

## Shetland NHS Board

### Minutes of the Shetland NHS Board Meeting held at 9:30am on Tuesday 15 December 2020 via Microsoft Teams

#### Present

Mr Gary Robinson	Chair
Mr Michael Dickson	Chief Executive
Mr Malcolm Bell	Non-Executive Board Member
Dr Kirsty Brightwell	Medical Director <i>[till 10:00]</i>
Mr Colin Campbell	Non-Executive Board member
Mrs Kathleen Carolan	Director of Nursing and Acute Services
Mr Lincoln Carroll	Non-Executive Director
Mrs Natasha Cornick	Non-Executive Board Member
Mrs Lorraine Hall	Director of Human Resources & Support Services
Mrs Jane Haswell	Non-Executive Board Member
Miss Shona Manson	Non-Executive Board Member
Mr Colin Marsland	Director of Finance
Mr Ian Sandilands	Employee Director
Miss Edna Mary Watson	Chair of Area Clinical Forum
Mrs Susan Webb	Director of Public Health <i>[left meeting 10:45-11:30]</i>

#### In Attendance

Mr Brian Chittick	Director of Community Health and Social Care
Ms Kate Gabb	Lead Officer Child and Adult Protection <i>(minute 2020/21/67)</i>
Ms Lucy Flaws	Planning, Performance and Projects Officer <i>(minute 2020/21/61 &amp; 62)</i>
Mrs Pauline Moncrieff	Board Business Administrator (Minutes)
Ms Elizabeth Robinson	Public Health and Planning Principal
Mrs Carol Campbell	Communications Officer
Mr Simon Watson	Medical Director, Healthcare Improvement Scotland

#### 2020/21/49 Chairman's Announcements

Mr Robinson said there had been some significant developments in the fight against Covid-19 since in recent months and last week NHS Shetland had taken first delivery of a limited number of the Pfizer vaccines. Work had begun to vaccinate care home workers and higher risk healthcare workers and the board was working with Shetland's care homes to get the necessary consents in place to start the roll out to care home residents.

Members were reminded of the public health guidance around hand hygiene and respiratory care and, although the rules had been relaxed for five days over the Christmas period, the message remained the same and everyone

should think twice – unless you have a really good reason for travelling or mixing households, please stay at home.

Mr Robinson informed members that the Board's Director of Pharmacy, Chris Nicolson was due to retire this month. Chris has worked for NHS Shetland for over 20 years and has also filled the same role for NHS Orkney. As well as safely managing pharmacy for the Boards in an era of significant financial restraints, Chris has also flexed into other roles as the need has demanded, including a period as the Director of Service Improvement on this Board. Board members thanked Chris for his dedication to the roles and in wished him a relaxing retirement.

On behalf of the Board, Mr Robinson said he wished to wholeheartedly thank the staff of NHS Shetland for their continued efforts in responding to the ever changing challenges of the pandemic, alongside more typical winter pressures and also getting routine NHS services back up and running again.

**2020/21/50 Apologies for Absence**

There were no apologies for absence.

**2020/21/51 Declarations of Interest**

There were no interests declared.

**2020/21/52 Minutes of the Board Meeting held on 6 October 2020**

The draft minutes proposed by Mrs Cornick and seconded by Mr Carroll and were therefore approved.

**2020/21/53 Board Action Tracker**

There were no items not covered elsewhere on the agenda.

**2020/21/54 Matters Arising**

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

**2020/21/55 Quality Report – Update on Progress**

(Board Paper 2020/21/41)

Mrs Carolan presented the progress report and highlighted the key points in the report for members' attention:

- Clinical & Care Strategy refresh: since the last board meeting 2 workshops have been held and a third is planned for the beginning of Feb 2021. Active community engagement has commenced, tools for this have been signed off and are available on the website via the link in the paper.

Members were encouraged to access these to complete the survey and also to distribute within their respective networks.

- There have been no patients who have had falls with harm reported or developed pressure ulcers in the hospital setting. Some of the improvement work will sit with Tissue Viability and Falls Group which is a multidisciplinary pan Shetland group.
- Winter preparedness is contained in a separate report on today's agenda
- An Excellence in Care event was held in October and Alison Irvine was one of the recipients of the award for person centred care. Alison will talk later about the diabetes service and the innovative work done during the pandemic.
- There is an appendix in the paper on Concerns, Complaints and Feedback received by the board over the last two quarters.

