

# Shetland NHS Board

## Minutes of the Shetland NHS Board Meeting held in public at 9.00am on Tuesday 25<sup>th</sup> April 2023 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 <i>[from 09:15]</i>
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
Mr Joe Higgins	Non-Executive Board Member (Whistleblowing Champion)
Mrs Kathy Hubbard	Non-Executive Board Member
Mrs Emma Macdonald	Local Authority Member
Mr Colin Marsland	Director of Finance
Mr Bruce McCulloch	Employee Director
Mrs Amanda McDermott	Chair of Area Clinical Forum

### In Attendance

Ms Lucy Flaws	Planning, Performance and Projects Officer <i>[agenda items 1-9]</i>
Ms Edna Mary Watson	Chief Nurse Corporate <i>[agenda items 1-12]</i>
Mrs Carolyn Hand	Corporate Services Manager
Mrs Pauline Moncrieff	Board Business Administrator (minutetaker)
Mrs Erin Seif	PA to Director of Finance
Ms Amy Gallivan	Senior Communications Officer

### 2023/24/01 Chair's Announcements

Mr Robinson said members would be aware that Mrs Haswell was stepping down from the Board in early May due to her new role setting up a new Shetland Shared Lives Scheme. Over the past 5 years, Mrs Haswell had been a highly valued member of the Board, chairing the Clinical Governance Committee as well as sitting on the Audit Committee and more recently the Finance and Performance committee. Mrs Haswell was also a member of the IJB for a number of years. Mr Robinson formally thanked Mrs Haswell for her dedication to her role on the Board and wished her every success with the new venture.

NHS Shetland are in touch with the Public Appointments Unit and Mr Robinson will update member on the recruitment process for a new Non Executive Board Member shortly.

The public health team continues to monitor covid infection in hospital and care home settings only. The numbers of cases reported has decreased in the past month to very low levels in these settings.

Mr Robinson reminded members that the advice for anyone with symptoms of covid, flu and other flu like illnesses was that they should try to stay at home if they have a high temperature or do not feel well enough to carry out normal activities. They should continue to stay home until their temperature comes down or they feel better. There is more information on NHS Inform.

The only people who need to test are those who have been told they are eligible for treatment, front line health and social care staff, and residents in care homes and patients in hospital. The public should continue to use good respiratory hygiene and wash their hands. At present masks are still used in hospital and if required in other healthcare settings and care homes. Outwith these settings some people may choose to wear masks depending on their individual circumstances.

#### **2023/24/02 Apologies for Absence**

Apologies were received from Dr Susan Laidlaw.

#### **2023/24/03 Declaration of Interests**

There were no declarations of interest.

#### **2023/24/04 Draft minutes of the public Board Meeting held on 14<sup>th</sup> February 2023**

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

#### **2023/24/05 Draft minutes of the private Board Meeting held on 14<sup>th</sup> February 2023**

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

#### **2023/24/06 Board Action Tracker**

The Board Action Tracker was noted

#### **2023/24/07 Matters Arising**

##### Minute 2022/23/101 Quality Report Update

With regard to the inclusion of annotations on the Care Assurance and Improvement Resource run charts, Mrs Carolan reported that Mrs McDermott has explored this at national level and ascertained that it is not currently possible to annotate that system.

##### Minute 2022/23/101 More detailed discussion around the Child Poverty Plan

It has been agreed that this plan and the Joint Children's Plan will be submitted to boards in September. The logical timing of a Board Development Session on these would be after they have been submitted.

##### Minute 2022/23/101 Implementation of recommendations from Learning Reviews

There will be a planning meeting as part of the Clinical Governance Committee workshop where this will be discussed in order to consider the best way to develop a learning review session that would be most beneficial for board members.

#### **2023/24/08 Quality Report Update**

*(Board Paper 2023/24/01)*

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

- Teams have worked well together collaboratively using Business Continuity Plans where required in order to manage increased workload. Some of this has been driven by covid sickness in the workforce and some around winter pressures.
- Winter planning work undertaken by multidisciplinary teams this year has worked very well. There was a learning review session in March at the Clinical Pathways Group and winter planning for 2023/24 will take into account those lessons learned.
- Work is underway to develop a redesign plan from the recommendations received from CGI following on from the 3 themed workshops held in February. The workshops had focused on digital records systems, enabling services and the workforce.
- During the challenging winter months, staff had undertaken engagement as part of the development of the options to replace the Gilbert Bain Hospital. Appendix 1 of the report gives an overview of some of the feedback received from the sessions.

