



Shetland Islands Council

4 November 2015

Chair's Report – Policy and Resources Committee – 26 October 2015

Asset Investment Plan, Gateway Process – Service Needs Case Reports

Report No. SIC-1104-CPS-19

1.0 Summary

- 1.1 The purpose of this report is to consider the recommendation from the Chair of Policy and Resources Committee, in relation to a report requiring a Council decision.
- 1.2 The Committee considered a report which presented fifty one projects that have been considered by the Council's Corporate Management Team (CMT) based on the submission of Service Need Case (SNC) reports. Nineteen of these projects already sit provisionally within the Council's Asset Investment Plan (AIP) 2015-20, subject to the gateway process, with the remaining thirty two being new schemes.
- 1.3 The report, as presented to Policy and Resources Committee, is attached as Appendix 1.

2.0 Decision Required

- 2.1 That the Council **RESOLVES** to approve the projects as described in Section 3.5 of the attached report, and that these projects may be scheduled in any future Asset Investment Plan subject to the availability of funding. For clarification, this includes approval of the three projects listed in Section 3.6, which are to proceed with immediate effect.

3.0 Report

- 3.1 During discussion at Committee, Members expressed concern that a number of projects had not been included in the report and questioned the impact of approving this report, in regard to the progression of those unlisted projects. The Executive Manager – Capital Programme Services advised that the proposals in this report are in principle and the times provided are indicative. He confirmed that the seminar in mid November is where the 5 year plan will be presented. Members will have the opportunity to then discuss what is affordable and changes

could be made, however any project added would be at the expense of another project.

- 3.2 In response to a request from a Member, it was agreed that a report would be presented to Education and Families Committee on proposals in regard to the future of the Library currently located in St Ringans at the Lower Hillhead, Lerwick.
- 3.3 The Chair will present any further information to the Council as to the debate or issues that the Committee considered.

4.0 Implications

- 4.1 Detailed information concerning the proposals is contained within the report attached, including the strategic and resources implications for the Council.
- 4.2 There are no additional implications to be considered by the Council.

For further information please contact:

Mr G Robinson, Chair of Policy and Resources Committee

List of Appendices

Appendix 1 – Report No. CPS-19-15-F

Background documents:

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=4753>

END



Policy and Resources Committee

26 October 2015

Shetland Islands Council

4 November 2015

Asset Investment Plan, Gateway Process – Service Need Case Reports

Report No: CPS-19-15F

**Report Presented by Executive Manager –
Capital Programme**

Capital Programme Service

1.0 Summary

- 1.1 This report presents fifty one projects that have been considered by the Council's Corporate Management Team (CMT) based on the submission of Service Need Case (SNC) reports. Nineteen of these projects already sit provisionally within the Council's Asset Investment Plan (AIP) 2015-20, subject to the gateway process, with the remaining thirty two being new schemes. Copies of the SNC Reports have been provided for information in the Members Room at Lystina House.

2.0 Decision Required

- 2.1 That the Policy and Resources Committee:
- a) RECOMMEND that the Council resolves to approve the projects as described in Section 3.5 of this report and that these projects may be scheduled in any future Asset Investment Plan subject to the availability of funding.

3.0 Detail

- 3.1 On 24 March 2010 (min ref 47/10), the Council adopted a 'Gateway' process, drawing on national and best practice guidance, to ensure the robustness of all capital projects.
- 3.2 Subsequently, on 19 May 2010 (min ref 75/10), the Council agreed a procedure for prioritising those projects that have been approved through the Gateway process. A key principle in that procedure is that the Council's AIP is re-prioritised on an annual basis, however SNCs can be processed at any time. By approving a SNC, Members are agreeing that the project should go ahead, but are not making a

decision as to the timing (except where specifically described in section 3.6 of this report) or agreeing that funding is available to allow them to commence.

- 3.3 Eighteen of the projects described in this report are provisionally programmed for 2015/16 in the AIP for 2015-20 so the approval being sought at this time is retrospective.
- 3.4 The prioritisation of these projects will be based on a risk-based appraisal to ensure that resources are targeted on the most vulnerable infrastructure.
- 3.5 The SNCs under consideration are set out below, along with any comments and/ or recommendations from CMT.
 - 3.5.1 A0970-292 Scord Brae Reconstruction
 - 3.5.1.1 Reconstruction of flood damaged carriageway
 - 3.5.1.2 £30k requested for 2016/17
 - 3.5.2 A0970-500 Urafirth to Hillswick Edge Reconstruction
 - 3.5.2.1 New verges and passing places
 - 3.5.2.2 £25,200k requested for 2016/17
 - 3.5.3 Assater Junction (Swinister A970) (Retrospective)
 - 3.5.3.1 Overlay and improved alignment
 - 3.5.3.2 £64,760 in 2015/16
 - 3.5.4 B9071-155 Laxo to Vidlin Reconstruction Overlay
 - 3.5.4.1 Overlay and new verges
 - 3.5.4.2 £78,737 requested for 2016/17
 - 3.5.5 Building Maintenance Capital Works (Retrospective)
 - 3.5.5.1 Detailed programme of capital maintenance
 - 3.5.5.2 Circa £1m per annum beyond 2016/17
 - 3.5.6 Burn of Lungatou – Walls
 - 3.5.6.1 Replacement culvert
 - 3.5.6.2 £30k requested.
 - 3.5.6.3 Works planned for 2019/20
 - 3.5.7 C0101-010 Old North Road Reconstruction Phase 1
 - 3.5.7.1 Reconstruction and drainage improvements
 - 3.5.7.2 £195k requested for 2016/17
 - 3.5.8 C0502 Reafirth Burn to Cattle Grid North of Lussetter Recon Gateway Section 3
 - 3.5.8.1 Drainage improvements and steel reinforced overlay
 - 3.5.8.2 £77k requested for 2016/17
 - 3.5.9 C0504-040 Herra Section 2 Reconstruction
 - 3.5.9.1 Steel reinforced overlay and new verges
 - 3.5.9.2 £94,360 requested for 2016/17
 - 3.5.10 C0604-010-10 Baltasound Seawall Reconstruction
 - 3.5.10.1 Repairs following storm damage

3.5.10.2 £25,850 requested for 2016/17

3.5.11 Voe to Collafirth Junction Reconstruction (retrospective)

3.5.11.1 Steel reinforced overlay with new verges

3.5.11.2 £114,667 in 2015/16

3.5.12 Fivla Life Extension(Retrospective)

3.5.12.1 Comprehensive life extension

3.5.12.2 £1m over 2015-17

3.5.13 Road Reconstruction 2017-2021

3.5.13.1 Rolling Programme will be supported annually by schedule of projects for committee approval

3.5.13.2 £590k per annum required

3.5.14 Hamarsness Ferry Terminal Painting Repairs

3.5.14.1 More work needed to finalise scope and programme

3.5.14.2 Initial cost estimate is £150k

3.5.15 Heating Replacement Programme (Retrospective)

3.5.15.1 Required to meet energy efficiency standards by 2020

3.5.15.2 £660k per annum 2016-21

3.5.16 Houb of Scatsta – Sullom Voe

3.5.16.1 Replacement culvert

3.5.16.2 £50k requested.