### **Discussion**

In response to a comment from Mrs Haswell regarding the staff safety adverse event data for Oct 2020 and the multi-disciplinary risk management and learning outcomes as a result, Mrs Carolan said she would ascertain from the clinical governance team what the adverse event was in order to inform members which agencies were involved.

**ACTION: Mrs Carolan**

Mrs Hall added that no issues had been raised through the Health & Safety or Wellbeing committees but an update would be provided to the board once it was understood the circumstances around the Oct 2020 data.

**The Board noted** the Quality Report progress update.

### **2020/21/55 Healthcare Associated Infection Report**

(Board Paper 2020/21/42)

Mrs Carolan presented the report and informed members that it was a very positive position in respect of infection control and prevention.

Much focus had been in preventing the likelihood of outbreaks in hospital and in the community settings. The Infection Control Team have submitted a bid to SGov to look at how greater ongoing capacity can be provided into the community and in particular the care homes. The current post is fixed term so the team will be looking at using that resource to create some permanency around infection control resource.

Mr Robinson said it was good to see the estates standards compliance is almost 100% followed closely by most of the other indicators.

**The Board received** the HAI report and **noted** the position and performance.

## **2020/21/56 Establishment of Paediatric Consultant post**

(Board Paper 2020/21/43)

Dr Kirsty Brightwell presented the paper explaining that the current GP with specialist interest was retiring in April 2021 and the paper sets out the proposal for a local medical lead who would have more time and the necessary high level of training to ensure the board improved the safety and quality of child health services.

In drafting the paper, Dr Brightwell had worked closely with the lead for paediatrics at NHS Grampian and the model proposes the postholder travelling to Aberdeen once every 2 or 3 months to take part in the acute on-call rota for paediatrics so they can maintain some acute skills. The cost pressure to NHS Shetland would be between £21k and £40k for 5 sessions a week and an additional 6<sup>th</sup> session would be paid for by NHS Grampian.

### **Discussion**

Mr Sandilands asked what other considerations had been made in the event that this post could not be filled whilst avoiding incurring locum costs. Dr Brightwell said she was optimistic there would be doctors interested in the role and as there was no time pressure from the current GP; if the board failed to recruit at the first attempt, the plan was to repeat the recruitment process whilst negotiating to extend the current service. Dr Brightwell added that she was also working closely with NHS Orkney who have a similar issue with a view to potentially making the role a more attractive position.

Mr Carroll said this would be a very positive appointment with the opportunity to strengthen strong working relationships with SIC Children's Services, for example in learning disabilities pathways.

In response to a question from Mr Bell regarding whether other models for the service had been considered in terms of cost benefit, Dr Brightwell explained the challenge was the balance between the experience and training required and the time it would take to become the generalist paediatrician the board was looking for. Mr Dickson added that paediatrics had been a long standing risk on the board's risk register and this piece of work was about finding a longer term solution to providing a more resilient service moving forward.

**The Board approved** the additional cost pressure in the paediatric budget for the establishment of a Consultant Paediatrician post.

## **2020/21/57 Finance Monitoring report 20/21 (April to October)**

(Board Paper 2020/21/44)

Mr Colin Marsland updated the Board highlighting the following issues:

- At Month 7 the Board was £1.9M overspent with the primary cause being Covid-19 cost pressures
- As set out in the board's Re-mobilisation Plan, the current projected revenue cost for Covid-19 response, including those incurred by SIC social care, is £7.7M
- NHS Shetland is one of 5 boards where the current costs of Covid-19 response is greater than their allocation. SGov are seeking further talks with these boards to confirm forecast costs. NHS Shetland expects to receive its share of funding so this is not being flagged to members as an issue at this time.
- There remains an underlying cost pressure from locum staffing expenditure to fill vacant consultant posts.
- Only 20% of efficiency savings have been delivered on a recurring basis in this financial year. Even if the proposed repatriation of clinics was delivered, this would only result in delivery of 50% of the recurring savings target.

