Executive Manager: Jan-Robert Riise **Director: Christine Ferguson**

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If calling please ask for Louise Adamson Direct Dial: 01595 744555 Email: louise.adamson@shetland.gov.uk

Date: 13 June 2017

Dear Sir/Madam

You are invited to the following meeting:

Policy and Resources Committee Auditorium, Shetland Museum and Archives, Hay's Dock, Lerwick Monday 19 June 2017 at 10am

Apologies for absence should be notified to Louise Adamson at the above number.

Yours faithfully

Executive Manager – Governance and Law

Chair: Cecil Smith Vice-Chair: Steven Coutts

AGENDA

- (a) Hold circular calling the meeting as read.
- (b) Apologies for absence, if any.
- (c) Declarations of Interest Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any Member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
- (d) Confirm minutes of the meeting held on 7 March 2017 (enclosed).

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- Corporate Services and Executive Services Directorate Performance Report – 2016/17 *CRP-09-17-F*
- Management Accounts for Community Health and Social Care: 2016/17 Draft Outturn *F-049-F*
- Management Accounts for Policy and Resources Committee: 2016/17 Draft Outturn at Quarter 4 *F-45-17-F*
- 4. Shetland Islands Council 2016/17 Draft Outturn *F-041-F*
- 5. Revision of Risk Board Terms of Reference and Risk Management Policy, Strategy and associated documents *IA-09-17-F*
- 6. Local Government Benchmarking Framework IA-11-17-F
- 7. Personal Development Plan Policy *HR-09-17-F*
- 8. Workforce Development Policy *HR-10-17-F*
- 9. Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services *CS-10-17-F*
- 10. Equalities Outcomes 2017-2021 *DV-37-17-F*
- 11. Island Games Gotland 2017 *F-057-F*

The Appendix to the following item contains Exempt Information

12. Irrecoverable Debt 2016-17 *F-055-F*



Meeting(s):	Policy & Resources Committee	19 June 2017
Report Title:	Corporate Services and Executive Services Performance Report -2016/17	- Directorate
Reference Number:	CRP-09-17 F	
Author / Job Title:	Christine Ferguson/ Director of Corporate S	ervices

1.0 Decisions / Action required:

- 1.1 The Policy & Resources Committee is asked to
 - 1.1.1 DISCUSS the contents of this report and its appendices;
 - 1.1.2 COMMENT on the achievements of Corporate and Executive Services during 2016/17 and on the, progress made against the priorities set out in the Directorate Plan;
 - 1.1.3 ADVISE managers of any areas of concern and/or changes required that will contribute to the development of future service plans;
 - 1.1.4 NOTE that work to review the Planning and Performance Management Framework is on-going led by the Director of Infrastructure and that a report will be presented to Policy and Resources Committee to present the proposal from the review.

2.0 High Level Summary:

2.1 This report summarises the activity and performance of Corporate and Executive Services for 2016/17, enabling Members to analyse the performance against the objectives set out in the Directorate Plan for 2016/17 and in the Council's Corporate Plan outcomes.

3.0 Corporate Priorities and Joint Working:

3.1 Effective Planning and Performance Management are key aspects of Best Value and features of "Our Plan", the Council's Corporate Plan 2016-2020, which states:

"Our performance as an organisation will be managed effectively, with high standards being applied to the performance of staff and services. Poor performance will be dealt with, and good service performance will be highlighted and shared."

3.2 Part of the remit of Policy and Resources Committee is to, "Ensure the effectiveness of the Council's planning and performance management framework".

4.0 Key Issues:

4.1 The Council is committed to a quarterly reporting cycle focussing on performance reporting. The Planning and Performance Management Framework (PPMF) is outlined in the Council's Standing Orders and there has been discussion and comment on the format of performance reports and the need to move towards more narrative that shows performance against outcomes and longer term goals rather than annual performance targets. A review is currently underway led by the Director of Infrastructure and the Infographics at Appendix A have been introduced in the PPMF reports in this cycle for the first time. More work is needed to developed a more focussed approach on reporting against high level priorities and long term goals and outcomes and proposals in this regard will be presented to Policy and Resources Committee in due course.

In the meantime, this report presents a review of the activities and performance of Corporate and Executive Services for the year 2016/17.

- 4.2 Corporate and Executive Services objectives as detailed in the 2016/17 Directorate Plan were:
- Complete the implementation of the Workforce Development Review.
- Implement a new comprehensive Workforce Development Strategy.
- Review the Council's Employee Review and Development Policy.
- Review MTFP and LTFP.
- Monitor and review treasury management arrangements and policy on borrowing.
- Further develop Building Better Budgets exercise to include partner public agencies.
- Review charging policies.
- Continue implementation of pension reform.
- Continue implementation of welfare reform.
- Deliver on Internal Audit Plan
- Implement the review of external appointments
- Review the governance arrangements for the IJB
- Review records management systems, data sharing and access to information
- Review complaints handling procedures
- Develop a lessons learned policy and procedures
- Develop a Performance Management strategy
- Support work on Our Islands Our Future and the development of the Islands Bill
- Further develop the Intranet and Internet sites
- Further development of staff news letter and bulletins
- Further development of Public Performance Reporting
- 24/7 support service for ICT customers
- Maintain existing ICT assets
- Review ICT strategy including network strategy and partnership working
- Undertake and manage projects to achieve the Council's priority of high speed broadband and mobile connectivity for services and the community
- Develop new gateway processes using the Building Better Business Cases methodology
- Implement a new Commissioning and Procurement Strategy
- Support capital projects e.g. new Anderson High School
- Complete a project to redevelop the Knab Road site
- Develop asset management policies that take account of the provisions and intent of the Community Empowerment Act
- Arrange risk management training for elected Members, members of the IJB and other partner organisations
- Provide support to all service areas to ensure risk management activities are undertaken timeously

- Develop systems and processes that ensure risk management is an integral part of all decision making
- Complete the workforce development review
- Complete the development and implementation of a new Commissioning and Procurement Strategy
- Identify at least two more major projects to be undertaken in 2016/17
- Promote systems thinking and challenge across all areas of Council business

Progress on Corporate Plan Outcomes

- 4.3 The Directorate is leading on many of the '20 by 20 commitments in the Corporate Plan including:
- Excellent financial-management arrangements will make sure we are continuing to keep to a balanced and sustainable budget, and are living within our means.
- Our staff will have the highest possible standards of leadership and management, helping to create a culture that makes sure we achieve the things set out in this plan.
- Our arrangements for buying goods and services will be considered to be efficient and provide ongoing savings.
- We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks.
- Our approach to managing the risks we face will have resulted in a more risk-aware organisation that avoids high-risk activities.
- Our performance as an organisation will be managed effectively, with high standards being applied to the performance of staff and services.
- Poor performance will be dealt with, and good service performance will be highlighted and shared.
- We will be collecting more of the money due to us for the services we provide.
- More money will be going towards 'spend to save' initiatives, providing resources to fund innovative ways of working that save money but help us achieve our desired outcomes
- 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 a better understanding of the number of assets we can afford with the resources we have available, and will have reduced the number of buildings we have staff in.
- 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.

Achievements in 2016/17

- 4.4 During 2016/17, achievements of Corporate Services and Executive Services included:
- A clean financial bill of health from our External Auditors, reflecting the continued strong and active financial management in place across the Council.
- The Finance Service also undertook to support the Orkney and Shetland Valuation Joint Board, ZetTrans and the Shetland Island Council Pension Fund in their financial management arrangements and received positive feedback and unqualified audit opinions.

- As the Administering Authority for the Shetland Islands Council Pension Fund a high level of customer satisfaction was achieved and new pension regulation obligations were completed in line with statutory deadlines, for example the achieving the tighter deadline of 31 August for Annual Benefit Statements being issued to members.
- A comprehensive review of the Medium Term Financial Plan and Long Term Financial Planning assumptions was completed and the Council approved these establishing the financial framework for future service planning and budget setting decisions.
- The Council successfully managed its finances and achieved an under spend against its approved budget, ensuring that resources were controlled and well managed.
- Support provided by Corporate Services in relation to the implementation and "go live" of the Shetland Community Health & Social Care Partnership Integration Joint Board (IJB), including advising and guiding the new Board on governance and decision making; as well as supplying financial support to prepare and publish the IJB's first annual accounts, which received a clean bill of health from the External Auditors.
- The Executive Manager Audit Risk and Improvement undertook the duties of Chief Internal Auditor for the IJB and delivered audit assurance in relation to the approved IJB internal audit plan.
- The Council was successful in bidding for funding in relation to developing its participatory budgeting activities and successfully delivered a Community Choices event that engaged over 1,000 people in Shetland in determining the use of those resources.
- The Council match funded the funding received from the Scottish Government to distribute £100,000 to six projects.
- The Finance Service met with and helped people in financial hardship through processing various benefit claims (Housing and Council Tax for example) and supporting those in immediate need by providing crisis and welfare grants, which benefited the most vulnerable in our community.
- The legal issue with HIAL was concluded.
- A Business Transformation Programme which will lead to a step-change in the way the Council conducts its business was initiated.
- The Council's first Workforce Strategy was developed
- The Corporate Viewpoint Plan was completed
- The Council's first set of Values & Behaviours was developed
- We met the statutory requirement to complete the Council's Equal Pay Audit, which includes an Equalities Action Plan. This work also enabled us to publish the Council's Equal Pay Statement 2017-21, a statutory requirement.
- Delivery of 4 Executive Influence sessions providing development of collaborative working across the Council's management team.
- A range of HR policies that have been reviewed/refreshed include:-

Smoking At Work Lone Working Job Evaluation Appeals Procedure Recruitment & Selection policy & toolkit Overtime & TOIL

- ILearn the Councils e-learning platform was re-launched
- Council-wide training with the Scottish Information Commissioner was organised to improve the Council's response to Freedom of Information requests.
- Administrative Services completed the review of external appointments enabling the Councillors to concentrate on key objectives of the Council.
- The Code of Conduct for IJB members was adopted, and a number of challenges for the governance of the IJB have been identified on which further work is being undertaken.

- The Our Islands Our Future project was supported with Shetland undertaking the secretariat role for the three islands authorities working in partnership and assisted the development of the legislation in a way which is of benefit to island groups.
- Public Sector Secure Network certification gained
- Schools all have their designated number of computing devices, and have had all pre 2010 devices replaced
- Network devices and servers have been updated regularly with security patches
- Service Desk calls have been answered within service targets
- Review of backups, including implementation of ICT disaster recovery site completed
- Development of a new Gateway Process for the Management of Capital Projects using the Building Better Business Cases methodology
- Supported numerous capital projects, including the new AHS and Eric Gray Resource Centre
- Supported a Development Brief for the redevelopment of the Knab site
- Published an updated Procurement Strategy in line with new EU procurement directives and related Scottish Government legislation
- Enabled procurement savings of £250K across the Council
- Standardised performance reporting in all Services/Directorates
- Delivered a programme of risk checks throughout the council. This programme provided support to services and corporate assurance that risks were identified, managed and monitored effectively.
- 4.5 Appendix A is an Infographic which provides the Committee with a range of information to show the activities and outputs of Corporate and Executive Services.
- 4.6 Appendix B shows progress on the key projects and actions the Directorate set out to complete or substantially progress in 2016/17.
- 4.7 Appendix C Performance Indicators. The Council wide indicators and the Key Directorate Indicators enable the Committee to monitor service delivery against our performance targets.
- 4.8 Appendix D Shows a summary of the recorded complaints, their time targets and evaluation of the complaint (upheld/not upheld).
- 4.9 Appendix E The Directorate Risk Register sets out the strategic risks which might prevent services from achieving the planned objectives. The Committee should consider whether additional control measures could be applied to reduce the risk of a negative impact on performance.

Risk and Service Challenges

- 4.10 Performance monitoring and performance reporting must also consider items which have not progressed as planned. This includes addressing unanticipated challenges/work demands. A number of areas that affected Corporate and Executive services are listed below.
- North Ness decant Services are suffering efficiency pressures because of working from separate temporary locations. Substantial additional technical and legal resources have been required to safeguard the Council's interests.
- HIAL settlement This action concluded in October 2016.
- The Scottish Government funding settlement imposed a >5% reduction in the

Council's core government grant. The continued falling value of the grant mean further action had to be taken to balance the budget. The level of savings required is reviewed on a regular basis as part of the Medium Term Financial Planning and annual budget setting processes.

- Complex employee relations with regard to the review of the tertiary education including national pay bargaining, recruitment of Joint Principal post and other workforce related matters have taken far more time and required extensive support from HR than anticipated.
- The development of a customised Council-wide on-line training booking system has been more complex and demanding of staff time than expected requiring the project to be reviewed and extended.
- Developing Scotland's Young Workforce the introduction of Apprenticeship Levy and research for "Investors in Young People", caused additional work.
- Participation in review of fleet management and carbon management as part of essential car user review involved more work than was planned.
- Supporting the development of an Area Management/Locality model for health and social care integration has taken far longer than anticipated.
- Maintaining fit for purpose links to remote locations, such as schools, continues to cause additional work.
- Ensuring the Council network is secure, guarding against new cyber attacks, and responding to breaches.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:	Effective performance management and continuous improvement are important duties for all statutory and voluntary sector partners in maintaining appropriate services for the public. The Council uses customer feedback and complaint analysis, both internal and external to drive service change and service improvement.
6.2 Human Resources and Organisational Development:	There are a number of actions in this service plan with staffing implications. Care is taken to ensure that staff are involved and informed about changes that might affect them, that HR are closely involved and that relevant Council policies are followed. Ensuring staff feel valued and supported especially through periods of challenge and change is a key consideration for the Corporate and Executive Services Management Team.
6.3 Equality, Diversity and Human Rights:	The Council uses Equalities Impact assessments to ensure its services are supporting those most in need and not making inequalities worse;
6.4 Legal:	The Council has a statutory duty to report its progress in achieving Best Value. This report is integral to complying with that obligation.

6.5 Finance:	The actions, measures and risk management described in this report have been delivered within existing approved budgets.
6.6 Assets and Property:	A number of the items in the Directorate and Corporate Plans refer to Council property assets, however, there are no implications for assets and property arising directly from this report
6.7 ICT and new technologies:	A number of the items in the Directorate and Corporate Plans refer to ICT assets, access and security.
6.8 Environmental :	Participation in the fleet review supported the Council's commitment to the Carbon Management Plan.
6.9 Risk Management:	 Embedding a culture of continuous improvement and customer focus are key aspects of the Council's improvement activity. Effective performance management is an important component of that which requires the production and consideration of these reports. Failure to deliver and embed this increases the risk of the Council working inefficiently, failing to focus on customer needs and being subject to negative external scrutiny. Risk management is a key component of the performance cycle and the Directorate Plan actions are undertaken to ensure risks are managed effectively. This report includes information regarding challenges and risks that have been addressed by Corporate and Directorate Services during 2016/17 and the Risk Register is attaché at Appendix E.
6.10 Policy and Delegated Authority:	 The Council's Scheme of Administration and Delegations states: 2.3 Functional Committees 2.3.1 (1) Advise the Policy and Resources Committee and development of service objectives, policies and with service delivery within the functional areas manage performance and 2.2 Policy and Resources Committee 2.2.1.4 Ensure the effectiveness of the Council's planning and performance management framework. The Terms of Reference for Policy and Resources Committee also includes responsibility for decisions with regard to the functions carried out by Corporate and Executive Services .
6.11 Previously considered by:	None

Contact Details:

Jim MacLeod Performance and Improvement Adviser <u>james.macleod@shetland.gov.uk</u> 09 June 2017

Appendices:

Appendix A – Infographic - copy to follow Appendix B – Key Directorate Projects and Actions Appendix C – Key Directorate Indicators and Council Wide Indicators Appendix D – Complaints Summary Appendix E – Risk Register

Background Documents:

Corporate Services Directorate Plan 2016/17

Shetland Islands Council

Appendix B - Projects and Actions - Chief Executive and Corporate Services Directorate

Generated on: 13 June 2017

OUR PLAN 2016-2020

egy and	More people wi connect people, Desired Outcome	II have access to h communities and Dates Planned Start 0 Actual Start 0	high-speed br nd businesses t ss 01-Apr-2014	More people will have access to high-speed broadband and reliable connect people, communities and businesses throughout Shetland.	More people will have access to high-speed broadband and reliable mobile connections, helping to	
Description By liaising and coordinating the activities of the ICT Service, Economic Development's "Shetland Telecom" Project, HIE BDUK Project, HIE BDUK Next Generation Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband		t C	s 01-Apr-2014			ping to
By liaising and coordinating the coordinating the activities of the ICT Service, Economic Development's "Shetland Telecom" Project, HIE BDUK Next Generation C Broadband Project and Community Broadband Scotland through the ICT Network Strategy		Planned Start Actual Start	01-Apr-2014	Progress	Progress statement	Lead
By liaising and coordinating the activities of the ICT Service, Economic Developments "Shetland Telecom" Project, HIE BDUK Next Generation Community Broadband Community Broadband Scotland through the ICT Network Strategy		Actual Start			Staff in Corporate Services and Development are	
By liaising and coordinating the activities of the ICT Service, Economic Developments "Shetland Telecom" Project, HIE BDUK Next Generation Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband		Driginal Due Date	01-Apr-2014	30%	working to produce a strategy for lobbying the	
By liaising and coordinating the activities of the ICT Service, Economic Development's "Shetland Telecom" Project, HIE BDUK Next Generation Community Broadband Community Broadband Scotland through the ICT Network Strategy		חואווומו החב המוב	31-Mar-2015	Expected success	Scottish and National Governments and a	
By liaising and coordinating the activities of the ICT Service, Economic Developments "Shetland Telecom" Project, HIE BDUK Next Generation C Next Generation C Broadband Project and Community Broadband Community Broadband Community Broadband Community Broadband Community Broadband		Due Date	31-Mar-2020	4	detailed digital strategy. 3G/4G mobile phone	
IC Developments "Shetland Telecom" Project, HIE BDUK Next Generation Broadband Project and Community Broadband Scotland through the ICT Network Strategy		Completed Date		Experiencing issues, risk of failure to meet target		
IC Next Generation Broadband Project and Community Broadband Scotland through the ICT Network Strategy	More people will have access to high-speed broadhand and reliable				work done by Vodafone and O2. BT continues to	Corporate Services
Scotland through the ICT Network Strategy	mobile connections				install fibre and cabinets enabling better services to some rural locations. SIC,	Directorate
and a constant of the second s					Community Broadband Scotland and the	
Programme board					community in Fair Isle are working to establish a	
	•				community broadband scheme for the island.	
					The additional funding	
					from SG (R100) is in the	
					for exactly how this will be	

F) OUR "20 BY '20"

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01)	Leadership & Management	lanagement	Our staff will h culture that ma	lave the highest akes sure we ach	possible standa lieve the things	rds of leadership ar set out in this plan	Our staff will have the highest possible standards of leadership and management, helping to create culture that makes sure we achieve the things set out in this plan.	o create a
	Code & Title	Description	Desired Outcome	Dai	Dates	Progress	Progress statement	Lead
				Planned Start	01-Apr-2017		Action from the current HR	
	DD163 Imploment	Implement the strategy across the council and	Long-term profile and plans for workforce	Actual Start	25-Oct-2016	%02	deliver improvements in a	
	Workforce		taking into account increased financial	Original Due Date	31-Mar-2020	Expected success	in this strategy. The HR	Human Resources
	Strategy	requirements in corporate and executive		Due Date	31-Mar-2020	0	work programme for 17/18 and onwards will set out	
		services.		Completed Date		Likely to meet or exceed target	turther priorities & deliverables.	
03)	Shetland's "voice"	ce"	We will have m governments a	We will have made Shetland's voice heard, governments and EU bodies on important	oice heard, with important issu	We will have made Shetland's voice heard, with regular and meaningfu governments and EU bodies on important issues affecting the islands.	with regular and meaningful lobbying of Scottish and UK issues affecting the islands.	and UK
	Code & Title	Description	Desired Outcome	Dates	les	Progress	Progress statement	Lead
			We will have made	Planned Start	01-Apr-2013		Involved in Islands Bill	
	DP037 Council's	Take a lead role in managing the support	Shetland's voice heard, with regular and	Actual Start	01-Apr-2013	20%	Participating in new Islands Strategic Group.	
	Reform project	to the Council's Constitutional Reform	Scottish and UK	Original Due Date	31-Mar-2018	Expected success	Developing potential	Executive
	and OIOF campaign	project and OIOF campaign.	governments and EU bodies on important	Due Date	31-Mar-2018	0	engagement with civil servants and Ministers to	
		2	issues affecting the islands.	Completed Date		Likely to meet or exceed target	be explored and progressed.	
04)	IT equipment & systems	systems	Modern IT equipment and efficiently and effectively.	73	ems will be sup	oorting new ways of	systems will be supporting new ways of working, helping services run	run s
	Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
				Planned Start	01-Apr-2015		Ongoing problems with the latest versions of the	
				Actual Start	10-Apr-2015	27%	CHRIS system have meant that the supplier,	
			Ensuring our Council-	Original Due Date	30-Apr-2017	Expected success	Prontier Softwear, has agreed that Scottish local	
	DP078 New HR	Implement new HR	wide workforce	Due Date	31-Oct-2017	0		Corporate
	ICT system	CHRIS 8 system	fully support our business	Completed Date		Likely to meet or exceed target	(2017) and will release a year end version of the current system at no cost to SIC. There will be no further testing until a more robust system is	Directorate
							authorities.	

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Standards of governance	Decrintion	operating effe assessments o	f options and precision of the decision of the	ecisions we tak tential effects.	e are based on evide	operating energy and the decisions we take are based on evidence and supported by energive assessments of options and potential effects.	
			Planned Start	01-Apr-2014		5	
	Conduct the Corporate	Review of Code of	Actual Start	23-Apr-2015	100%	Governance documents refresh in progress.	
DP033 Corporate Governance		Corporate Governance to be completed which	Original Due Date	30-Nov-2015	Expected success		Governance &
Review	recommendations.	will identify any improvement actions.	Due Date	22-Mar-2017	0	November. Work streams and phased timeframe	-
			Completed Date	23-Mar-2017	Likely to meet or exceed target	agreed.	
Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2017			
DP156	Information		Actual Start	20-Mar-2017	0%	Project dates and details	Governance &
Management &	Improvement Programme		Original Due Date	31-Mar-2018	Expected success	approved in the first	Law
Improvement)		Due Date	31-Mar-2018		4041161 01 7011-10	
			Completed Date				
Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
		A succession	Planned Start	01-Apr-2016	۲		
	1 .0	independent and objective Internal Audit	Actual Start	01-Apr-2016	100%		
SP334 2016/17 Internal Audit Plan		Service. Achievement of planned activity	Original Due Date	31-Mar-2017	Expected success	Audit plan commenced and on target to deliver	Audit, Risk & Improvement
		derived from newly	Due Date	31-Mar-2017	0		
			Completed Date	10-Apr-2017	Likely to meet or exceed target		

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Code & Title	Description	Desired Outcome	Dates	les	Progress	Progress statement	Lead
			Planned Start	01-Apr-2014	0	The latest information on the financial settlement for	
		Raising awareness and	Actual Start	01-Mar-2015	100%	local government, in conjunction with current	
DP072 Develop a	To build on initial long	1.5.44	Original Due Date	31-Mar-2016	Expected success	assumptions around pay and price inflation and the	
Long Term Financial Plan	present financial picture		Due Date	08-Mar-2017	0	condition of assets and investment returns will	Finance
	over zo year period.	to choices and priorities	Completed Date	08-Jun-2017	Likely to meet or exceed target	produce an understanding of the financial challenges that lie ahead. This will be presented to Council in March 2017.	
Procurement		Our arrangeme savings.	ents for buying g	oods and servi	ces will be considere	Our arrangements for buying goods and services will be considered to be efficient and provide ongoing savings.	vide ongoing
Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
		Embod o outpuro of	Planned Start	01-Apr-2017			
DP152	Ectoblich sour	robust, effective and efficient procurement	Actual Start		0%	Project dates and details	
Commissioning & Procurement	procedures to maximise		Original Due Date	31-Mar-2018	Expected success	to be finalised and	Capital
Framework	efficient procurement	relation to the goods and services the	Due Date	31-Mar-2018	۲	quarter of 2017-18	2
		council needs	Completed Date		Likely to meet or exceed target		
Efficient		We will be worl add no obvious managing risks	king in a more el s value will have s.	ffective way, al been replaced	lowing us to cope w with more proportic	We will be working in a more effective way, allowing us to cope with reduced resources. Processes that add no obvious value will have been replaced with more proportionate approaches based on effectively managing risks.	ocesses that n effectively
Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
		We will be working in a more effective wav.	Planned Start	01-Apr-2017			
		allowing us to cope with reduced	Actual Start	11-Apr-2017	5%		
DP155 Digital	Investigate enablers for Dicital Service Delivery	resources. we will be an organisation that	Original Due Date	31-Mar-2018	Expected success	Project dates and details to be finalised and	Information &
First	and implement	encourages creativity, expects co-operation	Due Date	31-Mar-2018	۲	approved in the first quarter of 2017-18	n Technology
		between services and supports the development of new	Completed Date		Likely to meet or exceed target		

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Code & Title	Description	Desired Outcome	Dates	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2014			
			Actual Start	10-Apr-2015	30%	Legal issues clarified.	
DP035 Future use of existing AHS	DP035 Future use Investigate options for of existina AHS Ifuture use of existina	Continuity of use of site Original Due Date	Original Due Date	31-Mar-2016	Expected success	Masterplanning process	Capital
site at Knab	AHS site at Knab	and retained buildings	Due Date	27-Oct-2017	4	completed by October	Programme
			Completed Date		Experiencing issues, risk of failure to meet target		
Code & Title	Description	Desired Outcome	Dates	Se	Progress	Progress statement	Lead
			Planned Start	30-Jan-2015	•	Socior will indude	
			Actual Start	30-Jan-2015	60%	issues regarding income requirements for ferries	
Long Term Asset		linked to Long Term	Original Due Date	08-Mar-2017	Expected success	replacement programme. Negotiations with	Capital Programme
nvestment Plan	hence	Financial Plan. Reduced carbon	Due Date	08-Mar-2017	0	Transport Scotland and Scottish Ministers are on-	0
		footprint	Completed Date		Likely to meet or exceed target	going.	

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Appendix C Performance Indicators (Quarterly)- Chief Executive and Corporate Services Directorate



Generated on: 13 June 2017

	Previou	Previous Years		Quarters	ters				
Code & Short Name	2015/16	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q4 2016/17	Graphs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Target		
								5.0% - 4.5% 3.5% - 3.0% - 2.5% -	Performance can be impacted upon by a single longer-term absence. However, these figures are at a positive level and well below the Council target that we expect to maintain.
OPI-4C-A Sick Yaage - Chier Executive's "Directorate"	3.6%	1.2%	0.5%	1.5%	1.0%	2.0%	4.0%	2.0% 1.1.5% 1.0% 0.55%	Improvement: We will continue to monitor closely and hope to maintain these good results.
								5.0% 4.5% 3.5% 3.0% 3.0%	Performance: There has been an improvement in the yearly sickness figures for 2015/16. This is a positive level and well below the Council target that we expect to maintain.
OPI-4C-F Sick %age - Corporate Services Directorate	1.8%	1.9%	0.8%	1.8%	2.5%	2.4%	4.0%	0.0% 0.1% 0.1% 0.1% 0.0% 0.0% 0.0%	Improvement: We hope to maintain these good results through 2016/17.

	Previous Years	s Years		Qua	Quarters					
Code & Short Name	2015/16	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q4 2016/17	Graphs	sh	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Target			
OPI-4E-A Overtime Hours - Chief Executive's "Directorate"	642	187	64	23	5	6		60 60 60 60 60 60 60 60 60 60	Single Bart	This relates to overtime that is necessary to provide staff for evening hires at the Town Hall, cost of which is covered through income. The change in this year is due to the Town Hall being closed as a venue while work on the windows is undertaken.
OPI-4E-F Overtime Hours - Corporate Services Directorate	1,541	1,262	437	199	173	453		- TIMA	Classes - Classes	Performance: Q1 overtime needed for final accounts and AHS project. Improvement: Current action is cost effective and no improvement action is planned.
OPI-4G-A Employee Miles Claimed - Chief Executive's "Directorate"	1,667	1,732	20	1,146	275	261		000'1	States to B	

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	Previor	Previous Years	NAME OF TAXABLE PARTY.	Crai Icio	200				
Code & Short Name	2015/16	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q4 2016/17	Granhs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Target		
OPI-4G-F Employee Miles Claimed - Corporate Services Directorate	30,804	24,414	5,352	7,448	6,144	5,470		7,000 6,000 	Mileage claimed is within budget and only used when necessary to deliver the service. Managers continue to follow the council's policy on employee mileage. Extra mileage has incurred due to the move from 8 North Ness and the situation is being monitored.
FI02 Percentage % of ICT projects which are on time and within budget	92%	93.5%	63%	%96	%26	93%	85%	Ellina de la companya	Performance: 85% of projects to be completed within project tolerance with regard to both budget and timescale. Improvement: To improve the planning of projects to enable accurate planning with regard to budget and timescale and document aspects outwith our control
								÷.	_

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	Previon	Previous Years		Quarters	tters				
Code & Short Name	2015/16	2016/17	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q4 2016/17	Graphs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Target		
									Performance: the support teams are now fully staffed, with all staff having at least 18 months experience in the role, which is helping to maintain the number of open jobs below the target.
FI05 Average number of open ICT support work orders		45.25	43	48	42	48	50	55 50 50 50 50 50 50 50 50 50 50 50 50 5	Improvement: The aim is to have as few open support orders as possible, so that staff who have something 'broken' are seen in a timely manner, and at a time convenient to them. The low level of outstanding jobs also means that, if there is an incident which requires greater resource, such as the failure of a network link, the knock on effect on waiting times is not so noticeable. To achieve this, we will continue to prioritise support work over requests for new equipment, project work, and other from other teams in ICT to work on open jobs. We will make the most of remote support, trying to fix problems without
								•	flexible varying to visit, we will apport staff do not have to come to the Computer Centre first thing or between jobs. We will work to ensure that software updates are distributed automatically from a central control system, to give a secure, stable baseline for all equipment.
FL01 Data Subject Requests - % responded to within 40 days	81%	81.38%	63%	100%	75%	87.5%	100%	- 2	Performance: Respond 100% within statutory 40 day deadline. Improvement: The number and increasing complexity of some requests in addition to the existing workload of staff in Committee Services impacts on the ability to respond within the timescales required.
								Star Barris Contraction Contraction	

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Appendix B (cont) - Sickness Absences - All Directorates (for comparison)

NOTE: Sickness absences are very seasonal, therefore this quarter is compared to the same quarter last year (rather than compared to the previous quarter).