- The report contains several photo that were taken with the consent of a patient who was the first to have a CT coronary angiogram in Shetland. The medical imaging team have been working with a number of other departments (including in NHS Grampian) to develop the angiography service in Shetland. This means that a number of people who would have otherwise needed to travel to Aberdeen for a cardiac test can now have that performed locally.

### **Discussion**

Mr Robinson said that he had met with the Cabinet secretary recently and was able to give an update on the improvements made to medical imaging in Shetland and also the planned improvements to come with the installation of the MRI scanner.

In response to a question from Mrs Hubbard on resuming the collection of data on surgical site infection which was suspended during covid, Mrs Carolan reported that this was still suspended at national level and no board is currently collecting this information. If the board experiences an adverse event that involves a surgical site infection, this will be investigated but there is no current requirement for NHS Shetland to report this nationally.

Mrs Haswell commented that the board could take assurance from the fact that NHS Shetland is still able to deliver all the underpinning governance meetings despite the pressures that staff are under which was to the credit of health board staff.

**The Board noted** the Quality Report Update.

### **2023/24/09 Healthcare Associated Infection Report** *(Board Paper 2023/24/02)*

Mrs Carolan presented the report and said that the board was again reporting low numbers of infections.

- For each patient that had an infection, their care was subject to a root cause analysis with input from the Consultant Microbiologist. Members were assured that all cases were also discussed at Infection Control Team meetings.
- Through the winter months NHS Shetland had two covid outbreaks in the hospital that were well managed. Given the prevalence of covid in the community at the time, it was not possible to conclude the origin of the infections and staff followed all the transmission based precautions correctly.

### **Discussion**

Mrs Haswell said that despite the hand hygiene audit compliance rate being consistently reported highly at 99.5% each quarter, could the board be confident in the auditing process. Mrs Carolan replied she was confident in the figures around hand hygiene and other areas of compliance and explained that most work is done independently by the Infection Control Nurses so there is some triangulation and not self-reported data in its entirety.

In response to a question from Mrs Haswell regarding publicising mask wearing and hand hygiene compliance for visitors, Mrs Carolan reported that the board would soon be issuing some information regarding the hospital servery opening to the public which will include advice on where to find hand hygiene stations and locations for masks. This is enforced to any visitors coming into the hospital environment.

Mrs Carolan added that the Infection Control Nurses are also leading some work on promoting various national campaigns around infection control and prevention and one of these will be very much public facing.

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

### **2023/24/10 Financial Monitoring Report 2022/23 at Month 11** *(Board Paper 2023/24/03)*

Mr Marsland presented the report and said as the financial year had now ended, the finance team were now focused on the year-end close down procedures and working through the required processes for external audit. The main issue to be considered at this time is the outcome of the financial year 2022/23 and its impact on the 2023/24 Financial Plan.

One of the key recurring issues for the board, given that Scottish Government sets a 3% efficiency target, is how the board plans to deliver its efficiency savings. A present, the board delivered 38% of the original target recurrently and achieved the whole value in the current year. However this carries forward a cost pressure into 2023/24 of £1.9 million in terms of efficiency savings to be achieved on top of those identified in the financial plan.

In addition to efficiency savings, another key issue is the reliance on temporary and agency staff; the additional cost associated and the pressures placed on the financial plan in terms of financial stability. This is an area that senior managers will focus on during 2023/24 in order to reduce the cost pressure to the board, minimise the impact on patient care and clinical staff in the workforce.

**The Board noted** the Financial Monitoring Report 2022/23 at Month 11.

### **2023/24/11 Performance Report Quarter 3: Oct-Dec 2022** *(Board Paper 2023/24/04)*

Ms Flaws presented the report which had been previously considered at the Finance and Performance Committee in late February. Work underway with the information team and corporate services to improve performance reporting and to understand how best to develop a more flexible report that can provide assurance to board members. It is hoped to take the proposed changes to the Finance and Performance Committee meeting in May along with the standard Q4 report. The hope is the new format will be used to present to the board going forward. Board members were invited to give their feedback over the next few weeks around what would make these reports valuable.

