

Shetland NHS Board

Minutes of the Public Shetland NHS Board Meeting held at 09.30am Tuesday April 28th 2026 at 09.30am via Microsoft Teams

Present

Mr Gary Robinson	Chair
Mr Colin Campbell	Non-Executive Board Member
Prof Kathleen Carolan	Director of Nursing and Acute Services
Mr Lincoln Carroll	Non-Executive Board Member
Dr Brian Chittick	Chief Executive
Ms Karen Eunson	Non-Executive Board Member
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Kathy Hubbard	Non-Executive Board Member
Mrs Gaynor Jones	Non-Executive Board Member
Dr Susan Laidlaw	Director of Public Health
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director

In Attendance

Ms Jo Robinson	Director of Community Health & Social Care
Mr Karl Williamson	Head of Finance and Procurement
Mrs Carolyn Hand	Corporate Services Manager
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
Ms Edna Mary Watson	Chief Nurse Corporate

Chair's Announcements

Mr Gary Robinson welcomed attendees and noted the appointment of Karen Eunson as anew Non-Executive Director, with an induction programme being developed. Mrs Lucy Flaws and Ms Edna Mary Watson were also welcomed for agenda items.

The Board was advised of the launch of a weekend walk-in clinic pilot at Grantfield, providing urgent primary care access, with plans to extend to weekday opening. Mr Robinson acknowledged staff involved in the rapid development of the bid. It was noted that the vaccination clinic would remain at Grantfield, with further details available online.

Mr Robinson reported the extension of the Phio digital physiotherapy service for a further two years following a successful pilot, which enabled around 75% of patients to self-manage without further treatment.

Finally, Mr Robinson congratulated Miriam Moar and Ingrid Couper on qualifying as orthodontic therapists, noting that their training was delivered locally through an extended programme to ensure appropriate clinical supervision.

2026/27/01 Apologies for Absence

Apologies received for Dr Kirsty Brightwell and Mrs Emma MacDonald

2026/27/02 Declarations of Interest

None were received

2026/27/03 Minutes of the Previous Meeting

DECISION: The minutes of the Board Meeting of 10th February were approved.

2026/27/04 Board Action Tracker

DECISION: There were no updates to the action tracker.

2026/27/05 Matters Arising

There were no matters arising.

2026/27/06 Board Business Programme

DECISION: The Board Business Programme was approved without comment.

Quality of Care

2026/27/07 - Quality Report Q4 (Board Paper 2026/27/01)

Professor Carolan opened the discussion on the report, noting that a detailed evaluation report from the physiotherapy team on the Phio digital service would be appended to the public-facing version of the document, including patient feedback.

By way of highlights, Professor Carolan reported that uptake of the app exceeded expectations, with 8% of patients using the platform against a target of 3%. Evaluation findings indicated that 57% of users experienced improvement by week 12, and 79% reported that they would use the app again, with a similar proportion requiring no further treatment. The pilot was described as highly successful and a positive example of digitally enabled care in Shetland, with funding secured for continuation.

Discussion

The Board commended the quality of the report. Mr Joe Higgins asked for assurance that numbers on surgical site infections, whilst the metrics were not reported nationally, were still looked at. Professor Carolan confirmed that whilst they were not included in the Board report, or submitted to NHS Assure, they were looked at as a part of multi-professional governance meetings that the surgical team lead. Mr Campbell highlighted the section relating to the Hospital at Home service. While recognising the strength of the data presented and the positive trajectory of the service, he suggested that future reports would benefit from the inclusion of qualitative patient feedback, similar to that provided for Ward 1 and Ward 3, to ensure a more balanced understanding of patient experience. Professor Carolan confirmed that such qualitative data was available and could be incorporated into future reports. This was supported by Ms Robinson, who advised that patient feedback had recently been presented to the Executive Management Team and could be readily included.

Mr Carroll further noted the positive student feedback highlighted within the report, particularly in relation to reasonable adjustments. He observed that students requiring such adjustments expressed high levels of satisfaction with the support provided, which he considered a positive reflection on the service.

A query was raised by Mrs Gaynor Jones regarding changes to pressure ulcer statistics within the previous Quality Report. Due to technical issues affecting the member who raised the query, it was agreed that this would be followed up outwith the meeting.

DECISION: The Board noted the report.

2026/27/08 - Healthcare Associated Infection (HAI) Report (Board Paper 2026/27/02)

Professor Carolan presented the Healthcare Associated Infection (HAI) report, advising that it reflected an overall position of good performance and compliance with infection prevention and control standards. She highlighted a number of updates not included within the written report. These included two recent external inspections of the Central Decontamination Unit (CDU), which identified no requirements, and ongoing work with NHS Assure to review decontamination services and their resilience, with further reporting expected following this engagement.