Generated on: 13 June 2017

			Previous Years			Last year	This year
Short Name	2012/13	2013/14	2014/15	2015/16	2016/17	Q4 2015/16	Q4 2016/17
	Value	Value	Value	Value	Value	Value	Value
Sickness Percentage - Whole Council	4.1%	3.6%	4.2%	3.7%	3.1%	4.0%	4.1%
Sick %age - Chief Executive's "Directorate"	4.5%	1.2%	2.4%	3.6%	1.2%	7.3%	2.0%
Sick %age - Children's Services Directorate	2.8%	2.8%	3.7%	2.9%	2.5%	3.4%	3.3%
Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	5.6%	5.2%	5.6%	7.4%
Sick %age - Corporate Services Directorate	3.1%	1.6%	2.4%	1.8%	1.9%	2.4%	2.4%
Sick %age - Development Directorate	3.7%	2.7%	4.2%	3.5%	3.0%	3.4%	3.3%
Sick %age - Infrastructure Directorate	3.9%	3.5%	4.1%	3.8%	2.4%	4.1%	2.7%

Appendix D - Complaints - Chief Executive & Corporate

Shetland Islands Council

This shows all complaints that were open during the Quarter. Frontline complaints should be closed within 5 working days Investigations should be closed within 20 working days Generated on: 13 June 2017

Failure to provide a service

Q	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed	Complaint Upheld?
COM-16/17-573	Investigation	06-Jan-2017	Alert		Finance; Governance & Law	112	
Standard of se	Standard of service received						

Complaint Upheld?	Not Upheld
Days Elapsed	21
Service/Directorate	Executive Services
Closed Date	14-Mar-2017
Status	Closed
Received Date	22-Feb-2017
Stage Title	Investigation
Q	COM-16/17-595

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Date:

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Appendix E - Risk Register

		Current				Target	
Risk & Details	Likelihood	Impact	Risk Profile	Current and Planned Control Measures	Probabilty	Impact	Risk Profi
Category							
Corporate Plan	D5. Commu	nity Strengt	h - Vulner	able people's opportunities			
Various requirements on the service - H & S risk assessments reviewed annually, responsible for RAs for the NN building Trigger : Fail to review and update risk assessments Consequences : Litigation, staff relations, delays, cost, staff injury. Reputational damage Risk type : Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc Reference - XH0074	Rare	Significant	Low		Rare	Significant	Low
Category	Corporate						
		bv '20" - Le	adership &	& Management			
The highest risk for Health and safety is that the health, safety and well-being of council employees and members of the public impacted by council services are compromised by insufficient priority of in attention and so the council fails in its duty to provide a safe and healthy working environment for those individuals. Trigger : staff shortage in Health and Safety, failure of safety forums to meet, inaction following concerns raised. Inadequate montiroting and reporting. Consequences : Risk type : Accidents /Injuries - Staff/Pupils/ Clients/Others Reference - XLSSA0002	Possible	Significant	Medium	 Training provided to staffthere are a range of health and safety training courses delivered to managers and staff upon request as well as where a need is identified either through an employee review or where a job profile carries a specific responsibility for health and safety. The Council's framework of safety forums at service and directorate level reporting in to the CSCC 	Unlikely	Minor	Low
Corporate Plan	F4. Our "20	By '20" - It	Equipment	t & Systems			
Malicious cyberattack could happen at any time. ICT and SIC have a host of security systems and approaches in place. However, an attack, successful or otherwise, can always happen. It may be impossible to tell whether there has been an attack, nor what any attack has looked at/ taken/ copied. Trigger : Attack on the Council's network resulting in compromise/damage to systems or reputation, data leak, etc Consequences : Loss of data, system downtime Risk type : Malicious damage/ vandalism/sabotage Reference - XOI0030	Unlikely	Major	Medium	 Anti-virus and firewall defences, ICT security policy, Barracuda scan all incoming e-mail. Corporate anti-virus installed on all servers and workstations. Corporate firewalls Surecloud monitoring server appliance - Operations Bridge to monitor network activity and check open server ports. 	Rare	Significant	Low

Failure of virtual infrastructure. Trigger : One of the single point of failures in the Council's virtual infrastructure causes complete system outage. Consequences : Since the majority of the Council's servers are now on a single technological solution, an outage generates a significant disruption to the Council's business. Risk type : Technological - Other Reference - XOI0077	Possible	Significant	Medium	 Ensure that the Supplier support is sufficientEngage with HP to ensure that the support provided, including escalation and engineer support, is adequate when issues are reported. Disaster recovery systems in place to provide failoverImplement disaster recovery systems to provide failover facilities and server equipment during any loss of the main virtual infrastructure. Reconfigure to remove reliance on single point of failureInstall servers and fibre switches so that we are no longer have so many single points of failure. Our SAN will continue to be a single point of failure, with reduced capacity redundancy available. 	Unlikely	Minor	Low
Category	Directorate						
	Not Set						
The bulk of Corporate Services' staff are based at 8 North Ness along with Planning and Building Control Service. On 20th September, and at short-notice, the building required to be vacated because of concerns re the structural integrity of the building- staff are currently at various locations through Lerwick in temporary accommodation. Trigger : North Ness building was vacated on 20th Sept 2016 at short notice Consequences : Impact on efficient operations - it is challenging to maintain communications when staff previously took advantage of sharing a building and where discussions, both formal and informal, were straight- forward. There is therefore an opportunity cost. There will be further work required to plan the return to North Ness. The move has also impacted upon Planning and Building Control who are now based at Gremista and are less accessible for members of the public. Risk type : Communications poor Reference - B0010	Possible	Significant	Medium	 Plans will be prepared in advance of the return to North Ness, staff are kept informed, and discussions ongoing in order to resolve any issues. Plans will be reviewed and implemented as appropriate. 	Unlikely	Minor	Low
Corporate Plan		•		& Management			
Lack of compliance with standing orders on procurement - Internal Audit has identified widespread non-compliance issues, including potential breach of EU procurement regs across the organisation. This risk is less likely to occur within Capital Programme / Projects because the requirement to comply with a range of legislative obligations is very well understood and enforced. This task is central to Capital Programme's role. Trigger : Lack of compliance, EU breach, investigation Consequences : Investigation, fine/ penalty, bad publicity, reputational damage, impact on workload and on services Risk type : Legal / Compliance - Other Reference - B0002	Rare	Major	Medium	 Updated standing orders, monitoring, training and information all in place. The Council's Standing Orders have been updated in order to make them more fit for purpose including streamlining them to minimise the scope for breaches. No other controls required other than to maintain a watching brief on the range of capital projects managed by Capital Programme Service. Implementation of procurement framework will reinforce sound governance. 	Rare	Significant	Low

It is recognised that there is a risk across the Council that work will not be scheduled or completed timeously as there is an anticipated increase in workload across all departments in the coming months. This is due to additional work needed on service redesign projects and the activities associated with budget setting for 2017/18 and future years. The outcome of the EU Referendum is likely to have a significant impact in the months and years to come. There may be an opportunity cost should other planned work be displaced. Trigger : Additional work needed on service redesign projects and the activities associated with budget setting for 2017/18 and future years. The outcome of the EU Referendum is likely to have a significant impact in the months and years to come. Work will also be required to identify potential implications for the Council following the sale of part of BP 's stake in Sullom Voe. Consequences : There may be an opportunity cost should other planned work be displaced. Risk type : Deadlines - failure to meet Reference - B0009		Significant	High	 Corporate Services management team will keep work programmes under review and report issues to CMT and P&R Committee as appropriate. Redesign work e.g. work to implement the Commissioning and Procurement Framework, the actions from the Third Sector Review and the implementation of the Community Empowerment Act will be supported by additional project resources funded by the Funding for Change budget. 	Possible	Significant	Medium
Corporate Plan		-		Governance		. <i>1</i> .	
Local authority election is scheduled for May. This is a very busy and high impact time for the organisation, with many specific requirements placed upon the Returning Officer and team to organise and ensure the election takes place effectively and without barriers across the constituency. Council Committees do not meet in the period leading up to the elections. Trigger : Any errors or omissions, failure of plans for voting or counting of ballots. Staff sickness/ absence could impact on capacity. Something significant may emerge that requires a decision to be made by Council during the pre- election period of 'Purdah'. Consequences : Reputational damage, cost implications, negative media coverage. Risk type : Customers - inadequate assessment of needs Reference - B0011		Significant	Medium	 Corporate and Exec Services staff working on induction for new councillors. The Elections team and Returning Officer are very experienced, there is a detailed plan for delivering the election process, and there is a specific risk register. 	Rare	Minor	Low
Corporate Plan	F8. Our "20) by '20" - Eff	icient				

Potential for a reduction in financial resilience due to the failure to deliver the current year budget. Trigger : Overspending. Making inappropriate spending / resource decisions. Income from customers lower than anticipated. Consequences : Draw from Council reserves, ultimately if not addressed, reserves run out. No flexibility to address unexpected or unplanned situations that might arise. Risk type : Economic / Financial - Other Reference - B0006 Historic cash investment in Shetland's infrastructure,	Unlikely Unlikely	Extreme	High High	 A robust process of budget setting, performance monitoring and engagement between Finance and Service is in place. This will ensure that Council finances are under constant scrutiny and regularly reported through management and to Committees. It provides opportunity for the Council to take corrective action as soon as possible and to minimise any impact. The Council has in place financial regulations and procedures to provide controls for finance within which officers must operate. Engagement with Councillors through seminars and individual meetings as required is a feature of the process. Council adopted gateway process and building better business cases 	Unlikely Unlikely	Major Major	Medium
 pressure now on capital funding for future investment - The Council invested heavily in Shetland's infrastructure in the 1980s, and funded those investments from income generated from the oil industry. That infrastructure is now aging and will progressively need to be replaced. However, the financial situation is now tighter which means funding is not readily available. Trigger : Failure to approve an affordable capital investment programme. Expenditure overruns on capital projects. Inappropriate decision making and failure to prioritise use of scarce funding. Consequences : Challenging to finance the replacement of various assets. A return to budget deficits and crisis management of assets/properties. Budgets reduced in other areas due to having to maintain too many operational assets/properties. Risk type : Economic - Other Reference - B0007 				approach to capital investment project approval. MTFP, budget monitoring and scrutiny, clear and robust roles and responsibilities for managers and financial procedures & regs. A report on Long Term Asset Investment planning has been prepared and presented to the Council. It identifies the extent of future programmes, which will inform funding options. LTAI planning highlights the significant challenges - for example fair funding for ferries is a challenge that is larger than is manageable by the SIC and requires national input and support. Lobbying of Scottish Govt to be undertaken.	,		
Category	Executive S						
Corporate Plan				& Management			
Adverse impact on the Council's finances as a consequence of legal claims. Trigger : Claims being raised agaist the Council and brought to court Consequences : Significant financial cost, impact on MTFP Risk type : Economic / Financial - Other Reference - XF0072	Likely	Extreme	High	 The council will defend all legal challenges and actions raised.Improved Risk Management processes across the council and suitable Insurance provision. 	Unlikely	Major	Medium

				ollaborative WorkingFinance Management Team and finance staff to k closely with Services to identify when and how much work is uired from Finance to support them, thereby trying to smooth out kloads.	High	Significant	Almost Certain	ortionate impact on Finance staff of responding to ed or unexpected work or services redesign Services not planning Committee reporting, s taking within organisation, requests for response al data collection, external audit work demands. Incres : Finance staffing resources diverted to tasks that may not be seen as core. e : Professional - Other ce - XF0077	unplanned or unexpec Trigger : Services not decisions taking withir to national data collec Consequences : Finar carry out tasks that m
Core HR functions rely on ICT to deliver the service such as Rare Minor CHRIS and the recruitment portal, these are essential tools to enable the service to operate. Any interruption in the second accessed or processed. Increasing the use of electronic systems increases the impact of this risk. Trigger: Interruption of service, failure of software/hardware/servicing Consequences : New employees joining the council may not be able to be paid for work if their information cannot be accessed by payroll. Vacant posts will not be advertised. Communication with managers and staff to provide HR support will rely on telephones and face to face meetings which will mean delay in responses and extending the length of time to resolve matters. Risk type : Technological of there Reference - XOH0007	ant Low	Insignificant	Rare	CT to review contingency plans for in the event of ICT failure, HR to iew contingency plans for service and organisation for when ICT	Low			and the recruitment portal, these are essential tool to the service to operate. Any interruption in the vill mean employee information cannot be accessed seed. Increasing the use of electronic systems is the impact of this risk. Interruption of service, failure of software/ e/ servicing tences : New employees joining the council may be to be paid for work if their information cannot b d by payroll. Vacant posts will not be advertised. hication with managers and staff to provide HR will rely on telephones and face to face meetings Il mean delay in responses and extending the time to resolve matters. e : Technological - Other	CHRIS and the recruit to enable the service of service will mean emp or processed. Increase increases the impact of Trigger : Interruption of hardware/ servicing Consequences : New not be able to be paid accessed by payroll. Communication with m support will rely on tell which will mean delay length of time to resolv Risk type : Technologi
Category Operational Operational							Operational	ory	Category
Corporate Plan D5. Community Strength - Vulnerable people's opportunities				e people's opportunities	th - Vulner	nity Streng	D5. Commu		

EP & R - Organisation is expected to deliver a good response to a major incident or BC event. There is a requirement to ensure that the SIC remains able to meet its obligations under civil contingencies act Trigger : Significant changes have occurred. Recent revision of emergency and BC plans for SIC, and emergency plans for NHS, COMAH & pipeline increases a risk alongside organisational changes that these agencies do not all have the same current understanding of requirements placed upon them to respond effectively to any incident. Consequences : Failure to comply with The Civil Contingencies Act 2004 (Contingency Planning)(Scotland) Regulations 2005 could lead to an ineffective, inefficient and tardy response to a major disruptive challenge. If confirmed at any subsequent inquiry, prosecutions could follow Risk type : Change management failure Reference - XL0004	Possible	Significant	Medium	 Continuous training and exercising of multi-agency plans.Awareness raising of all aspects of contingency planning throughout the Council. 	Rare	Minor	Low
Achieving or completing tasks within a set period of time. Some tasks are time sensitive, e.g. PIs/ ERDs, etc. Improved diary systems and managerial oversight has reduced the risk of missing deadlines but it is still possible. Trigger : Staff shortages can be caused by illness, annual leave, staff leaving or retiring, or other factors. Consequences : If there is a staff shortage, some tasks may not be achieved on time and therefore the relevant Performance Indicators may slip Risk type : Deadlines - failure to meet Reference - XL0005	Possible	Minor	Medium	 Various controls in place - C'tee services has (see XLA 11). Legal has implemented diary mgmt and managerial supervision. 	Possible	Insignificant	Low
Committee Services have a significant time-critical workload Trigger : Communications failures, staff absences, no procedures, failure to meet statutory deadlines Consequences : Reputational damage, litigation or financial loss Risk type : Deadlines - failure to meet Reference - XLA0011	Unlikely	Significant	Medium	 Rules on Deadlines are communicated and observedStaff empowered to ensure that statutory deadlines are met. 	Rare	Significant	Low
Ensure compliance with Civil Contingencies Act 2004, supplemented by the Contingency Planning (Scotland) 2005 Regulations that BC Plans are created, maintained and exercised across the Council. Trigger : That Directors and staff do not comply. Consequences : Plans not in place as required resulting in breach of legislation but also may result in adversely affecting other Council services. This could result in disciplinary action against individual members of staff Risk type : statute/Legislation- failure to observe Reference - XLE0028	Possible	Significant	Medium	 Run annual workshops & exercise1. Be available to answer any BC queries Run an annual workshop and invite all services to participate Run an exercise across the Council periodically(every 3 or 4 years) Review BC plans following relocation of staff from 8NN 	Unlikely	Significant	Medium

Corporate Plan	F1. Our "20	by '20" - Le	adership &	& Management			
Finance relies on various key ICT systems to ensure the smooth and effective operation and delivery of its service. Trigger : Storm Damage, major virus or other mal-ware, fire, power cut. Consequences : Temporary shutdown of more than three days - lengthy shut down at the wrong time - or any time as weekly and monthly date-critical processes would be impacted/ fail. Failure to deliver services. Can deliver some services but cannot access an accurate view or report on financial situation. Service disruption, reputational damage. Risk type : Loss of IT facilities Reference - XF0056		Significant	Medium	 Business continuity plans in place, reviewed annually, and post incident. 	Unlikely	Significant	Medium
large amount of personal information held in Finance systems, data is transferred on a regular basis and only some is protected by the secure GSX email system. However DWP class standard email as being secure. Trigger : Break-in, Virus, lapse or breach in security standards, malicious attack Consequences : Corruption to/loss of data. Breach of Data Protection Act, prosecution Risk type : Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc Reference - XF0058	Unlikely	Major	Medium	 Data protection training undertaken by staff. Secure office environment, including CCTV monitoring of reception, all laptops are encryptedThere is a temporary loss of controls because of premises situation but this is actively being considered. 	Rare	Minor	Low

 Finance has many unique and specialist posts, and historically has struggled to recruit to some roles. Finance systems rely on those staff. In some areas there are no obvious candidates to step into a vacancy. Possible over- reliance on some key staff as a result of a lack of ongoing training, thus presenting a potential single point of failure. Trigger : Resignation or retirement, Difficulty in replacing because of budgetary constraints, geographic location, skills shortage in Labour market No local candidates, delay in recruitment because of current cut-backs, inflexible deadlines, inadequate training opportunities, Poor absence management procedures, No embedded approach to succession planning. Few people with appropriate experience. Consequences : Failure to meet statutory/ legislative/ contractual obligations & deadlines, Civil Liability Criminal Prosecution, Embarrassment, Disciplinary Procedures Increased volume of work, increased pressure on staff, increased overtime costs, low staff morale. Civil claim for damages, loss of corporate memory, difficulty in recruiting replacement staff. Risk type : Staff number/skills shortage Reference - XF0062 	Likely Signifi	ant High	 CIPFA Trainee programme, IRRV modern apprentice, CIPP training programme, IRRV full professional qual. Identify training needs through ERD, preparing and maintaining procedures, CPD process. 	Possible	Minor	Medium
Finance undertakes approx 5,000 wages and salaries transactions monthly including 1,200 to pensioners. This relies on the banks acting on instruction, and on the funds being available in the Council's bank. Trigger : Bank failure, either the receipt of funds from an external party or source fails to arrive on its due date, or the bank cannot action payments for wages, salaries, pension payments, etc. Consequences : Huge impact on many individuals who cannot pay mortgages, rent, bills, cannot meet standing orders or direct debits, potential industrial action Risk type : Failure of Key supplier Reference - XF0063	Rare Extre	ne High	• Keep payroll system and bacs software up to date and operational.maintain positive relationship with bank customer relationship advisors. Also Business Continuity Plans in place. Team Leader Expenditure is preparing a BC plan to manage this eventuality.	Rare	Extreme	High

Finance staff have upwards of twenty thousand customer visits pa, mainly for Revenues and Benefits services. Various changes including Welfare Reform mean that the service has more customers including people who may have drug or alcohol dependancies, and more of the conversations are potentially contentious due to welfare cuts, the moves towards universal credits etc. Staff are required to help claimants access benefits online and some customers may have literacy or ICT issues. Trigger : Changes and cuts to claimants income, customers may experience difficulties in claiming, or might lose out financially due to poor literacy or ICT access issues. Consequences : Threats, verbal altercations, potential or actual assault Risk type : Assault Reference - XF0064	Possible	Minor	Medium	Meeting rooms and reception are fitted with CCTV, Seperate access for staff/clients.Customer records have indicators of potential violence	Unlikely	Minor	Low
Local implementation of Welfare Reform measures mean changes in operational approaches for staff, and changing requirements placed on customers Trigger : Poor implementation or failure either to implement some part of the new systems or some part for one or more customers Consequences : Stress on staff, anxiety and possible financial loss for customers, public censure including in the local media Risk type : Professional - Other Reference - XF0065	Almost Certain	Significant	High	Training needs identified as changes occur, close working with other council departments and external partners.(welfare reform sub group)	Almost Certain	Minor	High
Medium Term Financial Plan is based on some assumptions which may not reflect actual circumstances in the future. Trigger : Savings targets could be over- or under- estimated. Consequences : Cuts are made where they are not required, or not enough/ insufficient cuts are made where more are required, thus some areas are revisited in order to achieve further savings. Public censure, media opprobrium Risk type : Professional - Other Reference - XF0069	Likely	Extreme	High	 Council is considering a number of scenarios instead of one single scenario- which takes into account medium term planning and actions. Review assumptions regularly, make use of the latest information available with which to forecast.Consider information provided by researchers and reliable sources such as COSLA, etc. 	Likely	Extreme	High

The demands for all of our services along with a high level of unplanned and reactive work places significant pressure on staff to deliver to tight deadlines and cope with conflicting priorities. Trigger : Sudden demands for finance input, loss/absence of staff eg through sickness, maternity etc Consequences : Work related absence or staff leaving the service, professional pressure, potential for mistakes, missed deadlines and rise in number of complaints. Risk type : Stress Reference - XF0074	Almost Certain	Minor	High	 Active review of staffing levels and workloads, prioritisation of activities. 	Unlikely	Minor	Low
Council invests over £200 million, in various funds and with various fund managers, large weighting towards equity investments, which are volatile in nature and the value may fall as well as rise. Trigger : Dip in financial markets Not following Medium Term Financial Plan Consequences : Large fluctuation in values of council investments (particularly downwards), reduction in reserves available to spend on essential services. Risk type : Economic / Financial - Other Reference - XF0076	Possible	Extreme	High	 Investment strategy seeks to include diversification of asset classes. 	Possible	Extreme	High
ARI has 3 functions and 8 staff. The posts within ARI are unique and would be difficult to fill with no equivalent skills locally. Recruiting extra staff is not an option when faced with an increase in workload, due to the current financial situation. Any reduction in staff resource is unlikely to be temporary and would reduce service levels provided. Trigger : Staff leave, Retirement/ resignation, workload. Budgetary restraints/ constraints, geographic location, poor recruitment practices, skills shortage in labour markets, Inflexible deadlines, Inadequate Management skills, inadequate training opportunities, poor absence management, no embedded approach to succession planning. Consequences : Failure to meet statutory/legislative obligations/deadlines, Civil Liability, Criminal Prosecution, Embarrassment, failure to deliver service requirements, Inability to deliver audit plan/ risk checks & advice / P & I functions. Stress on remaining staff/ team. Possible adverse comment from Audit Scotland. Increased volume of work, Increased overtime costs, Low staff morale, Loss of corporate memory/skills/experience, difficulty in recruiting replacement staff. Required professional qualifications not within service. Risk type : Staff number/skills shortage Reference - XF10005	Possible	Significant	Medium	 Staff training and development, recruitment, ERD, some succession planning in place, cross-skilling 	Possible	Minor	Medium

ARI have various deadlines placed upon the services and also self-established deadlines Trigger : Audit plan / submission/ Risk checks/ LA meetings/ service delivery deadlines not met, Failure to check progress.Volume of work. Staff shortages. Skills shortage. Poor communication. Unrealistic timescales. Competing priorities. Failure to issue bills. Consequences : Embarrassment. Missed opportunities. Service delivery failure. Complaints. Lack of confidence in Service area. Loss of income for the Council, Adverse comments at Council / CMT Risk type : Deadlines - failure to meet Reference - XFI0008	Possible	Significant	Medium	 Regular review of deadlines, team meetings, communications 	Rare	Minor	Low
ARI has three distinct disciplines with eight staff who all work across the corporate body. Organisation and strategic environment is changing, ARI staff need to meet new challenges that come from those changes and from demands from outside bodies. Long term sickness within Internal audit and a maternity leave within P & I has the potential to increase levels of stress felt by individuals Trigger : Inadequate procedures, Poor communication, Insufficient skills, Inadequate staffing, Poor recruitment, Bullying, Volume of work, Intimidation.Working practices/ organisational culture, personal situation, contribute to increased and potentially unacceptable stress in staff Consequences : Sickness absence, ill-health retirement, staff shortages, Missed deadlines, increased workload, Increased overtime/salary costs, Civil claim, HSE investigation/ penalties, further damage to staff moral. Risk type : Stress Reference - XFI0016	Possible	Significant	Medium	• Observance of Council procedures e.g. RTW Interviews, Occupational Health Process, Ensure work levels allocated are fair	Rare	Significant	Low
 Staff may work alone or remotely, either away from the office or in the council headquarters. Trigger : Inconsistent/absence of corporate/departmental systems and procedures in place, lack of understanding regards risk assessments and control measures, accident or illness. Consequences : Personal injury, harm, illness, sickness absence, loss of key staff/ skills, HSE investigation, civil damages. Criminal prosecution. Property damage. Risk type : After Hours/ Lone working Reference - XFI0027 	Unlikely	Significant	Medium	• Risk Assessment completed and shared fully & regularly with team.Lone worker Policy reviewed and communicated to all staff. In addition EM - ARI sent email to all staff asking that other members of the team are aware where people are expected to be at all times.	Rare	Minor	Low

Risk: Failure to deliver Audit Plan as per Corporate/ Service plans and as required by Audit Scotland Trigger : Workload, lack of training, stress/ retirement/ resignation, unmanaged change within Service Poor systems, Resource issues, Work focus. Consequences : Embarrassment, Loss to Council, Inappropriate working practices, Loss. Adverse comment from Audit Scotland Risk type : Professional - Other Reference - XIA0001	Unlikely	Significant	Medium	• Reviewed and monitored regularly	Unlikely	Significant	Medium
There is a range of legislative, regulatory, contractual and best practice requirements in relation to the services that they provide. Legal have a number of specialist, unique posts. Trigger : Failure of staff to be aware of current best practice and legislation in a range of areas. Consequences : Difficulty or failure in delivering parts of the service, failure to meet legislative, regulatory, contractual and best practice requirements, censure by Audit Scotland, Executive. Risk type : Professional Errors and Omissions Reference - XL0002	Possible	Significant	Medium	 Ensure training plans and CPD maintained and implemented 	Possible	Minor	Medium
Committee Services has four staff plus a manager, and delivers a service against a background of changing committee timetables, legislative requirements and wider economically and politically challenging times. Trigger : Staff illness etc Consequences : Unable to provide service timeously leading to breach of law or contracts, complaints, reputation damage and backlog: Conduct of tender opening Advice on Reports Production of Committee Agendas and Minutes DP - Registration, Corporate Advice and Processing of Subject Access Requests FOISA - Corporate advice and processing of requests Risk type : Staff number/skills shortage Reference - XL0003	Possible	Minor	Medium	 Personnel identified in other departmentskey staff roles identified in other departments to be utilised if required 	Unlikely	Minor	Low
Lack of business continuity planning Trigger : failure to meet service objectives in event of unforeseen events Consequences : varied losses including backlog of work, inability to meet legislative requirements Risk type : Business continuity plan inadequate Reference - XL0006	Unlikely	Significant	Medium	• Business Continuity Plan in place, review plans in placeBCP in place, IG, AC, SB, JR to review in march 2016 Business continuity training workshops in December 2015 have mitigated risks to a greater extend than before	Unlikely	Minor	Low

 Breach of legislation by officers/managers in terms of compliance with legislative requirements for data protection, human rights, employment practice, health and safety. Regarding Monitor Officer advice - Service is delivered within a number of legislative requirements, which can change and are complex Trigger : Failure to follow legislation caused by: Poor communications; lack of training and appreciation; cutting corners; officer failure or in member decision-making. Not following or being aware of current legislation or not seeking legal advice, Consequences : Leading to: Criminal prosecution; civil law suit; embarrassment; complaints; unsafe working environments/practices; human injury/death. Reputation damage, financial loss. Risk type : Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc Reference - XL0007 	Possible	Significant	Medium	• Ensure procedures are written clearly and followedLegal advice should be sought with regard to any actions which may result in action being taken against the Council Data Protection conference and training workshops in September 2015 have continued to mitigate some of these risks	Rare	Significant	Low
Committee Services deliver a service to the committees and policy and decision making forums of the council Trigger : Lack of procedures/ training, failure to communicate timeously, clearly or legally Consequences : Litigation or reputation damage Risk type : Communications poor Reference - XLA0010	Unlikely	Minor	Low	 Communication standards and training in placeCorporate and service standards in place in relation to communications - training provided 	Rare	Minor	Low
Procurement has several targets identified for 2015/16 and 2016/17. Especially the latter given the new regulations that came into force on 18 April 2016. Trigger : These can be at risk of not being met due to potential resourcing issues outwith our control, e.g. meeting the needs of other services. Consequences : Not meeting targets runs the risk of not meeting the approved action plan with resultant criticism and not meeting the Corporate Plan objective. Risk type : Staff number/skills shortage Reference - XLC0003	Possible	Minor	Medium	Review ready by December 2013 committee cycleUpdate following Procurement Officer's departure and related resource issues			
Progress Scottish Government voluntary initiative in ensuring that communities are more resilient in future Trigger : Inability to engage with communities to progress the initiative Consequences : That there are increased costs to the Council in response to an incident in a community which could have been reduced had there been a Community Emergency Plan in place Risk type : Govt policy - failure to meet Reference - XLE0029	Likely	Minor	Medium	• Survey Monkey to ascertain Community Councils appetite for Community Resilience Plans	Possible	Minor	Medium

Staff deliver a range of functions in accordance with various legislative, regulatory, contractual, professional and best practice requirements. There are a number of unique posts, and each is required to maintain professional registration and keep up to date with current professional best practice Trigger : Budget cuts, economic difficulty. Training is an easy target for cuts Consequences : Staff cannot maintain the professional standards that they would prefer, staff miss important developments, training is not attended, potential for errors or out dated advice. Risk type : Economic / Financial - Other Reference - XLL0002	Possible	Significant	Medium	• Training to maintain knowledge of legal and practice developments.Developing wider expertise within team to ensure cover is available for each speciality area.	Unlikely	Minor	Low
RM within the Council has been reviewed and refreshed and an action plan is in place. If this is ineffective, organisation may be exposed to potential damage and loss, and adverse external scrutiny Trigger : Ineffective implementation of RM review recommendations, failure to achieve buy-in at all levels. Consequences : Failure to evidence good practice, risks are not adequately identified/ managed/ monitored. Organisation is exposed to damage and loss, inefficiencies and effective Service delivery, further adverse comments from Audit Scotland, RM is measured as being stalled on level 2 of ALARM performance framework. Risk type : Professional - Other Reference - XLSRM0019	Possible	Minor	Medium	 RM Review and workshop to CMT held in Dec, Action Plan prepared including training for Executive ManagersRM now embedded in PPMF and q'ly reporting to P &R. 	Rare	Minor	Low
Business continuity plan turns out to be inadequate when required in a real world situation Trigger : Testing of plan in practice rather than table top exercise shows it to be inadequate. Real world failure of systems that invoke the Business Continuity plan results in a large amount of disruption to the Council. Consequences : Failure of mission critical Council systems Risk type : Business continuity plan inadequate Reference - XOI0010	Unlikely	Significant	Medium	• Annual review of Business Continuity Plan, including real time testing of system restore.Annual review will incorporate a real time test of a critical system, in order to increase confidence in the integrity of the plan.	Rare	Significant	Low
Someone steals computer equipment Trigger : Theft of Computer equipment Consequences : Computer Equipment is stolen, data is compromised. Risk type : Theft Reference - XOI0032	Unlikely	Minor	Low	Range of measures in place or in progress includingAll new staff laptops are installed with HDD encryption. Inventory project delivered a new, easier to use inventory system. Insurance/ self-insurance. Stock items are now held and issued by the Store at Gremista. ICT security policy	Rare	Minor	Low

Staff become stressed and do not perform effectively Trigger : Pockets of limited resources, high intensity of workload, uncontrolled change, high turnover etc. Consequences : Disruption to service delivery Risk type : Stress Reference - XOI0042	Likely	Minor	Medium	• A range of measures in place - All staff offered stress awareness trainingTraining advises people how to cope with and manage stress. Regular staff reviews and ERD process - A primary function of staff reviews is to monitor and actively manage workload, performance and stress levels. Stress and absence management policies.	Possible	Insignificant	Low
Corporate Plan Insurance section has 2.66 FTE. The Insurance Officer has responsibility for all operational insurance matters including the procurement of a variety of insurance policies, provision of guidance and advice, and to develop a sustainable risk retention and transfer programme. The profession is a niche, specialist area. Trigger : Long-term absence of Insurance Officer. Council's senior insurance professional unable to continue work for an indefinite period. Consequences : Significant lack of professional knowledge and experience within the service (and the Council as a whole). No other knowledge available within the Council. Remaining insurance staff may not have the knowledge and experience to properly assess claims. or may take considerably longer to reach conclusion. Significant reduction in over all output from service and probable reduction in quality and efficiency of service. Risk type : Key staff - loss of Reference - XLSIN0006	F13. Our "2 Unlikely	0 By '20" - 1 Significant	<i>Norkforce</i> Medium	 Planning Provide additional training to Assistant Insurance OfficersIn-house training. Attendance at ALARM conferences where possible. Have Assistant Insurance Officers trained to the maximum within their pay grade 	Unlikely	Minor	Low
Insurance service consists of an Insurance Officer , 1 full- time Assistant Insurance Officer and 1 Part Time Assistant Insurance Officer. The Assistant Insurance Officers are responsible for assisting in the delivery of a robust and diverse Council-wide insurance service, providing professional advice and guidance to all Council services. The Assistant Insurance Officers assist in determining liability on the part of the Council for claims as well as short, medium and long term forecasts of insurance trends and future potential losses. The Assistant Insurance Officers report to the Insurance Officer. Trigger : Departure of both Assistant Insurance Officers at same time. Consequences : Significant reduction in output from service. Due to profession being niche and specialized, recruitment from local employment pool may prove difficult, or at least take some considerable time for the posts to be filled. Risk type : Key staff - loss of Reference - XLSIN0007	Rare	Significant	Low	 Engage admin personsTemporary administration personnel from within the Council or elsewhere could be engaged to reduce the impact to the service but this could not be sustained for longer than 6 months before the impact increasing once again. 	Rare	Minor	Low

Corporate Plan

F4. Our "20 By '20" - It Equipment & Systems

Computer Centre is Flooded, loss of all systems Trigger : High tide coupled with heavy rain/runoff + global warming Consequences : loss of all systems Risk type : Storm, Flood, other weather related, burst pipes etc Reference - XOI0006	Rare	Significant	Low	 • Business Continuity Plan • Business Continuity Plan, Flood risk assessment - This was carried out 3 years ago and the risk was adjudged to be minimal. This will be kept under review depending on sea level data. 		Significant	Low
Computer Centre houses the majority of ICT server systems, and network connections, and staff. There are systems in place (Fire warden, drills, procedures etc) There is some resilience built in. Trigger : Fire or other major event Consequences : Loss of all major systems in Computer Centre, Computer Centre is destroyed by fire or water damage from fire control effort Risk type : Fire, lightning, aircraft, explosion Reference - XOI0007	Rare	Major	Medium	• Fire prevention awareness measures, Review use of Fire suppression and/or alarm systems in 16/17. The findings of that review will inform future direction. Fire risk assessments, Fire warden and other training, Fire drills, Weekly fire alarm tests, H & S Risk assessment, Regular maintenance of fire extinguishers, Business Continuity Plan	Rare	Major	Medium
Backup Failure Trigger : Failure to restore required data Consequences : Loss of data Risk type : Computer damage/loss of data/corruption of data Reference - XOI0044	Possible	Minor	Medium	 Regular testing of critical system restoresWe have an environment which allows us to test full restores of individual systems. Robust enterprise backup system, plus site specific backups where required.backups checked every day for completeness backup media kept off site when not in use restores are preformed frequently at file level when requested by users, 	Possible	Insignificant	Low
Organisation relies on a wide area network to access central facilities and deliver services. Trigger : Network Failure through physical damage to one or more links Consequences : Service delivery falters, impact on organisation, delay. cost Risk type : Loss of IT facilities Reference - XOI0046	Likely	Minor	Medium	• Business Continuity Plan, implement hard-wired and resilient links where possibleBusiness Continuity Plan ensures that individual sites, as well as the Council as a whole, have plans in place for a break in connectivity. We will implement hard-wired and resilient links where possible, to ensure that single points of failure are kept to a minimum.	Unlikely	Minor	Low
Generator fails to kick in during power cut Trigger : Power failure and Generator failure when required during power cut Consequences : Network wide system failure Risk type : Utilities failure - electricity, gas, water Reference - XOI0050	Rare	Significant	Low	Main wireless installations are inspected annually to check on physical • Generator regularly checked/tested	Rare	Significant	Low
Category	Strategic						
Corporate Plan				able people's opportunities	Para	Major	Modium
Loss of corporate records Trigger : Because of inadequate security or officer failure Consequences : Results in loss of strategic information Risk type : Records/Research data/systems/security/confidentiality/ back-up. Reference - XLA0004	Unlikely	Major	Medium	 Security measures are in place and reviewed; service plan actionNo change in control measures required. 	Rare	Major	Medium
Corporate Plan	F1. Our "20) by '20" - Le	eadership a	& Management			

 SIC medium term financial plan relies on various funding and income sources which are heavily dependant on scottish government grant funding settlement and commercial activity. Trigger : Outlook for public finances - according to government forecasts core grant reductions are likely to continue to the end of the decade. Loss of loan support from Scottish Government. Consequences : Smaller local government in Shetland. Significant economic impact on SIC and Shetland, potential for introduction of new charges and price rises in, e.g. ferry and bus fares, social care charges, etc. Council Tax may rise. Risk type : Economic climate Reference - XF0068 All data is held electronically Trigger : Loss of current and historical records due to technical problem/ fault/ failing/ human error Consequences : Loss of current and historical records in relation to Council and committee reports and minutes 	Possible	Extreme	High	 Lobby through COSLA for suitable funding settlement for local government. Focus attention on preparing for and delivering local government services with fewer resources by maintaining the a robust MTFPPrepare scenarios to enable options to be considered and action then taken. Back Up InformationAll prime records in relation to committee reports and minutes are also held as paper records. Staff awareness carried out in relation to the importance of security and following records management procedures. 	Possible	Extreme	High
Risk type : Computer damage/loss of data/corruption of data Reference - XLA0007							
Corporate Plan	F4. Our "20) By '20" - It I	Equipmen	t & Systems			
Staff gain unauthorised access to systems or data Trigger : Staff report they are able to access, or are aware of others accessing, areas or systems they are not authorised to. Annual penetration test reviews permissions and system access, and finds inadequacies. Consequences : Data privacy is compromised Risk type : IT Security inadequate Reference - XOI0065	Unlikely	Significant		 ITILService Catalogue reviews security for each system. GSX SIP ICT Security PolicyThe ICT Security policy guides staff in the correct use of systems, and in good practice regarding security. PSN CoCo CertificationHaving PSN certification demonstrates good ICT Security practice Annual check by CHECK approved consultantsAnnual PEN test performed and acted upon. 	Rare	Significant	Low

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Meeting(s):	Policy and Resources Committee	19 June 2017
Report Title:	Management Accounts for Community Health and Social Care 2016/17 – Draft Outturn	
Reference Number:	F-049	
Author / Job Title:	Jonathan Belford, Executive Manager - Finance	

1.0 Decisions / Action required:

- 1.1 The Policy & Resources Committee RESOLVES to
 - NOTE the Management Accounts showing the draft outturn position at Quarter 4; and
 - NOTE the proposed budget carry-forwards which will be included in the overall Draft Outturn Report to be presented for approval at Policy & Resources Committee on 19 June 2017.