Ms Flaws highlighted some of the changes in the period October to December 2022:

- Delayed Discharges – in Q3 the board had experienced pressure and delays due to patients moving through the system from health into care. This measure has improved steadily over Q4 due to significant work and good communication between the hospital and social work teams both in managing this as a day-to-day concern and also improving the function going forward.
- Psychological Therapies waiting times data – this measure has been a challenge in the past, but the report gives members some assurance around the ongoing improvement work. Ms Flaws said she hoped to bring a spotlight case study to the next meeting to better illustrate the figures behind the data.
- Smoking quit success rate – it has consistently been a struggle to meet the national quit target for some time. The report contains extra detail from the health improvement team around the ways being explored to improve services in this measure eg. an initiative setting up a group quit support service in Scalloway where people can receive peer support alongside others. This has been really well received and the team is looking at the best way to successfully roll this out in different areas.
- Freedom of Information requests – this is a pressure across the entire organisation and the information governance team works hard with managers to respond to the unprecedented number of requests being received which impacts on their capacity to undertake their day-to-day work and prioritise improvement work. There has been discussion nationally and regionally regarding the pressure that data requests and returns

puts on only the NHS but also Health and Social Care Partnerships and local authorities. It is hoped a helpful resolution can be found over the coming months.

- Responses to workforce pressures (prioritisation in the face of difficult recruitment and financial situation in orthodontics) - these are pressures that are seen across all dental services, but particularly in Shetland. The board's Dental Director recently submitted the Recovery and Improvement Strategy to SGov with a view to managing ongoing issues and to ensure that people have access to all the services that they need.
- Diagnostic team (changes to service model in the hospital) – in order to add some consistency and create a more sustainable service that decreases the reliance on visiting services. The new service model helps staff maintain skills and also offers an enhanced service to patients locally.

### **Discussion**

Mr Robinson said he was pleased to see that the board was now able to carry out more complex sonograms locally which was another service where the organisation had previously been reliant on support from outside.

Mr Campbell commented on the progress within the mental health service, and informed members that the internal auditors had conducted an audit of the service earlier this year and are very comfortable with progress which was a testament to the hard work of the staff.

In response to a question from Mr Campbell regarding figures for attendance at A&E from January-March, Mrs Carolan said that she received this data daily plus a national report on a weekly basis. NHS Shetland has continued to perform well in terms of A&E access throughout winter with average performance being 90% or above. There have been occasions where patients have waited longer but this has largely been due to clinical complexity rather than system pressures. The numbers attending A&E are between 140-180 people presenting each week with approx 20-30 people expected to present each day (sometimes more at weekends). This is broadly the same as before the pandemic.

Mrs Macdonald asked if NHS Shetland could reach the position where it would be required to manage and lower expectations of what can be delivered within the board's available financial and workforce resources which will potentially affect performance. Ms Flaws said it had been discussed when looking at local authority statistics in the context of service pressures which might affect performance. In future, the narrative in the report could be clearer around the context of the different factors which impact measures and which cannot be controlled by the teams who are nominally responsible for them. **ACTION: Ms Flaws**

Mrs Cornick asked how the orthodontic waiting times were managed in a pressured service when patients are treated by clinical priority. Mr Chittick explained the various priorities considered which included age and growth aspects along with clinical priorities. Patients are reviewed periodically until the optimum time for treatment. Mr Chittick described an orthodontic needs assessment project for Shetland that was conducted in 2014 comparing it to other areas, particularly on mainland Scotland where there is more scope and a wider access profile. Orthodontics is an area under pressure historically and had been exacerbated recently due to post pandemic activity. Members were assured that orthodontics was a priority the board would continue to monitor as part of the dental service.