### **Discussion**

Mr Sandilands asked where the board stood in relation to Service Level Agreements with NHS Grampian which could not be unfulfilled in 2020/21. Mr Marsland reported that the board was in discussion with SGov regarding the principal agreements between organisations but the underpayment on SLAs and patient travel could be seen as offset against the Covid-19 costs.

Mr Marsland clarified that the cost of the new Consultant Paediatrician post would come from the Child Health budget which sits within acute directorate. Mrs Carolan reassured members that this post would be similar to the Consultant Geriatrician whereby the funding sits within acute but their role is split between hospital and community.

In response to a question from Mrs Haswell regarding the SLA for children's hospice funding across Scotland, Mr Marsland explained that NHS Scotland makes a contribution to the CHAS (Children's Hospice Association Scotland) charity and a sum is taken from all boards on an NRAC basis. The board has no activity information as to whether any Shetland patients have used the service.

Mr Sandilands asked how the work on the Clinical Strategy could tackle the issues linked to the continuing cost pressures. Mrs Carolan said there was a significant issue with vacancies in consultant posts nationally. Some of the work done in 2020 included looking at new clinical models and successes around GP Joy and how these could be developed to make roles more attractive to clinicians eg portfolio careers. The board is in discussion with NHS Grampian about potentially working together with NHS Orkney to look at

the possibility of sharing posts through a hub and spoke model for anaesthetics. It was expected that in 2021/22 there would be new Consultants working for the board on a different but substantive basis.

Mr Chittick added that GP Joy had significantly contributed to decreasing the locum spend in primary care through different models with rotational being a notable success which was then used in secondary care for Obs & Gynae.

Mr Campbell asked for clarification on the year-end projected overspend if the board did not receive the required funding allocation from SGov. Mr Marsland explained there was no year-end forecast in the paper because it was partly dependent on the board reviewing its own spending plans for Covid 19 and also on the level of funding that SGov allocates boards based on these plans. Another issue is SGov's decision on unachieved efficiency savings by boards in 20/21 due to difficulty delivering savings due to Covid 19.

Mr Marsland said that if plans go as expected and the board receives Covid 19 funding, NHS Shetland should break-even this year.

**The Board noted** the Financial Monitoring Report 2019/20 as at Month 7.

**10:15-11:00 Patient experience of local diabetic service**

Mrs Carolan introduced Dr Pauline Wilson, Consultant Physician, Alison Irvine, Lead Diabetes Specialist Nurse along with patients John and Yvonne.

Board Members expressed their appreciation at being able to hear first-hand about the experiences of service users and thanked John and Yvonne for their feedback and their time.

**2020/21/58 Budget Setting 21-22 Medium Term Plan**

(Board Paper 2020/21/45)

Mr Colin Marsland reported that the budget setting for 2021/22 had begun and the board was being asked to submit a 1 year plan. Not taking Covid-19 into account, 2021/22 has a high degree of uncertainty as to the level of funding to come from SGov and discussions on future pay deals have not yet begun.

All board are required to submit first drafts of 2021/22 plans by 5 Feb 2021 so a paper would be presented to the board meeting in February. However, an indication of some of the planning assumptions would only be known when SGov announce the budget on 28 Jan 2021. **ACTION: Mr Marsland**

## **Discussion**

In response to a question from Mr Sandilands regarding the £500 bonus for NHS staff, Mr Marsland reported that there were currently no further details on how the payment will be calculated and shared.

**The Board noted** the Budget Setting 2021/22 and Medium Term Plan.

## **2020/21/59 Performance Monitoring Report for period to September 2020** *(Board Paper 2020/21/46)*

Ms Robinson presented the report which covers the first 6 months of 2020/21 and the main points highlighted to members were:

- Psychological therapies continues to be a concern although improved from the position a year ago. There is an improvement plan in place and new Clinical Psychologist has started work with NHS Shetland.
- Delayed discharges (people waiting more than 14 days to be discharged) have been maintained at a very low level of during the whole Covid period and in the last 4 months the number had been zero.
- The number of successful smoking quits at 12 weeks is on target and the Smoking Cessation programme has continued online with feedback from users praising it as much more accessible and maintained engagement.
- Covid has not had a negative impact on the detection and treatment of cancer so services have been maintained during this period. There was one exception in Sept with 1 out of 5 patients missing the target.
- Progress on departmental Business Continuity Plans is delayed due to staff capacity, but the board has appointed a Business Continuity and Resilience Officer who will take up their post in the new year and will provide added resource in updating those plans on an annual basis.
- Elective theatre treatment time guarantees appear to have a significant backlog but locums are now in place and the number for October has reduced significantly and continuing to reduce.