2.0 High Level Summary:

- 2.1 The purpose of this report is to enable the Policy and Resources Committee to note the financial performance of services within the Community Health and Social Care Directorate. This report shows the financial consequences of the Directorate's performance detailed in the Community Health and Social Care Directorate Performance Reports, and will be subject to final accounting and audit adjustments as part of the year end accounts process.
- 2.2 The Council delegated the functions of the Community Health and Social Care Directorate to the Integration Joint Board (IJB) prior to the start of the year. The Council and NHS Shetland approve a contribution to the IJB, and then receive a distribution of those resources from the IJB to carry out services as directed by it. Management accounts showing the financial position for all delegated functions of the IJB are prepared and presented by the Chief Financial Officer (CFO) to the IJB on a quarterly basis to ensure adequate financial monitoring can be performed by the IJB.
- 2.3 The report presents the draft outturn position for 2016/17 against the revenue budgets distributed by the IJB. The report also presents the draft capital outturn position for the Community Health and Social Care Directorate as at the end of the fourth quarter. The capital budgets are not delegated to the IJB.
- 2.4 The Council approved a contribution to the IJB of £19.920m and has received £20.845m in order to deliver the range of services, as defined by the IJB's Strategic Plan. The draft revenue outturn position for the Council against the budgets delegated to the IJB is an underspend of £414k (2%), this includes

£1.030m of recurring savings.

- 2.5 In line with the Council's budget carry forward scheme, services have requested revenue budget carry-forwards of £721k.
- 2.5 The draft capital outturn position for the services in the Community Health and Social Care Directorate is an underspend of £1.896m in 2016/17 with a requirement for slippage of £1.984m to 2017/18 resulting in an overall overspend position of £88k (3%).
- 2.6 The detailed information on the revenue and capital outturn positions, recurring savings, slippage and carry-forward requests are attached as Appendices 1 and 2 to this report.

3.0 Corporate Priorities and Joint Working:

- 3.1 There is a specific objective in the Corporate Plan to ensure that the Council is "continuing to keep a balanced and sustainable budget, and are living within our means" and the Council continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.
- 3.2 The IJB's vision, aims and strategic objectives are set out in the Integration Scheme and the Joint Strategic (Commissioning) Plan 2016-2019. The IJB is provided with quarterly Financial Monitoring Reports to enable the IJB to manage in year financial performance of the integrated budget and to monitor performance against the Strategic Commissioning Plan.

4.0 Key Issues:

- 4.1 On 10 February 2016 (SIC Min Ref: 2/16) the Council approved the 2016/17 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £8.106m. It is vital to the economic wellbeing of the Council that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves and would be evidence that the Council is living beyond its means.
- 4.2 This report forms part of the financial governance and stewardship framework which ensures that the financial position of the Council is acknowledged, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee that resources are being managed effectively and allows corrective action to be taken where necessary.
- 4.3 Since the approval of the 2016/17 budget, revisions to the budget have been incorporated for the Council's budget carry-forward scheme and in respect of increased expenditure which will be funded from IJB Additionality funding in this year. Therefore, this report refers to the revised budget that is now in place for each of the services.
- 4.4 Members are asked to review the Management Accounts for the Community Health and Social Care Directorate showing the draft outturn position, for both

capital and revenue budgets as at Quarter 4.

- 4.5 Provision was made in the Council's 2016/17 Budget for cost pressures and contingencies. This budget covers both Council-wide and service specific issues. It is held centrally by the Executive Manager Finance. As described in the Medium Term Financial Plan, it is expected that Directorates will endeavour, in the first instance, to meet any additional costs from within existing resources.
- 4.6 No cost pressure or contingency budget has been applied as the Community Health and Social Care Directorate has met the additional costs from within its overall resources.
- 4.7 The strategic planning and distribution of funding for the services of the Community Health and Social Care Directorate for 2016/17 has been delegated to the IJB. The focus of this report is to allow Members to understand the Council's performance in managing the financial aspects of service delivery. This is different from the overall financial position of the IJB. The overall position of the IJB is relevant however in terms of the impact that the financial position might have on the Council. An example of this is where overspending has occurred by one, or both of the partners, then with reference to the Integration Scheme there is a process that requires to be followed. This is of relevance to the Council, as a partner and a funder.
- 4.8 The draft outturn report for the IJB overall is attached at Appendix 3 for reference.
- 4.9 Members will note there is a significant overspend in the NHS Shetland (NHSS) arm of the IJB budget (£1.353m) and an underspend of £414k in the Council arm of the IJB budgets, as detailed above (sections 2.4 2.6).
- 4.10 The Integration Scheme sets out how over/under spends affecting the budgets allocated for the delegated functions will be addressed. The Council underspend was not planned and falls into the definition of "fortuitous", with the exception of underspend of £47k in respect of Scottish Government Additionality Funding which will be carried forward in the IJB to be utilised in the future to meet its strategic objectives. The remaining underspend of £367k has been repaid in full by the IJB.
- 4.11 The IJB has a Recovery Plan in place (see Appendix 4) to address the efficiency savings required within NHSS delegated budgets in 2016/17. It should be noted that, despite the overspend forecast in the NHSS arm of the IJB budget at the end of quarter four, NHSS agreed to provide the IJB with an additional one-off payment of £1.431m to balance their arm of the budget. The contribution allows for a £78k underspend by NHSS on Scottish Government Additionality Funding to be carried forward in the IJB to be utilised in the future to meet its strategic objectives.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications

6.1	None.
Service Users,	
-	
Patients and	

Communities:	
6.2 Human Resources and Organisational Development:	None.
6.3 Equality, Diversity and Human Rights:	None.
6.4 Legal:	There are legal implications with regard to the delegation of statutory functions of the Council and NHSS to the IJB by each Party in order to deliver the delegated functions for that Party. These are set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance. The Council, NHSS and the IJB must adhere to the terms of the Integration Scheme approved by the Scottish Government under the terms of the Public Bodies Act. This includes a section on Finance with details regarding the treatment of under/overspends.
6.5 Finance:	A repayment of £367k has been made by the IJB to the Council in respect of the underspend of £414k on Community Health & Social Care services by the Council, with the remaining £47k underspend in Scottish Government Additionality Funding being retained to be carried forward by the IJB. This report identifies risks (section 6.9 below) with regard to the funding of and plans for the funding of functions delegated to the IJB, particularly in relation to the recovery plan and service redesign.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	None.
6.8 Environmental:	None.
6.9 Risk Management:	 There are numerous risks involved in the delivery of services and the awareness of these risks is critical to successful financial management. From a financial perspective, risks are an integral part of planning for the future, as assumptions are required to be made. These assumptions can be affected by many internal and external factors, such as supply and demand, which may have a detrimental financial impact. The main financial risks for services within the Community Health and Social Care Directorate will often relate to

unexpected demand for services, which may be costly depending on the circumstances.

There are other risks, which arise from the integrated approach that is now required, particularly where it may impact on the Council financially.

The recovery plan, put in place due to the overspends that are inherent in NHSS delegated functions, poses a risk to the Council as a partner, because the level of savings required has not been achieved in successive years, with reliance required on non-recurring savings in-year in order for NHSS to breakeven. This risk is mitigated in 2016/17 as NHSS have agreed to make an additional contribution to cover this overspend.

There is also a risk to the Council that the redistribution of resources from service redesign projects, transferring care from acute hospital services within NHSS to community care, will not happen.

This report is part of the framework that provides assurance, or recognition of any deviation from the budget that may place the Council in a financially challenging position and requires remedial action.

The Council makes provision within its budget for cost pressures that may arise. This approach provides additional confidence for the Council to be able to mitigate any adverse financial circumstances.

A strong balance sheet and the availability of usable reserves ensure that the Council is prepared for significant unforeseen events.

Any draw on reserves beyond the Council's sustainable level would have an adverse impact on the level of returns from the Council's long-term investments. This situation would require to be addressed quickly to ensure no long term erosion of the investments.

The figures presented in this report are subject to final accounting and audit adjustments as part of the year-end accounts process and as such there is a risk that the outturn position will be amended following this process.

The Community Health and Social Care Directorate maintains its own Risk Register and includes consideration of the actions which may be used to mitigate the risk not achieving full use of the Integrated Care Fund.

The Integration Scheme includes a dispute resolution mechanism which should be followed where either of the Parties fails to agree with the other on any issue related to the

	Integration Scheme, including financial is	sues.
6.10 Policy and Delegated Authority:	Section 2.1.2(3) of the Council's Scheme Delegations states that the Committee ma perform all powers and duties of the Coun- function, matter, service or undertaking de Council. The Council approved both reve budgets for the 2016/17 financial year. The information to enable the Committee to er within its remit are operating within the app	ay exercise and ncil in relation to any elegated to it by the nue and capital is report provides nsure that the services
6.11 Previously considered by:	n/a	n/a

Contact Details:

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Appendices:

Appendix 1 – Draft Revenue Outturn Position for 2016/17

Appendix 2 – Draft Capital Outturn Position for 2016/17

Appendix 3 – Overall Draft Outturn Position for the Integration Joint Board for 2016/17

Appendix 4 – Draft Outturn for the IJB Recovery Plan

Background Documents:

SIC Budget Book 2016-17, SIC 10 February 2016 <u>http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18870</u> Shetland Islands Health and Social Care Partnership Integration Scheme 2015 <u>http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/SHSCPartnershipl_ntegrationScheme15May2015.pdf</u>

END

F-049 - Appendix 1

Community Health and Social Care

1. Draft Revenue Outturn Position 2016/17

Budget v Projected Outturn Variance Qtr 3 £000	IJB Service Heading	2016/17 Approved Delegated Budget £000	Revised Delegated Budget	Draft Outturn	Budget v Draft Outturn Variance Qtr 4 £000
6 126 - 286 (372) 470 11 13	Mental Health Substance Misuse Directorate Pensioners Adult Services Adult Social Work Community Care Resources Criminal Justice Occupational Therapy Scottish Government Additionality Funding	1,060 257 259 78 5,201 1,665 10,512 29 1,371	259 478 78 5,148	1,097 243 177 76 4,955 2,176 9,920 18 1,390 379	(39) 16 301 2 193 (415) 279 11 19 47
523	Total Controllable Costs	20,432	20,845	20,431	414

The projected outturn at Quarter 3 has been included for reference. The main reasons for changes from the Quarter 3 projected outturn variance to the Quarter 4 position are:

- Directorate training for the whole of Community Health and Social Care has been budgeted under Directorate but actual spend has been allocated to service headings resulting in the large variance between Quarter 3 and Quarter 4 on Directorate.
- Adult Services borrowing costs for the year in relation to the Eric Gray Replacement programme is more than projected at Quarter 3, (£68k);
- Community Care Resources the underlying underspend on employee costs in year is less than projected at Quarter 3, (£74k) and there has been an increase in expenditure on essential Equipment/Furniture Purchases and Repair and Maintenance, (£44k)

An explanation for the main draft outturn variances by service at Quarter 4 are set out below.

1.1 Mental Health - draft outturn overspend of (£39k) (4%)

There are no significant variances in this service area.

1.2 Substance Misuse – draft outturn underspend of £16k (6%)

There are no significant variances in this service area.

Within Substance Misuse £20k of the underspend is recurring and relates to a reduction in third sector funding in Commissioned Services.

1.3 Directorate – draft outturn underspend of £301k (63%)

The draft underspend mainly relates to:

• The budgets for the whole of the Directorate of Community Health and Social Care being held within the Directorate, £289k. This is partly offset by actual expenditure on training in the year (£141k) which has been allocated across the service headings, with the remaining training underspend due to a change in priorities - for example, using elearning rather than classroom training, combined with insufficient cover availability in some areas to allow training to occur, £148k.

All savings are deemed one-off.

1.4 Pensioners – draft outturn underspend of £2k (3%)

There are no significant variances in this service area.

1.5 Adult Services – draft outturn underspend of £193k (4%)

The draft underspend mainly relates to:

- Vacant posts at the Eric Gray Resource Centre and across the Supported Living and Outreach service, mainly in the first six months of the year. These vacancies are now largely filled, with the exception of two part-time social care worker posts totalling 56 hours, and one parttime senior social care worker post totalling 25 hours, which are to be deleted, £231k;
- the outturn for employee costs includes the cost of holiday pay, for which contingency was available if required. This was not applied as the cost could be met from within the underspend for the Directorate (£90k);
- an underspend on borrowing costs due to the re-profiling of funding of the Eric Gray Replacement Project, £89k.

Within Adult Services, £175k of the employee costs underspend is a recurring saving, with the remainder deemed as one-off savings.

1.6 Adult Social Work – draft outturn overspend of (£415k) (24%)

The draft overspend mainly relates to:

- the draft cost of Off-Island Placements (£469k) for which contingency was available if required. This was not applied as the cost could be met from within the projected underspend of the Directorate; offset by
- a draft underspend on employee costs due to vacant posts in the service during the year which have taken a number of months to fill, including savings where maternity leave has not been fully back-filled, £47k.

1.7 Community Care Resources – draft outturn underspend of £279k (3%)

The draft underspend is mainly due to:

- a draft underspend on employee costs across the service, £765k, most notably in Care at Home Central, £364k, where rotas have been revised to recognise a reduced number of care at home hours delivered against budget. The level of demand in this area does fluctuate during the year and individuals now also have the choice to access home care through self-directed support packages, where demand has increased;
- the remainder of the draft underspend in employee costs relates to rolling vacancies across the service during the year which often took several months to fill, budgeted relief hours not being fully utilised due to making best use of care at home staff to cover residential shifts where possible, and some difficulty in recruiting to Care at Home posts in specific areas, £401k;
- the draft outturn for employee costs includes the cost of holiday pay, for which contingency was available if required. This has not been applied as the cost could be met from within the underspend for the overall Directorate, (£244k);
- over-achievement of income from charging for board and accommodation, £217k which can vary significantly from budget due to changing customer base and it is dependent on the financial circumstances of those receiving care;
- a draft overspend in essential Equipment/Furniture Purchases and Repair and Maintenance mainly in relation to replacement kitchen equipment at ET House, costs associated with upgrading nurse call systems in care homes, equipment replacement and flooring at Fernlea and Isleshavn and refurbishments at North Haven, (£165k);
- a draft underspend in meal supplies budgets, £112k, due to savings from centralising all meal production for Lerwick at Edward Thomason House (Lerwick Kitchen), more efficient procurement across the service and an overall reduction in demand for meals, which may be linked to more meal preparation being provided in people's homes. This has also led to underachievement in meal sales income, (£42k);
- the draft cost of Independent Sector Placements of (£201k) for which contingency was available if required. This has not been applied as the cost could be met from within the projected underspend of the overall Directorate.

Within Community Care Resources, £724k of the employee costs underspend has been identified as recurring savings along with £111k of the overachievement of charging income. The remainder is deemed as one-off savings.

1.8 Criminal Justice – draft outturn underspend £11k of (38%)

There are no significant variances in this service area

1.9 Occupational Therapy – draft outturn underspend of £19k (1%)

There are no significant variances in this service area.

1.10 Scottish Government Additionality Funding

Scottish Government Additionality Funding of £512k was discussed and approved by the IJB in June 2016. The Council was allocated £426k of the overall additional funding of £512k.

It was agreed that £348k of the additional funding would be used to fund the increased level of demand for Self-Directed Support Packages. Analysis of the increased level of packages shows that the majority of the increase related to demographic change, with increased requests for support, not just for older people, but also for adults under 65 years with physical and learning disabilities. Due to less demand for Self-Directed Support packages than anticipated in year there has been an underspend of £47k of this funding which will be carried forward in the IJB to 2017/18.

A further £78k allocation of this funding has been made to the Council to be utilised to cover the cost of one full-time social worker and one full-time administration worker who will specifically focus on expediting timely hospital discharges. This funding has been spent in full.

F-049 - Appendix 2

Community Health and Social Care

2. Draft Capital Outturn Position 2016/17

Budget v Projected Outturn Variance Qtr 3 £000	Service	2016/17 Revised Budget Qtr 4 £000	2016/17 Draft Outturn Qtr 4 £000	2016/17 Draft Variance Qtr 4 £000	Slippage Required in 2017/18 £000	Outturn Variance Qtr 4
- - (117)	Director of Community Care Adult Services Community Care Resources	8 3,023 302	0 1,047 390	8 1,976 (88)	8 1,976 0	- - (88)
(117)	Total Controllable Costs	3,334	1,438	1,896	1,984	(88)

The projected outturn at Quarter 3 has been included for reference.

An explanation for the main draft outturn variances by service are set out below.

2.1 Director of Community Care - draft outturn underspend of £8k 100%

The draft underspend relates to final balance retention on the NHS Conversion at the Scalloway School. Slippage of £8k is required to 2017/18.

2.2 Adult Services – draft outturn underspend of £1.976m (65%)

The draft underspend relates to the Replacement Eric Gray Project. The project was budgeted to start on site in April 2016, but only commenced in August 2016, therefore slippage of £1.975m is expected into 2017/18.

2.3 Community Care Resources – draft outturn overspend of (£88k) (29%)

The draft overspend relates to the ET and Taing House Extension project. This includes reconfiguring and extending the fire alarm system and extending the nurse call system (£51k); additional Capital Programme Service recharge for officer's time managing and supervising the project (£35k); replacement laundry equipment that was required to upgrade the existing equipment, which was not included in the contract (£26k). This is offset by the final balance which was anticipated to be paid in 2016/17 but hasn't been issued yet, £25k. This spend will occur in 2017/18. The overspend is to be funded as part of the spend to save project and there are recurring savings within the service in-line with the requirements of the Spend to Save Scheme.

Community Health and Social Care

3. Draft Overall Outturn Position for the Integration Joint Board

Service Headings	2016/17 Approved	2016/17 Revised	Draft	Budget v Proj. Outturn
	Delegated	Delegated	Outturn	
	Annual	Annual	at	Variance
	Budget	Budget	Quarter 4	(Adv)/ Pos
	£000	£000	£000	£000
Mental Health	2,413	2,405	2,364	41
Substance Misuse	753	661	635	26
Oral Health	3,123	3,178	3,143	35
Pharmacy & Prescibing	6,176	6,563	6,446	117
Primary Care	4,571	4,660	5,022	(362)
Community Nursing	2,330	2,576	2,559	17
Directorate	353	808	521	287
Pensioners	78	78	76	2
Sexual Health	38	38	41	(3)
Adult Services	5,267	5,214	5,027	187
Adult Social Work	1,665	1,761	2,176	(415)
Community Care Resources	10,512	10,199	9,920	279
Criminal Justice	29	29	18	11
Speech & Language Therapy	83	83	73	10
Dietetics	112	112	105	7
Podiatry	225	201	191	10
Orthotics	143	143	140	3
Physiotherapy	603	572	533	39
Occupational Therapy	1,556	1,594	1,564	30
Health Improvement	310	244	238	6
Unscheduled Care	3,190	3,042	3,461	(419)
Renal	145	144	185	(41)
Scottish Government				
Additionality	512	512	387	125
Integrated Care Funding	410	410	444	(34)
Recovery Plan	(1,777)	(1,777)	(880)	(897)
Total Controllable Costs	42,820	43,450	44,389	(939)

3.1 Draft outturn overspend at 31 March 2017 (£939k) (2%)

The draft outturn to the end of March 2017 for the IJB is an overall adverse variance of £939k which represents an underspend in the Council arm of the budget of £414k and an overspend in NHS Shetland arm of (£1.353m).

Community Health and Social Care

4. Draft Outturn Position for the IJB Recovery Plan

	Directly Managed Services	Services	
	£000	£000	£000
Full savings required by Recovery Plan (June 2016)	1,357	420	1,777
Savings achieved in the year	(599)	(281)	(880)
Unachieved savings	758	139	897

- 4.1 Of the £880k savings identified above, £224k represents recurring savings and £656k are non-recurrent.
- 4.2 The IJB has a Recovery Plan in place to address the efficiency savings required within NHSS delegated budgets in 2016/17. Despite the overspend in the NHSS arm of the IJB budget at the end of quarter four, NHSS agreed to provide the IJB with an additional one-off payment to balance their arm of the budget.



Meeting(s):	Policy and Resources Committee	19 June 2017
Report Title:	Management Accounts for Policy &	
	Resources Committee	
	2016/17 – Draft Outturn at Quarter 4	
Reference	F-045-17-F	
Number:		
Author /	Jonathan Belford - Executive Manager -]
Job Title:	Finance	

1.0 Decisions / Action required:

- 1.1 The Policy & Resources Committee RESOLVES to:
 - NOTE the Management Accounts showing the draft outturn position at Quarter 4; and
 - NOTE the proposed budget carry-forwards which will be included in the overall Draft Outturn Report also to be presented for approval at this Committee today.

2.0 High Level Summary:

- 2.1 The purpose of this report is to enable the Policy & Resources Committee to monitor the financial performance of services within its remit. This report shows the financial consequences of the services performance detailed in the Executive and Corporate Services Departmental Performance Overview Report.
- 2.2 This report presents the draft outturn position for 2016/17 on net controllable costs for revenue and capital, and will be subject to final accounting and audit adjustments as part of the year end accounts process.
- 2.3 The draft revenue outturn position for Policy & Resources Committee is an underspend of £274k (3%) on controllable revenue. There are no recurring savings identified at this time. Central Council Budgets draft outturn position is an overspend of £4k (0.1%). Fund Manager's Fee's are non controllable and are projected to be £5k (1%) underspent. See Appendix 1 for further details.
- 2.4 In line with the Council's budget carry forward scheme, services have requested revenue budget carry-forwards of £225k.
- 2.5 The draft capital outturn position for services for Policy & Resources Committee area is an underspend of £977k (33%) in 2016/17, with a requirement for slippage of £1,074k to 2017/18 resulting in an overall draft overspend position of £97k (3%). See Appendix 2 for further details.

3.0 Corporate Priorities and Joint Working:

3.1 There is a specific objective in the Corporate Plan that the Council will have excellent financial management arrangements to ensure that it continues to keep a balanced and sustainable budget; is living within its means; and that the Council continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.

4.0 Key Issues:

- 4.1 On 10 February 2016 (SIC Min Ref: 2/16) the Council approved the 2016/17 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £8.106m. It is vital to the economic wellbeing of the Council that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves and would be evidence that the Council is living beyond its means.
- 4.2 This report forms part of the financial governance and stewardship framework which ensures that the financial position of the Council is acknowledged, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee that resources are being managed effectively and allows corrective action to be taken where necessary.
- 4.3 Since the approval of the 2016/17 budget, revisions to the budget have been incorporated for the Council's budget carry-forward scheme. Therefore this report refers to the revised budget that is now in place for each of the services.
- 4.4 Provision was made in the Council's 2016/17 budget for cost pressures and contingencies. This budget covers both Council-wide and service specific issues. It is held centrally by the Executive Manager Finance.
- 4.5 This approach assists the Council to mitigate any spending risks. However, it is expected that services will endeavour, in the first instance, to meet any additional costs from within existing resources.
- 4.6 Cost pressures are recurring in nature and increase the base cost of the service being delivered, eg pay awards, whereas contingency items are deemed non-recurring and likely to vary year on year, eg external recruitment costs.
- 4.7 The following allocations have been made from the contingency budget:
 - £47k for recruitment costs (the majority of which relate to Children's Services and Community Health and Social Care Services' recruitment);
 - £30k for a new online training booking system for Workforce Development;
 - £32k for the Our Islands Our Future project;
 - £14k for the changes required to the Council Tax Reduction Scheme;
 - £5k for a temporary Project Manager (employed as part of the Business Transformation Programme); and
 - £4k for a share of costs relating to the Local Government Benchmark Framework (LGBF) review.

In addition, a £20k cost pressure for External Audit fees, originally applied at quarter 2, was reversed in quarter 4 as Finance Services can now cover the cost from its current underspend.

4.8 No other cost pressure or contingency budget has been applied as the Executive and Corporate Services Directorates' controllable additional costs can be met from within existing underspends.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications:		
6.1 Service Users, Patients and Communities:	Any impacts on service users and communities in relation to the actions and service provision in this report will be included in the Executive and Corporate Services Departmental Performance Overview Report also presented at this meeting.	
6.2 Human Resources and Organisational Development:	The provision of £47k from contingency for recruitment costs across the Council, has been applied to cover recruitment in Schools Service and Social Care to maintain service provision.	
6.3 Equality, Diversity and Human Rights:	Any implications in relation to the actions and service provision in this report will be included in the Executive and Corporate Services Departmental Performance Overview Report also presented at this meeting.	
6.4 Legal:	The Council's Financial Regulations state that the Executive Manager - Finance has a responsibility to ensure that detailed monitoring by Directors and Executive Managers is carried out and that the Council will determine the reporting content, timescale, frequency and receiving committee(s) required for monitoring statements and the Executive Manager - Finance will be responsible for ensuring compliance with this.	
6.5 Finance:	The 2016/17 Council budget does not require a draw on reserves in excess of the returns that the fund managers can make on average in a year, and therefore demonstrates that the Council is living within its means. To achieve this, a one-off underspend from the 2015/16 budget has been used to balance the General Fund. This is a one-off solution for 2016/17. For every £1m of reserves spent in excess of a sustainable level will mean that the Council will have to make additional savings of £73k each year in the future as a result of not being able to invest that £1m with fund managers to make a return. It is therefore vital that the Council delivers its 2016/17 budget. This report demonstrates that the draft outturn position for services under the remit of the Policy & Resources Committee is an underspend on controllable revenue costs. Fund Manager fees, which are non-controllable, also have a draft outturn underspend. The draft outturn for capital is a minor overspend.	

6.6 Assets and Property:	Any implications in relation to the actions and service provision in this report will be included in the Executive and Corporate Services Departmental Performance Overview Report also presented at this meeting.	
6.7 ICT and new technologies:	None.	
6.8 Environmental:	Any implications in relation to the actions and service provision in this report will be included in the Executive and Corporate Services Departmental Performance Overview Report also presented at this meeting.	
6.9 Risk Management:	There are numerous risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.	
	From a financial perspective, risks are an integral part of planning for the future, as assumptions are required to be made. These assumptions can be affected by many internal and external factors, such as supply and demand, which may have a detrimental financial impact.	
	The main financial risk for services in this Committee area is:	
	 levels of external recruitment continue to increase, and require to be funded to ensure that essential front line services' are maintained. 	
	This report is part of the framework that provides assurance, or recognition of any deviation from the budget that may place the Council in a financially challenging position and requires remedial action.	
	The Council makes provision within its budget for cost pressures that may arise. This approach provides additional confidence for the Council to be able to mitigate any adverse financial circumstances.	
	A strong balance sheet and the availability of usable reserves ensure that the Council is prepared for significant unforeseen events.	
	Any draw on reserves beyond the Council's sustainable level would have an adverse impact on the level of returns from the Council's long-term investments. This situation would require to be addressed quickly to ensure no long term erosion of the investments.	
	The figures presented in this report are subject to final accounting and audit adjustments as part of the year end accounts process and as such there is a risk that the outturn position will be amended following this process.	

6.10 Policy and Delegated Authority:	Section 2.1.2(3) of the Council's Scheme of Administration an Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved revenue and capital budgets f the 2016/17 financial year. This report provides information to enable the Committee to ensure that the services within its re- are operating within the approved budgets.	
6.11 Previously considered by:	Not applicable.	

Contact Details:

Janice Thomason, Management Accountant, 01595 744615 janice.thomason@shetland.gov.uk 25 May 2017

Appendices:

Appendix 1 – Policy & Resources Committee Draft Revenue Outturn Position for 2016/17

Appendix 2 – Policy & Resources Committee Draft Capital Outturn Position for 2016/17

Background Documents:

SIC Budget Book 2016-17, SIC 10 February 2016

http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18870

END

Policy & Resources Committee

1. Draft Revenue Outturn Position 2016/17

Budget v		Revised	Draft	Budget v
Proj. Outturn		Annual	Outturn	Draft Outturn
Variance		Budget	2016/17	Variance
Quarter 3	Service	2016/17		at Quarter 4
(Adv)/Pos			(Adv)/Pos	(Adv)/Pos
£000		£000	£000	£000
13	Executive Services	1,179	1,161	18
3	Council Members	609	594	15
(63)	Director of Corporate Services	258	248	10
. ,	Capital Programmes	1,051	1,121	(70)
107	Finance	2,770	2,599	171
24	Joint Valuation Board	315	283	32
16	Governance & Law	845	824	21
23	Human Resources	1,453	1,403	50
(22)	ICT	1,487	1,497	(10)
35	Audit, Risk & Improvement	397	360	37
230	Corporate & Executive Controllable Costs	10,364	10,090	274
	Less proposed budget Carry Forwards to 2017/18	225	-	225
	Revised Corporate & Executive Controllable Costs	10,139	10,090	49
	Central Council Budgets:			
	Insurance	879	924	(45)
	Training	655	626	29
	Office Recharges	1,857	1,845	12
	Central Council Budgets Controllable Costs	3,391	3,395	(4)
(35)	Fund Manager Fees	875	870	5
(35)	Total Non-Controllable Costs	875	870	5

The projected outturn variance figures at quarter 3 are included above for reference, and show a favourable change of £44k for **Corporate & Executive Controllable Costs**. The main changes from quarter 3 to quarter 4 outturn positions are:

- Director of Corporate Services a favourable change of £73k due to no spend in 2016-17 on a systems review £70k;
- Finance a favourable change of £64k mainly due to an unspent budget for External Consultants of £19k (delays have caused the work to be rescheduled into the new financial year) and lower than estimated uptake for Crisis grants in quarter 4 £11k;
- Human Resources a favourable change of £27k due to an underspend on criminal records checks, £10k (a change in legislation means that retrospective applications are no longer required) and £11k underspend on external consultants; and
- Capital Programmes an adverse change of (£164k) due mainly to a backdated rent review from a landlord (£122k).

Fund Manager Fees show a favourable change of £40k due to Blackrock fund manager's revising their charging structure to local authorities.

An explanation for the significant draft outturn variances by service at quarter 4 are set out below:

1.1 Executive Services – draft outturn underspend £18k (2%)

There are no significant variances in this service area.

1.2 Council Members – draft outturn underspend £15k (2%)

There are no significant variances in this service area.

1.3 Director of Corporate Services – draft outturn underspend £10k (4%)

The draft underspend is due to no spend in 2016-17 on a systems review £70k.

This is offset by the departmental vacancy factor (vacancy factor savings are shown under each service area) (£61k).

1.4 Capital Programmes - draft outturn overspend (£70k) (7%)

The draft overspend is due to:

- unexpected internal costs relating to supporting the decant out of 8 North Ness, and some external legal and professional fees associated with the ongoing situation (£141k); and
- over budgeting of expected rental income at Busta Estate (£32k).

This is offset by:

- budget for Office Accommodation Proposals which has not been spent, £81k; and
- receipt of disturbance payments from BT and SSE at Busta Estate of £38k.

