Shetland NHS Board

Minutes of the Public Shetland NHS Board Meeting held at 09.30am Thursday 25th June 2026 via Microsoft Teams

Present

Mr Gary Robinson	Chair
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
Mrs Lorraine Hall	Director of HR
Mrs Emma Macdonald	None-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 Laura Farrell	Communications Officer
Ms Edna Mary Watson	Chief Nurse Corporate
Mr Stephen O'Hagan	External Audit
Ms Sanya Ahmed	External Audit
Mrs Kirsty Clark	Learning and Development Manager
Mrs Laura Pottinger	HR Manager
Mrs Katherine Cripps	Feedback and Complaints Officer
Mr Anthony McDavitt	Director of Pharmacy & Deputy Director, Community Health & Social Care

Chair's Announcements

The Chair, Mr Gary Robinson, welcomed those that were in attendance to present papers on the agenda, and also Stephen O'Hagan from Audit Scotland.

The Chair reported that the Grantfield Walk-in Clinic Pilot had generally progressed well, despite some changes to opening hours due to staffing pressures. More than 150 patients had provided feedback, with all respondents rating the care as very good. The Chair thanked staff for establishing and supporting the service and the community for its understanding when opening hours had changed at short notice.

The Chair continued that a time-limited MenB vaccination programme would begin in July for eligible young people at higher risk. NHS Shetland was working with national partners on the local rollout. Young people preparing to attend university or college were encouraged to check their vaccination status through NHS Inform.

The Chair welcomed NHS Shetland's participation in the Shetland Pride Village and thanked the Health Improvement Team for engaging with the community.

Healthcare Improvement Scotland's final report on the Primary Care Phased Investment Programme was noted. NHS Shetland had contributed evidence as one of four demonstrator sites, highlighting the need for multidisciplinary primary care models to reflect local population needs, geography, infrastructure and workforce availability.

The Chair emphasised that national policy and funding arrangements should retain sufficient flexibility for rural and island delivery. The findings were relevant to the Primary Care Strategy and sub-national planning arrangements that would be considered later on the agenda.

2026/27/19 Apologies for Absence
Apologies were received from Dr Kirsty Brightwell and Mr Colin Campbell.

2026/27/20 Declarations of Interest
There were no declarations of interest made.

2026/27/21 Minutes of the Previous Meeting

DECISION: The minutes of the Board Meeting held on 28th April were approved

2026/27/22 Board Action Tracker
Ms Watson reported that risks SR06 and SR11, relating to information governance training, had been comprehensively reviewed by the Information Governance Team. A new information governance training risk was progressing through the Audit and Risk governance process. The existing action could therefore be closed.

DECISION: The Board noted the action tracker and agreed to close the action relating to SR06 & SR11

2026/27/23 Matters Arising
There were no actions arriving.

2026/27/24 Board Business Programme
Mr Colin Marsland advised that the Financial Monitoring Report should be removed from the standing items for the June meeting, as only the Annual Accounts were presented in June.

DECISION: Subject to this amendment, the Board noted the Business Programme.

Performance
2026/27/25 - Performance Report Q4 2025-26
(Board Paper 2026/27/12)
Mrs Lucy Flaws presented the Performance Report and advised that overall performance remained mixed but generally strong. Areas of challenge were consistent with previous reporting periods and included waiting times in parts of elective care and psychological therapies. While pressures continued, elective care services had achieved all planned activity trajectories and performance in psychological therapies had improved consistently over the previous three months.

The Board heard that patient flow across the system continued to be affected by wider capacity constraints. However, despite significant pressures within emergency and acute services, flow through the acute system and back into the community had remained relatively stable.

It was noted that NHS Shetland continued to perform favourably against national averages in a number of areas, even where challenges remained, reflecting pressures experienced across Scotland rather than issues unique to Shetland.

The report included spotlight sections on the delivery of Quit Your Way services and wider prevention-focused training initiatives aimed at supporting healthier lifestyles and strengthening preventative approaches across services.

Mrs Flaws also noted the results of the Health and Care Experience Survey, which was based on approximately 900 responses from Shetland residents and covered experiences of primary and social care services. Members were advised that, due to small sample sizes, caution should be exercised when interpreting practice-level data.

In addition, Mrs Flaws said that the report considered localised data on long-term health inequalities. It was noted that some indicators could show significant annual variation because of Shetland's small population and that isolated changes should not necessarily be interpreted as longer-term trends.

The Board noted the report and the ongoing work across services to address performance challenges and sustain improvement.