3.5.16.3 Works planned for 2019/20

3.5.17 Housing Quality Standard (Retrospective)

3.5.17.1 Required to meet energy efficiency standards by 2020

3.5.17.2 £2.152m per annum 2016-21

3.5.18 Landfill Capping (Retrospective)

3.5.18.1 Required to comply with SEPA regulations

3.5.18.2 £325k requested for 2016/17

3.5.19 Lerwick Library Refurbishment

3.5.19.1 Proposal to consolidate Library operation into one building

3.5.19.2 £900k requested over 2016-18

3.5.20 Loch of Kirkigarth – Walls

3.5.20.1 Replace bridge with new culvert

3.5.20.2 £45k requested

3.5.20.3 Works planned for 2019/20

3.5.21 Market Street Store Redevelopment

3.5.21.1 New Trading Standards Lab and consolidated archiving

3.5.21.2 £91k requested for 2016/17

3.5.21.3 To be funded as a Spend to Save project

3.5.22 24/25 Leaside Conversion (Retrospective)

3.5.22.1 Conversion of 2 semi-detached houses to 4 flats

3.5.22.2 £160k requested in 2015/16

3.5.23 P and H Navigational Aids

3.5.23.1 Rolling budget as opposed to a project

3.5.23.2 £70k per annum

3.5.24 P and H Plan, Vehicles and Equipment

3.5.24.1 Rolling budget as opposed to a project

3.5.24.2 £70k per annum

3.5.25 PC and LAN Replacement (Retrospective)

3.5.25.1 Rolling budget as opposed to a project

3.5.25.2 £150k per annum

3.5.26 Pelican Crossings Lk, Repl Complete Installations (Retrospective)

3.5.26.1 Replacement of 8 pelican crossings with modern equipment over 2015-20

3.5.26.2 £127,500 requested over 2015-20

3.5.27 Photocopier Replacement (Retrospective)

3.5.27.1 Relates to Multi-function devices as opposed to photocopiers

3.5.27.2 Rolling budget as opposed to a project

3.5.27.3 £75k per annum

3.5.28 Road Accident Investigation and Prevention (Retrospective)

3.5.28.1 Budget to address safety issues arising from road accident analysis

3.5.28.2 £35k per annum requested

3.5.29 Scalloway Fishmarket – Refrigeration and Doors Maintenance Works (Retrospective)

3.5.29.1 Refrigeration upgrade to comply with EU legislation

3.5.29.2 Door replacements on safety grounds

3.5.29.3 Total cost estimated at £180k

3.5.30 Scalloway Old Fish Market Quay Repairs

3.5.30.1 Welded repairs to sheet piling, along with cathodic protection

3.5.30.2 £250k requested.

3.5.31 Scattlands Loop Culvert – West Sandwick, Yell

3.5.31.1 Replacement culvert

3.5.31.2 £30k requested

3.5.31.3 Works planned for 2019/20

3.5.32 Schools ICT Equipment (Retrospective)

3.5.32.1 Covers all ICT hardware including whiteboards, printers and projectors

3.5.32.2 Rolling budget as opposed to a project

3.5.32.3 £194k per annum

- 3.5.33 Scord Quarry Plant Replacement (Retrospective)
 - 3.5.33.1 Funds a variety of fixed and moveable plant
 - 3.5.33.2 £1.048m requested over 2015-20
- 3.5.34 Shetland Public Sector Network (Retrospective)
 - 3.5.34.1 Funds fibre optic, wireless, satellite and ADSL links
 - 3.5.34.2 Rolling budget as opposed to a project
 - 3.5.34.3 £256k per annum
- 3.5.35 Small Ports Cathodic Protection Installation
 - 3.5.35.1 Proposals to carry out cathodic protection and fendering works at Cullivoe, Scalloway, West Burrafirth, Collafirth and Baltasound New Pier
 - 3.5.35.2 Works prioritised following condition surveys across all Council's small ports
 - 3.5.35.3 Programme totals £1.320m over 2016-21
- 3.5.36 Street Lighting Gateways 2015-16 Summary (Retrospective)
 - 3.5.36.1 Revised schedule for 2015/16
 - 3.5.36.2 Total cost £168k
- 3.5.37 Street Lighting Gateways 2016-17 Summary
 - 3.5.37.1 Includes schedules for new columns and lanterns plus scheme for permanent removal
 - 3.5.37.2 £196k requested
- 3.5.38 Street Lighting Gateways 2017-18 Summary
 - 3.5.38.1 Includes schedules for new columns and lanterns plus scheme for permanent removal
 - 3.5.38.2 £226k requested
- 3.5.39 Street Lighting Gateways 2018-19 Summary
 - 3.5.39.1 Includes schedules for new columns and lanterns plus scheme for permanent removal
 - 3.5.39.2 £201k requested
- 3.5.40 Street Lighting Gateways 2019-20 Summary
 - 3.5.40.1 Includes schedules for new columns and lanterns plus scheme for permanent removal
 - 3.5.40.2 £199k requested
- 3.5.41 Street Lighting Gateways 2020-21 Summary
 - 3.5.41.1 Includes schedules for new columns and lanterns plus scheme for permanent removal
 - 3.5.41.2 £199k requested
- 3.5.42 Toft Ferry Terminal Painting Repairs
 - 3.5.42.1 More work needed to finalise scope and programme
 - 3.5.42.2 Initial cost estimate is £150k
- 3.5.43 Traffic Management (Retrospective)
 - 3.5.43.1 Budget to carry out traffic management improvement works
 - 3.5.43.2 £50k per annum requested

- 3.5.44 Tug Jetty Cathodic Protection
 - 3.5.44.1 Original system no longer operational and structure unprotected
 - 3.5.44.2 Initial estimate is £1m
- 3.5.45 Ulsta Ferry Terminal Painting Repairs
 - 3.5.45.1 More work needed to finalise scope and programme
 - 3.5.45.2 Initial cost estimate is £150k
- 3.5.46 Vehicle and Plant Replacement Programme (Retrospective)
 - 3.5.46.1 Rolling programme
 - 3.5.46.2 Currently averages £1.2m per annum
- 3.5.47 Waste Management Recycling (Retrospective)
 - 3.5.47.1 Collection vehicle and containers to enable kerbside recycling
 - 3.5.47.2 £165k would be required
- 3.5.48 X502-100 Gardiestaing to Mid Yell
 - 3.5.48.1 Structural repairs and bitmac overlay
 - 3.5.48.2 £17,600 requested in 2016/17
- 3.5.49 Baltasound Pier Pile Repairs
 - 3.5.49.1 Sheet piling repairs
 - 3.5.49.2 More work needed to finalise scope and programme
 - 3.5.49.3 £250k requested in 2016/17
- 3.5.50 Hydrographic Survey – Sullom Voe
 - 3.5.50.1 Requested by BP
 - 3.5.50.2 £125k requested in 2016/17
- 3.5.51 Walls Pier Crane
 - 3.5.51.1 Current equipment beyond economic repair
 - 3.5.51.2 £30k requested
 - 3.5.51.3 To be progressed in 2015/16 if funding available from savings elsewhere.
- 3.6 Approval is being sought in this report to proceed with three specific projects with immediate effect as described below.
 - 3.6.1 24/25 Leaside Conversion

This project is being promoted as an alternative to the Old Firth Family Centre Conversion, which already sits provisionally in 2015/16 in the AIP for 2015-20. Funding of £100k is already budgeted for, which is sufficient to cover anticipated spend in the current financial year and Housing Service is keen to progress with works ASAP.
 - 3.6.2 Scalloway Fishmarket – Refrigeration and Doors Maintenance Works

The existing refrigeration equipment cannot be maintained beyond January 2015 and is essential in order to keep the facility operational. It is proposed that this project is funded from £180k of additional income from the accommodation barge and vessel in Scalloway Harbour. It should be noted that this spend

will increase the deficit in surplus from the Harbour Account overall.

3.6.3 Walls Pier Crane

The existing fixed crane is beyond economic repair and its certification has lapsed. This requires to be replaced as soon as possible to ensure continuation of the freight handling service provision at Walls Pier. The funding requirement of £30k will be met from savings on capital projects from the current Asset Investment Plan.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – The Gateway Process contributes to maintaining a 5-year Asset Investment Plan that is financially sustainable. The projects and budgets proposed in this report will maintain existing services and assets and are therefore in line with the Council's Medium Term Financial Plan.
- 4.2 Community/ Stakeholder Issues – None.
- 4.3 Policy And/ Or Delegated Authority – Approval of the financial strategy and budget framework is a matter reserved for the Council.
- 4.4 Risk Management – As stated above, prioritisation of these schemes will be done based on risk to the Council and to the public. Failure to secure a sustainable use of reserves will result in the Council's financial policy not being achieved.
- 4.5 Equalities, Health And Human Rights – None.
- 4.6 Environmental – None.