1.5 Finance - draft outturn underspend £171k (6%)

The draft underspend is due to:

- revised outturns for revenue grant funding (DWP Initiatives, Scottish Welfare Fund and Discretionary Housing Payments) of £104k. These funds are ring fenced and require to be carried forward into the new financial year;
- staff savings across the service, due mainly to efficiencies achieved through not covering maternities, £41k; and
- savings identified for Payroll computer licence costs, £11k.

The Payroll computer licence savings will be recurring £11k.

1.6 Joint Valuation Board – draft outturn underspend £32k (10%)

There are no significant variances in this service area.

1.7 Governance and Law - draft outturn underspend £21k (2%)

There are no significant variances in this service area.

1.8 Human Resources - draft outturn underspend £50k (3%)

The draft underspend is due to:

- savings on Moving On Project (supported placement costs) due to changes in the way in which placements are supported, including closer partnership working with Community Planning and Development in the support of the Employability Pipeline, £25k; and
- savings on Criminal Record checks following a change in legislation, retrospective applications are no longer required, £14k.

1.9 ICT - draft outturn overspend (£10k) (1%)

There are no significant variances in this service area.

1.10 Audit, Risk and Improvement – draft outturn underspend £37k (9%)

There are no significant variances in this service area.

1.11 Insurance – draft outturn overspend (£45k) (5%)

The overspend is due to:

- 0.5% increase in insurance premium tax (from 9.5% to 10%);
- reassessment of the value of a number of our properties; and
- general increase in insurance costs.

1.12 Training - draft outturn underspend £29k (4%)

There are no significant variances in this service area.

1.13 Office Recharges – draft outturn underspend £12k (1%)

There are no significant variances in this service area.

1.14 Fund Manager Fees - draft outturn underspend £5k (1%)

Fund Manager Fees are based on the value of the full range of managed investments the Council has for the year, and reflect market valuations and fund manager performance. For financial management purposes they are defined as non-controllable.

Policy & Resources Committee

1. Draft Capital Outturn Position 2016/17

Projected		Revised	Draft	Budget v	Slippage	Overall
Outturn		Annual	Outturn	Draft	Required	Draft
Variance	Service	Budget	2016/17	Outturn	in	Outturn
at		2016/17		Variance	2017/18	Variance
Quarter 3				at		at
(Adv)/Pos				Quarter 4		Quarter 4
				(Adv)/ Pos		(Adv)/Pos
£000		£000	£000	£000	£000	£000
1,363	Capital Programme	1,938	877	1,061	(1,074)	(13)
920	ICT	991	1,075	(84)	0	(84)
2,283	Total Controllable Costs	2,929	1,953	977	(1,074)	(97)

An explanation of the main variances by service is set out below:

1.1 Capital Programme – draft outturn overspend £13k (0.67%)

There are no significant variances across the various capital projects. There will be draft slippage to 2017/18 for completion of the Town Hall restoration £878k and redevelopment of the Market Street Store £196k. A delay in the issue of tenders resulted in a later start date for the works. There are minor overspends on other capital programmes resulting in an outturn underspend of £1,061k and slippage required of £1,074k in this area.

1.2 ICT – draft outturn overspend £84k (8%)

The rolling renewal of ICT infrastructure across the Council is overspent during 2016/17 to enable the earlier purchase of equipment as the prices were due to rise on 1 April 2017. The 2017/18 budget will be reduced accordingly to ensure no additional cost to the Council.



Meeting(s):	Policy & Resources Committee	19 June 2017
	Shetland Islands Council	28 June 2017
Report Title:	Shetland Islands Council 2016/17 Draft	
	Outturn	
Reference	F-041-F	
Number:		
Author /	Jonathan Belford	
Job Title:	Executive Manager - Finance	

1.0 Decisions / Action required:

- 1.1 The Policy & Resources Committee RECOMMENDS that the Council RESOLVES to:
 - NOTE the 2016/17 draft outturn position; and
 - APPROVE the 2016/17 proposed revenue and capital carry forwards, as detailed in section 7 of Appendix 1 "2016/17 Financial Review".

2.0 High Level Summary:

- 2.1 The purpose of this report is to present the overall draft outturn position for Shetland Islands Council for 2016/17.
- 2.2 The draft outturn position has exceeded the target set out in the Medium Term Financial Plan for the year and this successful management of the overall financial resources for 2016/17 is a continuing crucial element of aligning expenditure with available resources, which is a corporate objective.
- 2.3 The total net draw from reserves for 2016/17 is £5.751m. This is £10.578m less than the revised net budgeted draw on reserves of £16.329m. The General Fund requires a draw of £16.833m, the Asset Investment Plan requires a draw of £2.612m and Spend to Save projects a draw of £0.491m. The Harbour Account contributes £12.118m and the Housing Revenue Account contributes £2.067m to the Council reserves at the year end.
- 2.4 All accounts more than achieved their budgets either through lower service costs or increased income. Looking at the use of Council reserves, the main underspend is on the General Fund which is £4.449m less than the revised budget. This has been achieved through a combination of reduced service spending, particularly in relation to overall staffing costs, and increased income, in particular from economic development investments and recharges to other Council accounts. The Harbour Account and the Housing Revenue Account both exceeded their budgeted contributions by £1.093m and £1.163m respectively, again through a combination of reduced spending, particularly in relation to the funding of capital expenditure from revenue, and from increased income, an example being the additional income received through the Shetland Gas Plant agreement.
- 2.5 In relation to using funding from reserves in the future as a consequence of underspending Services have requested carry forwards in line with the Carry

Forward Scheme of £7.567m, of which £2.413m is for revenue services, £4.708m for capital projects and £0.446m for Spend to Save projects.

- 2.6 In addition there are capital project carry forwards from Services that will be funded from borrowing and these requests amount to £5.779m. This means a total of £13.346m in carry forward commitments will be funded in 2017/18.
- 2.7 The financial review of the 2016/17 draft outturn position is set out in Appendix 1 to this report. This will be subject to final accounting and audit adjustments as part of the year end accounts preparation process.

3.0 Corporate Priorities and Joint Working:

- 3.1 There is a specific objective in the Corporate Plan on which Finance leads and relates to how the Council seeks to achieve its objectives. This is "Excellent financial-management arrangements will make sure we are continuing to keep to a balanced and sustainable budget, and are living within our means."
- 3.2 The Council continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.

4.0 Key Issues:

- 4.1 The net draw from reserves is substantially less than the target set out in the MTFP which will help to support the Plan going forward.
- 4.2 This year the value of Council investments has increased by 22.9% which is a welcome improvement from last year where there was a fall of 1.2%. This provides confidence in the MTFP that the Council can maintain annual contributions to the revenue budget in the medium to long term.
- 4.3 The carry forwards proposed can be met from the 2016/17 underspend and therefore will not negatively impact upon the MTFP going forward.
- 4.4 The review of the Council accounts and financial position as at the end of 2016/17 is contained within the "2016/17 Financial Review" attached as Appendix 1.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications:

6.1 Service Users, Patients and Communities:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.
6.2 Human Resources	There are no implications arising from this report, any issues will be highlighted in the service committee reports.

and Organisational Development:		
6.3 Equality, Diversity and Human Rights:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.4 Legal:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.5 Finance:	There is a net draw on reserves required to balance the budget in 2016/17 of £5.751m (unaudited figure) which is £10.578m less than the revised net budget of £16.329m. Prior years required draws on/(contributions to) reserves as follows; (£5.8m) in 2015/16, £2m in 2014/15, £14.9m in 2013/14 and £21.5m in 2012/13.	
	Services have requested £13.346m of carry forwards for both revenue and capital projects. This will require funding from Council reserves of £7.567m and borrowing of £5.779m.	
	The Council is committed to providing an ongoing contribution from reserves to balance its budget in the medium to long-term and to do this must manage those reserves, and the investments that are funded by them, effectively to ensure this is both achievable and is delivered so that front-line services can be supported on an ongoing basis by the Council.	
	Using Council reserves will therefore continue to feature as part of budget setting however the inevitability of rising costs and expected reductions in government funding means that there is a continuing need to identify savings, efficiencies and income generation, to ensure that the Council can demonstrate its ability to live within its means year on year over the medium to long term.	
6.6 Assets and Property:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.7 ICT and new technologies:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.8 Environmental:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.9 Risk Management:	There are no implications arising from this report, any issues will be highlighted in the service committee reports.	
6.10 Policy and Delegated Authority:	Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital	

	budgets for the 2016/17 financial year. The Policy & Resources Committee has delegated authority for securing the co-ordination, control and proper management of the financial affairs of the Council, and has referred authority to make recommendations to the Council as to the level of any expenditure not provided for in the annual budgets.	
6.11 Previously considered by:	Not applicable.	

Contact Details:

Hazel Tait, Team Leader Accountancy, <u>Hazel.Tait@Shetland.gov,uk</u>, 6 June 2017

Appendices:

Appendix 1 – 2016/17 Financial Review: The Council's Draft Outturn Position

Background Documents:

Report: F-043-F Management Accounts for Harbour Board: 2016/17 – Draft Outturn Quarter 4

Report: F-045-F Management Accounts for Policy & Resources Committee: 2016/17 – Draft Outturn Quarter 4

Report: F-046-F Management Accounts for Development Committee: 2016/17 – Draft Outturn Quarter 4

Report: F-047-F Management Accounts for College Board: 2016/17 – Draft Outturn Quarter 4

Report: F-048-F Management Accounts for Environment & Transport Committee: 2016/17 – Draft Outturn Quarter 4

Report: F-049-F Management Accounts for Community Health and Social Care: 2016/17 – Draft Outturn Quarter 4

Report: F-050-F Management Accounts for Education & Families Committee: 2016/17 – Draft Outturn Quarter 4

END

Shetland Islands Council



2016/17 Financial Review

The Council's Draft Outturn Position

Securing the Best for Shetland

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1.0 Executive Summary

- 1.01 The 2016/17 draft outturn report sets out the actual spending position for the Council.
- 1.02 The draft outturn position has exceeded the target set out in the Medium Term Financial Plan for the year and this successful management of the overall financial resources for 2016/17 is a crucial step to evidencing the organisation's ability to live within its means and aligning expenditure with available resources, which is a corporate objective.
- 1.03 This improved financial performance from that which was approved as the budget for 2016/17, has been delivered in an environment that was challenging for the public sector and in the face of increasing costs and changing needs and demands being placed upon it.
- 1.04 The underspend on revenue and delays experienced in capital expenditure mean that funds require to be carried forward from 2016/17 into 2017/18. The total value of this is £13.346m, of which £5.779m will be funded by borrowing and the balance coming from the Council's own resources, made up from income received but not yet used and Council reserves (£7.567m).
- 1.05 The total net draw on reserves to balance the budget in 2016/17 of £5.751m, (unaudited figure) is due mainly to fortuitous underspends across revenue and capital. With the exception of 2015/16 when there was a net contribution to reserves of £5.8m, in previous years, the draw on reserves were as follows; £2.0m in 2014/15, £14.9m in 2013/14 and £21.5m in 2012/13. The continued good progress is evident with the Council using its reserves at a level that is both affordable and if it were continued at this level would be sustainable.
- 1.06 The Council has prioritised the use of its investment returns and the surpluses it generates from the Harbour Account to support front-line services and because of this there is a continuing requirement to draw from reserves this being the mechanism to access those returns and surpluses. Using Council reserves will therefore continue to feature as part of budget setting however the inevitability of rising costs and expected reductions in government funding means that there is a continuing need to identify savings, efficiencies and income generation, to ensure that the Council can demonstrate its ability to live within its means year on year over the medium to long term.

2016/17 Draft Movement (to)/from Reserves Summary

1.07 The table below shows a draft draw from reserves of £5.751m against a targeted draw of £16.329m giving a reduction in the use of reserves against the revised budget of £10.578m. Also shown is a summary of the carry-forwards that relate to the use of reserves, a sum requested of £7.567m, which will result in an additional draw from reserves in 2017/18, over and above the approved budgets. This is affordable because of the underspend that was achieved in 2016/17.

Spending Area - Reserves	2016-17 Revised Budget	Actual			Revised Variance
	£m	£m	£m	£m	£m
General Fund	21.282	16.833	4.449	2.413	2.036
Harbour Account	(11.025)	(12.118)	1.093	0.000	1.093
Housing Revenue Account	(0.904)	(2.067)	1.163	0.000	1.163
Asset Investment Plan (Capital Programme)	5.379	2.612	2.767	4.708	(1.941)
Spend to Save (Capital and Revenue)	1.597	0.491	1.106	0.446	0.660
TOTAL DRAW ON RESERVES	16.329	5.751	10.578	7.567	3.011

Investments Health Check

- 1.08 The value of the externally invested funds stood at £333.8m on 31 March 2017 (£286.6m 31 March 2016). The valuation of funds invested as at the 31 March 2017 has increased by £47.2m since 31 March 2016; this includes £20m withdrawn from investments to fund cash flow requirements during the year. Having adjusted for those withdrawals, the overall investment return for the financial year was 22.9%.
- 1.09 The cash flow requirement during the year from investments of £20m was to fund both revenue and capital expenditure.
- 1.10 The financial year 2015/16 resulted in poor investment returns, and a fall in the value of those investments by 1.2%, which meant that Council investments returns fell behind the anticipated future long term return rate that is required to fund the medium and long-term funding assumptions. In the 2016/17 financial year, this position was reversed and provides the Council with confidence that it can maintain annual contributions to the revenue budget in the long term.
- 1.11 This will be reflected in the updated Medium Term Financial Plan in February/March 2018. However, it is important to recognise that stock market values will fluctuate from year to year, and this should not form a basis for altering the current course so that the Council can continue to set affordable budgets and address the medium to long-term financially sustainability challenges.

2.0 The 2016/17 General Fund

2.01 The 2016/17 General Fund budget and actual comparison is set out in the table below:

	w.	004047	004047	004047	004047	0040.47
Line No.	Description	2016-17 Revised	2016-17 Actual	2016-17 Variance	2016-17 Proposed	2016-17 Revised
		Budget		Variance		Variance
					Forwards	
		£000	£000	£000	£000	£000
1	Chief Executive & Cost of Democracy	1,788	1,755	33	28	5
2	Children's Services	40,081	39,954	127	224	(97)
3	Community Health & Social Care	19,512	19,201	311	620	(309)
4	Corporate Services	8,576	8,335	241	197	44
5	5 Development Services 6 Infrastructure Services		13,815	883	377	506
6	Infrastructure Services	20,011	19,725	286	424	(138)
	Centrally Managed Budgets:					
7	Energy	2,440	2,472	(32)	0	(32)
8	Water	362	308	54	0	54
9	9 Building Maintenance		1,976	7	0	7
	10 Grass Cutting		141	5	0	5
	11 FMU		707	45	0	-
	12 Insurance		924	(45)	0	(- /
	13 Training		626	29	0	29
	14 Office Buildings		1,845	12	0	12
	Fund Manager Fees	875		5	0	5
16	GENERAL FUND SERVICES NET EXPENDITURE (equals lines 1-15)	114,615	112,654	1,961	1,870	91
17	Allocation to the Integrated Joint Board (IJB)	19,512	19,201	311	0	311
18	Contribution from the Intergrated Joint Board (IJB)	(20,450)	(20,079)	(371)	0	(371)
19	NET CONTRIBUTION FROM THE IJB (equals lines 17-18)	(938)	(878)	(60)	0	(60)
20	Contingencies & Budget Pressures	1,354	(13)	1,367	543	824
21	Interest on Revenue Balances	(26)	(13)	(13)	0	(13)
22	Economic Development Investment Income	(800)	(1,625)	825	0	825
23	Spend to Save Unallocated	1,000	0	1,000	250	750
24	Support Recharges to Other Council Accounts,	(1,723)	(2,055)	332	0	332
	e.g. Harbour, HRA, Pension Fund and Capital					
25	TOTAL NET GENERAL FUND EXPENDITURE	113,482	108,070	5,412	2,663	2,749
	(equals line 16 plus lines 19-24) Funded by:					
26	GRG/NNDR (Scottish Government Allocation)	(82,695)	(82,696)	1	0	1
	Council Tax	(8,505)		36		36
	TOTAL CORE FUNDING (equals lines 26-27)	(91,200)	(91,237)	37	0	37
	Deficit to be funded from Reserves:	(0.,200)	(0.,=07)			
29	Draw on Reserves – General Fund	(10,258)	(4,715)	(5,543)	(2,413)	(3,130)
	Draw on Reserves - Equivalent to Harbour Account	(10,230)	(11,173)	(0,040) 842	(2,+10)	842
50	Surplus	(10,001)	(11,173)	072	0	072
31	Draw on Reserves - Shetland Gas Plant	(693)	(945)	252	0	252
32	Draw on Reserves –Spend to Save	(1,000)	0	(1,000)	(250)	(750)
33	TOTAL FUNDING FROM RESERVES (equals lines 29-32)	(22,282)	(16,833)	(5,449)	(2,663)	(2,786)
34	TOTAL FUNDING (equals line 28 plus line 33)	(113,482)	(108,070)	(5,412)	(2,663)	(2,749)
35	Balanced budget (lines 25 plus 34)	0	0	0	0	0

Net Expenditure

- 2.02 The General Fund Services Net Expenditure was budgeted to be £114.615m in 2016/17 as shown at Line 16 in the table above, actual expenditure of £112.654m has been incurred resulting in an underspend for the year of £1.961m. This expenditure represents the spending on the day to day costs of Council services. Detailed variances are included in the individual committee reports. A high level summary of the main variances is set out below:
- 2.03 Chief Executive & Cost of Democracy (£0.03m or 2% underspend)
 - There are no significant variances.
- 2.04 Children's Services (£0.13m or 0.3% underspend)
 - Overspend on Children's Residential service due to increased need (£253k);
 - Recurring savings identified through staffing reductions and operational efficiencies across the Quality Improvement/Schools service £305k.
- 2.05 Community Care Services (£0.31m or 2% underspend)
 - Staffing underspends across the service £1,025k;
 - Overspends in relation to Holiday Pay entitlement (£334k) and Off Island Placements (£469k) for which contingency was available if required, but was not applied as the costs could be met from underspends within the Directorate.
- 2.06 Corporate Services (£0.24m or 3% underspend)
 - Grant income from DWP Initiatives, Scottish Welfare Fund and Discretionary Housing Payments, all of which was not awarded and will be carried forward to be used in 2017/18 £104k;
 - Underspend due to no expenditure being incurred on a systems review £70k.
- 2.07 Development Services (£0.88m or 6% underspend)
 - Underspends on funding relating to progressing the tertiary review £134k, Economic Development Grants remained unspent due to a low uptake because of current market uncertainties £355k, vacancies within the Housing Support Service £105k and continuing difficulties in recruiting to professional posts across the Planning Service £170k;
 - Overspend due to a significant increase in the cost of providing school transport (£163k).
- 2.08 Infrastructure Services (£0.29m or 1% underspend)
 - Underspends due to remedial works funded by TOTAL, for damage to roads as a result of increased traffic to the Gas Plant, which were unable to be scheduled in 2016/17 £339k, and reduction in bitumen, fuel and maintenance costs at Scord related to reduced production requirements £271k;

 Overspend as a result of re-scheduled drydocks for Daggri and Linga, due to overrun on Geira drydock in 2015/16 for additional emergency repair works. (£277k);

2.09 Fund Managers Fees (£0.005m or 1% underspend)

 Fund Manager Fees are based on the value of the full range of managed investments the Council has for the year, and reflect market valuations and fund manager performance. For financial management purposes they are defined as non-controllable. Blackrock fee rate was significantly reduced in January 2017, the full year effect of which will only become clear in 2017/18.

Funding

- 2.10 The Scottish Government allocation is the Council's General Revenue Grant and the level of income that the Council will receive from the National Non-Domestic Rates Pool, this totalled £82.7m, a decrease from last year of £4.3m.
- 2.11 The increase in Council Tax collected of £36k is due to growth in the number of properties over that estimated in the budget.
- 2.12 The remainder of the funding required to balance the General Fund has to come from the Council's reserves. This was £16.833m in 2016/17 (Line 33 in the table at 2.01) against a budgeted draw of £22.282m, in line with the overall reductions in expenditure as explained in the previous section.

3.0 The 2016/17 Harbour Account

3.01 The 2016/17 Harbour Account budget and actual comparison is set out in the table below:

Line	Description	2016-17	2016-17	2016-17
No.		Revised	Actual	Variance
		£000	£000	£000
	Sullom Voe	13,251	12,438	813
2	Scalloway	1,090	901	189
3	Other Piers	817	740	77
4	Jetties & Spur Booms	2,083	1,955	128
-	Terminals	1,090	714	376
6	HARBOUR ACCOUNT SERVICES			
	EXPENDITURE (equals lines 1-5)	18,331	16,748	1,583
	Income			
7	Harbour Fees and Charges	(23,435)	(22,845)	(590)
	Terminal Berthing Charges	(3,145)	(3,121)	(24)
9	Jetties & Spur Booms	(2,083)	(1,955)	(128)
10	Shetland Gas Plant	(693)	(945)	252
10	TOTAL CORE FUNDING (equals lines	(29,356)	(28,866)	(490)
	7-9)			
11	TOTAL HARBOUR ACCOUNT NET			
	INCOME (equals line 6 plus line 10)	(11,025)	(12,118)	1,093
	Contributions (from)/to Reserves			
13 Contribution to Reserves – Reserve Fund		11,025	12,118	(1,093)
14	TOTAL FUNDING FROM/(TO)			
	RESERVES (equals lines 12-13)	11,025	12,118	(1,093)
15	Balanced budget (line 11 plus line 14)	0	0	0

- 3.02 The Harbour Account budgeted for a contribution to the Reserve Fund of £11.025m in 2016/17 and this was over achieved by £1.093m resulting in contribution of £12.118m, comprising:
 - Reduction in revenue funding requirement for capital projects £2m;
 - Additional income specifically budgeted to meet prior year losses £967k;
 - Reduced tanker income due to a Clair platform pollution incident, offshore maintenance and adverse weather impacting on the number of tankers (£1m);
 - Extended drydocks required on Tugs due to unanticipated extensive additional works which were only identified once the vessels went into drydock (£847k);
- 3.03 The Ports and Harbours operations (excluding Shetland Gas Plant) generated an additional surplus of £841k, which means that the budgeted surplus has been achieved.

4.0 The 2016/17 Housing Revenue Account Budget

4.01 The 2016/17 Housing Revenue Account budget and actual comparison is set out in the table below:

Line No.	Line Description No.		2016-17 Actual £000	Variance
	Expenditure	£000	2000	2000
1	Supervision & Management	725	747	(22)
2	Repairs & Maintenance	1,821	2,055	(234)
3	Void Rents & Charges	168	120	48
4	Garages	25	27	(2)
5	Capital Funded from Current Revenue	1,682	45	1,637
6	Capital Charges - Dwellings	1,621	1,710	(89)
7	TOTAL EXPENDITURE (equals lines 1-6)	6,042	4,704	1,338
	Income			
8	Interest on Revenue Balances	(2)	(1)	(1)
9	Rents - Dwellings	(6,763)	(6,552)	(211)
10	Rents - Other i.e. garages/sites etc	(181)	(218)	37
11	TOTAL INCOME (equalis lines 8-10)	(6,946)	(6,771)	(175)
11	Contribution to/(from) Housing Repairs & Renewals Fund (Reserves)	904	2,067	(1,163)
12	TOTAL FUNDING (equals lines 11 plus line 12)	(6,042)	(4,704)	(1,338)
13	Balanced HRA budget (line 7 plus line 12)	0	0	0

- 4.02 The Housing Revenue Account (HRA) delivered against its 2016/17 budget. There was a contribution to the Housing Revenue Account balance of £2.067m. Detailed information is contained in the Development Committee report. The main variance was:
 - Underspend due to less funding from current revenue (rental income) being required for capital expenditure. This was possible because Capital Receipts income was used instead, which was the result of higher than expected Council House sales for the year due to Right to Buy ending on 1 August 2016. This is a one off saving.
- 4.03 The net effect is an increased contribution to the Housing Revenue Account balance of £1.163m.

5.0 The Asset Investment Plan (Capital Programme) Budget

5.01 The 2016/17 Asset Investment Plan budget and actual comparison is set out in the table below:

Line No.	Description	2016-17 Revised Budget	Actual		Proposed Carry Forwards	2016-17 Revised Variance
		£000	£000	£000	£000	£000
1	Expenditure: New Developments/Contractually Committed Projects	17,251	8,957	8,294	8,294	0
2	Maintenance of Existing Assets	11,300	8,922	2,378	2,193	185
3	Spend to Save Projects	597	491	106	196	(90)
4	Housing Revenue Account Projects	2,573	2,519	54	0	54
5	TOTAL EXPENDITURE (equals lines 1-4)	31,721	20,889	10,832	10,683	149
	Income:					
6	Capital Grant/External Funding	(5,388)	(4,780)	(608)	0	(608)
7	Capital Funded from Current Revenue (GF/Harbour/HRA)	(5,033)	(1,557)	(3,476)	0	(3,476)
8	Capital Receipts (GF/Harbour/HRA)	(962)	(2,573)	1,611	0	1,611
9	TOTAL INCOME (equals lines 6-8)	(11,383)	(8,910)	(2,473)	0	(2,473)
	Funded by:					
10	Spend to Save – Draw on Reserves	(597)	(491)	(106)	(196)	90
11	(Draw from)/Contribution to Reserves	(5,379)	(2,612)	(2,767)	(4,708)	1,941
12	Borrowing – GF and Harbour Account	(14,362)	(8,876)	(5,486)	(5,779)	293
13	TOTAL DEFICIT FUNDING REQUIRED (equals lines 10-12)	(20,338)	(11,979)	(8,359)	(10,683)	2,324
14	TOTAL FINANCING (equals lines 9 plus 13)	(31,721)	(20,889)	(10,832)	(10,683)	(149)
15	Balanced Asset Investment Plan	0	0	0	0	0

- 5.02 The Asset Investment Plan underspent against its revised expenditure budget for 2016/17 by £10.832m. This comprised mainly of:
 - Underspends on the Halls of Residence and Clickimin works due to payments not being drawn down as fast as originally anticipated £5.1m, and on the Replacement Eric Gray Project due to work commencing on site later than planned £2m;
 - Underspends and tendering delays on Ports & Harbours Operations projects £2.1m.

5.03 There is a requirement to request a carry forward of £10.683m.

6.0 Spend to Save Budget

6.01 The 2016/17 Spend to Save budget and actual comparison is set out in the table below, these budgets are included in the General Fund and Asset Investment Plan above :

Line No.	Description	2016-17 Revised Budget		2016-17 Variance	2016-17 Proposed Carry Forwards	Revised Variance
		£000	£000	£000	£000	£000
	Expenditure:					
1	Revenue Projects	1,000	0	1,000	250	750
2	Capital Projects	597	491	106	196	(90)
	- ET & Taing House Extension	291	379	(88)	0	(88)
	- Market St Store Redevelopment	305	109	196	196	0
	- Viking Bus Terminus/Shelters	1	3	(2)	0	(2)
3	TOTAL EXPENDITURE (equals	1,597	491	1,106	446	660
	lines 1-2)					
	Funded by:					
4	Draw on Reserves - Spend to Save	(1,597)	(491)	(1,106)	(446)	(660)
5	TOTAL FUNDING (equals line 4)	(1,597)	(491)	(1,106)	(446)	(660)
	Balance Spend to Save (equals lines 3 plus 5)	0	0	0	0	0

6.02 The 2016/17 Spend to Save budget was underspent due to no revenue projects coming to fruition in the year as originally anticipated, however services are reviewing how they currently operate and projects are likely to be forthcoming in 2017/18. A revenue budget carry forward of £250k has been requested to meet those projects. There is a requirement to request a capital carry forward of £0.196m to complete the Market Street store redevelopment works.

7.0 2016/17 Carry Forwards into 2017/18

7.01 The 2017/18 revenue budget, approved in February 2017, did not include any carry forward allocations; this is a matter to be considered following the end of the financial year. In line with the carry forward scheme there are a number of carry forward requests by Directorates into the new financial year. The table below sets these items out:

Revenue Carry Forwards Directorate	Reason		2017/18 Proposed Addition to Directorate Budget £000
Executive & Corporate	Committed Expenditure	103	£000
Executive & Corporate	50% Underspend	103	225
Children's' Services	External Funding	62	
	50% Underspend	162	224
Community Care	External Funding	40	
	50% Underspend	580	620
Development	Committed Expenditure	33	
	50% Underspend	344	377
Infrastructure	Committed Expenditure	352	
	50% Underspend	72	424
Contingency & Cost Pressure	50% Underspend	543	543
Spend to Save	Underspend	250	250
TOTAL EXPENDITURE			2,663
Funded by:			
Draw on Revenue Reserves in			(2,413)
2017/18			
Draw on Revenue Reserves in			(250)
2017/18 - Spend to Save			
TOTAL FUNDING			(2,663)
Balanced Carry Forwards			0

7.02 The 2016/17 outturn figures have been adjusted so that the revised variances in this report take account of the items above.

7.03 Similarly the 2017/18 Asset Investment Plan (capital budget) does not include any carry forward, but needs to take account of the ongoing nature of these projects to ensure that they are completed and funded. In line with the carry forward scheme only committed project underspends can be carried forward. The carry forward requests by Directorates into the new financial year are set out in the table below:

Capital Carry Forwards Directorate	Reason	2017/18 Proposed Addition to Directorate Budget £000
Children's' Services	Committed Projects	5,149
Community Care	Committed Projects	1,984
Development	Committed Projects	131
Executive and Corporate Services	Committed Projects	1,074
Infrastructure	Committed Projects	2,345
TOTAL EXPENDITURE		10,683
Funded by:		
Draw on Revenue & Capital Reserves in 2017/18		(4,708)
Draw on Capital Reserves in 2017/18 - Spend to Save		(196)
Borrowing		(5,779)
TOTAL FUNDING		(10,683)
Balanced Carry Forwards		0

7.04 The 2016/17 outturn figures have been adjusted so that the revised variances in this report take account of the items above.



Meeting(s):	Policy and Resources Committee 19 June 2017					
Report Title:						
	Revision of Risk Board Terms of Reference and Risk					
	Management Policy, Strategy and associated documents					
Reference	IA-09-17 F					
Number:						
Author /						
Job Title:	Executive Manager - Audit, Risk and improvement					

1.0 Decisions / Action required:

- 1.1 That the Policy and Resources Committee RESOLVES to:
 - 1.1.1 approve the updated Risk Management Policy, Risk Management Strategy and associated documents; and
 - 1.1.2 agree that future updates to risk management documents outwith the three year periodic review should be made and reported to the Risk Board where these are required to give effect to changes in operational procedures, noting that any such changes will be notified in the document version control and, where considered necessary, by a briefing note to Councillors and/or officers.

2.0 High Level Summary:

2.1 The organisation's Risk Management Policy, Risk Management Strategy and associated documents were agreed by the Risk Board, and approved by Policy and Resources Committee on 22 June 2015 and Shetland Islands Council on 30 June 2015. The changes being proposed at this interim review are mainly of a minor nature, consisting of technical and operational amendments to take account of decisions already made and to reflect current practice. However, there is a change proposed in the review period which requires Committee approval.

3.0 Corporate Priorities and Joint Working:

3.1 Our approach to managing the risks we face will have resulted in a more risk aware organisation that avoids high-risk activities' – point 11 of the '20 by 20' in "Our Plan 16-20".