In response to a question from Mrs Cornick on how the dental service keep in touch with patients on the orthodontic list, Mr Chittick offered to follow this up with the Dental Director to ascertain the current system for recall and review of patients. **ACTION: Mr Chittick**

In response to a question from Mr Carroll regarding the emerging issue of high numbers of young people using vapes and the potential harmful side effects, Ms Flaws said this was a fairly recent issue and public health teams do not have enough information to determine if it is safer than smoking. Anyone who uses a vapes is welcome to use smoking cessation services in order to cut down or to quit. The Health Improvement team are involved in consultations around vaping and how best to respond with services as well as being in touch schools and other young people's services to offer support. Through involvement with the Licencing Board, the public health team is involved in looking at how vapes are marketed and sold locally.

**DECISION: the Board noted** the Performance Report Q3 (July-Dec 2022)

### **2023/24/12 Strategic Risk Register Report**

*(Board Paper 2023/24/05)*

Ms Watson presented the report and assured members that the Strategic Risk Register has been considered regularly throughout the year by both the Risk Management Group and the subsequent Audit Committee meetings. Ms Watson highlighted the key points in terms of developments to the risk register:

- A column has been added to document evidence of an update from governance committees in order to formally record the discussions held and actions or points raised.
- The team worked with the Chair of the Audit Committee and with the Chairs the remaining governance committees in order to develop a different format to enhance the accessibility of the information in the register. A new format has been agreed and will be implemented into the committee cycle starting in May.
- During the last quarter work has been done on standardising the format and timing of the reviews to provide clarity around the move to an end of the month deadline for reviewing all risks in a more consistent manner.
- No new strategic risks in the last quarter, but there is a directorate risk in development by the Director of Community Health and Social Care, around mental health in terms of enabling to show the interplay that exists between workforce pressures and clinical governance concerns within that service. There are reports of positive progress being made and the new risk is due to be presented to the next RMG meeting.
- No risks closed in the last quarter, but some changes to risk scores, in particular the finance risk had been increased from high risk (at 16) to very high (at 20) to reflect the ongoing overspend in relation to the use of high cost locum staff. The workforce risk remained high (at 16) but concerns were raised at the Audit Committee that the ongoing challenge in relation to recruitment and retention of staff tied with similarities in how both the finance and workforce risks were described on the risk register. The Audit Committee had noted the high reliance on high cost agency staff that mitigate the workforce gaps did also increase the financial risk to the board and the committee felt it was important to highlight that it was not only the finance risk that may prevent the board from maintaining financial balance.
- The Audit Committee made a recommendation that there should be more visibility of the workforce risk at board meetings going forward with greater emphasis on the retention element of the workforce risk.
- Following the Audit Committee meeting, it was proposed to hold a Board Development Session to enable Risk Management Group members and board members to have an opportunity to review the risks and consider the wording and how to enhance accessibility of the information to ensure good public scrutiny of the risks.

- The Planning and Contingency risk has increased from 12 to 16 (high risk) to reflect the increasing challenge that there is an access to services across both acute sector and the Community Health and Social Care Partnership.
- The risks associated with covid outbreak and the flu pandemic have increased in risk scores to reflect that while they are both being managed, there are some vulnerabilities within control measures in terms of the small teams and vacancies within them.
- No changes in risk responses and no new procedures to note. RMG agreed that the clinical governance team should review the board's Clinical Risk Advisory Team process looking at significant adverse events in order to strengthen some procedural matters.
- There was a proposal from the Director of Community Health & Social Care to streamline the risk function at directorate level by placing all partnership risks onto the JCAD system, which is operated by the local authority. The Audit Committee did not approve the recommendation, feeling that they would no longer have visibility or oversight of the risks which sit within NHS Shetland. This was fed back to the Director of Community Health and Social Care.
- In terms of the horizon scanning, the clinical governance team are following developments with the National Care Service; the cost of living crisis; and strategic winter planning for 2022 and 2023.
- Dr Laidlaw is keen to pursue how to better express a programme risk on the risk register.