Resources

- 4.7 Financial –
 - 4.7.1 The projects in this report have been assessed against the objectives of the Medium Term Financial Plan.
 - 4.7.2 The total capital cost to the Council of the projects included in this report, taken over a 5-year period, is £41.998m.
 - 4.7.3 Approval of these projects does not represent a financial approval except for those described at 3.5.22, 3.5.29 and 3.5.51 above.
 - 4.7.4 The prioritisation of projects, based on the availability of funding, will culminate in the proposed Asset Investment Plan for 2016-21, which will be presented to Members as part of the budget setting work for 2016/17.

- 4.8 Legal – Governance and Law provide advice and assistance on the full range of Council services, duties and functions including those included in this report.
- 4.9 Human Resources – None.
- 4.10 Assets And Property – None.

5.0 Conclusions

- 5.1 This report presents fifty one projects that CMT have approved for consideration by Members. The Policy and Resources Committee is asked to make a recommendation to the Council as to whether they should be approved and scheduled in any future Asset Investment Plan subject to the availability of funding.

For further information please contact:

Robert Sinclair, Executive Manager – Capital Programme

Tel: 01595 74 4144 Email: robert.sinclair@shetland.gov.uk

Background documents:

The Service Need Case reports are available in the Members Room at Lystina House.

END



Shetland Islands Council

4 November 2015

Chair's Report – Policy and Resources Committee – 26 October 2015

Review of Gateway Process

Report No. SIC-1104-CPS-20

1.0 Summary

- 1.1 The purpose of this report is to consider the recommendation from the Chair of Policy and Resources Committee, in relation to a report requiring a Council decision.
- 1.2 The Committee considered a report which presented proposals to review the current Gateway process so to apply the new approaches to building better business cases, sound option appraisal, and robust mandates to deliver the Council's approved projects.
- 1.3 The report, as presented to Policy and Resources Committee, is attached as Appendix 1.

2.0 Decision Required

- 2.1 That the Council **RESOLVES** to approve the actions to update the existing gateway process for the approval of capital projects as described in the attached report.

3.0 Report

- 3.1 The report presents the emerging need to review the Council's gateway process for the approval of capital projects.
- 3.2 The current gateway process will remain in place until superceded by this revised scheme.
- 3.3 The Chair will present any further information to the Council as to the debate or issues that the Committee considered.

4.0 Implications

- 4.1 Detailed information concerning the proposals is contained within the report attached, including the strategic and resources implications for the Council.

4.2 There are no additional implications to be considered by the Council.

For further information please contact:

Mr G Robinson, Chair of Policy and Resources Committee

List of Appendices

Appendix 1 – Report No. CPS-20-15-F

Background documents:

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=4753>

END

**Policy and Resources Committee****26 October 2015****Shetland Islands Council****4 November 2015****Review of Gateway Process****Report No: CPS-20-15-F****Report Presented by Executive Manager –
Capital Programme****Capital Programme Service****1.0 Summary**

- 1.1 Council approval of projects that are to be included in the Asset Investment Plan (AIP) is currently managed through the 'gateway' process adopted in 2010. This process is based on 'Prince 2' project management methodology. This report sets out proposals for building on that process to reflect the recent training provided to both Members and officers on the 'Five Case Model'.

2.0 Decision Required

- 2.1 That the Policy and Resources Committee:
- a) RECOMMEND that the Council resolves to approve the actions to update the existing gateway process for the approval of capital projects as described in this report

3.0 Detail

- 3.1 On 24 March 2010 (min ref 47/10), the Council adopted a 'Gateway' process, drawing on national and best practice guidance, to ensure the robustness of all capital projects.
- 3.2 Subsequently, on 19 May 2010 (min ref 75/10), the Council agreed a procedure for prioritising those projects that have been approved through the Gateway process. A key principle in that procedure is that the Council's AIP is re-prioritised on an annual basis, however Service

Need Case (SNC) reports¹ can be processed at any time. By approving a SNC, Members are agreeing that the project should go ahead, but are not making a decision as to the timing.

- 3.3 Since that time, training on Prince 2 project management principles has been widely provided to Council Officers at senior and middle management levels. Members also received a synopsis of that training at two separate events. One of the key messages delivered and accepted throughout the training was that any good project required a sound, well informed and absolutely justified mandate, sometimes called project initiation which is the fundamental decision for a project to proceed. It was recognised that the processes leading up to that point in the life of a project also would need to be carefully considered to ensure appropriate political involvement in the steps leading up to the critical decision.
- 3.4 Subsequently, the Accounts Commission in their series “How Council’s work: An Improvement Series for Councillors and Officers” in March 2014, published their paper on “Options Appraisal: Are you getting it right?” (http://www.audit-scotland.gov.uk/docs/local/2014/nr_140320_hcw_options_appraisal.pdf). That paper focused very much on the components of good option appraisal processes and if handled properly, the elements of that which would result in quality decision making at the various stages when Members had an involvement, prior to allowing a project to proceed.
- 3.5 More recently, Members and Officers have also embraced training on the Government’s Green Book Guidance on Public Sector Business Cases using the “five case model” this very much mirrors the expectations of Audit Scotland’s option appraisal paper and the Council already has a number of significant projects which are developing our approach and embedding use of the business case preparation as an objective appraisal tool in determining the projects which the Council agrees should be taken forward.
- 3.6 In its recent adoption of the 2016/2020 Corporate Plan the Council reconfirmed its recommitment to the following:
- “High standards of governance, that is, the rules on how we are governed, will mean that the Council is operating effectively and the decisions we take are based on evidence and supported by effective assessments of options and potential effects”;
- “We will have prioritised spending on building and maintaining assets and be clear on the whole-of-life costs of those activities, to make sure funding is being targeted in the best way to help achieve the outcomes set out in this plan and the Community Plan”
(<http://www.shetland.gov.uk/documents/OurPlan2016-20final.pdf>)
- 3.7 In view of the above, the time is right to review our current Gateway Process so as to apply the new approaches to building better business

¹ Service Need Reports should set out the business case for projects, with particular focus on justifying the need, exploring all options to deliver the required outcome and explaining the implications of each option, including the financial implications and timing restraints.

cases, sound option appraisal, and robust mandates to deliver the Council's approved projects.

- 3.8 The Council's Corporate Management Team (CMT) recently considered a number of SNC reports under the existing gateway process in advance of the annual re-prioritisation of the Council's 5-year AIP. The output of that exercise is the subject of another report on today's agenda.
- 3.9 As part of that exercise, it was felt that two of the SNC reports could not be presented to Members today. There were a number of reasons, for example:
- 3.9.1 Lack of compliance with policy by seeking commitment to design in advance of scheme approval
 - 3.9.2 Lack of clarity on benefits to be realised
 - 3.9.3 No consideration of the 'do nothing' option
- 3.10 It is expected that these SNC reports will be re-submitted in early course; however this exercise has highlighted the need to ensure political involvement at the appropriate stages of a project, in line with the 'Five Case Model'. For that reason, it is proposed that the Executive Manager – Capital Programme, supported by CMT, reviews the gateway process with the objective of improving its alignment with the 'Five Case Model', as outlined above, and brings a revised scheme to this committee early in 2016.
- 3.11 The current gateway process will remain in place until superceded by this revised scheme.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – The Gateway Process contributes to maintaining a 5-year Asset Investment Plan that is financially sustainable.
- 4.2 Community/ Stakeholder Issues – None.
- 4.3 Policy And/ Or Delegated Authority – Approval of the financial strategy and budget framework is a matter reserved for the Council.
- 4.4 Risk Management – Sound management and prioritisation of the Council's Asset Investment Plan is key to achieving and maintaining financial sustainability. Failure to secure a sustainable use of reserves will result in the Council's financial policy not being achieved.
- 4.5 Equalities, Health And Human Rights – None.
- 4.6 Environmental – None.