Discussion

Mrs Gaynor Jones welcomed the health inequalities appendix and suggested a Board Development Session to explore the data further. She also asked about community feedback on the revised dental service arrangements, key workforce vacancies and the timing of the Workforce Plan.

Mrs Flaws supported a development session and agreed to bring further dental information to a future Board meeting. Ms Jo Robinson advised that informal feedback from service users had been positive, although no formal evaluation had yet been completed. Mrs Flaws confirmed that recruitment remained difficult in consultant psychiatry, anaesthetics, general practice and emergency medicine.

Dr Brian Chittick highlighted risks associated with waiting-time funding under sub-national planning arrangements. Although NHS Shetland had few, if any, waits of between 78 and 104 weeks, funding focused on the longest waits might not support the Board's wider service needs. He also noted dependencies on tertiary centres and commended Professor Carolan and Christina McDavitt for maintaining planned trajectories.

Mr Joe Higgins welcomed the comprehensive assurance provided and recognised the work across services to improve access, patient flow and waiting times.

Mrs Karen Eunson asked about the less favourable reported experiences of carers. Ms Robinson advised that carers were involved in the Sustainable Models of Adult Social Care work and that a Shetland Carers Strategy was being developed. Mrs Flaws added that improved integrated impact assessments would strengthen consideration of unpaid carers across services.

Mr Lincoln Carroll highlighted Shetland's positive and improving healthy life expectancy position.

DECISION: The Board noted the report.

2026/27/26 - Annual Delivery Plan 2026/27
(Board Paper 2026/27/13)
Mrs Flaws presented the Annual Delivery Plan for 2026/27, which represented the second full year of the Strategic Delivery Plan 2024-2029. The plan aligned national priorities with Shetland's specific needs and operational challenges.

The plan had been updated to reflect national operating priorities and included a dedicated section on risks and uncertainties. It focused on:

- providing excellent services;
- creating the conditions for a sustainable organisation; and
- supporting healthy communities.

Mrs Flaws said that the plan aimed to reduce failure demand and ensure that limited workforce and financial resources added the greatest value to patient care. A revised quarterly Performance Report would align progress reporting with the Annual Delivery Plan.

Discussion
Mr Bruce McCulloch sought assurance that the risks and priorities were aligned with the Board's workforce, financial and digital plans. Mrs Flaws confirmed that these planning processes had been developed in a complementary manner and reflected shared priorities, key dependencies and resource constraints. She advised that workforce, financial and digital priorities had been integrated within the planning framework to support coordinated delivery of strategic objectives and to ensure that available resources were directed towards the areas of greatest impact and organisational need.

Dr Chittick welcomed the clearer alignment between the Strategic Delivery Plan, Annual Delivery Plan and performance reporting. He acknowledged the work undertaken to ensure that the plan reflected both national requirements and local priorities.

The Chair welcomed the Shetland-focused approach, noting the importance of adapting national models to local circumstances.

Mr Higgins sought an update on the Shetland Health Intelligence Platform, with the range of data it was holding, how it could be used to help and guide outcomes. Mr Anthony McDavitt advised that the platform brought together information from primary and secondary care systems to support service planning. Further work included identifying services' information requirements and exploring data sharing with Shetland Islands Council. A future Board seminar was proposed to provide a detailed update.

DECISION: The Board noted the summary findings of the Integrated Impact Assessment and approved the Annual Delivery Plan 2026/27.

2026/27/27 – Primary Care Strategy 2026-2031
(Board Paper 2026/27/14)
Mr McDavitt presented the Primary Care Strategy and thanked the wide range of staff, patients and stakeholders who had contributed to its development over the previous year.

The Strategy had been developed in the context of the national Service Renewal Framework, Public Health Framework and wider public sector reform agenda, whilst also drawing on learning from the Primary Care Phased Investment Programme. It reflected Shetland's distinctive primary care model, noting that NHS Shetland operated services directly to a much greater extent than many other Boards and therefore faced different opportunities and challenges.

The Board heard that recent work, including the development of the walk-in clinic and wider primary care redesign activity, had provided valuable insights into service delivery and patient needs. While a number of changes had been introduced in response to operational pressures, the Strategy sought to provide a longer-term framework for service development and improvement.

Mr McDavitt continued that the Strategy set out a vision, intended outcomes and measures of success for primary care. It recognised ongoing workforce pressures, the importance of multidisciplinary team working, digital transformation and the need to support continuity of care whilst making best use of scarce clinical resources. It also reflected a shift towards planning services around patient pathways and care needs rather than organisational or professional boundaries.