**DECISION: the Board noted the Strategic Risk Register Report.**

**2023/24/13 Risk Management Annual Report 2022/23 and Risk Management Workplan Update**

*(Board Paper 2023/24/06)*

Ms Watson presented the report and highlighted the main points to members:

- The annual review of the Risk Management Group terms of reference took place in November and were subsequently approved by the Audit Committee. One change was to enhance the governance process with the Chief Executive now being the Chair of RMG as opposed to the Medical Director, thus creating a clear line between lead responsibility for clinical governance and risk sitting with the Medical Director and the chairing of the oversight group sitting with the Chief Executive.
- The board approved the new Risk Management Strategy in April 2022 and this has now embedding into practise across the organisation.
- The clinical governance team have developed a quick reference guide and supporting material to help individuals put risks onto the risk register and also how to manage them in terms of escalation and de-escalation.
- Committee risks have been presented to each of the standing committees twice a year for further comment and review. It had been agreed to provide the risks at each committee meeting this year going forward, but they will still require a formal review twice a year.
- Promotion of lessons learned is an area of focus for the team in 2023/24 to support the workforce to develop appropriate lessons learned from any incident that has occurred.
- Internal audit conducted a review of the Significant Adverse Event Reporting procedure and whilst the board had experienced a low number of these, the outcome was very positive with no recommendations to implement.
- The Risk Management Group has reviewed the Risk Management Work Plan and is presented for approval. Some actions originally scheduled for 22/23 have been rolled

forward to 23/24 because there had been a gap for 6 months with no team leader role within clinical governance and also another staff member on long term sickness.

### **Discussion**

Mr Campbell commented that Ms Watson and the clinical governance team should be commended for their outstanding effort in the last year to drive the risk management process proactively with an integrated system now in place with the governance committees. The lessons learned reports being drafted are important in developing a learning environment in terms of adverse events etc. The team should also be congratulated on the positive findings of the Significant Adverse Event Reporting audit. Mr Robinson added the board's congratulations to Ms Watson and the team.

**DECISION: the Board noted** the Risk Management Annual Report 2022/23 and the Risk Management Workplan update 2022/23.

### **2023/24/14 Programme Initial Agreement (PIA)** *(Board Paper 2023/24/07)*

Mrs Carolan presented the report which had previously been approved by the Programme Initial Agreement Programme Board. The board was reminded of the background and context of the outline being presented and members were assured that within the planning and production of the PIA, the team had not lost sight of the main objective of having options for the replacement of the Gilbert Bain Hospital. It is expected, once the PIA work is completed (towards the end 2023) there will be a prioritised plan for priorities around investment for infrastructure that will be submitted to SGov at the beginning of 2024/25.

### **Discussion**

In response to a question from Mrs Macdonald around engagement with partners, Mrs Carolan explained it was framed as an internal risk to the programme if engagement was not embraced as an opportunity to take a broad view of what was happening in and around Shetland. This risk is being mitigated by working very closely with the Community Development Team.

Mrs Macdonald asked how the board would be kept up-to-date with progress and made aware of any shift away from ambitious timeline of the plan. Mrs Carolan explained that the Programme Board meets monthly, and if there was significant deviation from the timeline, then the Programme Board would signal to the board that progress was off trajectory for whatever reason. The Programme Board would also signal to Scottish Government because there is 18 months to complete this work and NHS Shetland has funding for 12 months.

Mrs Haswell asked if the board could be assured that the staff relied upon to carry out the PIA work have sufficient capacity and resource in order to maintain normal service provision whilst supporting the necessary input to the Programme Board. Mrs Carolan said that based on past performance in 22/23, staff did have the capacity to take part, whether through being a stakeholder or by offering specific expertise. Staff feel confident that they can deliver this whilst developing work on a month by month basis through the Programme Board. The Programme Board will receive updates on progress through the Risk Register and any issues flagged to the board accordingly.

Mr McCulloch commented that the learning needs analysis was potentially an opportunity for staff to flag what knowledge and skills they have, and what they require as a way of identifying investment in training for staff. This work could also focus thinking around how the board develops a succession plan for the future.

**DECISION: the Board approved** the proposed scope of the PIA and noted the methodology, governance arrangements and proposed funding requirements.

**The Board noted** the revised timeline for the production of the proposal for the options to replace the Gilbert Bain Hospital, which is incorporated into the PIA.

*[EMW left the meeting]*

**2023/24/15 Review of Committee Membership** *(Board Paper 2023/24/08)*

Mrs Hand explained that with Mrs Haswell stepping down from the board, this resulted in the need to appoint a chair of Clinical Governance Committee. There are currently 7 committee members, with the quorum being 4 so the decision has been made to allow the membership to drop to 6 at present and to appoint a chair from the existing membership.