Resources

- 4.7 Financial – None arising directly from this report.

- 4.8 Legal – Governance and Law provide advice and assistance on the full range of Council services, duties and functions including those included in this report.
- 4.9 Human Resources – None.
- 4.10 Assets And Property – None.

5.0 Conclusions

- 5.1 This report presents the emerging need to review the Council's gateway process for the approval of capital projects. The Policy and Resources Committee is asked to make a recommendation to the Council in support of this proposal.

For further information please contact:

Robert Sinclair, Executive Manager – Capital Programme

Tel: 01595 74 4144 Email: robert.sinclair@shetland.gov.uk

Background documents:

None.

END



Shetland Islands Council

4 November 2015

Joint Chair's Report

Harbour Board – 7 October 2015

Policy and Resources Committee – 26 October 2015

Scalloway Harbour – Strategic Options – Progress and Next Steps

Report No. SIC-1104-PH-14

1.0 Summary

- 1.1 The purpose of this report is to consider the recommendations from the Chairs of the Harbour Board and Policy and Resources Committee, in relation to a report requiring a Council decision.
- 1.2 The Board and Committee considered a report which summarised the work done to date on the strategic options for the future operation of Scalloway Harbour and made recommendations about further activity.

2.0 Decision Required

- 2.1 That the Council **RESOLVES**, (i) to consider the views of the Harbour Board and Policy and Resources Committee and (ii) to instruct the Director of Infrastructure Services, or her nominee, to further examine the options recommended for short-listing, as set out in section 3.4, and provide recommendations once more economic, commercial and financial information on those options has been established; and
- 2.2 Agree that a stakeholder group be set up to ensure the correct level of engagement with the industry.

3.0 Report

- 3.1 The Council has a duty to demonstrate that it is achieving Best Value in all its activities. Part of meeting that duty is the thorough review of all substantial activities from time to time and the rigorous evaluation and comparison of alternative ways of achieving outcomes and meeting objectives.
- 3.2 Shetland Islands Council has owned and operated the Scalloway harbour effectively and safely for a long period and can help ensure

that the best environmental, social, economic and financial performance continues into the future by looking at strategic options in a systematic and professional manner.

- 3.3 Following a number of workshops supported by an external facilitator a number of options were considered and those highlighted on the grid below are recommended for shortlisting and further investigation in this project.

3.4 Short-List recommendations

	Council ownership and operation	A wider partnership in ownership and operation	Non-Council ownership and operation
No investment			
Limited investment	SHORT LIST	SHORT LIST	
Significant Investment	SHORT LIST	SHORT LIST	
Focus on alternative uses			

- 3.5 The Harbour Board approved the recommendations, but further recommended that a short life stakeholder group be set up to ensure engagement with the industry.
- 3.6 The Policy and Resources Committee approved the recommendations and supported the request for a stakeholder group to be set up.
- 3.7 The Chair will present any further information to the Council as to the debate or issues that the Committee considered.

4.0 Implications

- 4.1 Detailed information concerning the proposals is contained within the report as presented to the Board and Committee, including the strategic and resources implications for the Council.
- 4.2 There are no additional implications to be considered by the Council.

For further information please contact:

Ms A Manson, Chair of the Harbour Board

Mr G Robinson, Chair of Policy and Resources Committee

List of Appendices

None

Background documents:

Harbour Board – 7 October 2015

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18485>

Policy and Resources Committee – 26 October 2015

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18507>

END



Shetland Islands Council

4 November 2015

Joint Chair's Report

Harbour Board – 7 October 2015

Policy and Resources Committee – 26 October 2015

Sullom Voe – Strategic Options – Progress and Next Steps

Report No. SIC-1104-PH-13

1.0 Summary

- 1.1 The purpose of this report is to consider the recommendation from the Chairs of Harbour Board and Policy and Resources Committee, in relation to a report requiring a Council decision.
- 1.2 The Board and Committee considered a report that set out the strategic options for the future operation of the Port of Sullom Voe and made recommendations on further activity.

2.0 Decision Required

- 2.1 That the Council RESOLVES, (i) to consider the views of the Harbour Board and Policy and Resources Committee and (ii) to instruct the Director of Infrastructure Services, or her nominee, to further examine the options presented to Harbour Board and Policy and Resources Committee with additional support from Price Waterhouse Coopers LLP and provide recommendations once more economic, commercial and financial information on those options has been established.

3.0 Report

- 3.1 The Council has a duty to demonstrate that it is achieving Best Value in all its activities. Part of meeting that duty is the thorough review of all substantial activities from time to time and the rigorous evaluation and comparison of alternative ways of achieving outcomes and meeting objectives.
- 3.2 Shetland Islands Council has owned and operated the Port of Sullom Voe very effectively and safely for a long period and can help ensure that the best environmental, social, economic and financial performance continues into the future by looking at strategic options in a systematic and professional manner.

- 3.3 The Chair will present any further information to the Council as to the debate or issues that the Committee considered.

4.0 Implications

- 4.1 Detailed information concerning the proposals is contained within the report as presented to the Board and Committee, including the strategic and resources implications for the Council.
- 4.2 There are no additional implications to be considered by the Council.

For further information please contact:

Ms A Manson, Chair of the Harbour Board
Mr G Robinson, Chair of Policy and Resources Committee

List of Appendices

None

Background documents:

Harbour Board – 7 October 2015

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18486>

Policy and Resources Committee – 26 October 2015

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18508>

END

**Shetland Islands Council****4 November 2015****Establishment of a Joint Clinical Care and Professional Governance Committee***Report No. CRP-19-2***Director of Corporate Services****1.0 Summary**

- 1.1 The purpose of this report is to consider a recommendation from the Integrated Joint Board (IJB) that requires a Council decision.
- 1.2 The IJB considered a report from the Director of Corporate Services, that presented proposals to establish a Joint Clinical, Care and Professional Governance Committee (CCPGC) for the Shetland NHS Board (the Health Board), Shetland Islands Council (the Council) and the IJB. The CCPGC cannot be established until the three parties approve the proposals and until the appointments of all the members of the Joint Committee have been made.
- 1.3. The IJB therefore recommends that the Council considers the proposals contained within the report attached as Appendix 1 and approve the matters that require a decision of the Council set out in paragraph 2.0 below.

2.0 Decision Required

- 2.1 That the Council **RESOLVES** to:
 - 2.1.1 Approve the proposals for a Joint CCPGC;
 - 2.1.2 Approve the DRAFT Terms of Reference for the CCPGC;
 - 2.1.3 Agree that the CCPGC once constituted will have delegated authority from the Council to finalise the detail with regard to the operation of the clinical, care and professional governance framework and update the Terms of Reference accordingly;
 - 2.1.4 Agree the appointment of the members of the new Joint Committee in accordance with the membership set out in paragraph 2.1 of the DRAFT Terms of Reference and in particular those appointments to be made by the Council,

namely: Chair of the Council's Audit Committee – Councillor A Duncan; and Chair of the Committee of the Council with responsibility for Children's Social Work Services, namely Education and Families Committee – Councillor V Wishart.

- 2.1.5 Agree the appointment of Suzanne Gens as the staff representative of the Council nominated by the Council's Employees Joint Consultative Committee (EJCC); (Suzanne Gens was nominated by the EJCC at the meeting on 29 September 2015); and
- 2.1.6 Note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board and the appointments of all the members of the Joint Committee have been made.