Mr McDavitt noted that the Strategy was intended to provide clear strategic direction rather than a detailed implementation plan. Delivery would be supported through a phased planning approach, aligned with the Annual Delivery Plan and wider organisational priorities. He thanked primary care teams for their openness and engagement throughout the development process and highlighted the importance of continuing engagement as implementation progressed.

Mrs Flaws echoed these thanks and acknowledged the contribution made by staff, patients, service users and communities in shaping the Strategy. She emphasised that the document established a clear direction of travel while recognising the need to remain adaptable in response to changing circumstances and future challenges.

The Board heard that the Strategy aimed to build on existing improvement work and support the development of a primary care system that was person-centred, equitable, sustainable and connected across the wider health and care system. Future performance reporting would include information on primary care activity and outcomes to support ongoing monitoring of progress and emerging pressures.

Discussion

Mrs Kathy Hubbard welcomed the Strategy and commended those involved in its development, noting the considerable work, innovation and collaboration that had informed the final document.

Mr McCulloch welcomed the focus on understanding the system and testing improvements before implementation. He sought assurance regarding the organisation's capacity to measure outcomes and progress. In response, Mr McDavitt advised that work was underway to develop a primary care measurement framework and scorecard, supported by the Shetland Health Intelligence Platform, which would strengthen understanding of performance and outcomes.

Mrs Eunson sought clarification on how the Strategy would be translated into delivery and communicated to the public. Mr McDavitt advised that the Strategy provided a framework for change and would be delivered through existing redesign and governance arrangements. He emphasised the need to understand service user experiences and communicate the implications of future changes effectively. Mrs Flaws added that the Strategy would be published in an accessible format and supported by communications focused on what it would mean for patients and communities.

Dr Chittick welcomed the Strategy and emphasised the importance of ensuring implementation was informed by lived experience and patient voices. He highlighted the links between the Strategy, digital transformation and multidisciplinary team working and

noted the importance of progressing cultural change alongside service redesign. He also stressed the need to translate the Strategy into practical improvements for patients and to ensure primary care was well positioned within developing national and sub-national arrangements.

The Chair welcomed the Strategy as an important addition to the Board's strategic framework and noted its alignment with wider prevention and service renewal ambitions. Mr McDavitt highlighted the value of establishing a clear local direction amidst continued uncertainty within national policy discussions and outlined how the Strategy would support improvements across care pathways and service integration.

DECISION: The Board approved the strategy.

2026/27/28 - Workforce Report 2025/26
(Board Paper 2026/27/15)
Mrs Kirsty Clark presented the Annual Workforce Report, which had previously been considered by the Staff Governance Committee and was submitted to the Board for noting and assurance. She advised that the report demonstrated how NHS Shetland planned, attracted, trained, employed and supported its workforce and contained a significant amount of workforce-related data.

Discussion
Mrs Hubbard welcomed the report and noted the breadth of information provided. She highlighted the emerging challenge of AI-generated job applications, sought clarification on the underspend in the training budget and asked whether the prevalence of mental health and depression-related absence reflected the national picture. Mrs Clark advised that the training underspend reflected both capacity pressures and changing service demands. The current year's approach focused on prioritising mandatory training while retaining flexibility to support workforce development needs. Mrs Laura Pottinger advised that mental health-related absence appeared to reflect wider national trends and undertook to explore comparative data further.

Mrs Jones sought an update on efforts to increase participation in exit interviews and queried whether important learning might be missed from staff choosing not to engage. Mrs Pottinger advised that efforts continued to encourage participation and feedback from departing employees. Members noted that some staff provided feedback but preferred it not to be shared, limiting opportunities to identify and implement improvements. The Chair reiterated the importance of fostering a culture in which feedback was welcomed and acted upon.

Mr Higgins sought an update on the development of a Strategic Workforce Plan. Dr Chittick advised that workforce planning remained a key organisational priority and that work was progressing to consider future workforce requirements, skills development and the implications of new models of care. He noted the importance of aligning workforce planning with wider strategic developments, including the Primary Care Strategy and organisational transformation work. The forthcoming recruitment of a Director of People and Culture would also support this agenda.

The Chair highlighted ongoing national work to strengthen workforce pipelines in professions experiencing recruitment challenges, including dentistry and psychological services. Dr Chittick added that some workforce solutions would require national legislative and policy changes, particularly in relation to the development of multidisciplinary models of care.