4.0 Key Issues:

- 4.1 The following revisions have been made to the Risk Management Policy:
 - The review period has been changed to three years from date of approval.
- 4.2 The following changes have been made to the Risk Management Strategy:

- The quote on the front reflects the organisation's current vision statement;
- Section 1, paragraph 2 reflects item 11 of the '20 by 20' in 'Our Plan 16-20';
- Section 9 has been revised to reflect the name of the current risk register system;
- Review period revised to three years.
- 4.3 The Risk Board Terms of Reference document has been revised to reflect updated terminology:
 - 2.3.1 has been revised to reflect current practice;
 - 2.3.5 has been revised to clarify that reporting to Audit Committee is an annual requirement;
 - 2.4.1 has been revised to reflect current practice;
 - 2.8.3 has been revised to remove the requirement for Planning and Performance Management Framework (PPMF) reports to be presented to the Risk Board on a quarterly basis, instead suggesting that they 'may, on occasion, be reported to the Corporate Management Team Risk Board';
 - 2.9.2 has been revised to reflect current practice;
 - The requirement to present an annual insurance report to Audit Committee has been removed.
- 4.4 The following documents are unchanged:
 - Risk matrix
 - Guidance on risk escalation
- 4.5 Existing guidance for the Riskweb risk register system has been replaced with CORE (system brand-name) Risk Register User Guide, and with a Glossary of terms included.
- 4.6 The following documents have been removed:
 - Audit Scotland Best Value 2 toolkit this has been carried out twice, and there are no plans to repeat the exercise. Further, the organisation's risk management activities are no longer highlighted as a concern by Audit Scotland;
 - Risk training plan this is now part of normal business.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implication	ons :
6.1 Service Users, Patients and Communities:	There are robust governance arrangements for risk management activities across the organisation, which help ensure that services are sustainable and deliverable for the people of Shetland.
6.2 Human Resources and Organisational Development:	Effective risk systems contribute to the safe delivery of services and the early identification of risks to staff, services or service users.
6.3 Equality, Diversity and Human Rights:	An Equalities Impact Assessment is not required.
6.4 Logal:	Effective risk management provides a layer of scrutiny of
Legal: 6.5	services across the organisation. There are no direct financial implications from this report.
Finance:	However, a well-managed approach to risk reduces unanticipated cost impacts to services and supports the identification of opportunities.
6.6 Assets and Property:	Effective risk check processes identify potential risks to property and assets.
6.7 ICT and new technologies:	Guidance and training on the use of IT-based risk register systems is available to all staff, and the use of these systems ensures that consistent, transparent and robust tools are available to support the management of risk.
6.8 Environmental:	A Strategic Environmental Impact Assessment is not required and this report has no direct environmental impact.
6.9 Risk Management:	The national performance framework for risk management requires well-performing organisations to measure their risk performance and for strategic management to take due cognisance of its risk framework and performance. The revision and re-approval of these documents is part of this organisation's risk framework.
6.10 Policy and Delegated Authority:	The Risk Management Strategy and its associated Policy and Procedures form part of the Council's Policy Framework. The management of that framework is delegated to the Policy and Resources Committee, with periodic reviews reported to that Committee. Authority to approve minor revisions of a technical and operational nature remains with the Risk Board in terms of its delegated authority for ensuring implementation and compliance with Policy and Procedures. However, there is a change
	proposed in the review period, and the requirement to present an annual insurance report to the Audit Committee has been removed (in 4.4), which requires approval of the Policy and Resources Committee.
6.11	None
Previously considered by:	
· · · · · · · · · · · · · · · · · · ·	

Contact Details:

Joanne Jamieson, Senior Risk Management Officer, joanne.jamieson@shetland.gov.uk

Appendices:

Appendix 1 - Revised draft Risk Management Policy Appendix 2 - Revised draft Risk management Strategy Appendix 3 - Revised draft Risk Board Terms of Reference

Background Documents: List relevant background documents and web links

Risk matrix -

http://intranet2/Policy/_layouts/listform.aspx?PageType=4&ListId={2AFF6F2D-3544-42E9-84C2-28D986D302BF}&ID=1960

Guidance on risk escalation http://intranet2/Policy/_layouts/listform.aspx?PageType=4&ListId={2AFF6F2D-3544-42E9-84C2-28D986D302BF}&ID=1962

Risk Management Policy

Policy implementation date: 2 July 2015 Policy review date: 19 June 2017

Policy owner: Executive Manager, Audit, Risk and Improvement

Document Information						
Document Name/Description				SIC Risk Management Policy		
Version Number e	e.g. V1.1			1.1		
Author				Joanne Jamieson, Senior Risk Management Officer		
Lead Officer/Manager			Crawford McIntyre, Executive Manager - Audit, Risk and Improvement			
Final Approval Date			19 June 2017			
Approved by – Co	Approved by – Council/Committee/Group/Manager			Shetland Islands Council		
Review Frequency	/			Triennially		
Date of next plan	ned review sta	rt		April 2020		
Summary of chan	ges to docume	ent				
Date	Version	New	Brief de	escription of changes		
	updated	version				
	number					
04/04/2017	1.0	1.1	Technical and operational revisions as set out in report no IA-06-17 to Risk Board			
19/06/2017	1.0	1.1		ee approval of technical and operational , revision of review period from biennial to		

1. Risk Management

- 1.1 Risks are those uncertain future events that could adversely influence the achievement of an organisation's strategic, operational and financial objectives.
- 1.2 Risk management concerns itself with the identification and management of risk; it seeks to protect and add value to the organisation and its objectives by continuously, systematically and proportionately addressing risk.
- 1.3 The <u>Risk Board's Terms of Reference</u> sets out the framework and defines the governance structure, roles and responsibilities for the management of risk.
- 1.4 The <u>Risk Management Strategy</u> sets out the objectives, direction, scope and priorities for the Shetland Islands Council in relation to the management of risk and how it supports the organisation's plans as set out in the Single Outcome Agreement, Corporate Plan and Directorate plans.
- 1.5 This Risk Management Policy sets out risk processes and methodologies and defines the Council's risk appetite.
- 1.6 The organisation's risk appetite is defined in the strategic risk appetite statement (4.2), and quantitatively in the <u>risk matrix</u> which sets out levels of likelihood and potential impact. The organisation recognises and seeks to exploit opportunities and the risk appetite statement and matrix support this approach.
- 1.7 The Council's Planning and Performance Management Framework (PPMF) sets out the timeframe for performance reporting. Service Committees and Council PPMF meetings are held quarterly on dates agreed annually by the Council.

2. Systems

- 2.1 A suite of software systems is in place to facilitate the effective recording, management and reporting of risk. Collectively these systems:
 - ensure compliance with statutory and contractual obligations,
 - enable the effective delivery of insurance and claims handling services, risk register management and Safety incident recording, and
 - support and provide enhanced management reporting and analysis functionality.
- 2.2 For all Council activities identified in the Risk Management Strategy, risks are recorded and managed on the web-based JCAD CORE (James

Crawford Applications Development, and software product name) Risk Register system, known as CORE;

- 2.3 Insurance claims and incidents are recorded and managed using the JCAD LACHS (software product name) system;
- 2.4 Personal Incident Notifications are recorded on the JCAD LACHS system.

3. Risk Registers - CORE

- 3.1 All risks are recorded on the CORE Risk register system, with the likelihood and severity estimated using the risk matrix.
- 3.2 Guidance on the use of CORE is available online, and training is available from Audit, Risk and Improvement service both on a scheduled basis and on request.
 - 3.2.1 All staff with responsibility for recording, reporting and reviewing risks must attend training to enable them to undertake this role to the required standard. Training needs are indentified through the Employee Review and Development process.
- 3.3 The different levels and parameters of risk have been set to reflect Shetland Island Council's risk appetite and are shown on the Risk Matrix.
- 3.4 Where the management of a risk is outwith the authority or the resources of the manager, that risk should be escalated to the next organisational level following discussion at the relevant management team meeting, with the minute reflecting that decision.
 - 3.4.1 The decision to escalate a risk to Directorate level must be taken by the relevant Directorate Management Team, who are then required to identify, and seek to implement, appropriate control measures.
 - 3.4.2 Where a Directorate Management Team seeks to escalate a risk to corporate/ organisational level, it must be reported to the Risk Board who have sole authority to review and update the Corporate Risk Register.
 - 3.4.3 The Risk Flow Chart provides a simple diagram and guidance on <u>risk escalation</u>.
 - 4. Risk

4.1 Risk appetite

4.1.1 The Shetland Islands Council's risk appetite is described in the risk appetite statement, below, defined via the scoring matrix and is supported through the risk response and review procedures, (4.3).

4.1.2 Risk appetite statement

To deliver its objectives the Council supports well managed risk taking and recognises the need to be risk aware, not risk averse. Appetite for risk will vary across service areas. However, if we are to be successful, avoiding all types of risks is not realistic and is not an effective use of limited resources.

While the Council does everything in its power to prevent harm to an individual, and wants to limit its exposure to health & safety, environmental, reputational, legal, financial and regulatory and compliance risks, it recognises that some level of risk is necessary in pursuit of better outcomes for the community and service users. The Council embraces the idea that opportunities can be positive risks in that their outcomes may be uncertain, but there could be the potential for, or likelihood of, worthwhile outcomes.

When considering whether or not a risk is being managed appropriately, officers must consider:

- The potential benefits from accepting the risk as it is;
- The views of key stakeholders;
- The possible costs (including opportunity costs) of taking action to manage the risk;
- The risk rating (likelihood and severity of the risk) as scored using the Council's risk management scoring criteria matrix;
- The Council's capability to manage the risk effectively, e.g. does effective management of the risk sit outside core competencies or is the Council getting involved in activities it has little track record in delivering?

When considering any risk, account must be taken of:

- The political salience of the risk, and if it is something members would be interested in e.g. should the risk be referred to members?
- If accepting the risk or taking an action would breach any Council standing order, policy or procedure;
- If the risk represents a breach of any relevant laws or regulations, or where any breach could lead to potential damage to the Council's legitimacy bearing in mind its separate enforcement roles;

• At what level the Council's scheme of delegated authority allows the risk to be managed.

4.2 **Opportunity**

4.2.1 The organisation seeks to exploit opportunities within areas of its core competencies. Risks to successfully exploiting an opportunity should be identified and recorded in the same way as risks to other objectives, and appropriate control measures recorded and actioned as appropriate.

4.3 Risk responses

- 4.3.1 Using a combination of likelihood and potential severity, risks are rated. That numerical measurement is translated into a risk profile, i.e. red (high), amber (medium) and green (low).
- 4.3.2 Proportionate and appropriate responses to risks will depend on the combined likelihood and potential severity of each risk, and the associated risk profile (red/ amber/ green). Control measure choices should be guided by the experience of the management team and by the risk rating and profile, with higher-rated risks prioritised over lower-rated risks within a given profile. Managing a risk down to the lowest possible impact and likelihood may not be cost-effective or desirable. A risk may be allowed to become more likely or to have a higher potential impact, if the resources required to control that risk can be put to more effective use elsewhere. This cost-benefit analysis approach must be borne in mind when identifying and considering proportionate and appropriate control measures.

4.4 Risk controls

- 4.4.1 Risks must be appropriately controlled. All risks on CORE are required to have appropriate control measure(s) identified, be recorded in the system and updated periodically.
- 4.4.2 The efficacy of risk controls is reviewed and updated periodically, with a consequent change shown in the rating of the risk.
- 4.4.3 The costs and resource implications of control measures should inform Service and/or Directorate planning.

4.5 Risk Reviews

- 4.5.1 Red risks have the potential to significantly impact on services and are therefore considered as a high priority. Control measures are established and implemented as soon as is practicable with a view to seeing a measurable reduction within a year. Red risks are reviewed at least every two months, and more frequently for the highest rated risks.
- 4.5.2 Amber risks have the potential to either significantly impact on services, or for frequently occurring, smaller impacts to happen. The size and timing of controls are guided by the risk rating with measurable reductions evident within a year. Amber risks are reviewed every six months at least, and more frequently for the higher-rated amber risks.
- 4.5.3 Green risks are generally those which are adequately managed but require to be monitored, or which could be managed down further, and which have the potential to have a limited impact on the service. Where a green risk is recorded, it is reviewed annually or more frequently where there is potential for it to change in the shorter term.

4.6 Risk in committee reports

4.6.1 Committee reports include Risk Management within the implications section. Guidance is available in the report pro-forma and directly from Risk Management staff.

5. Performance monitoring, performance targets and assurance

- 5.1 Performance of the management of risk within the Shetland Islands Council is measured and targets set using the <u>ALARM National Performance Model</u> <u>for Risk Management</u>, and reported to the Risk Board and Audit Committee.
- 5.2 Internal Audit has responsibility, in its Strategic Audit Plan, for providing independent assurance of the Risk Management Policy, Strategy, Risk Management Section and the various elements of the framework for the management of risk across the organisation as well as its delivery. This will be discharged on a periodic basis.

IA-09-17 - Appendix 2



Shetland Islands Council

Risk Management Strategy

'We want to be known as an excellent organisation that works well with our partners to deliver sustainable services for the people of Shetland' - Shetland Islands Council 'Our Plan 16-20'

> Audit, Risk and Improvement Council Headquarters 8 North Ness Lerwick ZE1 0LZ

Document Information								
Document N	ame/Descript	tion	Risk Management Strategy					
Version Nun	nber <i>e.g. V1.1</i>	1	1.1					
Author				Joanne Jamieson, Senior Risk				
				Management Officer				
Lead Officer	/Manager		Crawford McIntyre, Executive					
				Manager – Audit, Risk and				
			Improvement					
Final Approval Date				4 April 2017				
Approved by –				Risk Board				
Council/Con	nmittee/Group	o/Manager						
Review Frequency				Triennially				
Date of next planned review start				April 2020				
Summary of changes to document								
Date	Version	New	Brief description of changes					
	updated	version						
		number						
04/04/2017	1.0	1.1	Operational and technical changes as per report IA-06-17 to					
10/00/2017	1.0	1 1	Risk Board					
19/06/2017	1.0	1.1	Committee approval of technical and operational revisions, revision of review period from biennial to triennial					
	revision d			review period from plennial to thennial				

1. Introduction

The Shetland Islands Council is committed to the management of risk which is a key element of Corporate Governance. The organisation is risk aware, not risk averse; it recognises and seeks to exploit opportunities, particularly where they are within our areas of core competency.

As an organisation, 'Our approach to managing the risks we face will have resulted in a more risk aware organisation that avoids high-risk activities' [Our Plan 2016-2020]

In October 2014, the Council commissioned a review of the management of risk across the organisation. Much of this document is based on the findings of that review and on the resulting Action Plan.

This Strategy defines the aims, scope and principles of the Shetland Islands Council in relation to risk and risk management.

The Risk Management Policy complements this strategy in that it sets out the risk processes, tools and methodologies, and defines the Council's risk appetite, responses and performance frameworks.

The Risk Board Terms of Reference document sets out the governance structure for the management of risk and the associated roles and responsibilities.

2. Risk

Risk is an event or outcome which, if it occurs, will have an impact upon the Council's ability to achieve its business priorities. That outcome can be positive or negative.

Risk can be described as:

- the effect of uncertainty on the objectives of the Council;
- (the chance of) a deviation from the expected;
- the chance that damage or an adverse outcome will occur as the result of a hazard;
- uncertain future events that can adversely influence the achievement of the organisation's strategic, operational and financial objectives;
- a combination of the consequences of an event or change in circumstances, and the associated likelihood of occurrence;
- the chance that an outcome will be different from that which was planned or expected.

3. Risk management

The British Standard [BS 31100] provides a basis for understanding, developing, implementing and maintaining proportionate and effective risk management

throughout the organisation, in order to enhance the organisation's likelihood of achieving its objectives.

Risk management:

- is a continuous activity;
- means the coordinated activities that direct and control an organisation with regard to risk [ISO 31000];
- is the systematic application of management policies, procedures and practices in order to identify, analyse, contextualise, control, monitor and review risks that may impact on the Council or its Plans.

4. The objectives of the Risk Management Strategy

The objectives of the Council's Risk Management Strategy are to:

- ensure consistency and transparency in the management of risk throughout the organisation;
- create greater ownership and awareness of risk, reduce uncertainty and strive for more resilient services;
- add value to the decision-making, Corporate, Directorate, Service and project planning and financial management systems;
- protect the Council, its staff, services, assets, reputation and finances.

By managing risk effectively, the Council benefits from improved and effective strategic, operational and financial management and customer service, and thus has the best possible opportunities to achieve its objectives on time and within budget as set out in the Corporate and Directorate Plans.

5. Scope

The Risk Management Strategy applies to everything the Council does, without geographical restriction.

The Council's Risk Management Strategy and Policy apply to:

- all Council activities, services, infrastructure, and assets;
- all projects including those with partners;
- all partners and partnership working activities;
- all Council activities that are delivered from, or take place in, shared premises or sites.

Where the Council is working with a partner individual or organisation, the Council's risk management standards as set out in the Risk Management Strategy and Risk Management policy, or those of an equivalent standard, must be applied. For the absence of doubt, this includes the Integrated Joint Board and any activities managed, specified, contracted or controlled by that Board. More information is available in the Shetland Islands Health and Social Care Partnership Integration Scheme document which is available on the internet.

The Council has committed to PRINCE2 as a methodology for all significant projects. PRINCE2 projects have a separate Risk Management Strategy and Risk Register. The PRINCE2 approach to project risks complements, but does not replace, the principles and commitments contained within the risk strategy or policy documents.

6. The principles of risk management

The Council commits to the following principles:

Risk management:

- is an integral part of all organisational processes;
- is part of decision-making;
- explicitly addresses uncertainty;
- is systematic, structured and timely;
- is based on the best available information;
- operates under a common language;
- takes human, organisational and cultural factors into account;
- is transparent and inclusive;
- is dynamic, iterative and responsive to change;
- facilitates continual improvement of the organisation; and,
- creates and protects value.

7. Risk management and the organisation

Reporting of risks is an integral part of the Planning and Performance Management Framework and to the effective management of risk across the organisation. Risk reporting requirements are set out in the Risk Board terms of Reference document.

The governance structure for the management of risk is defined in the Risk Board Terms of Reference.

The key stakeholders and their roles and responsibilities in relation to the management of risk are defined in the Risk Board Terms of Reference.

The provision of risk management training is the responsibility of Audit, Risk and Improvement Service and is detailed in the Risk Management Policy.

8. Risk appetite

The Council's risk appetite is the amount and type of risk it is willing to seek out or tolerate in pursuit of its corporate objectives. Defining the Council's risk appetite:

- Provides informative data to support decision-making across the organisation;
- Ensures the organisation is only taking a level of risk and the type of risk that it is comfortable with;
- Ensures that opportunity, potential benefit and risk are proportionate.

Where the organisation's risk appetite is exceeded, the details must be communicated to the relevant Management Team and/or Risk Board.

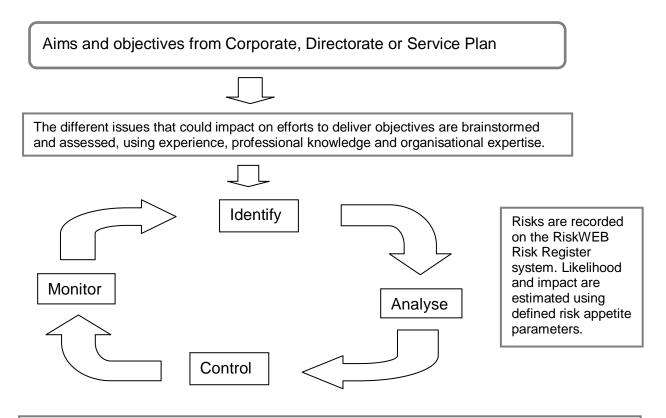
The Council's risk appetite is defined in the Risk Management Policy, along with explanations of proportionate and appropriate responses.

It is recognised that the organisation may be prepared to accept higher than usual proportions or levels of risk in a specific area if the overall balance of risk is acceptable. Deviation from those overall parameters must be considered by the appropriate Management Team and/ or the Risk Board.

9. Risk management process

The Council sets out its aims and objectives in the Corporate Plan, the Directorate Plans and the various Service Plans. Each plan identifies the risks that could threaten the activities, actions and goals set out in that plan and those risks are detailed in the organisation's Risk Register system (CORE).

Identification, analysis, control and monitoring of risks are ongoing, continuous and core to planning and the management of projects, services and the organisation.



Control measures that require a change in policy or direction, or the input of significant resources, should be reflected in the following year's Corporate, Directorate or Service Plan

Risk tools, procedures and methodologies are set out in the Risk Management Policy.

10. Performance and targets for the management of risk

Performance monitoring, performance targets and assurance requirements and the reporting of those requirements, are set out in the Risk Management Policy.

11. Capabilities

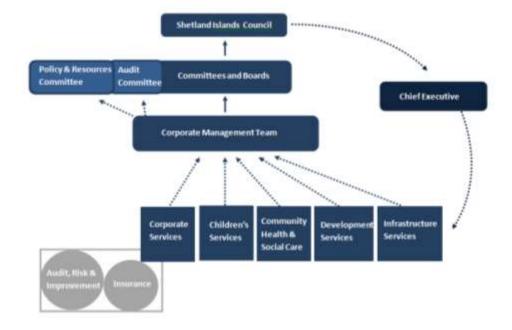
Risk management capabilities and levels of training for staff and managers are set out in the Risk Management Policy.

Corporate Management Team Risk Board Terms of Reference

Document Information							
Document Nar	me/Description		Risk Board terms of Reference				
Version Numb	er <i>e.g. V1.1</i>		1.1				
Author			Joanne Jamieson, Senior Risk Management Officer				
Lead Officer/N	lanager		Crawford McIntyre, Executive Manager – Audit, Risk and Improvement				
Final Approval Date				4 April 2017			
Approved by – Council/Committee/Group/Manager				Risk Board			
Review Freque	ency		Triennially				
Date of next planned review start				April 2020			
Summary of changes to document							
Date	Version updated	New version number	Brief description of changes				
04/04/2017	1.0	1.1	Operational and technical changes as per report IA-06-17 to Risk Board				
19/06/2017	1.0	1.1	Committee approval of technical and operational revisions, revision of review period from biennial to triennial				

1. Introduction

- 1.1 Effective risk management requires an agreed framework for the management of risk, within which governance, roles and responsibilities are clearly defined, policy, strategy, objectives and processes are set out and channels and timescales for reporting are agreed.
- 1.2 The following governance structure for the management of risk provides a framework for delivering, developing, maintaining and governing risk management throughout the organisation. Roles and responsibilities are defined in 2.
- 1.3 Illustration of the governance structure for the management of risk.



- 1.4 The Risk Management Strategy sets out the objectives, direction, scope and priorities for the Shetland Islands Council in relation to the management of risk, and how it supports the organisation's plans as set out in the Local Outcome Improvement Plan, Corporate Plan and Directorate plans.
- 1.5 The Risk Management Policy sets out the Council's risk appetite and the risk management processes, system and methodologies.
- 1.6 The Council's Planning and Performance Management Framework (PPMF) sets out the timeframe for performance reporting which includes risks. Committee and Council PPMF meetings are held quarterly on dates agreed annually by the Council.

2. Roles and responsibilities

The following roles and responsibilities are integral to the Shetland Islands Council risk management governance arrangements.

2.1 Shetland Islands Council

- 2.1.1 Changes and periodic reviews of policy, strategy and governance arrangements are reported to Shetland Islands Council.
- 2.1.2 Responsible for setting, with the Corporate Management Team, the council's appetite for risk.
- 2.1.3 Considers risk as part of all decisions made, with guidance from senior officers.
- 2.1.4 Encourages a culture that supports appropriate risk taking and the open discussion of risk.

2.2 Policy and Resources Committee

2.2.1 Changes to policy, strategy and governance arrangements are reported to, and agreed by, the Policy and Resources Committee.

2.3. Audit Committee

- 2.3.1 Governance arrangements for the management of risk, risk management performance, emerging or activity-specific risk and the Risk Management Policy are reported periodically to the Audit Committee.
- 2.3.2 The Risk Management Strategy is reported triennially to the Audit Committee.
- 2.3.3 Performance of the organisation using a risk industry standard is reported annually to the Audit Committee.
- 2.3.4 Assessments of the organisation's management of risk for assurance purposes, are reported annually to Audit Committee.

2.4 Functional Committees

- 2.4.1 Directorate risk registers are appended to directorate Planning and Performance Management reports which are presented quarterly to relevant Functional Committees.
- 2.4.2 Consider risk as part of all decisions made, with guidance from senior officers.

2.5 Chief Executive

- 2.5.1 The Chief Executive chairs the Corporate Management Team Risk Board.
- 2.5.2 The Chief Executive is the conduit through which instructions from the Shetland Islands Council are relayed to Directorates, including in relation to risk.

2.6 Corporate Management Team

- 2.6.1 Corporate Management Team, undertaking the role of a risk management board, meets quarterly to focus on risk. This meeting is scheduled to co-ordinate with the Planning and Performance Management Framework (PPMF), and is referred to as the Risk Board.
- 2.6.2 CMT has responsibility for considering risk as part of the development of strategies, policies, in response to external trends, and to implement the various elements of the Risk Management Framework as agreed by the Risk Board.
- 2.6.3 CMT is supported in its role of Risk Board by staff in the Audit, Risk and Improvement Service.
- 2.6.4 CMT ensures that risk management activity within the organisation is carried out in an effective, consistent and cooperative manner.

2.7 CMT Risk Board

- 2.7.1 CMT Risk Board has responsibility for driving the management of risk across the organisation by ensuring the implementation of, and compliance with, the Risk Management Strategy and Policy.
- 2.7.2 CMT Risk Board meets on a quarterly basis to consider risk-focussed reports from each Directorate and from Audit, Risk and Improvement, and requests reports on specific risk areas and on risk-control activities from Directorates and Audit, Risk and Improvement.
- 2.7.3 As set out within the Planning and Performance Management Framework report of July 2011, CMT is required to review corporate risks as part of the Corporate Plan on a quarterly basis, and review and report on corporate risks as part of the annual refresh of that Corporate Plan; this responsibility now sits with the CMT Risk Board.
- 2.7.4 CMT has responsibility for monitoring and driving performance standards for risk across the organisation via the agreed mechanism as set out in the Risk Management Policy, for formally considering risk performance on an annual basis and for reporting that risk performance to Audit Committee.
- 2.8 <u>Directors</u>
- 2.8.1 Directorate responsibility for Audit, Risk and Improvement is in the remit of the Director of Corporate Services.
- 2.8.2 All Directors ensure the Risk Management Strategy, Policy and related processes and methodologies are fully implemented and complied with.
- 2.8.2 Directors ensure that significant risks and opportunities within their Directorate, Department (Service plan level) and at operational level are identified and analysed, recorded and updated on the risk register system, escalated where necessary and managed appropriately.

2.8.3 Each Director ensures that significant risks and opportunities including emerging risks, risks to or from partnerships and projects, and the success or otherwise of measures taken to mitigate risk or exploit opportunity, are considered, reviewed and updated quarterly as part of the PPMF, and reported to the relevant Committee. These reports may, on occasion, be reported to the CMT Risk Board.

2.9 Audit, Risk and Improvement

- 2.9.1 Audit, Risk and Improvement report to the quarterly CMT Risk Board on risk management targets and performance, risk control progress, emerging and significant risks including sector or industry-specific issues, risk management initiatives and other relevant business, with some reports going to the relevant Committee depending on content and significance.
- 2.9.2 Audit, Risk and Improvement report annually to the CMT Risk Board on Risk Check findings and annual risk performance. Reviews of strategy, policy, terms of reference, processes and methodologies, are reported to the CMT Risk Board and on to Audit or Policy and Resources Committee as appropriate.
- 2.9.3 Risk Management Officer attends Directorate Management Team meetings quarterly to provide support and advice in relation to the process of the management of risk, the quarterly review of Directorate Risks and specific risk issues. This Management Team meeting is where Directorate Risks are reviewed, significant or emerging risks are reported upon and considered, and any escalation or actions are agreed; these form part of the Director's quarterly report to CMT.

2.10. Insurance Section

2.10.1 Insurance cover, changes to classes of business or levels of excess, claims performance, premiums and renewal information and review of providers are reported annually to CMT Risk Board and to Audit Committee.

2.10 All staff/ project managers

2.10.1 All staff and project managers are required to take cognisance of the various elements of the Risk Management Framework.





Meeting(s):	Policy & Resources Committee	19 June 2017	
Report Title:	Local Government Benchmarking Framework		
Reference Number:	IA-11-17 F		
Author / Job Title:	Crawford McIntyre - Executive Manager - Audit, Risk and Improvement		

1.0 Decisions / Action required:

1.1 The Policy & Resources Committee should discuss the content of this report and highlight any indicators where further attention or explanation is required through this Committee, other Committees or by Council management.

2.0 High Level Summary:

2.1 This report presents the recently published 4th set of public results from a national Local Government Benchmarking Framework (LGBF) exercise carried out across all Scottish Councils by a joint project between:

The Improvement Service Audit Scotland The Society of Local Authority Chief Executives (SOLACE) and The Convention of Scottish Local Authorities (COSLA)

- 2.2 The LGBF data was published in February 2017, this report was held to allow the new Council an opportunity to consider this important suite of indicators.
- 2.3 Benchmarking is a way of comparing performance across organisations and can help provide valuable information on cost, quality and satisfaction with services to deliver better local services for local communities.
- 2.4 The Benchmarking data in Appendices A-G is intended to help identify where there is variation in service delivery; then allow Councils to work together to understand why this occurs and learn from best practice so we can change and improve.
- 2.5 Benchmarking can be an important contribution to change and improvement, with the potential to help deliver better services for less money and to drive up outcomes for communities and individuals through comparison of best practice across Scotland.

3.0 Corporate Priorities and Joint Working:

3.1 Corporate Plan no 12 of 20: "Our performance as an organisation will be managed effectively, with high standards being applied to the performance of staff and services. Poor performance will be dealt with, and good service performance will be highlighted and shared. People who use our services will experience excellent standards of customer care."

3.2 Corporate Plan "Context" – "Money": "The challenge we set as a community planning partnership is to 'achieve the same or more with fewer resources' and to 'maintain Shetland's high level of performance relative to many national comparisons and indicators'.

4.0 Key Issues:

4.1 This report provides a suite of benchmarking information that compares Shetland Islands Council's performance with other Scottish Councils and has the potential to help share best practice and generate further positive change and improvement.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications :	
6.1	This report, and "My Local Council" website
Service Users, Patients and Communities:	<u>http://scotland.mylocalcouncil.info</u> gives all Service Users the opportunity to compare the Council's performance against time and against other Authorities.
6.2 Human Resources and Organisational Development:	This report contributes to improving the arrangements for Member engagement in monitoring Council performance and contributes to high standards of governance.
6.3 Equality, Diversity and Human Rights:	The council fulfils its statutory duties in publishing its Equal Pay Gap and Equal Pay Statement. It also monitors equality and diversity through the Equal Pay Audit and subsequent reporting through the Mainstreaming Equalities report. Appendix B - Indicators 3 and 12 highlight the gender balance in senior posts and provides the Council's gender pay gap based on data collected during the 2016 Equal Pay Audit
6.4 Legal:	None
6.5 Finance:	Many of the attached indicators show financial costs against time, and against other Authorities.
6.6 Assets and Property:	The number of operational properties has reduced through the period 2015-16 and there has been a small increase in the proportion of operational buildings now considered suitable for service delivery. The reduction in the number of operational properties is a result of the continued implementation of the Councils Asset Strategy and service reviews following budget cuts
6.7 ICT and new technologies:	None
6.8 Environmental:	Appendix E – contains a number of indicators highlighting environmental issues.
6.9 Risk Management:	A failure to monitor our progress against time, and against other Authorities, increases the risk of the Council not delivering its statutory duty to deliver Best Value and continuous improvement.
6.10	As outlined in Section 2.2.1.4 of the Council's Scheme of

Policy and Delegated	Administration and Delegations, the Policy & Resources	
Authority:	Committee's remit includes <i>"Ensure the effectiveness of the Council's planning and performance management framework"</i> .	
6.11 Previously considered by:	None	

Contact Details:

Jim MacLeod Performance and Improvement Adviser <u>james.macleod@shetland.gov.uk</u> 31 May 2017

Appendices: Local Government Benchmarking Framework – 2015/16 Indicators

Appendix A – Children's Services

Appendix B – Corporate Services

Appendix C - Adult Social Care

Appendix D – Economic Development

Appendix E – Environmental Services

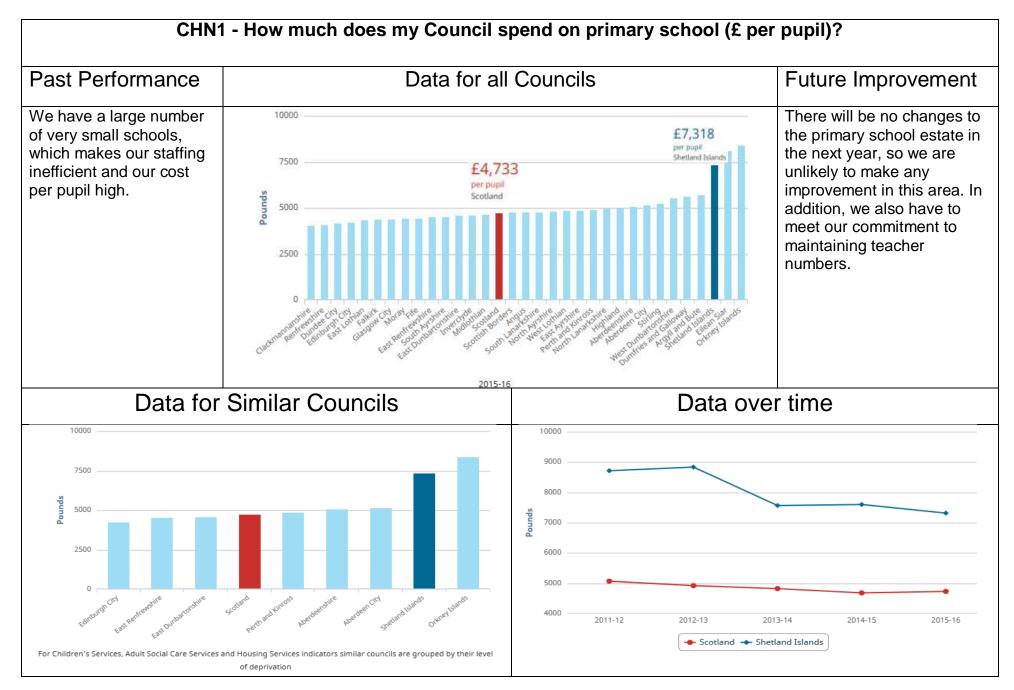
Appendix F – Culture and Leisure Services

