIC had used some funding to continue meal payments for families. It is unclear whether there will be an option for similar support available to local authorities through the energy crisis.

In response to a question from Mr Campbell concerning access for employees to affordable child care, Lucy said work had been going on in SIC over this past year to understand what the needs were of families locally, whether it would impact on their working hours and how much they are able to contribute as well as whether they are able to increase their earnings. The national approach was to increase nursery provision whereby all 3 and 4 year olds are entitled to 30 hours of funded child care, however there are issues around the capacity of child care within nurseries and a lack of childminder services to match alongside this. There have been pieces of work done within SIC looking to increase provision, but the costs are expected to increase with the cost of living which will have an impact on the number of people returning to work.

Dr Brightwell said employers needed to do more to support women in the workforce who have child caring responsibilities particular those who are on maternity leave and receiving statutory maternity pay. Lucy said the report briefly alludes to the living wage accreditation and the importance of businesses signing up to it, but the reality was that it relies on employers to support it. Mr Robinson added that the living wage was really important in the wider community and that in Shetland there were only very small pockets that are not already paying the living wage.

The Board approved the Annual Child Poverty Action Report 2021-22.

2022/23/63 Review of Committee Memberships (Board Paper 2022/23/38)

Mrs Hand presented the paper and explained that there is a plan to conduct a wider review of committee membership, but this is slightly delayed till the new Whistleblowing Champion Non-Executive Director is appointed. This is tied in to the work that the Board Chair is carrying out around the skills matrix.

In the interim, the board is asked to formally confirm Bruce McCulloch's appointment to committees as the Employee Director, to confirm the appointment of 2 members to the Finance & Performance Committee as was mapped out in the previously agreed ToR and to consider adding a Non-Executive member onto Clinical Governance Committee and Staff Governance Committee.

- Members approved Mr McCulloch's appointment as Employee Director to the committees as set out in the paper
- Mrs Cornick nominated Emma Macdonald to the Staff Governance Committee
- Mrs Cornick nominated Kathy Hubbard to the Clinical Governance Committee

The Board approved the committee nominations.

2022/23/64 Clinical Governance Committee Terms of Reference

(Board Paper 2022/23/39)

Mrs Hand said the paper reflected the change with the introduction of the Finance & Performance Committee, and seeks the board's permission to add an additional Non-Executive Director at this point rather present the ToR again to the next board meeting.

The Board approved the Clinical Governance Committee Terms of Reference.

2022/23/65 Board Business Programme

(Board Paper 2022/23/40)

Mrs Hand said programme had been revised with the inclusion of 2 dates for Finance & Performance Committee up to the end of the business year and the programme of dates for 2023/24 will be presented to the December board meeting.

The Board agreed the revised Board Business Programme for 2022/23.

2022/23/66 Public Health Annual Report

(Board Paper 2022/23/41)

Dr Laidlaw presented the report and summarised the main points for member's interest:

- For the second year running, the first part of the report focusses on the covid pandemic because this has continued to dominate public health, and particularly health protection work for the last 2.5 years until very recently.
- A more comprehensive review of the whole pandemic is being produced, looking at the response, what the impact has been and any learning for the future from how the board managed the pandemic.
- A number of areas of work are getting back on track, particularly health improvement and other wider public health work such as screening programmes, prevention and tackling inequalities such as child poverty and the impact of the cost of living crisis.
- Adverse childhood experience is another factor which is impacting on health, wellbeing and inequalities.
- Climate change is a significant public health issue which will impact on people's health and wellbeing globally going forward and along with the other public health factors,

they impact on the poor and most vulnerable people disproportionately leading to worsening inequalities gaps for the whole population.

- Without efforts to tackle climate change, child poverty, inequalities and the effects of covid, people's health will continue to be impacted which will lead to an increased demand for health and social care services which are already under pressure due to funding, capacity and staffing.
- Criminal justice work through the Community Justice Partnership is touched on in the report because this work overlaps with parts of public health.
- Work on a comprehensive health and care needs assessment for the Shetland population is progressing which is fundamental to taking things forward. This will take in the whole community and across the entire health and wellbeing agenda including the population health survey and work with colleagues in Public Health Scotland looking at data and profiles. The information this captures will be the theme of the Public Health Annual Report next year.

Members praised Dr Laidlaw and the public health team for the very informative report.

The Board noted the Public Health Annual Report 2021-2022.

2022/23/67 Remuneration Committee Annual Report (Board Paper 2022/23/43)

Mrs Hall presented the annual report of the Remuneration Committee's activities in 2021/22. The Remuneration Committee's work plan and timeline are nationally dictated and was presented for members information.

The Board noted the Remuneration Committee Annual Report 2021/22.

2022/23/68 Approved Committee Minutes for noting

Members noted the committee minutes.

2022/23/69 The next meeting of Shetland NHS Board will take place on Tuesday 13th December 2022 at 9.30am via Microsoft Teams.

The meeting concluded at 12:05