Professor Carolan highlighted the increasing pressures on the existing workforce arising from growing service complexity, workforce reform and changing models of care. She advised that work was underway to better understand the implications of these changes and to articulate emerging workforce risks through the organisation's risk management processes. Dr Chittick added that further work was being undertaken to understand the financial sustainability of future workforce models and to align workforce, financial and service planning.

DECISION: The Board noted the paper.

2026/27/29 – Feedback and Complaints Report Q4 2025/26
(Board Paper 2026/27/16)
Mrs Carolyn Hand presented the Quarter 4 Feedback and Complaints Report. She advised that the report had been presented separately from the Quality Report due to the timing of the Board meeting and the annual accounts process, which meant that the wider quality data was not yet available.

The Board heard that NHS Boards were required to report against national performance indicators relating to feedback and complaints handling, including response times and outcomes. Carolyn Hand emphasised that feedback and complaints provided an important source of learning from patients, families and carers and enabled the organisation to identify opportunities for service improvement.

During Quarter 4, NHS Shetland received 89 items of feedback, including 51 complaints. Of these, 23 complaints were progressed through the Stage 2 complaints process. At the time of reporting, 13 Stage 2 complaints remained open, although this had subsequently reduced to seven, with a number nearing completion.

The Board heard that delays in closing some Stage 2 complaints reflected significant pressures on the complaints service and investigating officers during the quarter. Mrs Hand acknowledged the impact this could have on complainants and advised that efforts were continuing to reduce the number of outstanding investigations.

The report also highlighted the outcomes arising from Stage 2 complaints, supporting the Board's role in seeking assurance not only that complaints were responded to appropriately, but that learning and improvement were achieved as a result.

Finally, Mrs Hand reported that a reduction in complaint volumes had been observed during the first quarter of 2026/27, creating an opportunity to reduce the backlog of outstanding complaints and improve performance against response timescales

Discussion
Mrs Eunson welcomed the reported reduction in complaints during Quarter 1 and sought clarification regarding the increase in complaints during Quarter 4. Mrs Hand advised that this reflected a combination of delays in processing subject access requests and concerns relating to some specialist care pathways involving other Boards. Mrs Katherine Cripps added that a number of complex complaints had remained open for longer periods, resulting in an accumulation of cases during the quarter.

Dr Chittick emphasised the importance of considering complaint numbers in the context of the significant volume of patient contacts undertaken by NHS Shetland, while recognising the value of complaints in identifying learning and improvement opportunities.

Mrs Jones sought clarification regarding complaints relating to maternity services and questioned whether complaint-handling targets remained realistic. Mrs Hand advised that the targets were nationally mandated and could not be amended locally.

Professor Carolan explained that maternity-related complaints largely concerned complex care pathways involving more than one NHS Board rather than concerns about the quality of local maternity services. She advised that all concerns had been reviewed with families and that improvements had been implemented where appropriate. She further noted ongoing engagement with partner Boards, including NHS Grampian, to address issues affecting patients accessing specialist services outwith Shetland.

The Chair thanked the Feedback and Complaints Team for their work and highlighted the positive feedback frequently received regarding the support provided to individuals using the service.

DECISION: The Board noted the paper

Governance

2026/27/30 – Whistleblowing Standards Annual Report 2025/26 incorporating Q4 Report *(Board Paper 2026/27/17)*

Ms Edna Mary Watson presented the Whistleblowing Standards Annual Report, which incorporated Quarter 4 reporting for 2025/26.

The Board noted that NHS Shetland had established governance arrangements for whistleblowing through a dedicated Steering Group, supported by regular meetings involving the Whistleblowing Champion, Executive Lead and Confidential Contacts. Despite a period of absence affecting the substantive Executive Lead, arrangements had remained in place through interim leadership to ensure concerns continued to be managed appropriately.

During 2025/26, eight contacts were received through the whistleblowing inbox. Five were assessed as non-whistleblowing matters and were supported through advice and guidance. The remaining three met the criteria for whistleblowing concerns, with one subsequently paused at the individual's request and two progressing to Stage 2 investigations being undertaken independently on behalf of the Board.

The Board heard that iMatter results continued to indicate that staff were generally aware of how to raise concerns through whistleblowing processes, although there remained lower levels of confidence that action would be taken as a result of concerns raised. These findings were being considered through the Whistleblowing Steering Group.

No whistleblowing concerns had been raised during the year by students, volunteers or through third-sector arrangements. Learning arising from concerns and investigations continued to be reviewed through the Audit and Risk Management Group, with action plans receiving oversight through the Clinical Governance Committee.