3.0 Report

- 3.1 The establishment of an effective clinical, care and professional governance framework is an essential part of the overall governance arrangements required in order for the IJB to be able to fulfil its obligations under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 The proposals in this report are for a joint arrangement that will bring together all the clinical, care and professional governance arrangements in one system providing a whole joined up approach to this aspect of governance serving the needs of the Council, the Health Board and the IJB in this regard.
- 3.3 At its meeting on 25 August 2015, the IJB considered a report and proceeded to approve the recommendations contained therein, with the addition of a recommendation that the Health Board consider seeking specific GP representation on the list of CCPGC Membership. In addition to approving the recommendation in the report, the IJB made the appointments to the CCPGC, required from within its own Membership.
- 3.4 The proposals for the joint CCPGC were presented to the Health Board on 8 October 2015. The recommendations of the IJB were approved by the Health Board and authority to make the appointments to CCPGC for the Health Board including the addition of a GP representative was delegated to the Chair and Chief Executive of the Health Board. The Health Board also noted additional detailed diagrams for the clinical, care and professional governance framework that provided information in an NHS context.
- 3.5 The report presented to the IJB has been attached for ease of reference and this can also be accessed via the Council's website at the link shown below.
- 3.6 The Chair of the IJB, Councillor Cecil Smith, will present any further information to the Council as to the debate or issues considered by the IJB and the Health Board in approving the recommendations for the Joint Committee.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – As part of its performance monitoring role, the IJB must ensure that all relevant legislation, principles and codes are applied consistently to the functions delegated to the IJB by the Council and the Health Board. This includes national standards with regard to the provision of health and social care services and professional codes of practice for a wide range of clinical and professional disciplines. The CCPGC will provide assurance to the IJB that Shetland's Health and Social Care Partnership has appropriate and effective clinical, care and professional governance arrangements in place across all services commissioned by the IJB through the Strategic Plan. In turn, this will Council's Corporate Plan by ensuring high standards of governance, effective joint working and management of risks.
- 4.2 Community /Stakeholder Issues – The Joint CCPGC will perform an important performance monitoring and assurance role with regard to the standards of health and social care services provided by the Council and the Health Board including those services commissioned and directed by the IJB.
- 4.3 Policy and/or Delegated Authority – Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015. The IJB has the authority to approve the proposals in this report with regard to its own role however the Joint Committee cannot be established unless and until the proposals are also approved by the Council and the Health Board.
- 4.4 Risk Management – The main risk associated with this report is failure to approve the proposals to establish clinical and care governance arrangements as required by the legislation and the Integration Scheme. There is also a risk that the proposals for a Joint Committee with the Council and the Health Board are not approved timeously by the Council and the Health Board. Subsequent and consequent risks would be the failure to deliver safe, high quality services through a failure to provide adequate monitoring of the quality of services against national standards and codes of practice.
- 4.5 Equalities, Health and Human Rights – Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board and any clinical, care and professional governance issues including matters with regard to the functions delegated to the IJB will be reported to the CCPGC as appropriate. The recommendations in this report do not require an Equalities Impact Assessment.
- 4.6 Environmental - There are no environmental issues arising from this report.

Resources

- 4.7 Financial – Any expenses and costs associated with the CCPGC including backfill for its members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes.
- 4.8 Legal – The IJB is required to establish a clinical and care governance framework under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance and Shetland's Integration Scheme. The terms of this report comply with the legal requirements, and therefore there is no impact on legal resources.
- 4.9 Human Resources - Professional leads for all staff involved in health and social care service delivery will be involved in the clinical, care and professional governance framework that supports and informs the work of the CCPGC.
- 4.10 Assets And Property – There are no implications for major assets and property. It is proposed that all meetings of the CCPGC will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.

For further information please contact:
Christine Ferguson, Director of Corporate Services
christine.ferguson@shetland.gov.uk
26 October 2015

List of Appendices

Appendix 1 – Clinical Care and Professional Governance
Report No. CRP-19

Background documents:

Integration Joint Board – 25 August 2015

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18313>

END



Meeting:	Integration Joint Board (IJB)
Date:	25 August 2015
Report Title:	Clinical, Care and Professional Governance – covering report
Reference Number:	CRP-19-15-F
Author / Job Title:	Christine Ferguson, Director Corporate Services

Decisions / Action required:

1. To approve the DRAFT Terms of Reference for a Joint Clinical, Care and Professional Governance Committee (CCPGC) and recommend the proposals to the Council and the Health Board;
2. To agree the appointment of the members of the new Joint Committee in accordance with the membership set out in the DRAFT Terms of Reference; and
3. To note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board.

High Level Summary:

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.

At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

The IJB is required to have clinical and care governance arrangements in place as part of its governance framework.

This report presents proposals to establish a Joint Clinical, Care and Professional Governance Committee; the Committee would be a Joint Committee with the Council and the Health Board.

Corporate Priorities and Joint Working:

As part of its performance monitoring role, the IJB must ensure that all relevant legislation, principles and codes are applied consistently to the functions delegated to the IJB by the Council and the Health Board. This includes national standards with regard to the provision of health and social care services and professional codes of practice for a wide range of clinical and professional disciplines.

The CCPGC will provide assurance to the IJB that Shetland's Health and Social Care Partnership has appropriate and effective clinical, care and professional governance arrangements in place across all services commissioned by the IJB through the Strategic Plan.

Key Issues:	
The IJB must make sure that an appropriate assurance framework is established with regard to the functions delegated to the IJB by the Council and the Health Board. The establishment of the CCPGC will be a key component of the IJB assurance framework.	
Implications :	
Service Users, Patients and Communities:	The Joint CCPGC will perform an important performance monitoring and assurance role with regard to the standards of health and social care services provided by the Council and the Health Board including those services commissioned and directed by the IJB.
Human Resources and Organisational Development:	Professional leads for all staff involved in health and social care service delivery will be involved in the clinical, care and professional governance framework that supports and informs the work of the CCPGC.
Equality, Diversity and Human Rights:	Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board and any clinical, care and professional governance issues including matters with regard to the functions delegated to the IJB will be reported to the CCPGC as appropriate. The recommendations in this report do not require an Equalities Impact Assessment.
Legal:	The IJB is required to establish a clinical and care governance framework under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance and Shetland's Integration Scheme.
Finance:	Any expenses and costs associated with the CCPGC including backfill for its members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes.
Assets and Property:	There are no implications for major assets and property. It is proposed that all meetings of the CCPGC will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board.
Environmental:	There are no environmental issues arising from this report.
Risk Management:	<p>The IJB is required to have its own Risk Management Strategy and Risk Register. This is the subject of a separate report on today's agenda.</p> <p>The main risk associated with this report is failure to approve the proposals to establish clinical and care governance arrangements as required by the legislation and the Integration Scheme.</p> <p>There is also a risk that the proposals for a Joint Committee</p>

	<p>with the Council and the Health Board are not approved timeously by the Council and the Health Board.</p> <p>Subsequent and consequent risks would be the failure to deliver safe, high quality services through a failure to provide adequate monitoring of the quality of services against national standards and codes of practice.</p>
Policy and Delegated Authority:	<p>Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.</p> <p>The IJB has the authority to approve the proposals in this report with regard to its own role however the Joint Committee cannot be established unless and until the proposals are also approved by the Council and the Health Board.</p>
Previously considered by:	<p>This report has not been presented to any other formal meeting. A report to the Health Board on 17 August makes recommendations to change the terms of reference for the Clinical Governance Committee in the Shetland NHS Board handbook. The recommendations are consistent with the proposals in this report.</p>



Meeting:	Integration Joint Board (IJB)
Date:	25 August 2015
Report Title:	Clinical, Care and Professional Governance
Reference Number:	CRP-19-15-F
Author / Job Title:	Christine Ferguson, Director Corporate Services

1. Introduction

- 1.1 This report presents proposals to establish a Joint Clinical, Care and Professional Governance Committee for Shetland NHS Board (the Health Board), Shetland Islands Council (the Council) and the IJB. The proposed DRAFT Terms of Reference for the Joint Committee is attached at Appendix 1.