She also reported continued development of arrangements for managing high consequence infectious diseases. This included staff training, in situ simulation exercises to ensure preparedness, and recent multi-professional learning activity to strengthen the organisational response.

DECISION: The Board noted the report.

Performance

2026/27/09 - Financial Monitoring Report at Month 11 (Board Paper 2026/27/03)

Mr Marsland presented the Month 11 Financial Monitoring Report, advising that the position reflected a £0.6m overspend at that point in the year, consistent with pressures experienced in previous years. He noted that the forecast outturn remained a break-even position, subject to audit, and invited questions from the Board.

In discussion, Mr Higgins welcomed the projected break-even position and commended those involved in delivering this outcome. He also noted the importance of identifying realistic recurring savings for the forthcoming year, rather than relying on non-recurring measures.

Mr Robinson reinforced that, having achieved a break-even position, the key challenge would be to maintain this going forward. He emphasised the need for continued Board oversight, particularly in relation to staffing, as the organisation's largest area of expenditure.

Dr Chittick confirmed that this was recognised and advised that work was underway to ensure financial stability moving forward, with particular focus on workforce planning. He noted that consideration was being given to how this could be aligned with the Strategic Change Oversight Group (SCOG) to provide ongoing scrutiny of workforce numbers, skill mix and associated costs within the context of strategic plans.

Mrs Hubbard highlighted the potential impact of wider geopolitical and economic pressures, including energy, supply chains and medicines, and noted the likelihood of increasing financial challenges affecting all Boards. In response, Dr Chittick advised that the organisation was monitoring emerging risks and had provided an assessment to the Scottish Government, noting that while no significant risks were currently identified, pressures could escalate over time, particularly in relation to fuel costs and inflation.

Mr Marsland provided additional assurance that national arrangements were in place to manage drug supply across the UK. He also outlined the Board's relatively limited exposure to energy-related risks, noting that only a small number of facilities relied on heating oil, the vehicle fleet was largely electric, and electricity costs were secured through a national contract.

DECISION: The Board noted the report.

2026/27/10 - Performance Report Q4 2025/26 (Board Paper 2026/27/04)

Mrs Flaws presented the Quarter 4 Performance Report, noting that overall performance remained stable and broadly consistent with previous quarters, with services performing well against Scottish averages despite ongoing winter pressures. She highlighted the revised structure of the report, aligned to the Board's three strategic objectives, and outlined key developments including imaging service planning with NHS Grampian and the introduction of frailty scoring to support population health understanding. Ongoing pressure areas were identified, including delayed discharges, psychological therapies and reliance on external Boards, alongside some data quality issues currently being addressed.

In discussion, Mr Colin Campbell welcomed the report and sought clarification on the reporting of departmental business continuity plans. Mrs Flaws confirmed that all plans were in place, with current reporting focused on whether reviews had been completed within the last 12 months, noting that processes for capturing this were still being embedded. Mr Higgins supported the proposed additional performance measures and sought confirmation that these aligned with those under development, which Mrs Flaws confirmed, noting ongoing work to consolidate data from multiple systems into a coherent reporting framework. Dr Chittick highlighted national work to improve dental data and provided an update on action being taken to address psychological therapies capacity, including short-term investment and development of a longer-term sustainable solution. Dr Laidlaw further advised that national work on population health frameworks and associated indicators would support future development of the "building blocks of health" section of the report. Mr Robinson noted that workforce challenges remained a common issue across Boards, particularly in areas such as psychological therapies.

DECISION: The Board noted the paper.

Governance

2026/27/11 - Health and Care Staffing Act – Annual Report incorporating Internal Compliance Report Q4 (Board Paper 2026/27/05)

Ms Watson presented the Health and Care Staffing Act Annual Report, including the Quarter 4 Internal Compliance Report to 31 March 2026. She advised that the report provided reasonable assurance that appropriate systems, governance arrangements and processes were in place to support compliance with the Act across the organisation and the Community Health and Social Care Partnership. While implementation was not yet fully embedded across all services, no areas of 'limited' or 'no assurance' were identified. Ms Watson highlighted key sources of assurance, including oversight by the Health and Care Staffing Programme Board, regular reporting to the Board, scrutiny through governance committees, and engagement with Healthcare Improvement Scotland. She also outlined progress against the duties of the Act, with reasonable assurance across key areas such as staffing levels, risk escalation and clinical advice, and substantial assurance in areas including staff training and use of staffing tools.

Ms Watson reported a number of key achievements, including the continued rollout of the eRostering system (Allocate), now live in approximately 92% of services, and the expansion of SafeCare for real-time staffing assessment. She noted improvements in organisational visibility of staffing pressures and a reduction in reliance on agency staff, including a null return for agency costs exceeding 150% of substantive staff costs. Challenges remained, including capacity pressures, variable engagement across professional groups, and issues with national data systems. Priorities for 2026/27 included further embedding of SafeCare as a single organisational platform, improving data quality, and strengthening compliance monitoring.