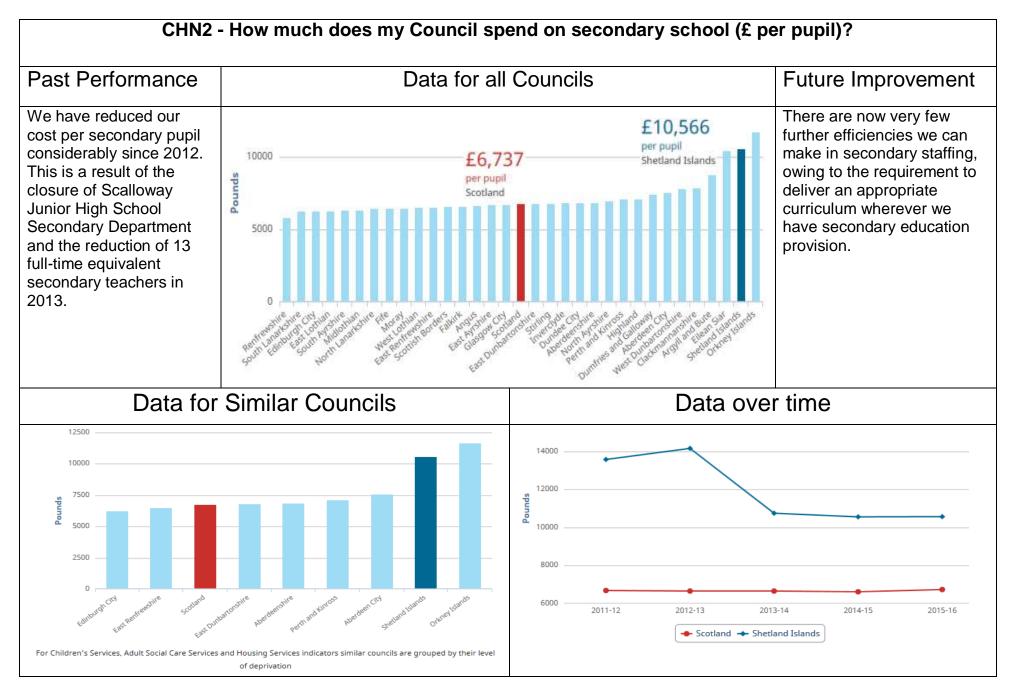
Appendix G – Housing Services

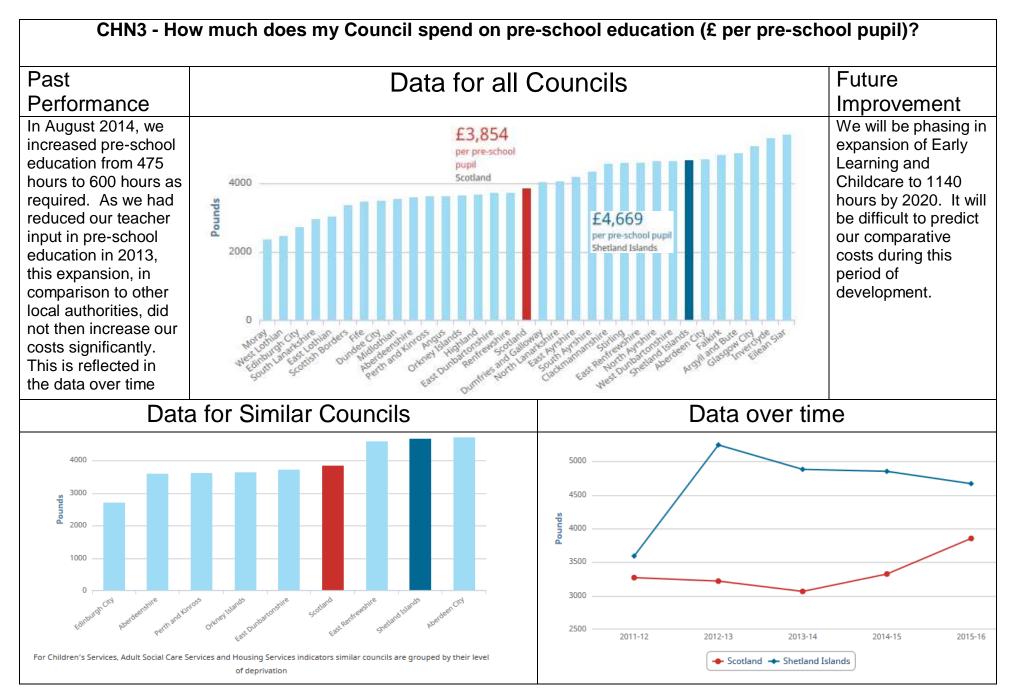
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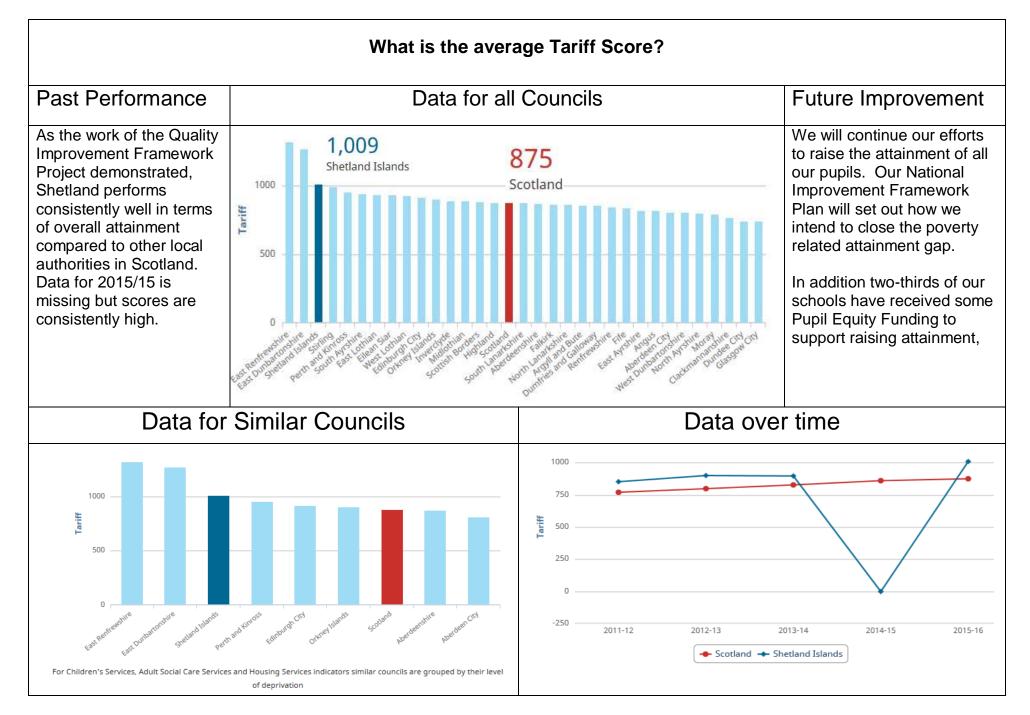
Appendix A – Children's Services – Local Government Benchmarking Framework Indicators

- 1. CHN1 How much does my Council spend on primary school (£ per pupil)?
- 2. CHN2 How much does my Council spend on secondary school (£ per pupil)?
- 3. CHN3 How much does my Council spend on pre-school education (£ per pre-school pupil)?
- 4. What is the average Tariff Score?
- 5. What is the average tariff score in SIMD quintile 1?
- 6. What is the average tariff score in SIMD quintile 2?
- 7. What is the average tariff score in SIMD quintile 3?
- 8. What is the average tariff score in SIMD quintile 4?
- 9. What is the average tariff score in SIMD quintile 5?
- 10. CHN4 What percentage of secondary school pupils achieved 5 plus awards at SCQF 5?
- 11. CHN 5 What percentage of secondary school pupils achieved 5 plus awards at SCQF level 6 at the end of sixth year?
- 12. What percentage of secondary school pupils from deprived areas achieved 5 plus awards at SCQF level 5 or higher?
- 13. What percentage of secondary school pupils from deprived areas achieved 5 plus awards at SCQF level 6 or higher?
- 14. CHN 11 What percentage of pupils enter a positive destination after leaving school?
- 15. CHN 10 How satisfied are residents with local schools?
- 16. CHN 8a How much does my council spend on providing residential accommodation for "looked after children" (£ per child per week)
- 17. CHN 8b How much does my council spend on providing fostering/family placements for "looked after children" (£ per child per week)
- 18. CHN 9 How many "looked after children" are being-cared for in foster/family placements rather than residential accommodation?

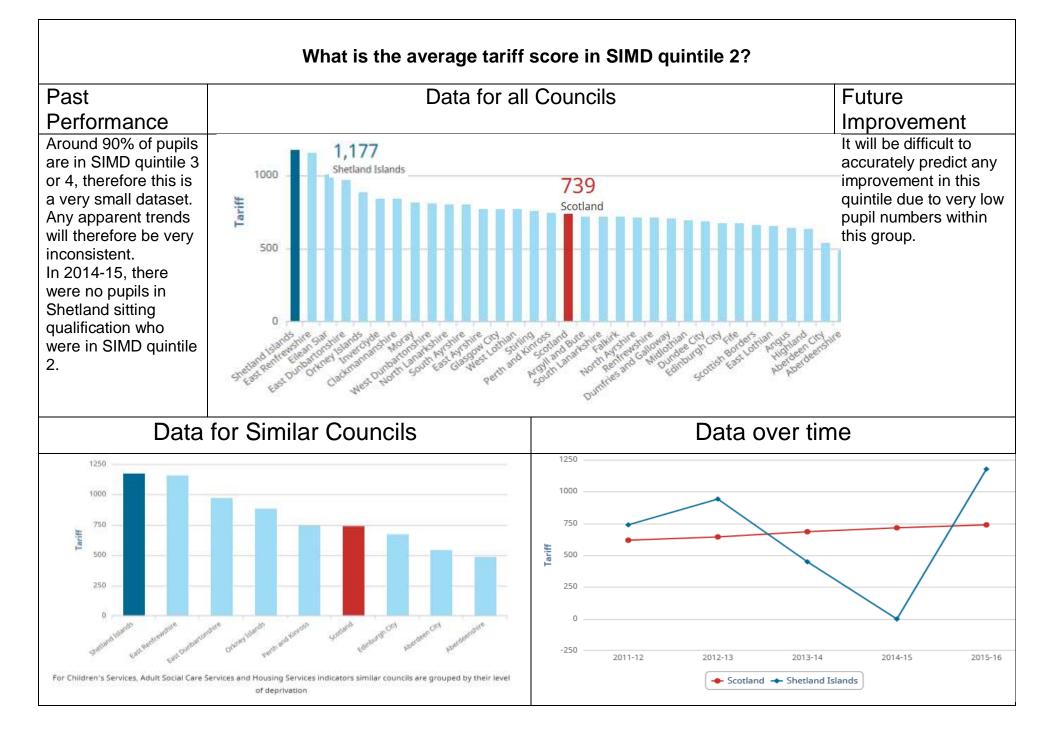


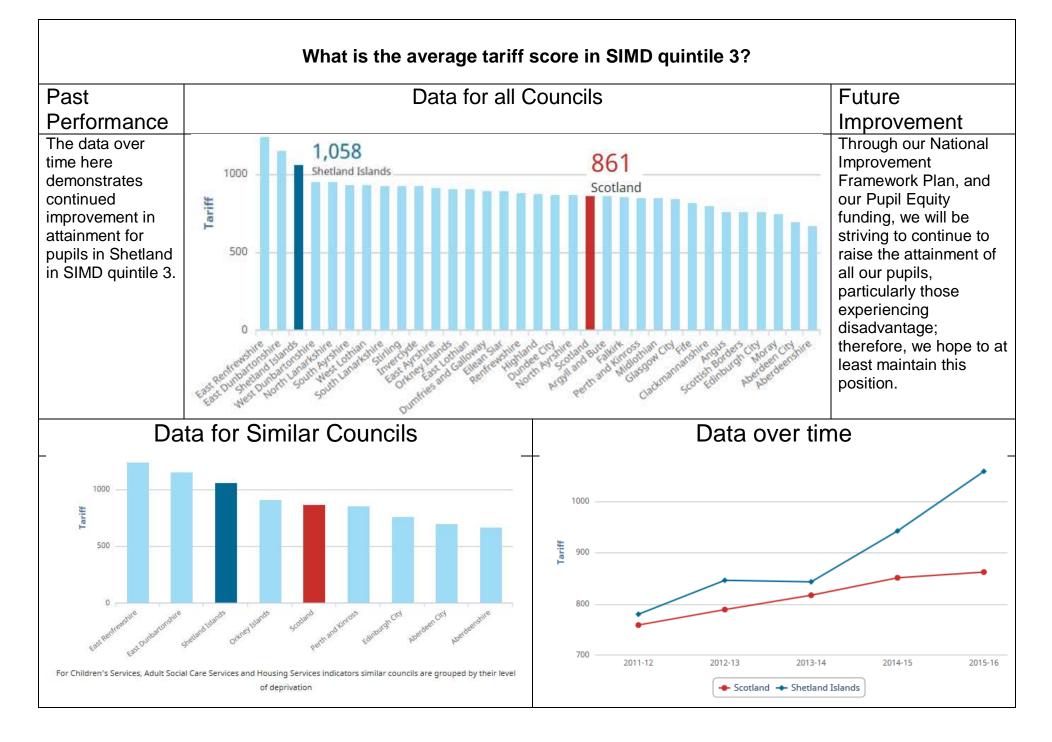


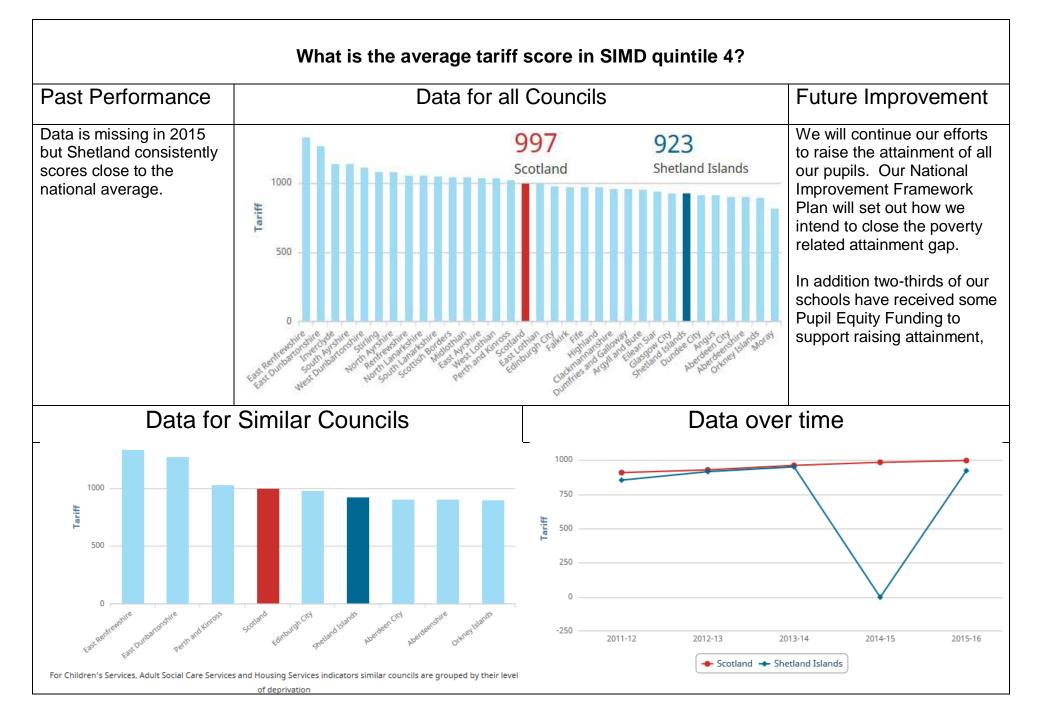


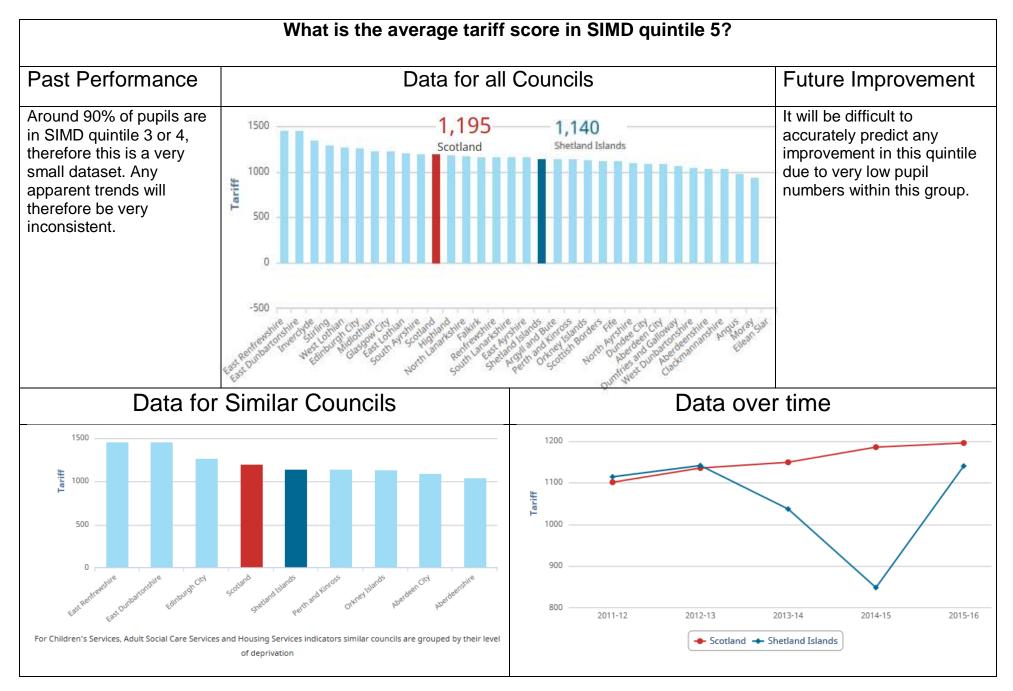


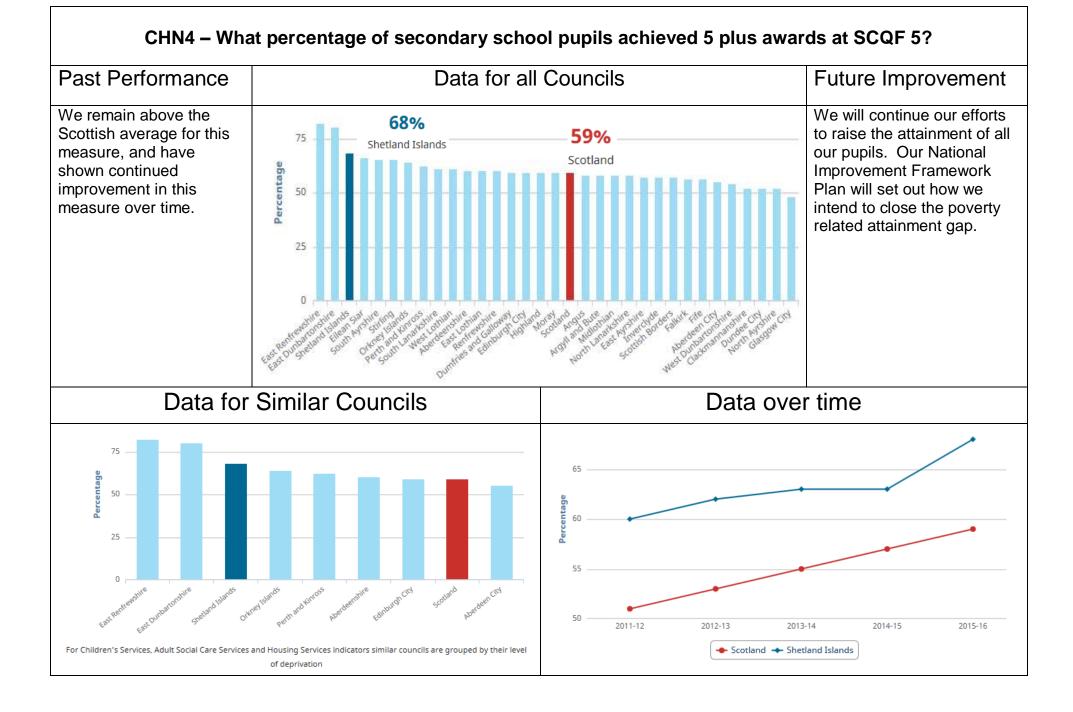




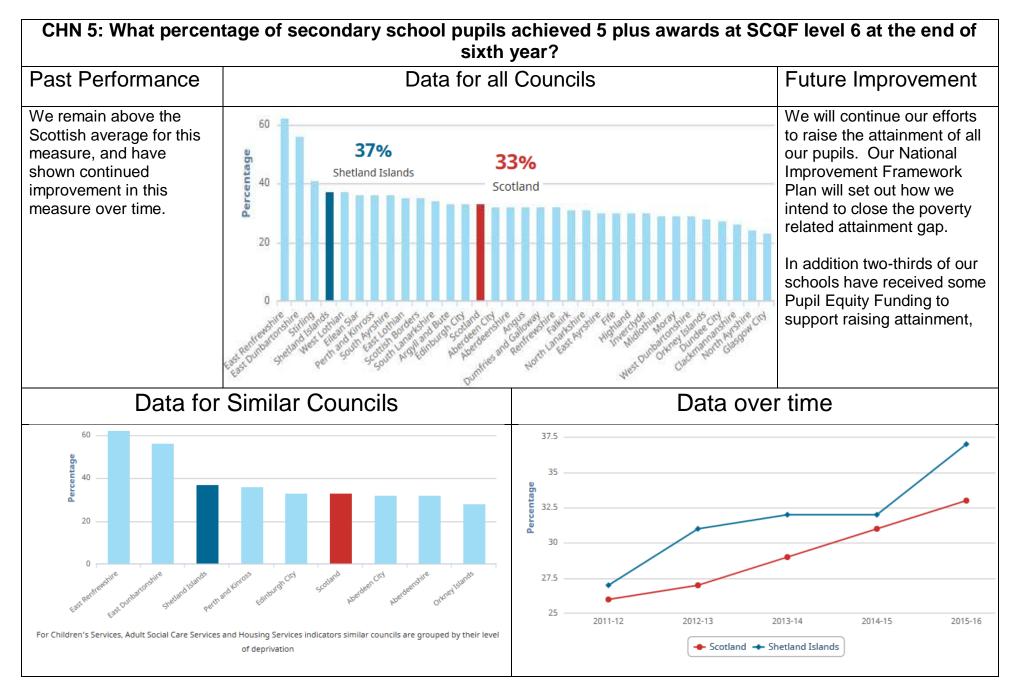


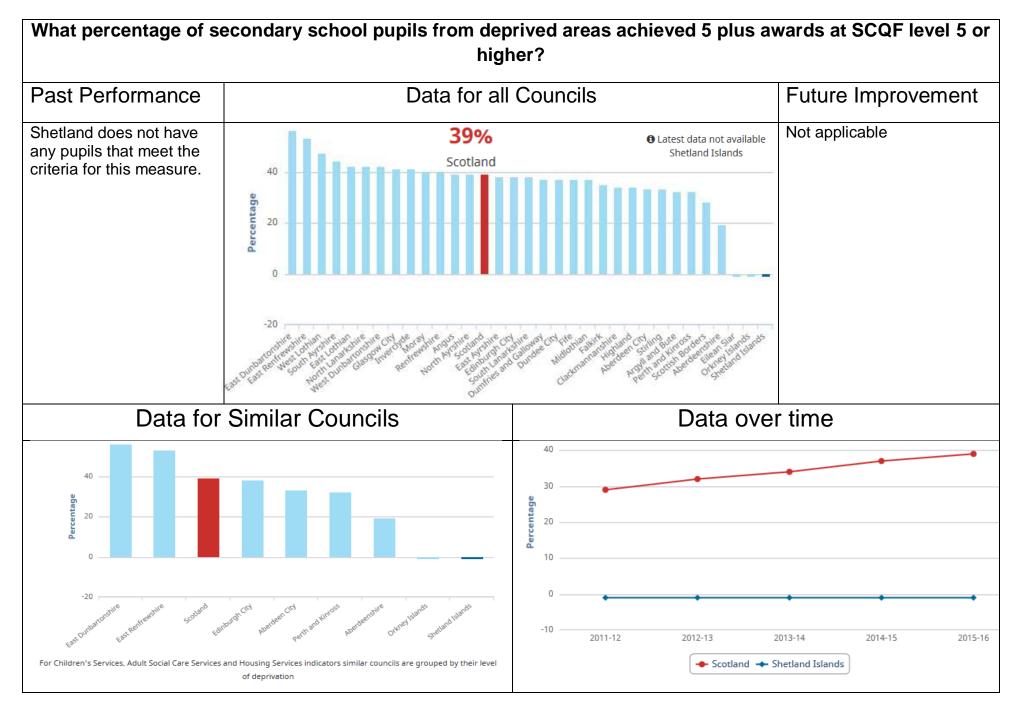


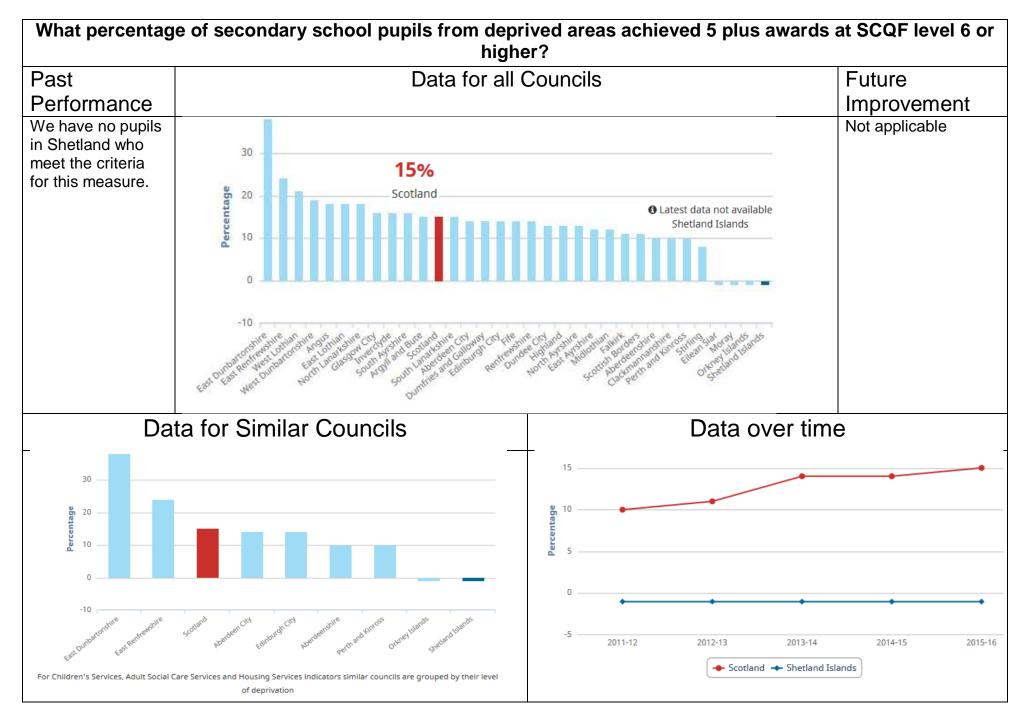


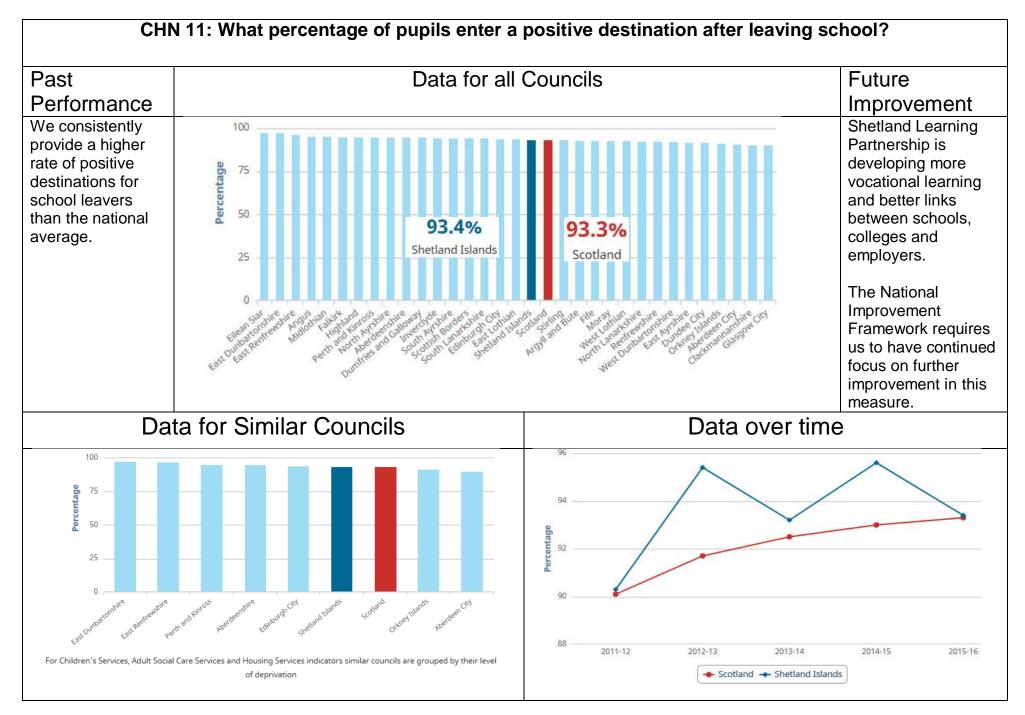


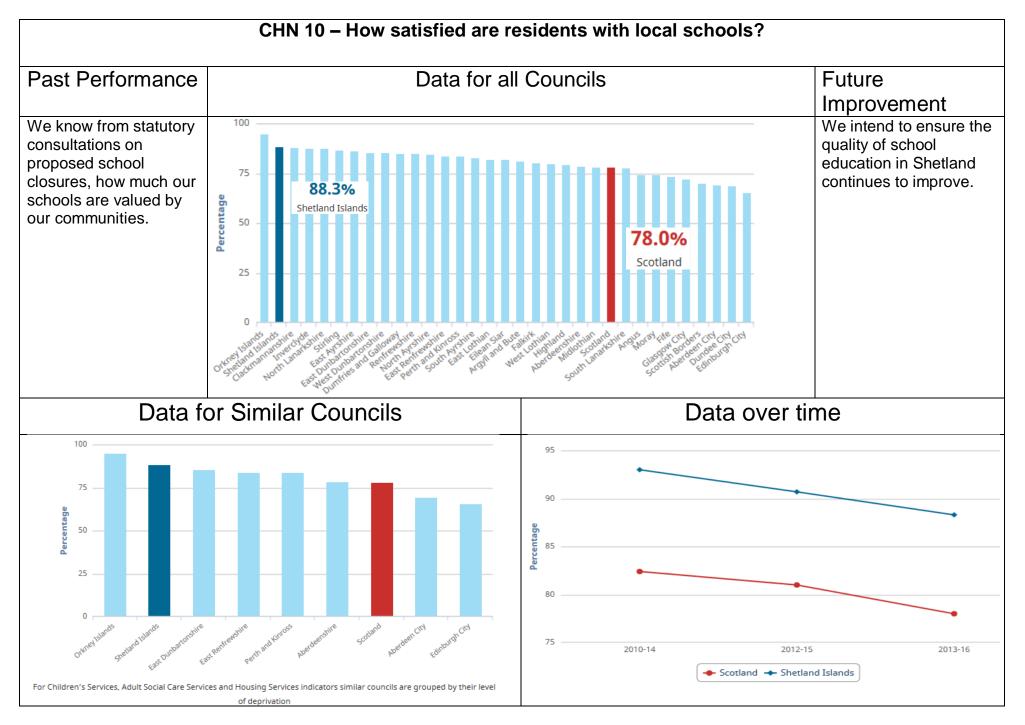
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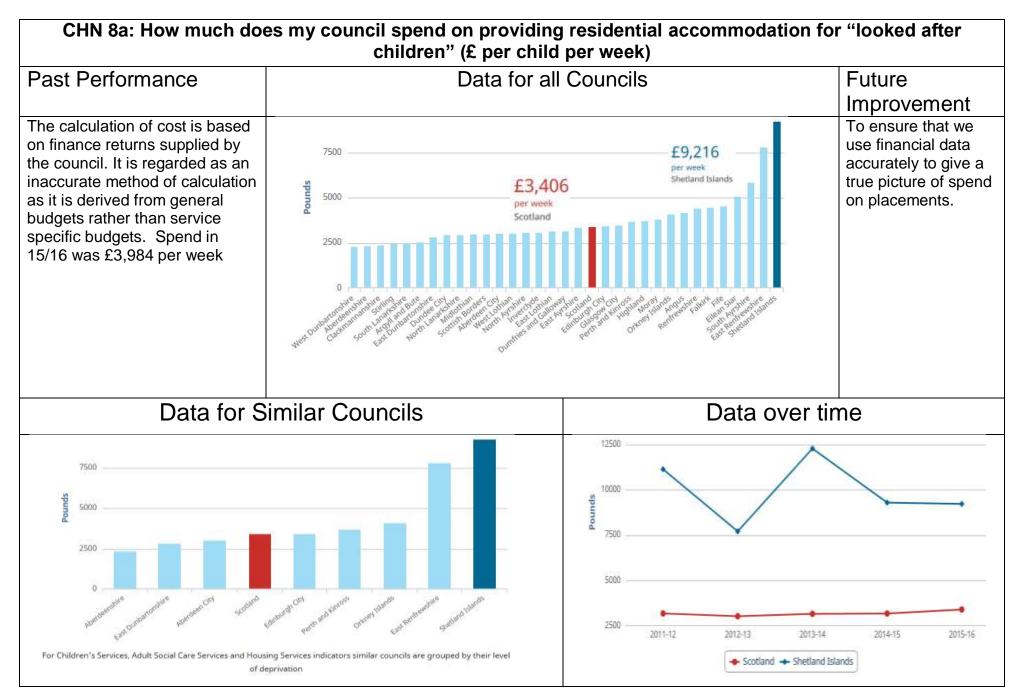