2. Background

- 2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015. At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
- 2.2 The IJB is required to establish a clinical and care governance framework in order to fulfil its role under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance. This is a key component in the governance framework for the IJB.
- 2.3 Other reports on today's agenda for the IJB include recommendations to establish the IJB Audit Committee; to approve the IJB Risk Management Strategy and the IJB Participation and Engagement Strategy. Once these and the clinical and care governance framework for the IJB are in place, the IJB can assume its full role by approving the Strategic Plan for 2015/16 and assuming the responsibilities for directing service delivery by the Council and the Health Board in line with the Strategic Plan and undertaking operational oversight, performance monitoring and reporting for health and social services as set out in the Integration Scheme.
- 2.4 The Council and the Health Board agreed in November 2014, *"that the committees, sub-committees and governance groups that are needed for the*

Body Corporate should all be joint, looking at all the business of the Council and the [Health] Board unless there is a specific reason why this cannot be done e.g. legal impediment”. (Min Ref SIC-1105-CRP12)

- 2.5 In line with this commitment Shetland’s Integration Scheme stipulates that the current local arrangements for clinical and care governance will be replaced by joint arrangements that will include representatives of the relevant professional groups for all health and social care professions.
- 2.6 The recommendations of a recent independent review of social work services in Shetland, which are currently being implemented, support the closer involvement of social work in clinical, care and professional governance as demonstrated by the following extracts:

“Recommendation 7 – That the Chief Social Work Officer [...] has a defined role in relation to development of the regulated workforce, clinical and care governance....”

“Recommendation 28 – That a professional assurance framework be established by the CSWO working with the Director of Nursing and Acute Services”.

3. Proposals

- 3.1 It is proposed that a Joint Committee is established to provide clinical, care and professional governance assurance for all health and social care services commissioned by the Council and the Health Board. This proposal requires the agreement of all three agencies and would see the existing clinical and care governance arrangements replaced as described in the Integration Scheme.
It would also complement the response to the recent review of social work by including all social work services in the new governance framework.
- 3.2 The new Joint Clinical Care and Professional Governance Committee (CCPGC) would report separately to the three agencies advising on the specific aspects of service delivery in accordance with each agency’s responsibilities as follows:

Functions	Agency/Committee
Delegated health and social care functions as set out in the Integration Scheme	IJB
Other health care services	Shetland NHS Board
Children’s Social Work	SIC Education and Families Committee

The IJB would advise and/or direct the Council and the Health Board as relevant and appropriate with regard to matters affecting the delivery of services covered by the delegated functions as set out in the Integration Scheme.

- 3.3 Further work is required to finalise the detail of the proposals in terms of operational procedures and arrangements particularly with regard to social work where previously there has been no equivalent formal committee structure covering professional governance arrangements in this way.

Recommendations

3.4 **It is recommended that the IJB:**

1. **Approve the proposals for a Joint CCPGC and recommend the proposals to the Council and the Health Board for approval;**
2. **Approve the DRAFT Terms of Reference for the CCPGC at Appendix 1 and recommend the DRAFT Terms of Reference for approval by the Council and the Health Board;**
3. **Agree that the CCPGC once constituted will have delegated authority from the IJB to finalise the detail with regard to the operation of the clinical, care and professional governance framework and update the Terms of Reference accordingly;**
4. **Agree the appointment of the members of the new Joint Committee in accordance with the membership set out in the DRAFT Terms of Reference and more specifically;**
 - a. **Appoint one voting member of the IJB who is a non-executive member of the Health Board and one voting member of the IJB who is an elected member of the Council as members of the CCPGC; and**
 - b. **Agree that the appointment of the Chair of the CCPGC will be made on behalf of the IJB by the Health Board; and**
5. **Note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board and the appointments of all the members of the Joint Committee have been made.**

4. Conclusions

- 4.1 The establishment of an effective clinical, care and professional governance framework is an essential part of the overall governance arrangements required in order for the IJB to be able to fulfil its obligations under the terms of the Public Bodies Act.
- 4.2 The proposals in this report are for a joint arrangement that will bring together all the clinical, care and professional governance arrangements in one system providing a wholly joined up approach to this aspect of governance serving the needs of the Council, the Health Board and the IJB in this regard.

Contact Details:

For further information please contact:
Christine Ferguson, Director of Corporate Services
christine.ferguson@shetland.gov.uk
19 August 2015

Appendices

Appendix 1: Joint Clinical, Care and Professional Governance Committee
DRAFT Terms of Reference

Background Documents

H&SCI Integration Scheme [Integration Scheme](#)
Joint Strategic (Commissioning) Plan [Strategic Plan](#)

CLINICAL, CARE AND PROFESSIONAL GOVERNANCE COMMITTEE (CCPGC) TERMS OF REFERENCE

1. Purpose of CCPGC

- 1.1 There is an expectation that the Board of Directors of a health body in Scotland will establish a clinical governance committee **to provide assurance to the Board that appropriate clinical governance mechanisms are in place and effective throughout the organisation.** The CCPGC is recognised as a formal sub-committee of Shetland NHS Board (the Health Board) and CCPGC will fulfil this purpose for the Health Board i.e. the CCPGC will **fulfil the assurance role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services directed by the Integration Joint Board (IJB) established to implement the requirements of the Public Sector (Joint Working) (Scotland) Act 2014.**
- 1.2 The CCPGC will also **oversee the care governance arrangements for social care services provided or purchased by Shetland Islands Council (the Council) including social care services under the direction of the IJB.**
- 1.3 CCPGC will ensure that **appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.**
- 1.4 A high level diagram showing the Clinical, Care and Professional Governance Framework is attached to the end of this Terms of Reference, detailed governance diagrams showing the links with other NHS and Council governance frameworks are available separately.

2. Composition of CCPGC

2.1 Membership

2.1.1 CCPGC will comprise:

- A Non-Executive Member of the Health Board as Chairperson
- The Chairs of the Audit Committees of the Health Board, the Council and the IJB
- 2 x Non-Executive Members of the Health Board, one of whom must be a member of the IJB
- 2 x elected members of the Council, one of whom must be a member of the IJB and the other must be the Chair of the Committee of the Council with responsibility for Children's Social Work Services
- The Employee Director of the Health Board
- A staff representative of the Council nominated by the Council's Employee Joint Consultative Committee (EJCC)

- 2.1.2 CCPGC Chairperson shall be appointed by the Health Board at a fully constituted meeting.
- 2.1.3 Membership of the CCPGC shall be disclosed in the Annual Report and Accounts of the Health Board.
- 2.1.4 Appropriate training and development will be provided to ensure that members of CCPGC have the skills and knowledge to carry out this role.

2.2 In Attendance

- 2.2.1 The following may attend meetings of CCPGC and have access to the papers subject to any restrictions that may apply as determined by the Chair of CCPGC:
 - Other Members of the Health Board, the Council and the IJB
 - Two Patient Forum Representatives
- 2.2.2 The following officers of the Council, the Health Board and the IJB or their nominees shall normally attend meetings:
 - The Chief Executives of the Health Board and the Council;
 - The Director of Community Health & Social Care in their role as Chief Officer for the IJB;
 - The Clinical Governance Manager for the Health Board and the Health & Safety Manager for the Council
 - The Chief Social Work Officer
 - The Director of Pharmacy
 - The Dental Director
 - The Medical Director
 - The Director Nursing & Acute Services
 - The Director of Public Health
 - The chair of the Joint Governance Group (JGG)
 - The chair of the Area Clinical Forum (ACF) and/or their nominated deputy
 - A Joint Staff Forum Representative
 - The Executive Leads for Information Governance for the Health Board and the Council.
- 2.2.3 The Chairperson of CCPGC shall attend the Health Board's Annual Review Public Meeting to answer questions about the work of CCPGC, if required.