In discussion, Mr Higgins sought assurance on whether the programme had improved organisational awareness and control, and how performance compared nationally. Ms Watson confirmed that the work had strengthened organisational understanding of workforce pressures and that NHS Shetland's position was broadly in line with other Boards. Professor Carolan supported this view, noting improved understanding and use of workload tools and stronger workforce planning as a result. Mr Bruce McCulloch and Dr Chittick discussed the future rollout of SafeCare, with a focus on increasing uptake across specific clinical groups rather than applying a universal target, and noted ongoing national considerations regarding use by medical staff. The Board acknowledged the positive progress made, particularly in reducing agency use.

DECISION: The Board noted the paper and approved the publishing of appendix three.

**2026/27/12 – Strategic Risk Register
(Board Paper 2026/27/06)**

Ms Watson presented the Strategic Risk Register, noting that it was now subject to regular review through the Audit and Risk Management Group, with oversight reported through committees and to the Board. She advised that the overall risk profile remained challenging, with limited movement in the highest-rated risks. Nineteen strategic risks were reported, including an increase in the risk relating to access to services, reflecting ongoing service fragility. Reductions in risk scores were noted in financial, cyber and climate-related risks due to strengthened controls and improved positions, while new risks had been added relating to estate infrastructure, including the structural integrity of Gilbert Bain Hospital and lift failures. Some areas continued to report inadequate controls, particularly in relation to information governance, national standards compliance and estate risks. Edna Mary also noted that further work was required to develop and embed risk appetite across the organisation.

In discussion, Ms Jo Robinson highlighted a minor amendment required to the narrative relating to the access to services risk. Mr Higgins sought clarification on the implementation of the Healthcare Guardian system; Ms Watson advised that implementation was anticipated later in the year, subject to resource constraints, and that the system would provide a consolidated platform for risk, adverse events, complaints and governance data. Mr Campbell queried resourcing for data cleansing ahead of implementation, and Ms Watson confirmed this remained a constraint, with recruitment planned to support the process. Professor Carolan highlighted the ongoing uncertainty in planned care and waiting times, noting potential financial risks and dependency on other Boards for service delivery. Mrs Hubbard raised concerns regarding risks recorded as adequately controlled where controls had not been fully tested, suggesting this be explored further through the Audit and Risk Committee.

Dr Chittick provided additional context on information governance risks, noting pressures arising from high volumes of Freedom of Information requests and highlighting ongoing work to strengthen compliance and resource capacity. Mrs Jones, via the chat function, commended the effectiveness of the Audit and Risk Management Group and emphasised the importance of risk owners maintaining up-to-date action plans.

DECISION: The Board noted the paper.

**2026/27/13 – Risk Management Summary Outturn Report 25/26 & Draft Risk Work plan 26/27
(Board Paper 2026/27/07)**

Ms Watson presented the Risk Management Summary Outturn Report for 2025/26 and the Draft Work Plan for 2026/27. She reported that good progress had been made in strengthening risk management arrangements across the organisation, despite ongoing capacity pressures. Key developments included enhanced governance through the Audit and Risk Management Group, improved alignment with the Audit and Risk Committee, the introduction of formal decision notes, and consistent scrutiny of risks across all standing committees. She also highlighted progress in standardising risk descriptions, strengthening executive ownership, and improving organisational learning through increased adverse event reporting and the sharing of lessons learned. The Internal Audit of risk management in 2024/25 identified areas of good practice, with recommendations now being implemented. She noted a gap in the testing of controls, as highlighted by Mrs Hubbard, which would be a focus going forward.

She advised that three new strategic risks had been added during the year; climate emergency, structural integrity of Gilbert Bain Hospital, and the ageing estate, while an earlier estate-related risk had been closed. She also confirmed that information governance risks remained under review, with consideration being given to widening the focus beyond training to broader compliance issues.

Ms Watson advised that most planned objectives for 2025/26 had been progressed or partially delivered, although some had been delayed due to resource constraints. Improvements had been made in strengthening governance processes, increasing consistency, and enhancing visibility of risk across the organisation. She noted that new strategic risks had been added during the year, and that information governance risks remained under review as part of a broader consideration of compliance rather than training alone.

Looking ahead, Ms Watson outlined that the 2026/27 work plan would be more focused, with emphasis on embedding business-as-usual processes and supporting the implementation of the Healthcare Guardian system. This would include preparing risk registers for transition, supporting staff training, and improving data quality to strengthen compliance monitoring and reporting.

DECISION: The Board noted the paper.