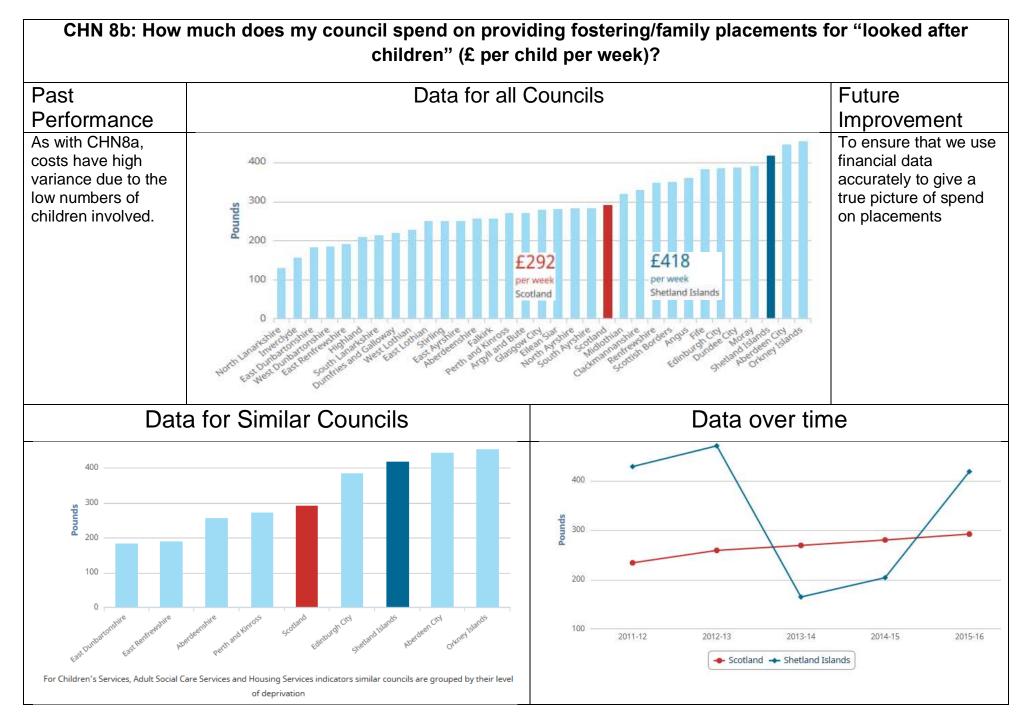


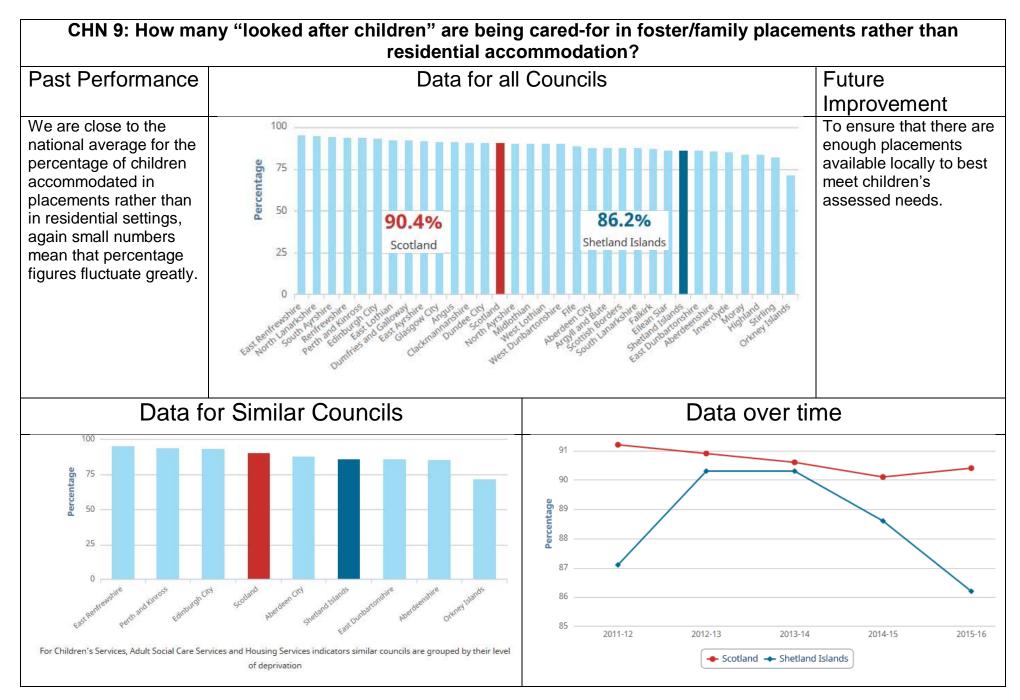






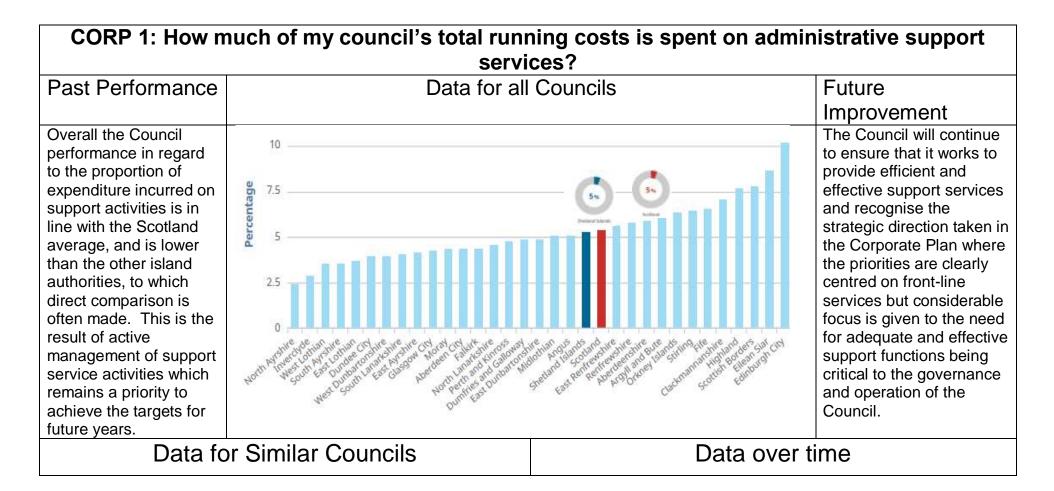


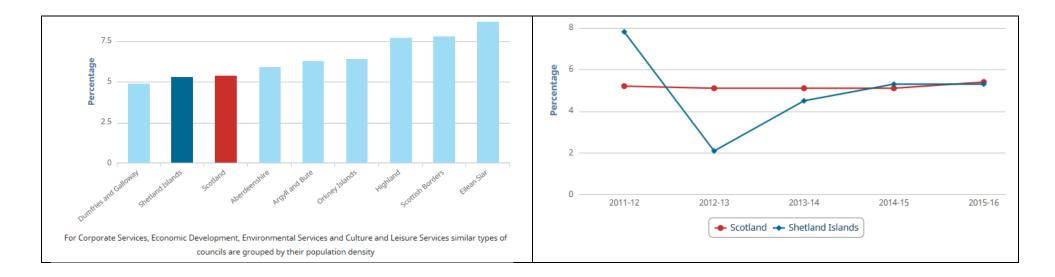




Appendix B – Corporate Services – Local Government Benchmarking Framework Indicators

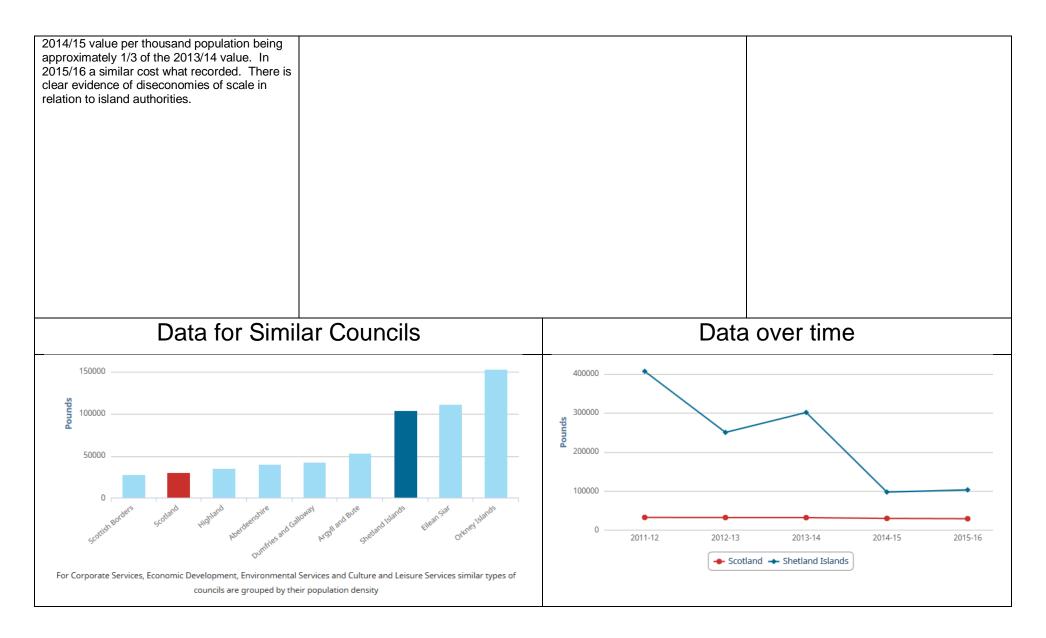
- 1. CORP 1: How much of my council's total running costs is spent on administrative support services?
- 2. CORP 2: How much does my council spend on supporting elected members (£ per 1,000 people)?
- 3. CORP 3b: What is the current gender balance in more senior posts?
- 4. CORP 4: How much does my council spend on collecting council tax (£ per home)?
- 5. CORP 5b2: How long does it take my council to attend a domestic noise complaint on average?
- 6. CORP 6: What is the level of sickness absence for teachers in my council (average number of days per teacher)?
- 7. CORP 6: What is the level of sickness absence in my Council (average number of days per employee, non-teachers)?
- 8. CORP 7: How efficient is my council at collecting council tax?
- 9. CORP 8: How Efficient is my council at paying invoices on time?
- 10. CORP ASSET 1: How many council buildings are suitable for their current use?
- 11. CORP ASSET 2: How many Council buildings are in a satisfactory condition?
- 12. What is the current gender pay gap for staff in my council?



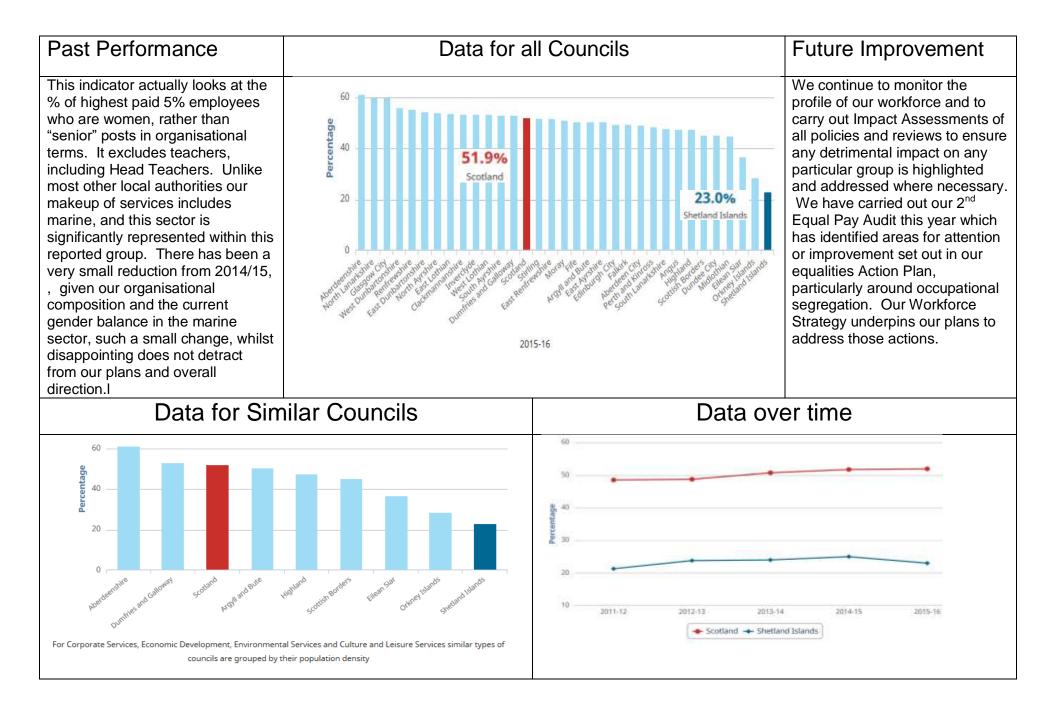


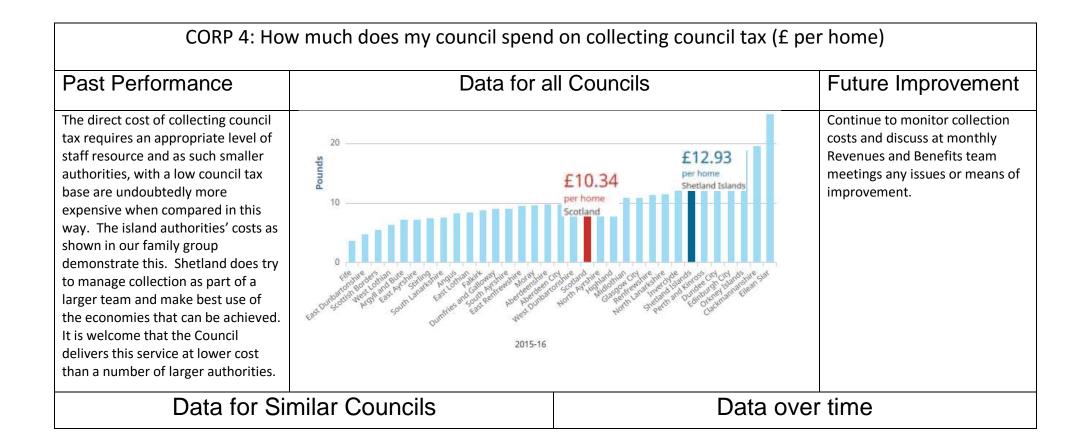
CORP 2: How much does my council spend on supporting elected members (£ per 1,000 people)

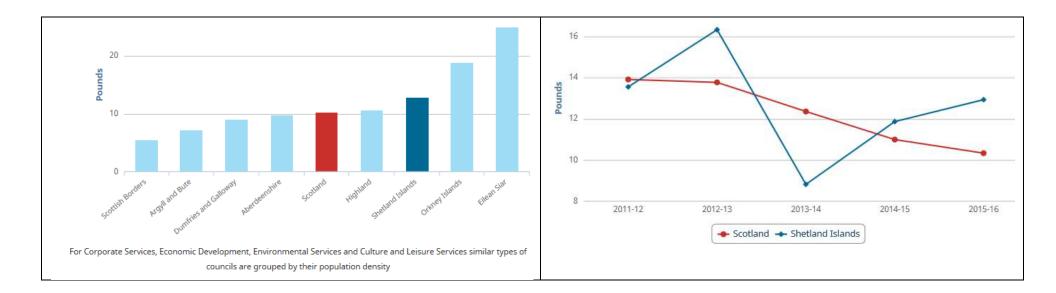
Past Performance	Data for all Councils	Future Improvement
This indicator extends beyond a simple definition of providing support to elected members. In compiling the data behind the total value it takes into account two categories of expenditure (i) Democratic representation and Management costs – all aspects of members' activities in that capacity, including corporate, programme and service policy making and more general activities relating to governance and the representation of local interests; and (ii) Corporate Management costs – activities and costs that provide the infrastructure that allows service to be provided, whether by the authority or not, and the information that is required for public accountability. In 2013/14 the values were inconsistent with the practice in other local authorities therefore this was reviewed and change made that resulted in Shetland's performance, the	15000 100000 100000 10000 10000 10000 10000 10000 10000 10000	A substantial proportion of the value that is included in this indicator is generated from information that defines in cost terms how much of the internal resources of the council relate to the individual elements of Democratic Representation & Management and Corporate Management costs. This brings a significant amount of subjectivity to the values so the Finance team continues to work with services to refine the data



CORP 3b: What is the current gender balance in more senior posts?







CORP 5b2 - How long does it take my council to attend a domestic noise complaint on average?				
Past Performance	Data for all Councils	Future Improvement		

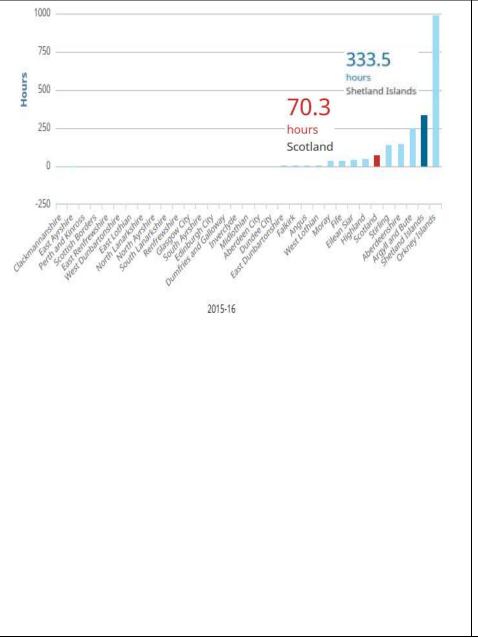
The Council has little control of the number of noise complaints received each year. The Council set up a successful partnership a number of years ago to try and ensure all noise complaints received by the Council, Police and Hjaltland Housing Association are all responded to by Environmental Health.

Shetland records more noise complaints than Orkney and Western Isles, this is because all complaints received by all agencies are investigated by Environmental Health and responded to, regardless of where the complaint originated. The majority of noise complaints come via the Police out of office hours.

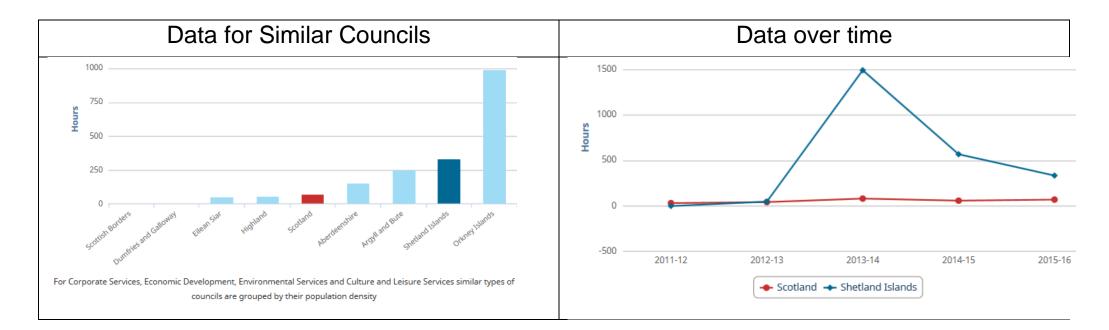
The Environmental Health investigation response depends on the time of the complaint and the type of noise experienced.

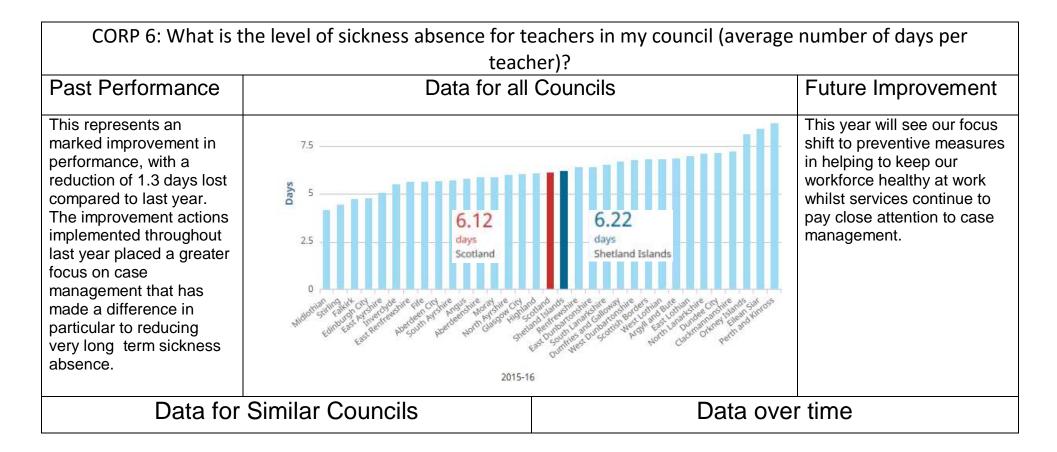
For example, if someone phones during the working day and says the noise is happening now – if there is an officer available they will visit and hear the noise to establish if it is a statutory nuisance. This could be an immediate response, resulting in a very short response time to an initial complaint. If the noise is happening at 2am, complainants call the police so they will visit and witness the noise. Police Scotland can take their own action or Environmental Health can take enforcement action on the evidence of the police, rather than witnessing the noise ourselves. This may depend on the nature and duration of the noise. Police Scotland may take immediate enforcement action if they have visited a property and issued a warning and are called back again shortly afterwards.

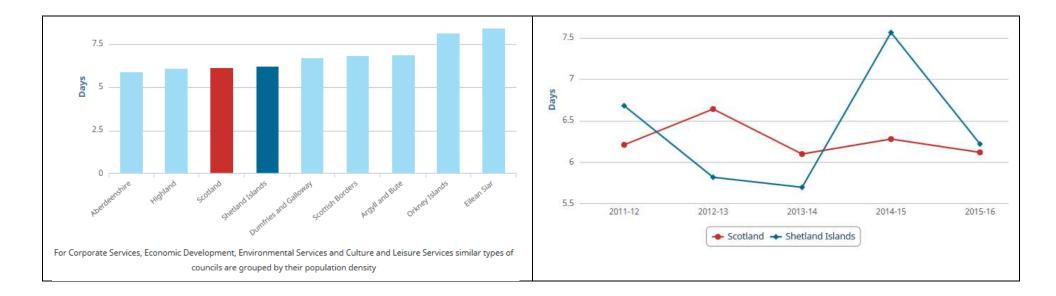
Noise equipment is routinely used when, for some reason, the police are unable to attend to the premises to provide evidence or when the noise appears to follow a pattern. These tend to be the more complex and challenging cases investigated. Around 60% of Shetland's noise complaints are resolved by the first contact with the person causing the noise and 90% resolved by first or second contact with the person causing the noise, so only a very small number of complaints that need more detailed investigation need a visit to assess the noise.

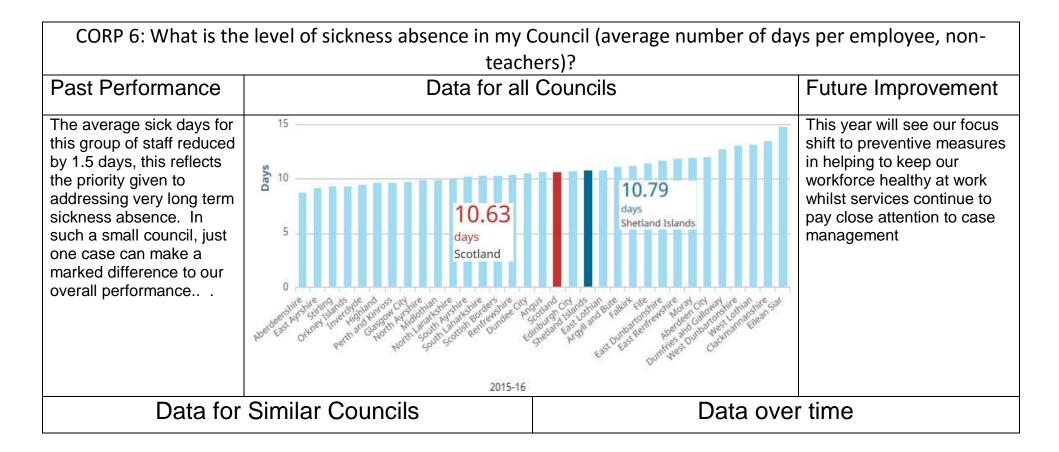


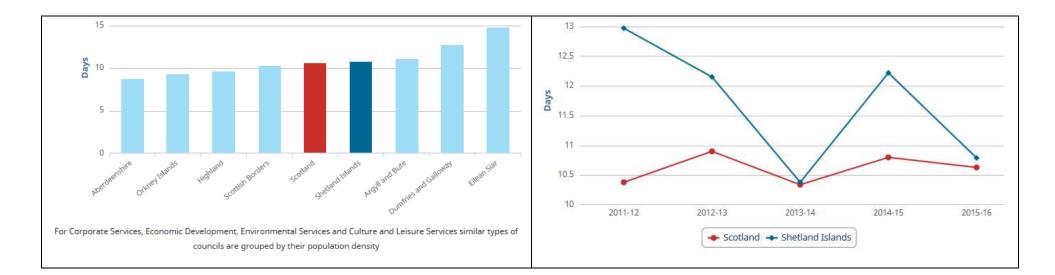
Shetland Islands Council has developed the most effective response to noise complaints, for which it won an award in 2006, without setting up a 24 hour team on standby for noise complaints. It relies on partnership with all the key agencies. A 24 hour response team would be costly and a disproportionate response to the number of complaints received. The investigation and response to complaints is complaint specific, and there is little value in reviewing trends year on year for response times as each complaint is different and can be investigated and resolved in different ways.

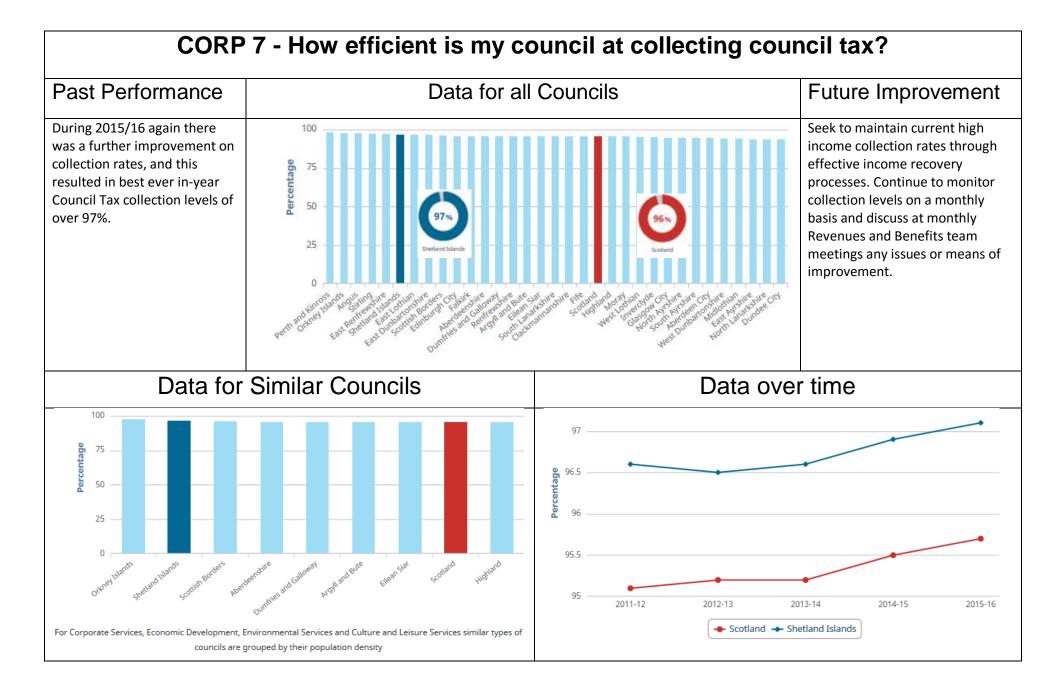




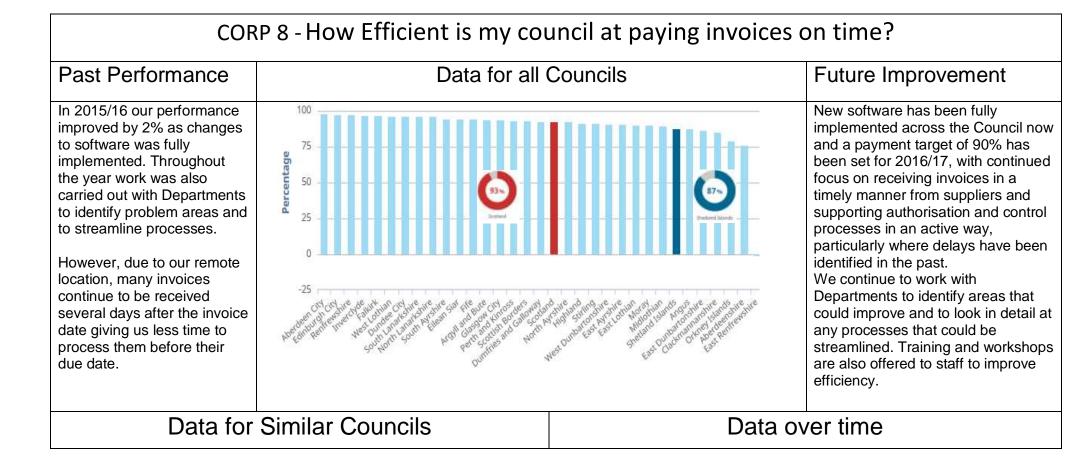




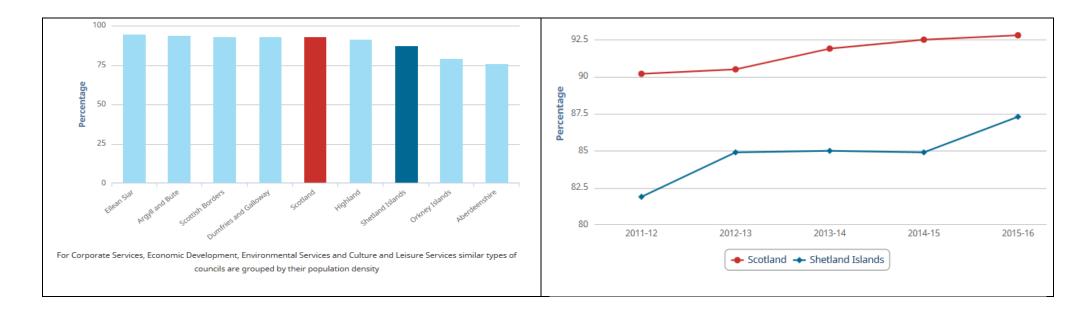




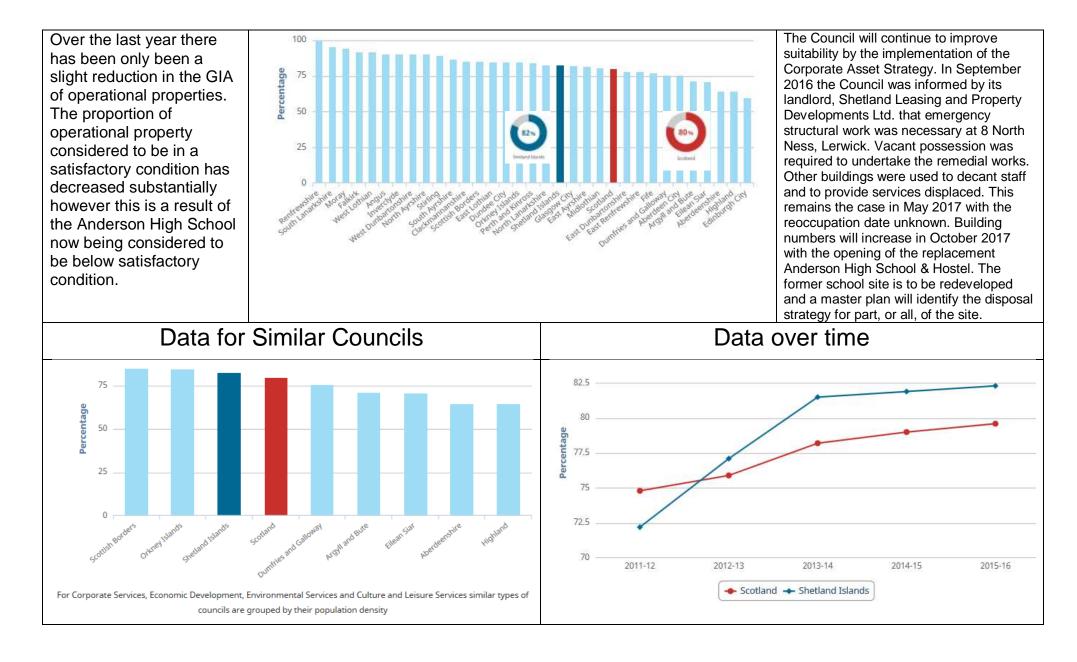
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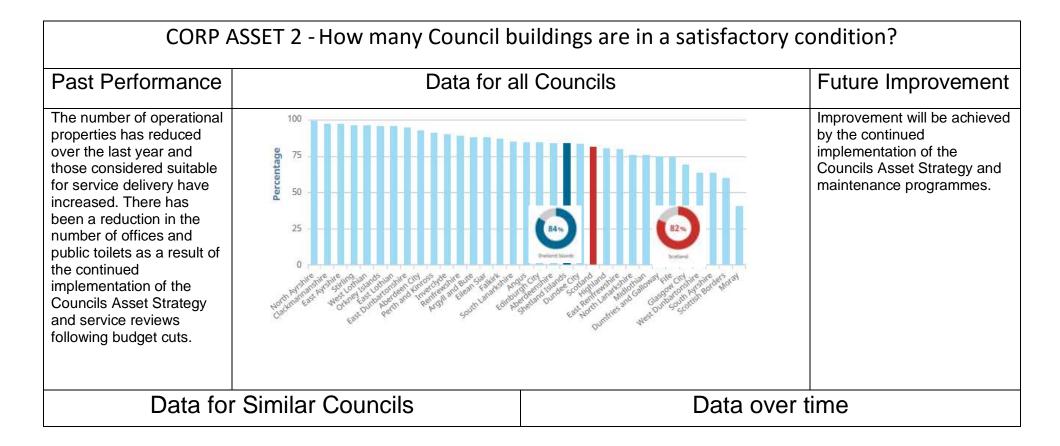