## **Discussion**

In response to a question from Mr Robinson on delayed discharges since September, Ms Robinson confirmed this was a continuing pattern with positive integrated working between hospital and community staff.

Mrs Carolan added that the diagnostic treatment times for ultrasound and CT scans, had considerably improved over the autumn months and the waiting lists are now very low. In early 2021 the plan is to make some changes in order to increase elective capacity to enable more patients to receive treatment within the 12 week guarantee.

In relation to psychological therapies, Mr Chittick reported that he had written a paper in August about the improvements within that service. There had been a delay before the new Consultant Psychologist took up post and responsibility for moving the improvement plan forward. Statistics for the service were indicating improvement, but there were still further changes to come within the team which will allow better flow for patients. Mr Chittick will provide a formal update in March 2021. **ACTION: Mr Chittick**

Mr Sandilands asked if increased use of technology to provide more support, would become the norm for the health improvement team. Ms Robinson said it was important to offer people a range of options and the goal was to support and enable everyone to engage in whichever way worked for them.

In response to a question from Miss Manson regarding enabling patients to access mental health services, Mr Chittick said there would be multi-disciplinary discussion taking place with the Community Mental Health Team about who the most appropriate professional is to support individuals with self-care and throughout their care journeys and pathways.

Mrs Haswell sought assurance that the remit of the new Business Continuity and Resilience Officer would extend across all strategic levels of the organisation. Ms Robinson replied that they would be working closely with risk management, HR and staff development to ensure that any risks are escalated and visible and can be managed appropriately.

Mrs Haswell said it should be acknowledged that NHS Shetland had the lowest staff sickness rate in Scotland as well as the highest uptake rate for cervical smears.

**The Board noted** the Performance Report for the period April- Sept 2020.

**2020/21/60 Winter Plan for Ensuring Sustainability including the Festive Period 2020/21** (Board Paper 2020/21/47)

Mrs Carolan presented the plan explaining that the annual process for producing the plan began in August with the final version normally being presented in October. The Winter plan is later this year due to teams working together to produce the response required to reflect the winter plan preparedness in line with remobilisation requirements.

The plan being presented contains detail about how the board intends to run services, particularly acute services, through the winter months due to the need to ensure service provision that is Covid secure as well as managing expected winter pressures.



Mrs Carolan said the plan was a live operational document and the intention was to conduct a tabletop exercise next week in order to make sure staff are aware of the plan and how to use the operational guidance that it provides.

The plan had been written in partnership so was commended to the board as whole system working and would also be presented to the IJB in the new year. A few highlighted sections were awaiting feedback and validation but otherwise the plan was 99% complete and the intention was to commence using it as an operational tool from next week in advance of the festive period.

### **Discussion**

In response to a question from Miss Manson about testing the plan, Mrs Carolan explained this would involve a table top exercise with all parties in one room but this year would be done virtually. A number of scenarios are taken that involve all systems and have occurred in reality in winter in Shetland and use the plan as a way of looking at theoretical responses to them and rehearse problem solving together.

**The Board approved** the Winter Plan 2021/21.

### **2020/21/61 Joint Strategic Commissioning Plan Feedback**

*(Board Paper 2020/21/48)*

Lucy Flaws presented the refresh report explaining that it had already been presented to IJB. The JSCP is currently for the period 2019-2022 but the practice has been to have an annual refresh. There has been a process of consultation involving colleagues from the strategic planning group, the general public, workforce in NHS and SIC and third sectors etc through online workshops and direct conversations. Through the consultation process some consistent points had emerged when looking at iterations of other plans and sections of work for the partnership as follows:

- The need to learn from Covid and how to sustain change – what had moved forward and avoid slipping back into anything that is unhelpful (highlighting successes but also learning from things that haven't worked)
- A review of the needs of the community and the need for change. General feeling that this would be a larger piece of work to be undertaken by public health and will hopefully inform the next iteration of the plan
- Learning at a community level
- Giving staff the time and space to develop into working in partnerships and continuing those relationships - give people the space to do the change that we're expecting of them.
- The need for closer working with housing and the 3<sup>rd</sup> sector and the desire to make the most of what we already have.