Mr Robinson reported that Mr Higgins had kindly offered to step in as interim chair of the Clinical Governance Committee. Members agreed to a proposal that through the forthcoming Non-Executive Director recruitment process, the board seeks to appoint someone who would take over as chair of the Clinical Governance committee.

Mrs Hand said that the paper asked the board to appoint a substitute member to the IJB, which is another role held by Mrs Haswell for NHS Shetland. Mr Robinson said he had not received any expressions of interest and proposed that the board offer a substitute on an ad hoc basis in the meantime; carry over the vacancy and combine this into the recruitment process for a new Non-Executive Director.

The board is also being asked to appoint a board member again to the ZetTrans partnership, which is position that Mr Marsland has covered for the board for the last period of time. Mr Robinson proposed that Mr Marsland remains on ZetTrans. Members agreed to this.

**DECISION: the Board agreed** the proposed appointments.

**2023/24/16 Staff Governance Committee Terms of Reference** *(Board Paper 2023/24/09)*

Mrs Hall presented the paper and said that as part of the board's governance arrangements, the terms of reference for standing committees are reviewed on an annual basis. The Staff Governance Committee reviewed theirs in February 2023 and are presented to the board for approval. The terms of reference meet the Staff Governance Standard v4 so are in line with the national requirements.

Mrs Cornick commented that in general, the terms of reference for all the standing committees mention the venue for meetings being Board Headquarters but this had not been the case for some time. A suggestion was made to update the wording of the organisation's terms of reference in general to reflect that meetings can take place either online, at board headquarters or "at a venue as decided by the Chair".

Mrs Hand agreed and added that there was a piece of work required to consistency check all terms of reference for standing committees and would include updating the wording around venue. Members agreed they were comfortable with the venue wording change being made to all terms of reference without the need to return to the board for approval. The wording change should only reflect a hybrid arrangement moving forward. **ACTION: Mrs Hand**

**DECISION: the Board approved** the Staff Governance Committee Terms of Reference.

**2023/24/17 Finance & Performance Committee Terms of Reference**

*(Board Paper 2023/24/10)*

Mr Marsland explained that the Finance & Performance Committee terms of reference were reviewed at their meeting in February and are presented to the board for approval.

**DECISION: the Board approved** the Finance & Performance Committee Terms of Reference.

**2023/24/18 Audit & Risk Committee Terms of Reference** (Board Paper 2023/24/11)

Mr Marsland explained that the Audit Committee had reviewed its terms of reference in March 2023 and the main change agreed was to change the name to include risk in the committee name. The terms of reference are presented to the board for approval as part of the annual review process.

**DECISION: the Board approved** the Audit & Risk Committee Terms of Reference.

**2023/24/19 Clinical Governance Committee Terms of Reference** (Board Paper 2023/24/12)

Mrs Hand explained that the terms of reference contained one minor amendment which had been flagged at the board meeting in February 2023 whereby there is no longer a requirement for the chair of the committee to be a member of IJB.

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

**2023/24/20 Remuneration Committee Terms of Reference** (Board Paper 2023/24/13)

Mrs Hall presented the Remuneration Committee terms of reference which details work that is carried out throughout the year. This is in line with the National Good Practise Guide as issued by Scottish Government.

**DECISION: the Board approved** the Remuneration Committee Terms of Reference.

**2023/24/21 National Assault Pledge** (Board Paper 2023/23/14)

Mrs Hand reminded members that the pledge had been circulated by e-mail earlier in the year and NHS Shetland had signed up to it as a board at the time. The board is being asked to formally ratify acknowledgment of the National Assault Pledge that has been developed in partnership, particularly through Police Scotland.

Mrs Hand said it was helpful to have it a nationally accepted document in the public domain because the board periodically is required to refer to its stance on violence and aggression towards staff. A Red Flag Policy is being developed through colleagues in the Health and Safety team which will be presented to the board in due course.

**2023/24/22 Approved Committee Minutes for Noting**

Members noted the committee minutes.

**2023/24/23** The next meeting of Shetland NHS Board will be held on Thursday 22<sup>nd</sup> June 2023 at 9.30am via Microsoft Teams.

*The public meeting concluded at 10:55*