3. Meetings of the Committee

3.1 Frequency

- 3.1.1 CCPGC shall meet as required, with Meetings normally held at least quarterly in each financial year at a place and time as determined by the Committee and to coincide with key events during the year, e.g. Clinical,

Care and Professional Governance Annual Report production.

- 3.1.2 The Chairperson of CCPGC may at any time convene additional Meetings of CCPGC to consider business, which may require urgent consideration. These meetings may be attended exclusively by Committee Members, as approved by the CCPGC Chairperson.
- 3.1.3 CCPGC should meet individually with the Internal and External Auditors of the Health Board, the Council and the IJB, once per year, without any Executive Directors/Officers present other than as required to make a proper record of the meeting. It is recognised that the Chief Executive of the Health Board is the Accountable Officer for the Health Board, and that the section 95 officers of the Council the IJB are the Accountable Officers for the Council and the IJB respectively and nothing should be discussed at these meetings with the Auditors which could conflict with the duties of the Accountable Officers. If there were circumstances that may arise that would be in conflict with the duties of one or more of the Accountable Officers, then the Accountable Officer(s) should be invited to attend the Meeting(s) for the discussion of any such matters that would affect their individual role(s).

3.2 Agenda and Papers

- 3.2.1 The Chairperson will set the agenda in conjunction with the Chair of the JGG (or their deputy) and the Chief Social Work Officer.
- 3.2.2 The Agenda and supporting papers will be sent out at least five working days in advance of the meetings.
- 3.2.3 All papers will clearly state the agenda reference, the author and the purpose of the paper and set out the matters which the CCPGC is asked to consider and the actions on which the CCPGC is asked to advise.

3.3 Quorum

- 3.3.1 Three Members of CCPGC, one from the Health Board, one from the Council and one from the IJB, shall constitute a quorum. No business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be in attendance.

3.4 Minutes

- 3.4.1 Formal minutes shall be taken of the proceedings of CCPGC. Any confidential items will be recorded separately.
- 3.4.2 Draft Minutes shall be distributed for consideration and review to the Chairperson of the Meeting prior to the Chairperson giving a verbal update to the ensuing Health Board Meeting. Summary reports will be presented to the ensuing meetings of the

Council's Policy and Resources Committee, the IJB and the Council's Education and Families Committee. These updates will ensure that any questions Members of the Health Board, the Council or the IJB may have can be addressed promptly and/or other matters highlighted for consideration of CCPGC.

3.4.3 The draft Minutes shall be presented at the next Meeting of CCPGC for approval.

Formally approved Minutes shall be included in Health Board Meeting papers, in papers for the Council's Policy and Resources Committee, the IJB and the Council's Education and Families Committee for noting following approval by CCPGC.

4. Authority

- 4.1 CCPGC is authorised by the Health Board, within its Terms of Reference, to investigate any activity in the operations of NHS Shetland. To this end, CCPGC is authorised to seek and obtain any information it requires from any employee of the Health Board. All employees of the Health Board are directed to co-operate with any request made by CCPGC.
- 4.2 With regard to health care matters only, CCPGC is authorised by the Health Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside NHS Shetland or the wider NHS, with relevant expertise, if it is considered necessary. All costs in this regard will be met by the Health Board.
- 4.3 CCPGC is authorised by the Council, within this Terms of Reference, to request an investigation into any activity in the operations of the Council with regard to social work and social care functions. This does not give authority to CCPGC to direct or manage any social work/care activity or any activity with regard to a complaint that is subject to the Council's Social Work Complaints Procedure. With these exceptions, CCPGC is authorised to seek and obtain any information it requires from the Council in order to fulfil its remit. All employees of the Council are directed to co-operate with any reasonable request made by CCPGC.
- 4.4 If CCPGC advises that external legal or other independent professional advice or assistance of people from outside the Council with relevant expertise for any matters relating to social work/care functions should be sought, then CCPGC must make a request for such assistance through the Council's Director of Corporate Services who will consult with the Chief Social Work Officer. If approved, any costs in this regard will be met by the Council.
- 4.5 It should be noted that similar provisions will be considered for the IJB itself if, at some point, the IJB were to directly employ staff or provide services.

5. Duties of the Clinical, Care and Professional Governance Committee

The duties of CCPGC shall be as follows.

5.1 General

- 5.1.1 Check and report to the Health Board, the Council and the IJB that appropriate structures are in place to undertake activities which underpin clinical, care and professional governance;
- 5.1.2. Review the systems of clinical, care and professional governance, monitoring that they operate effectively and that action is being taken to address any areas of concern;
- 5.1.3 Review the mechanisms which exist to engage effectively with health and social care partners, key stakeholders and the public;
- 5.1.4 Encourage continuous improvement in service quality;
- 5.1.5 Ensure that an appropriate approach is in place to deal with clinical, care and professional risk management (including patient safety) across all health and social care systems, working within the overall Risk Management Strategies for the Health Board, the Council and the IJB;
- 5.1.6 Review performance in the management of clinical, care and professional risks, including emergency planning and service/business continuity planning;
- 5.1.7 Promote positive complaints handling, advocacy and feedback including learning from adverse events;
- 5.1.8 Receive reports on child and adult protection activities;
- 5.1.9 Review clinical, care and professional performance indicators bi-annually to gain assurance across the whole health and social care system;
- 5.1.10 Review the approaches to Information Governance and Records Management taken by the Health Board and the Council, monitoring that these operate effectively and that action is taken to address any areas of concern, and
- 5.1.11 Review the Annual Clinical, Care and Professional Governance Statement/Report.

5.2 Clinical, care and Professional Governance – Internal Audit

- 5.2.1 Review the Internal Clinical, Care and Professional Governance Strategy and Audit programmes of the Health Board, the Council and the IJB;
- 5.2.2 Make recommendations to the NHS Shetland Audit Committee, the Council's Audit Committee and/or the Audit Committee of the IJB as appropriate on the requirements for internal audit activity;
- 5.2.3 Receive and consider Audit Reports along with regular Progress Reports on all health and care clinical, care and professional governance matters;
- 5.2.4 Review the actions taken by the Accountable Officers of the Health Board, the Council and/or the IJB on any recommendations or issues arising from Audit Reports, that relate to clinical, care and professional governance (paragraph 3.1.3 refers);
- 5.2.5 Review the effectiveness of the Audit and service improvement programmes of the Health Board, the Council and the IJB with regard to health and social care clinical, care and professional governance.