- The need to understand the needs within Shetland but also within communities and localities making the most of various assets and intel that they already have.
- Continue to engage with communities after they have participated in the consultation and provided their answers freely.

Ms Flaws reported that from the consultation there was general agreement that there was no need to rewrite the plan presently as the priorities were fairly solid and there was nothing to change.

The Strategic Planning Group, are developing an action plan to look at these points and come up with a few key actions for work over the coming year as suggested:

- A period of reflection and information gathering involving the community assessment and wellbeing work with other partners who are doing similar pieces of work that will be joined up by the PH team
- Lessons learned from trying to sustain positive change from Covid
- Looking at inequalities self-assessments within services to identify emerging issues that have become apparent during the pandemic and look at any learning and ways to develop services.
- Identifying the positives that have come up in communities
- Consider ways to map out the system and see where links exist to improvement plans so the right people are linked into the right project and make positive relationships where they can be really beneficial
- Looking at how to clarify the message of the partnership and IJB and role of these bodies in Shetland.

## **Discussion**

Mr Chittick thanked Ms Flaws for her dedication and hard work over the past few months to pull the document refresh and action plan together at short notice. Mr Chittick described the ways that good links were being forged with communities and colleagues from health, community development and planning, the participation and engagement strategy and how this will inform work in the coming year.

Mr Sandilands said care should be taken when engaging with the public that a long list of what communities want will potentially clash with the message that the plan needs to be sustainable. There should be a message that the consultation cannot provide everything the public wants. Ms Flaws said this had been acknowledged in the consultation and participants are advised to be realistic and understand there are limited resources. It is important to have honest conversations with communities to explain there are things that can't be delivered rather than turning down suggestions at the end of the process.

Mr Chittick acknowledged that some of the work being done with non-doctor islands had made it apparent that in Shetland there are different needs within different localities and communities that the board should be mindful of.

Mr Sandilands said the 3<sup>rd</sup> sector was an important under used resource who are keen to support their local community and every effort should be made to utilise them as well as support them where possible moving forward. Miss Manson added that 3<sup>rd</sup> sector needed to get better at connecting themselves and with IJB.

Mrs Haswell said what was important in a community led support model were the patient experience panels in order to hear about their journeys. It is also important to provide communities with the tools to allow them to contribute as well as promote health literacy and community learning.

**The Board noted** the consultation refresh on the Joint Strategic Commissioning Plan 2019-2022 had taken place and **agreed** that IJB was not required to rewrite the plan at this stage.

### **2020/21/62 Annual Child Poverty Action Report** (*Board Paper 2020/21/54*)

Ms Flaws presented the report saying some members may have seen an earlier version of this second Child Poverty Action Report to be produced in Shetland. NHS Shetland and SIC have a statutory duty to report annually on activity being undertaken and also looking to the future. The report is normally published in the summer but had been delayed due to topical work going on through the pandemic and also to give a chance to test and develop the work streams and acknowledging that there would be lot of relevant work to report.

The report contains a lot of case studies and stories throughout and a few points for members to note are:

- Work to tackle child poverty also includes families, carers and their community around them and it is the responsibility of everyone whether working with children directly or not. As professionals and people within a community it is important to use every opportunity to raise awareness and reduce stigma.
- The action report is brought together under the Money Priority of the Shetland Partnership Plan which NHS Shetland is a partner in. Work would soon be done to understand the local picture and identify any pockets of poverty due to the pandemic and changes in employment in Shetland which were a real concern.
- Up until the start of the pandemic, rates of child poverty had been measured nationally, and the rates in Shetland were relatively low. However, they have not been improving as in some other areas and it is

generally agreed that the national measurement tool may not work well for Shetland and other local statistics would suggest that nearly 50% of families don't earn enough to live well suggesting that the low levels of child poverty don't reflect how many people are in some form of financial hardship linked to our high cost of living. Other data available suggests that levels of poverty and hardship have increased and will continue to increase as result of the pandemic and challenges such as furlough schemes and payment holidays start coming to an end next year.