The report highlighted low uptake of whistleblowing learning modules, with approximately 9% of staff completing the awareness module and 19% of managers completing the relevant management training. Whistleblowing awareness continued to be included within corporate induction, and the appointment of the Health and Safety Lead as a Confidential Contact had enhanced the support available to staff by providing greater choice and accessibility.

The Board heard positive feedback regarding support provided by Confidential Contacts and from individuals involved in Stage 2 investigations. However, some feedback suggested a degree of reluctance amongst staff to raise concerns through formal processes, which would continue to be considered through governance arrangements.

The report also highlighted a number of improvements arising from whistleblowing activity, including strengthened governance arrangements within services, improvements to recruitment processes for senior leadership posts and enhancements to the sharing of patient information across electronic systems.

Mr Higgins, in his role as Whistleblowing Champion, highlighted the strength of NHS Shetland's governance arrangements and acknowledged the valuable contribution made by Confidential Contacts in supporting staff to raise concerns. He encouraged continued Board engagement in promoting a culture of speaking up and supporting whistleblowing processes across the organisation.

Discussion

Dr Chittick noted that, while whistleblowing investigations were measured against national timescales, achieving a thorough and fair outcome was more important than meeting reporting deadlines. Members highlighted the importance of maintaining regular communication with individuals raising concerns when investigations were ongoing.

Mrs Eunson sought clarification regarding a whistleblowing concern which had not progressed. Ms Watson explained that it remained entirely the decision of the individual whether to proceed with a whistleblowing concern. However, where concerns identified governance issues, these would be considered through appropriate organisational processes. She further advised that the matter in question overlapped with concerns already subject to an external investigation, providing assurance that no issues had been overlooked.

Mr Higgins, as Whistleblowing Champion, confirmed that the national whistleblowing timescales were recognised as aspirational and that maintaining engagement with those raising concerns throughout an investigation was a key requirement of the process.

The Chair encouraged staff, particularly managers, to complete the relevant TURAS whistleblowing modules and noted the value of increasing awareness and understanding of the whistleblowing process across the organisation.

Mrs Lorraine Hall advised that further work was planned during the coming year to strengthen awareness of speaking up and whistleblowing arrangements, with a particular focus on increasing staff confidence that appropriate action would be taken when concerns were raised.

DECISION: The Board approved the paper.

2026/27/31 – Remuneration Committee Annual Report 2025/26
(Board Paper 2026/27/18)

Mrs Hall presented the Remuneration Committee Annual Report, which summarised the activity undertaken by the Committee during the reporting year.

The Board noted that the Committee's responsibilities included executive and senior manager appraisals, performance reviews, objective setting, starting salaries and settlement arrangements. The Committee operated in accordance with Scottish Government guidance, national circulars and the Board's controls assurance framework.

Mrs Hall advised that the Committee had received a positive assurance letter from the National Performance Monitoring Committee, confirming that it had discharged its responsibilities appropriately and in line with national requirements throughout the year.

DECISION: The Board approved the paper.

2026/27/32 – Clinical Governance Committee Terms of Reference
(Board Paper 2026/27/19)
Mr Higgins presented proposed amendments to the Clinical Governance Committee Terms of Reference. He advised that the changes were minor and related to the introduction of a new standing agenda item to ensure that the Committee received regular updates on relevant sub-national workstreams.

The Board noted that the revised Terms of Reference had been considered and approved by the Clinical Governance Committee in June and that the amendment reflected the increasing relevance of sub-national planning and delivery arrangements to the Committee's remit.

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

2026/27/33 – Committee Membership
(Board Paper 2026/27/20)
The Board considered proposed updates to Committee membership arrangements. It was noted that the Finance and Performance Committee did not currently have a designated substitute member and that, due to the size of the Committee's membership, the appointment of a substitute was required.

Mr Higgins indicated his willingness to act as substitute member for the Finance and Performance Committee.

DECISION:
The Board approved the appointment of Mr Higgins as substitute member of the Finance and Performance Committee.

2026/27/36 – Information and Noting

Approved committee minutes for noting
- Minutes of Staff Governance Committee held on 17 February 2026
- Minutes of Endowment Committee held on 19 February 2026
- Minutes of Finance & Performance Committee held on 3 March 2026
- Minutes of Clinical Governance Committee held on 17 March 2026
- Minutes of Audit & Risk Committee held on 31 March 2026

Date of Next Meeting: Tuesday 22nd September 2026 at 09.30am.