2026/27/14 – Whistleblowing – correspondence from the Cabinet Secretary for Health & Social Care

(Board Paper 2026/27/08)

Dr Chittick presented a paper providing assurance to the Board in relation to whistleblowing arrangements, in response to correspondence from the Cabinet Secretary for Health and Social Care. He advised that the response reflected the organisation's current position, including work to foster a positive speaking-up culture through leadership visibility, accessible and safe reporting routes, and integration within staff governance arrangements. The response also acknowledged areas for improvement, including a downward trend in staff survey responses and the challenges associated with sustaining resources within a small island Board.

Dr Chittick highlighted examples of learning and improvement arising from whistleblowing activity, including the introduction of lone worker fobs, improved job design, strengthened induction processes, enhanced leadership visibility, and improvements to clinical pathways, all of which had contributed to safer services and improved staff experience.

In discussion, Mr Robinson noted that the request formed part of a Scotland-wide exercise involving all Boards. Mrs Hubbard commended the quality and thoroughness of the response, which Dr Chittick noted had been a collective effort. Mr Robinson also acknowledged the contribution of the Whistleblowing Champion in submitting the annual return.

DECISION: The Board noted the paper.

**2026/27/15 – Integration Joint Board and Committee Membership
(Board Paper 2026/27/09)**

Mrs Hand introduced a paper proposing revisions to Board Committee and Integration Joint Board (IJB) membership in light of recent changes to Board membership. She advised that the Board was required to appoint a voting Non-Executive Director to the IJB and subsequently identify a Vice Chair from among the IJB members.

Mr Robinson proposed Ms Eunson for appointment as the Non-Executive voting member of the IJB, in line with the intention outlined during the recent recruitment process. This proposal was agreed. Mr Robinson further proposed that Ms Eunson be appointed as Vice Chair of the IJB, which was also agreed by the Board, and Ms Eunson accepted the appointment.

Mrs Hand then advised that a Non-Executive Director was required for membership of the Audit and Risk Committee. Mr Robinson proposed Ms Eunson for this role, noting her willingness to serve, and the Board approved the appointment.

It was noted that a substitute Non-Executive member was also required for the Finance and Performance Committee. As no appointment was made at the meeting, it was agreed that this would be considered through the appraisal and objective-setting process and brought back a future meeting. Mr Robinson also noted that a vacancy remained for the Vice Chair of the Board, which would be progressed alongside this and reported back to a future meeting.

Action: Agreed that appointments to the Finance and Performance Committee (substitute member) and the Board Vice Chair position would be brought back to a future meeting.

DECISION:

The Board approved the appointment of Karen Eunson as a voting Non-Executive member of the Integration Joint Board. The Board also approved the appointment of Ms Eunson as Vice Chair of the Integration Joint Board, and further approved her appointment to the Audit and Risk Committee.

**2026/27/16 – Clinical Governance committee Terms of Reference
(Board Paper 2026/27/10)**

Mr Higgins presented proposed revisions to the Clinical Governance Committee Terms of Reference, noting that these had previously been reviewed by the Committee in December. He advised that the proposed changes were minor in nature and did not alter the fundamental objectives of the Committee. Three amendments were highlighted. Firstly, the inclusion of provision for the Board Chair to appoint a substitute member on a one-off basis to ensure the Committee remained quorate. Secondly, the addition of a standing agenda item to enable annual approval of the Terms of Reference for the two feeder committees to the Clinical Governance Committee. Thirdly, the inclusion of a standing item to receive updates from the Strategic Change Oversight Group, to strengthen assurance around change programmes and their alignment with clinical governance requirements.

DECISION: The Board approved the revised Clinical Governance Committee Terms of Reference.

**2026/27/17 – Staff Governance Committee Terms of Reference
(Board Paper 2026/27/11)**

Mr Campbell presented proposed amendments to the Staff Governance Committee Terms of Reference. He advised that the changes were aligned with those applied across other

standing committees and were focused on clarity and consistency. Amendments included provision for the Board Chair to appoint an alternative substitute member where required, a change to meeting frequency to reflect quarterly meetings, and removal of specific reference to virtual or in-person formats in favour of a more flexible approach.

DECISION: The Board approved the revised Staff Governance Committee Terms of Reference

2026/27/18 Information and Noting

Approved committee minutes for noting

The Board noted the approved minutes of the following committees:

1. Endowment Committee held on 2 October 2025
2. Staff Governance Committee held on 20 November 2025
3. Audit and Risk Committee held on 25 November 2025
4. Finance and Performance Committee held on 2 December 2025
5. Clinical Governance Committee held on 9 December 2025
6. Area Partnership Forum held on 21 January 2026

Date of Next Meeting: 25th June 2026 at 09.30am