The ACPAR is split into 8 key areas of work around:

- Understanding the issues
- Increasing household income
- Reducing cost of living
- Building and nurturing relationships (between people or services)
- Building capacity Within services and communities and people
- Having impact
- Strategic approach to money concerns
- Monitoring and evaluation

### **Discussion**

Members complimented for authors of the report and agreed the strong stories and case studies gave a sobering analysis and helped the report carry the necessary gravitas.

Mr Cambell said the statistic in the report that 1 in 7 children in Shetland are living in households in poverty was absolutely shocking and asked what the national average is for that figure. Mrs Webb reported that the national figure was 1 in 4 for Scotland for 2017/18. Ms Flaws explained how the Scottish Index of Multiple Deprivation was used to calculate this statistic.

Mr Carroll said that work poverty was also a significant issue for local families along with transport and free public transport could be a huge improvement for some families in Shetland. Mr Carroll added that he hoped the employment group would involve the 3<sup>rd</sup> sector organisations next year because they work extensively with families who may not be involved with services.

**The Board approved** the second Annual Child Poverty Action Report for publication.

### **2020/21/63 Draft Business Programme 2021** (Board Paper 2020/21/49)

Mr Dickson told members the paper was essentially the board starting its programme of committee work back up again and thus restarting the programme of governance. Mr Robinson noted that it was remarkably similar to previous years.

Mr Marsland said one change from last year was that Endowment Committee would not be happening on the same day as the Board in Feb and October which was agreed by Endowment when it agreed its dates in Oct.

**The Board agreed** the draft Business Programme for 2021/22.

#### **2020/21/64 Corporate Governance Handbook updates**

##### **- Section 5: Scheme of Delegation** *(Board Paper 2020/21/50)*

Mr Marsland explained that as part of the board corporate governance procedures reviewed annually, the Scheme of Delegation which is the authority the board gives to budget managers to authorise invoices on behalf of the board. The paper had been to the Audit Committee and reflects the current requests for changes made in the last year from managers to the Scheme of Delegation and also, for example increases the financial value available for the DoF and Chief Exec to sign off in respect of SIC invoices to take account of inflation.

Mrs Haswell reminded members that it had been previously agreed that as reports were updated that gender neutral language would be adopted through the whole of the document. There were a couple of examples in the Corporate Governance Handbook where this should be changes to 'Chair'.

**ACTION: Mr Marsland/Mrs Hand**

**The Board approved** the revised Scheme of Delegation with the adoption of gender neutral language.

#### **2020/21/65**

##### **- Section 6: Standing Financial Instructions** *(Board Paper 2020/21/51)*

Mr Marsland reported that this paper had also been presented to the Audit Committee in November. There are no changes proposed to the document and presented to members to make the board aware of the SFIs.

Mrs Hall referred to section 9.1.1 where it stated 'the board shall establish a Staff Governance Committee' and pointed out to members that this was obviously a long standing established committee and asked if the wording could be changed to be representative of that fact. Mr Robinson suggested the wording 'the Board shall have a ....' **ACTION: Mr Marsland/Mrs Hand**

**The Board re-approved** the Standing Financial Instructions with the same gender neutral caveat as the previous paper plus amending the wording to show the existence of the Staff Governance Committee.

## **2020/21/66 Escalation Report – Outstanding Internal Audit**

### **High Risk (Grade 3) actions points**

*(Board Paper 2020/21/52)*

Mr Marsland explained that at the Audit Committee meeting in November 2019, the members had raised concerns that there were 2 reports from 2017 with outstanding actions which required to be addressed and which hadn't provided feedback to internal audit for some time. For members info, a response had been received late for one of the outstanding actions and the Business Continuity and Resilience Officer referred to earlier in today's meeting will be taking a key role in addressing the other issues that are outstanding.