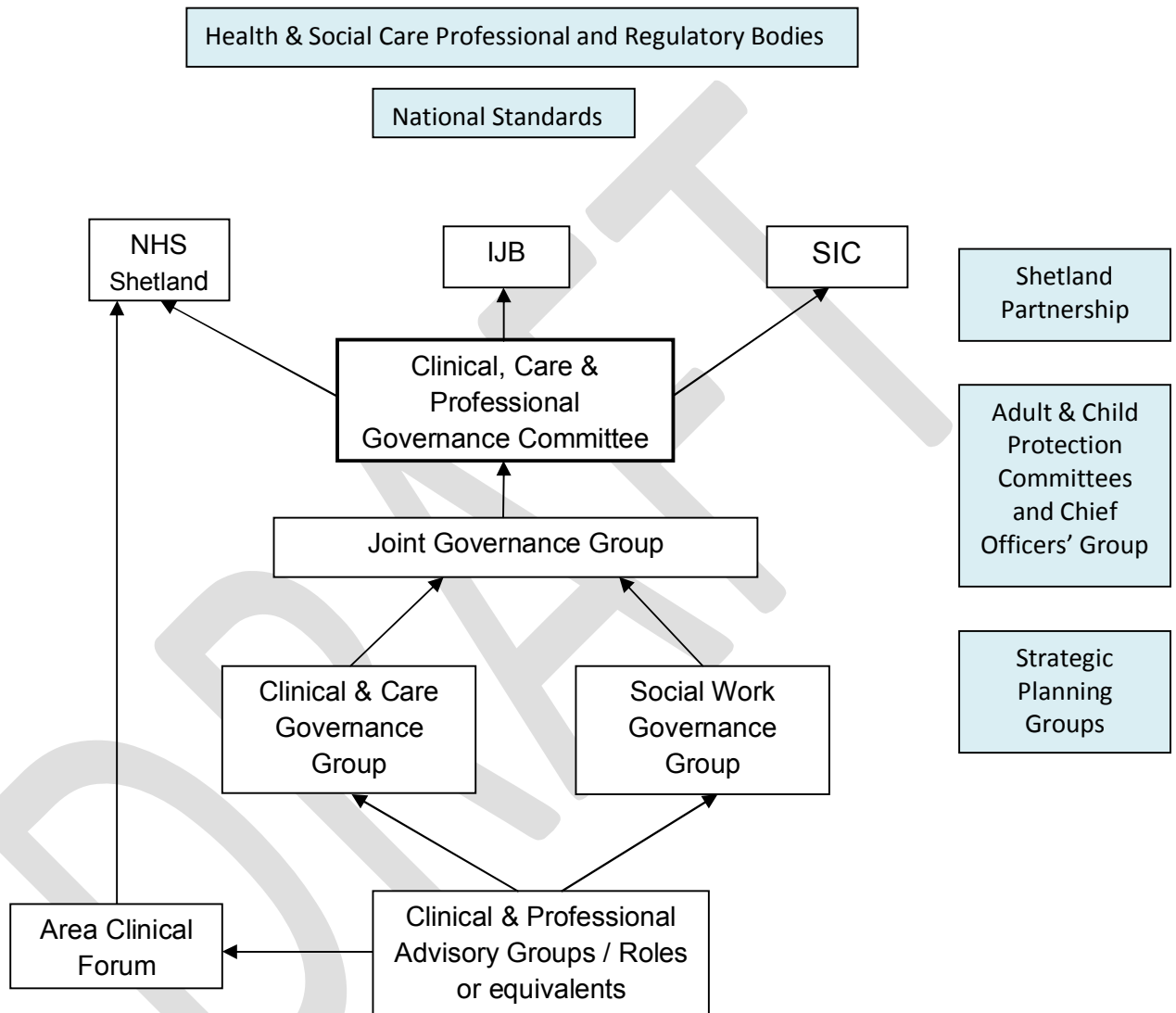
5.3 Clinical, Care and Professional Governance – External Monitoring

- 5.3.1 Review Audit and Inspection Reports from external monitoring and scrutiny bodies e.g. Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland in relation to clinical, care and professional governance; and
- 5.3.2 Monitor and report to the Health Board, the Council and /or the IJB as appropriate to give assurance that appropriate actions in relation to external review and monitoring of clinical, care and professional governance are being taken.

6. Reporting to the Health Board, the Council and the IJB

- 6.1 In addition to reporting to the Health Board, the Council and the IJB through the provision of updates whether verbal or through a summary report and providing copies of the approved Minutes of Meetings of CCPGC as outlined in 3.4 above, CCPGC will produce an Annual Report for the Health Board, the Council and the IJB to be presented by CCPGC Chairperson
- 6.2 CCPGC has a duty to review its own performance and effectiveness, including running costs and terms of reference and key performance indicators on an annual basis.
This information will be included in CCPGC's Annual Report.

Clinical, Care and Professional Governance Framework



**Shetland Islands Council****4 November 2015****Prison Monitoring Reforms
Dissolution of Visiting Committee for Legalised Police Cells.**

GL-27-F

**Executive Manager – Governance and
Law/Clerk to the Visiting Committee for
Legalised Police Cells****Corporate Services Department****1.0 Summary**

- 1.1 The purpose of this report is to advise Members of the new system for independent prison monitoring in Scotland under the Public Service Reform (Inspection and Monitoring of Prisons) (Scotland) Order 2015.

2.0 Decision Required

That the Council NOTE:

- 2.1 that the Statutory requirement for a Visiting Committee for Legalised Police Cells in Lerwick ceased to exist on 31 August 2015 and the Committee was dissolved;
- 2.2 that the appointment of an Elected Member, from Shetland Islands Council, on the HMP Grampian Visiting Committee ceased on 31 August 2015.

3.0 Detail

- 3.1 On 13 January 2015 the Scottish Parliament approved the Public Service Reform (Inspection and Monitoring of Prisons) (Scotland) Order 2015. These changes mean that the new system of independent prison monitoring of prisons will come into effect on 31 August 2015. There is a period of 3 months until 30 November 2015 in which any outstanding matters or enquires being undertaken will be concluded.
- 3.2 The Visiting Committee for Legalised Police Cells in Lerwick held its last meeting on 31 August 2015 in order to approve its Annual Report for submission to the Association for Visiting Committees.

- 3.3 The introduction of salaried Prison Monitors and Unpaid Lay Monitors will be administered by the Scottish Prison Service.
- 3.4 It should also be noted that Chapter 16 of the Police and Fire Reform (Scotland) Act 2012 makes separate provision for Independent Custody Visiting and this is administered by the Scottish Police Authority. The Scottish Police Authority can authorise independent custody visitors to do anything which the Authority considers necessary to enable them to visit detainees and monitor the treatment of detainees and the conditions in which they are detained. The Scottish Police Authority had indicated their desire to attract voluntary Independent Custody Visitors in Shetland to facilitate local visits.
- 3.5 The appointment of an Elected Member, from Shetland Islands Council, on the HMP Grampian Visiting Committee will also cease on 31 August 2015.

4.0 Implications

Strategic

- 4.1 Delivery On Corporate Priorities – There is no longer a statutory role for the Council in carrying out legalised custody visits therefore the Council does not have a corporate priority to meet.
- 4.2 Community /Stakeholder Issues – The Scottish Police Authority were directed to Voluntary Action Shetland on the matter of attracting volunteer custody visitors. Wider issues for the community to consider are around the loss of Shetland representation on the HMP Grampian visiting committee. Community concerns should be directed to the Scottish Prison Service.
- 4.3 Policy And/Or Delegated Authority – As set out in Paragraph 2.1.3(1)(a) matters reserved to the Council by Statute include the establishment of any body to be part of the political management framework and all appointments to or removal from those bodies.
- 4.4 Risk Management – None
- 4.5 Equalities, Health And Human Rights – None
- 4.6 Environmental – None

Resources

- 4.7 Financial – There will be savings around the administration and attendance by Members at meetings from dissolving the Visiting Committee for Legalised Police Cells. There will be travel and subsistence savings from the removal of the Member appointment to the HMP Grampian Visiting Committee.
- 4.8 Legal – The statutory function of administering the Visiting Committee for Legalised Police Cells in Lerwick has been removed through the introduction of the Public Service Reform (Inspection and Monitoring of Prisons) (Scotland) Order 2015.

4.9 Human Resources – None

4.10 Assets And Property – None

5.0 Conclusions

5.1 The introduction of the Public Service Reform (Inspection and Monitoring of Prisons) (Scotland) Order 2015 has invoked a number of changes that has removed the Council's statutory obligation to administer a Committee for Legalised Police Cells in Lerwick and also removes the requirement for the Council to appoint a Member to the HMP Grampian Visiting Committee. Members require to be informed of the changes that came into effect on 31 August 2015.

For further information please contact:

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29 October 2015

List of Appendices

None

Background documents:

The Public Services Reform (Inspection and Monitoring of Prisons) (Scotland) Order 2014 and supporting documents and debate can be found here:

www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/83912.aspx

The Police and Fire Reform (Scotland) Act 2012 can be found here:

<http://www.legislation.gov.uk/asp/2012/8/contents>

END