Mr Robinson commented that it was reassuring to hear that progress was being made already.

**The Board noted** the Escalation report and the fact that progress was being made.

## **2020/21/67 Public Protection Committee Annual Report**

*(Board Paper 2020/21/53)*

Ms Kate Gabb presented the report explaining that because it covered a period up to the end of March 2020 it may feel out-of-date and wouldn't fully reflect the situation that all agencies have experienced whilst providing adult and child protection services through the lockdown and the covid period.

Ms Gabb described the formation of the Public Protection Committee, its external chair and the work of the committee. One of the key areas in the report period had been trying to improve the participation of young people and also more vulnerable adults in the work of the committee which had been aided by existing work in Shetland to support young people to participate in community and civic life on a number of different levels.

The committee had found it much more difficult to establish ways of adult participation particularly those more vulnerable groups of adults who possibly are at greater risk in public protection terms. Working with 3<sup>rd</sup> sector partners and community planning, the committee had some ideas about how to take this forward.

Ms Gabb said a highlight in the public protection committee work was that of the sub committees in protecting the community, the training subcommittee, financial harm, internet safety subcommittee etc.

The PPC had been very well supported in the previous year by its members and also by the Chief Officers Group which is made up of Michael Dickson,

Maggie Sandison, Lindsay Tulloch, Denise Morgan, Brian Chittick and is the group that oversees the work of the Public Protection Committee.

Ms Gabb said the committee had a busy year ahead and it was anticipated the Care Inspectorate would conduct an adult protection inspection in Shetland for the first time. Work had already commenced in preparation for this and will continue in the new year.

### **Discussion**

Mr Carroll asked if the higher number of reported cases of adult support and protection was an issue of people being more understanding or just higher incidence. Ms Gabb explained that the biggest number of adult referrals were from the police and a possible explanation for the increase is that occasionally the police change their reporting parameters and some may not necessarily be an adult protection issue, so the committee plan to have discussions with the police about in order to receive more appropriate referrals.

Ms Gabb said that adult protection is slowly being better known nationally and keeping the balance between adult and child protection is one of the important things that the Public Protection Committee will undertake. Ms Gabb agreed with Mr Carroll that it could be a learning point for colleagues in the police.

In response to a question from Mr Campbell regarding PVG clearance at sports club level, Ms Gabb confirmed that all sports clubs across Shetland have checks completed. Jack Clubb, Sports Development Officer has worked closely with a VAS colleague, Wendy Hand and together they have done a cross checking exercise. Some sports clubs have a PVG check done through their own registered body eg. a national football association. For other groups who do not have national affiliations, VAS will provide the service of providing a PVG check. When the cross checking exercise was completed no clubs were found that have not used PVG checking.

Mrs Haswell said that the report had been discussed at IJB and she complimented the Safer Shetland website and a suggestion from IJB was to link in the Alcohol and Drug Partnership on the new website. Ms Gabb confirmed that she had received that comment after IJB and that is something that the committee will look at and although there is a cost implication in doing that it's not impossible.

**The Board received** the Shetland Public Protection Committee Annual Report for 2019-2020.

**2020/21/68      Approved Committee Minutes for noting**

The committee minutes were noted.

Mr Robinson introduced members to Mr Simon Watson, Medical Director from Healthcare Improvement Scotland who had been observing today's meeting. Mr Watson said he had been in regular attendance at the NHS Lothian board meetings prior to moving to HIS so it's fascinating to be reacquainted with the challenges facing territorial boards and the particular challenges facing Shetland and it has been very illuminating. He added that would reflect on some of the agenda items to see if there were any things HIS might be able to assist with. Attending the NHS Shetland board meeting was part of HIS's effort to be more geographically sensitive to what was going on across the country and the challenges with the view to providing more bespoke support.

**2020/21/69** The next meeting of Shetland NHS Board will take place on **Tuesday 16<sup>th</sup> February 2021** at 9.30am via Microsoft Teams.

Mr Robinson closed the meeting by wishing everyone all the best for the festive season and hoped that 2021 would be a better year than 2020 had been.

The meeting concluded at 12:30pm.