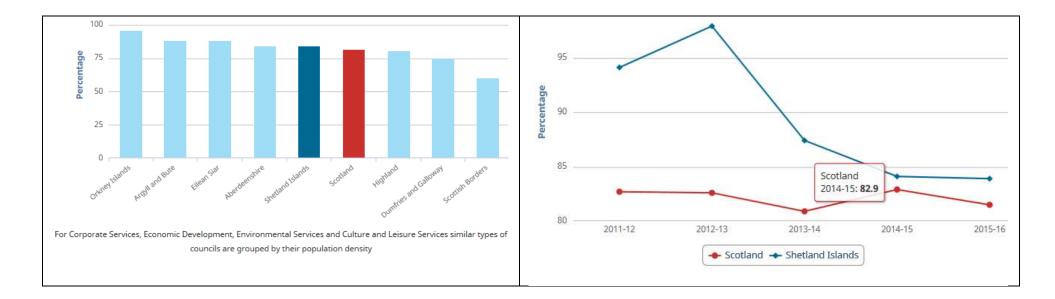
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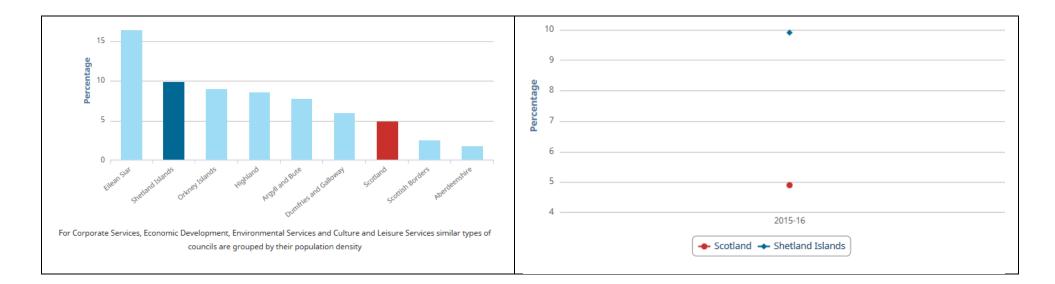
CORP ASSET 1 - How many council buildings are suitable for their current use?		
Past Performance	Data for all Councils	Future Improvement





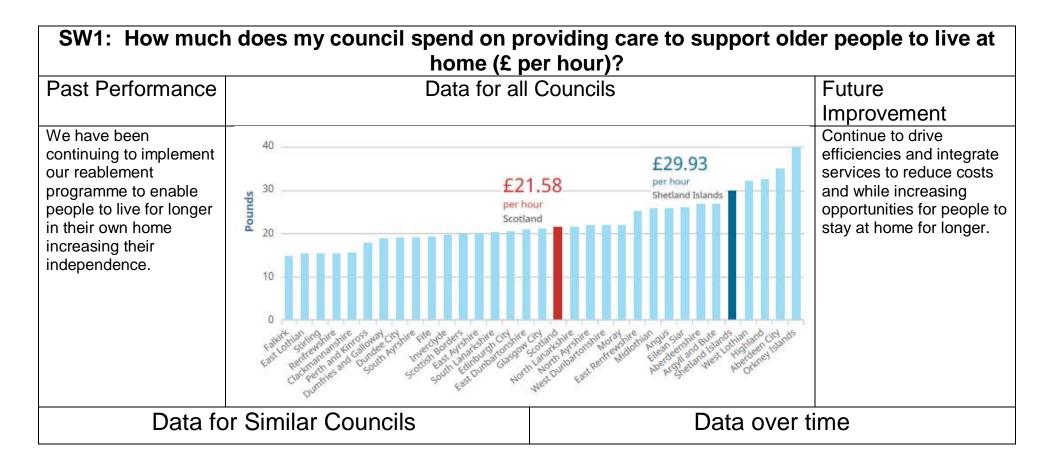


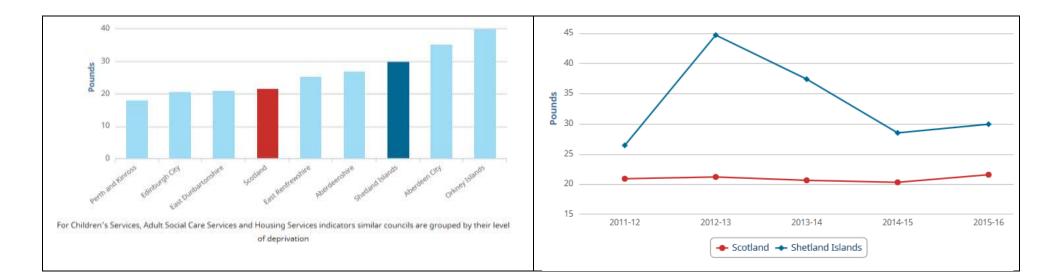
Past Performance	Data for all Councils	Future Improvement
There is limited scope to compare the 2014 and 2016 Equal Pay audits because they are drawn from different data sets. While the 2016 audit looks at 2015/16 pay and enhanced holiday pay was implemented wef 1/1/2016, it was paid out during 2016/17 and backdated to 1/01/2016. Given the male dominance apparent in pay for additional terms and conditions set out at 4.3 above, the impact of enhanced holiday arrangements will increase the gender pay gap figures, other than on basic pay. The pattern of occupational segregation revealed in the Equal Pay audit shows that there are roles within the Council that have predominant gender occupancy. It is recognised that this comes about from a number of factors, including attitudes and expectations based on gender norms and stereotyping, availability of flexible working, and unequal primary caring responsibilities.	¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰	The 2016 Equal Pay Audit Action Plan sets out further planned research and proposal that will address occupational segregation although it is acknowledged that it will take some time for improvements to work through into the gender pa gap. While the published gender pay gap figure looks at basic pay, data is provided in the 2016 Equal Pay audit on the impact o other pay and terms and conditions and shows that further analysis is required on how thes terms and conditions impact across council posts.



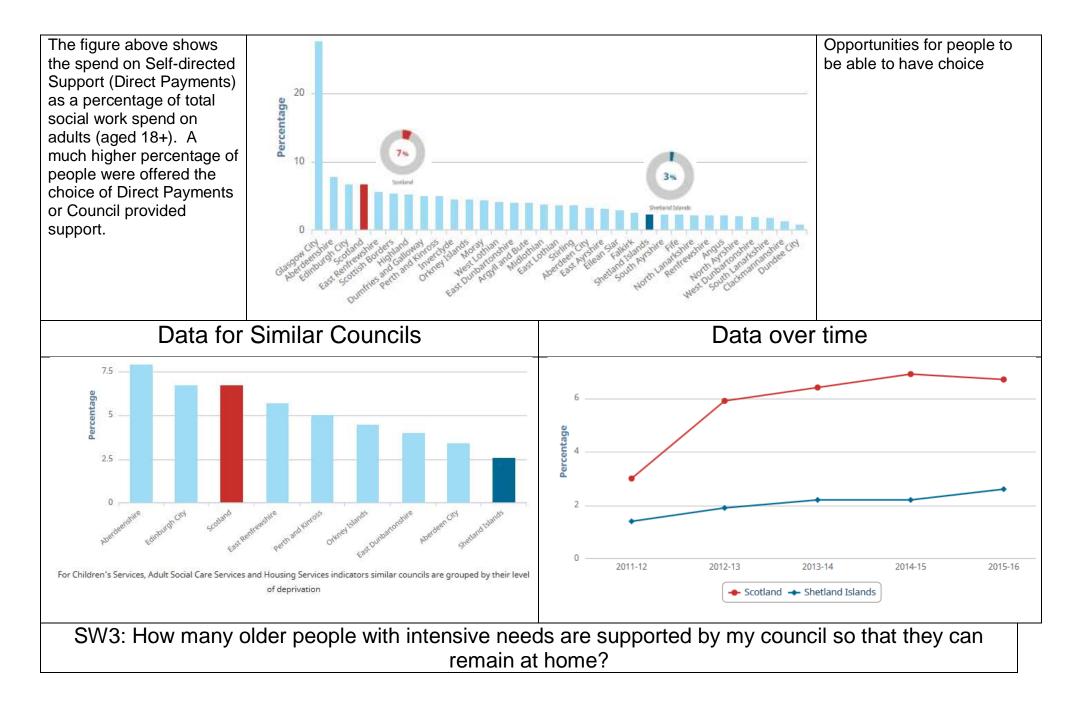
Appendix C – Adult Social Care – Local Government Benchmarking Framework Indicators

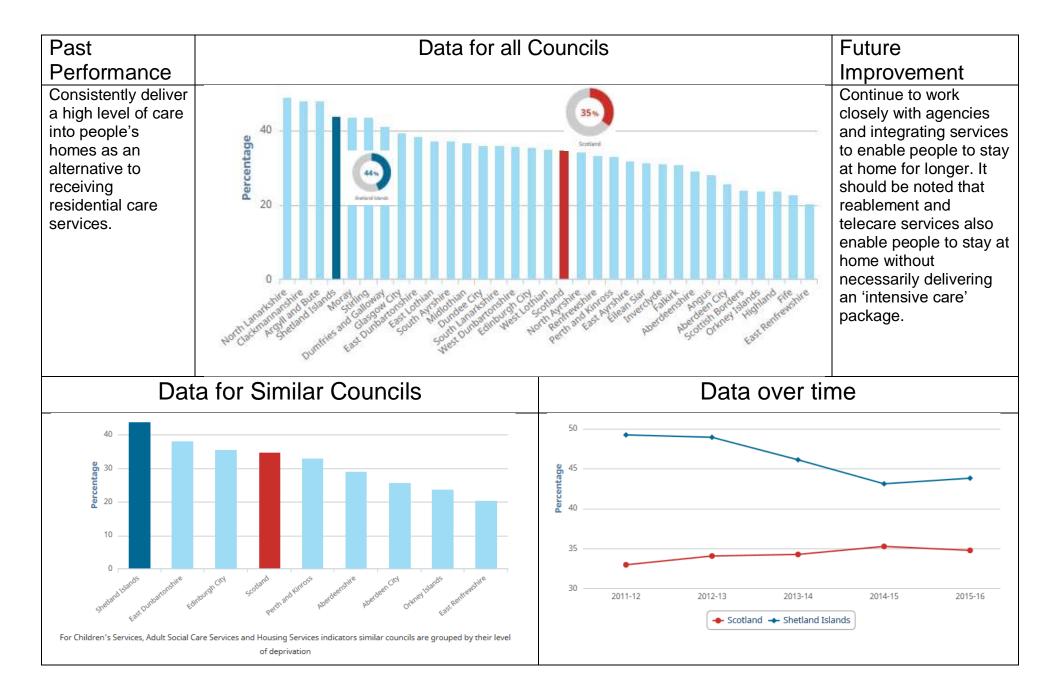
- 1. SW1: How much does my council spend on providing care to support older people to live at home (£ per hour)?
- 2. SW2: How many people needing social work support get to choose how their support needs will be met?
- 3. SW3: How many older people with intensive needs are supported by my council so that they can remain at home?
- 4. SW5: How much does my council spend on providing residential care for older people (per person, per week)?
- 5. <u>Similar to</u> SW4: How satisfied are adults with their care or support?
- 6. How satisfied are adults supported at home that their services and support had an impact on their quality of life?

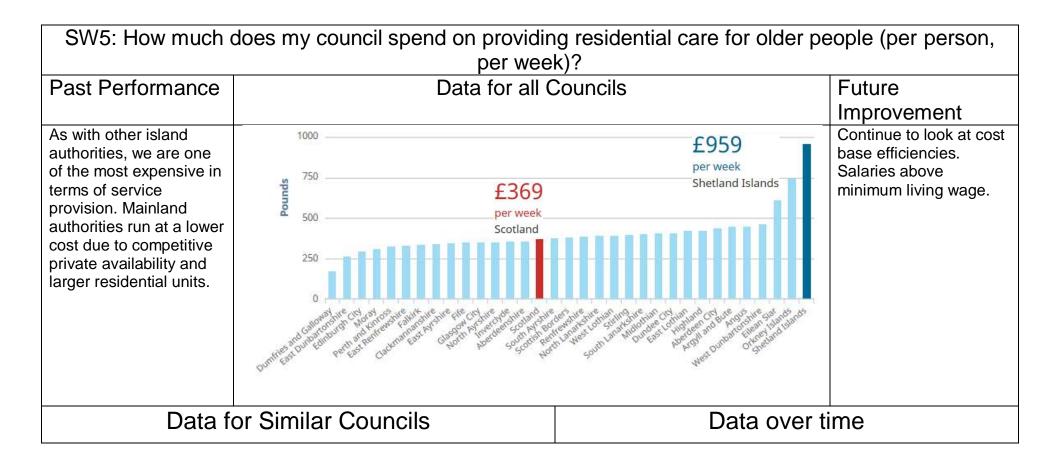


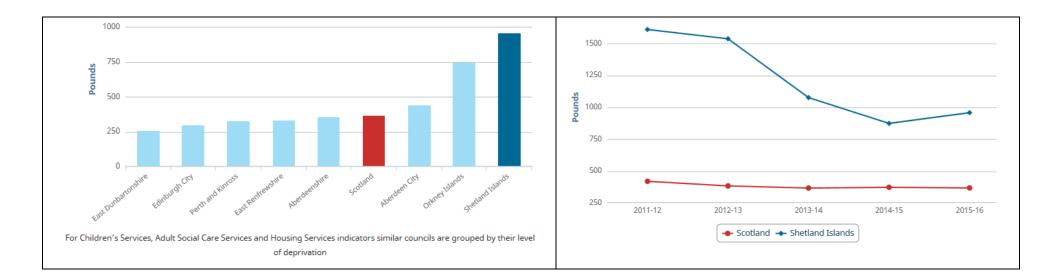


SW2: How many people needing social work support get to choose how their support needs will be		
met?		
Past Performance	Data for all Councils	Future Improvement

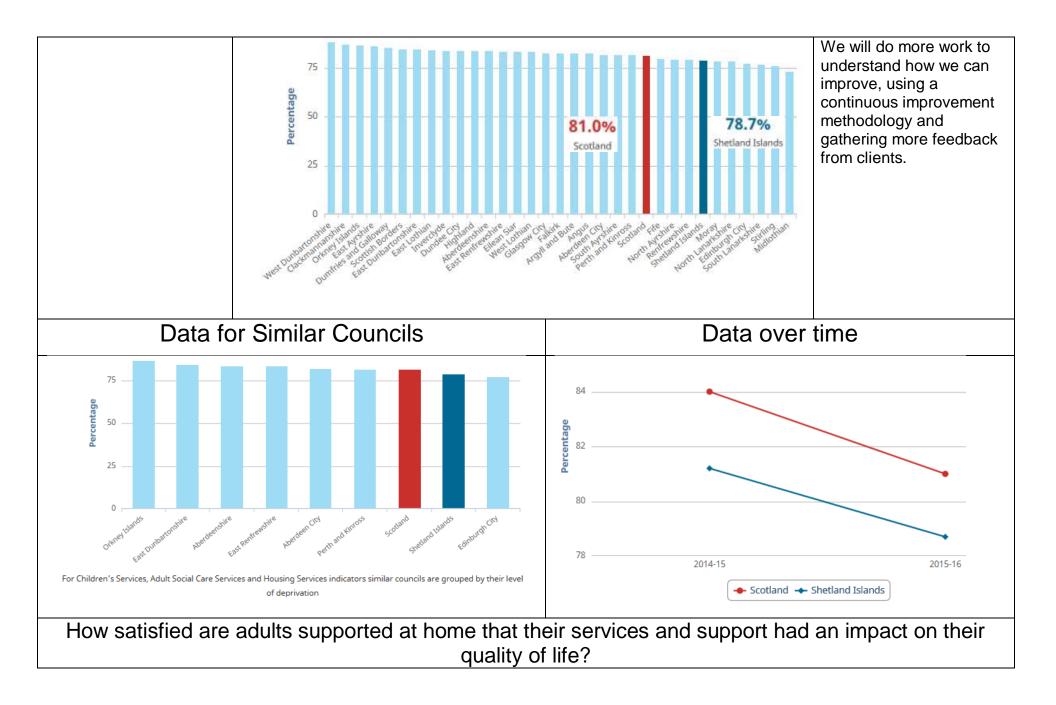


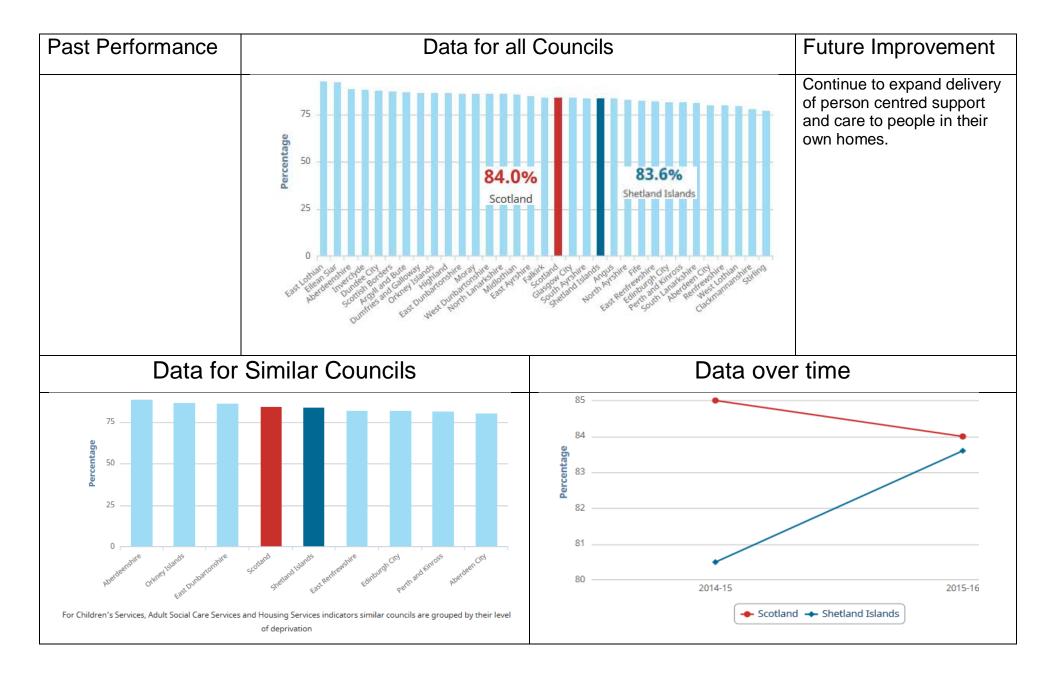






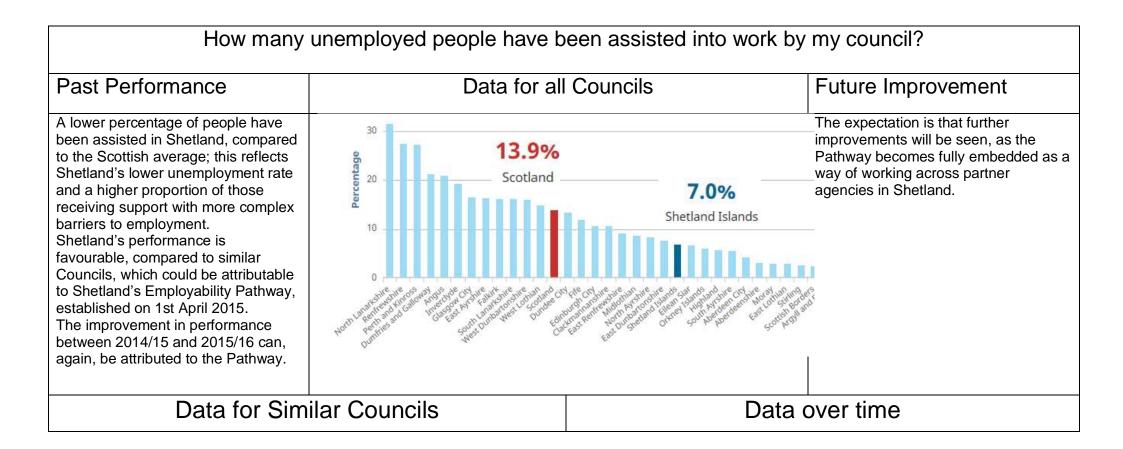
How satisfied are adults with their care or support?		
Past Performance	Data for all Councils	Future Improvement

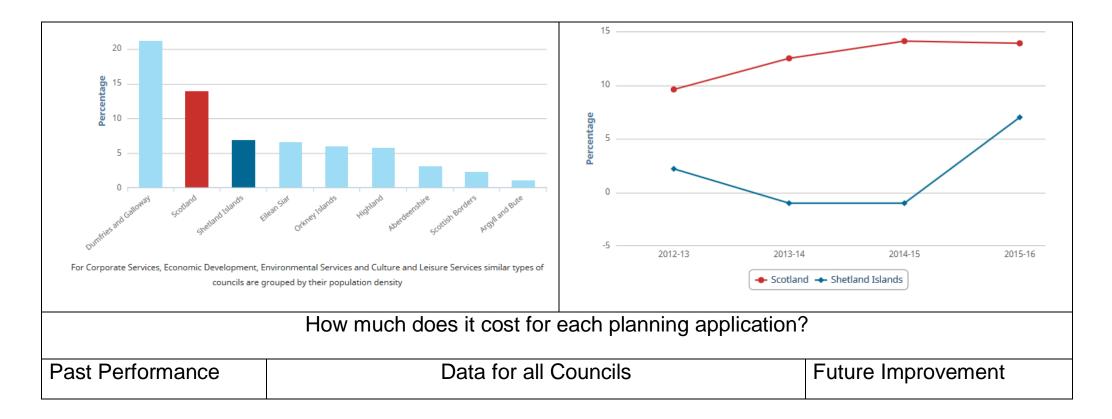


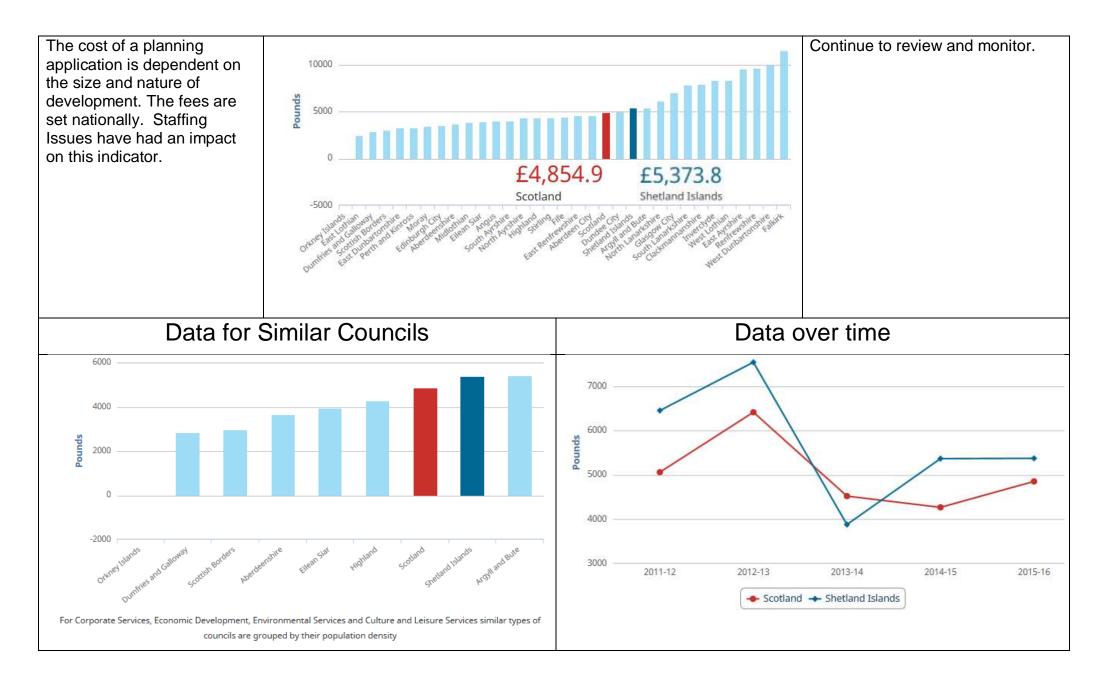


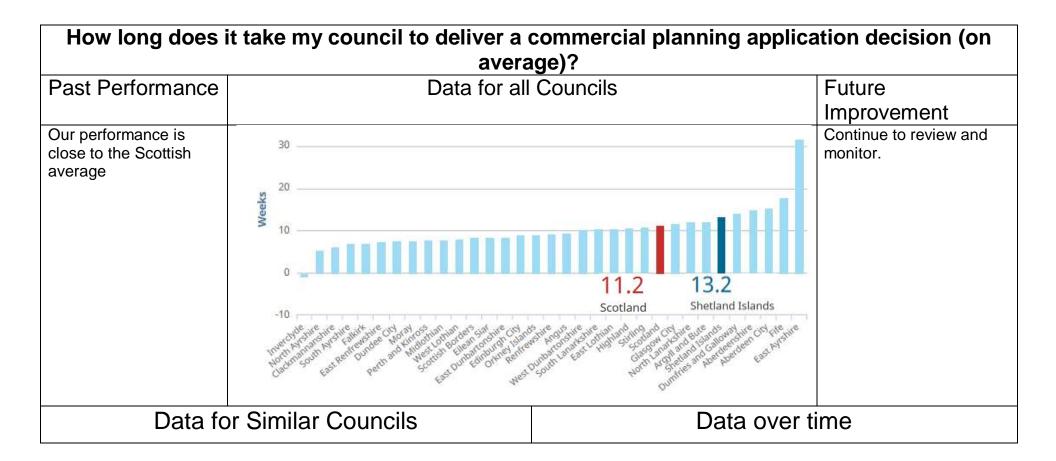
Appendix D – Economic Development – Local Government Benchmarking Framework Indicators

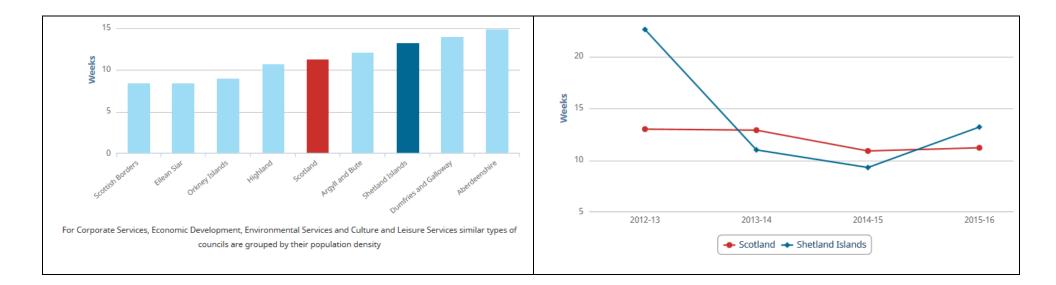
- 1. How many unemployed people have been assisted into work by my council?
- 2. How much does it cost for each planning application?
- 3. How long does it take my council to deliver a commercial planning application decision (on average)?
- 4. What percentage of my Councils' procurement is spent on local small/medium enterprises?
- 5. How many business gateway supported start-ups are there in my council?

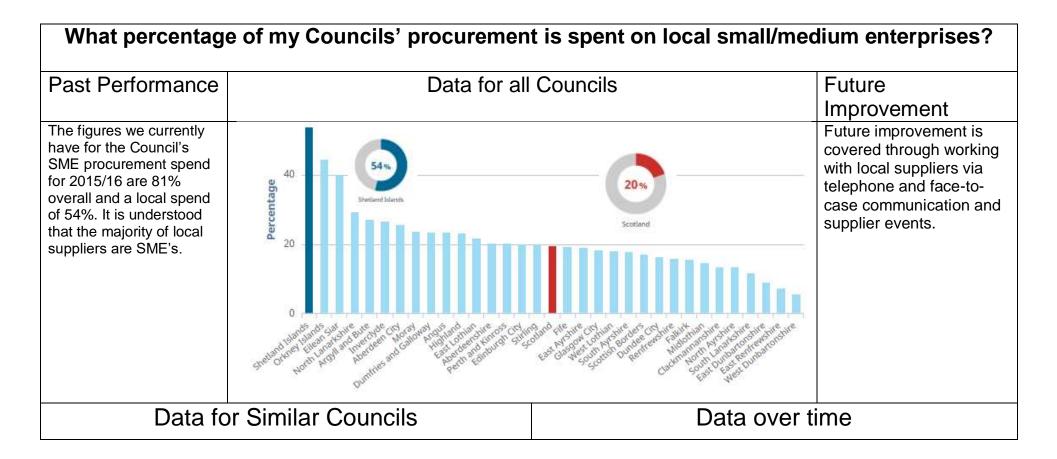


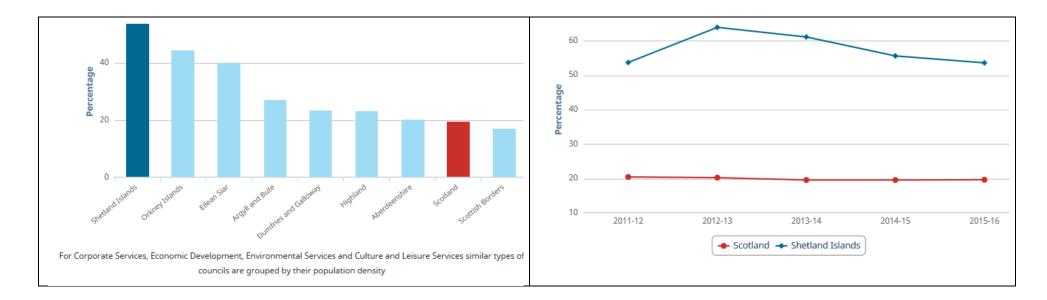




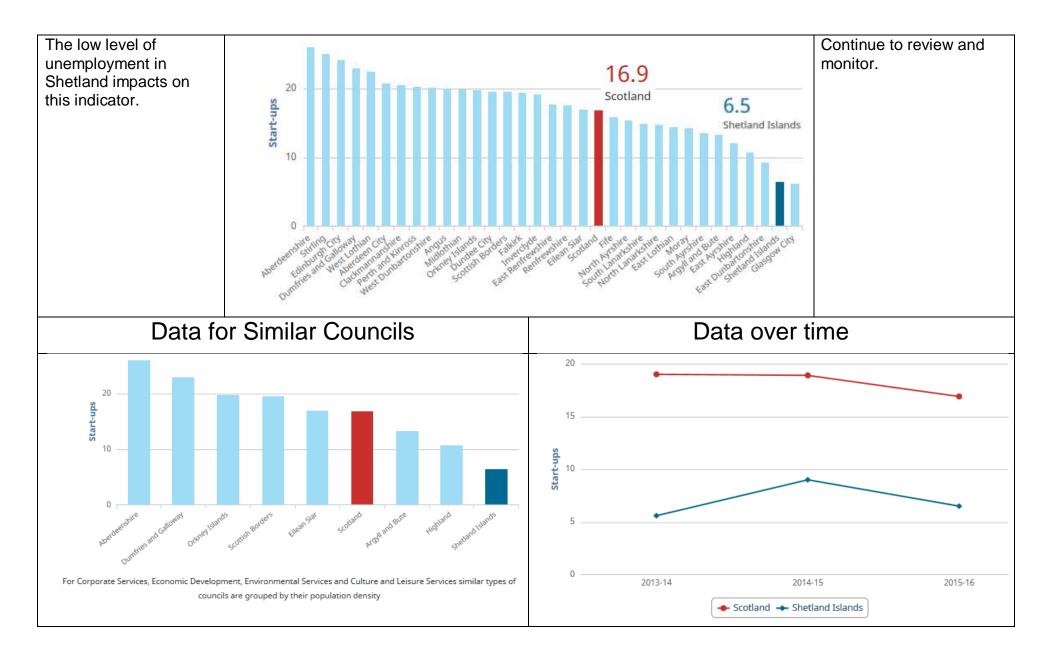








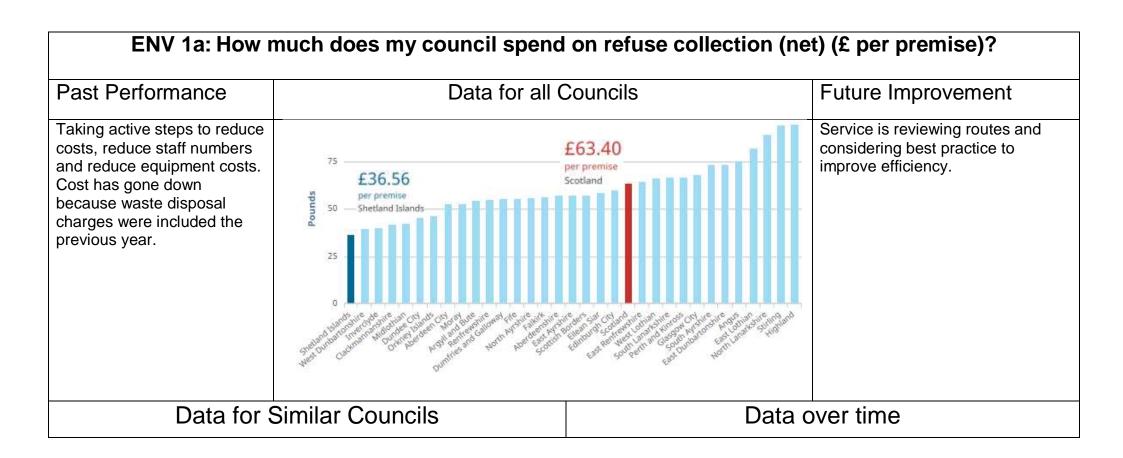
How many business gateway supported start-ups are there in my council?		
Past Performance	Data for all Councils	Future Improvement

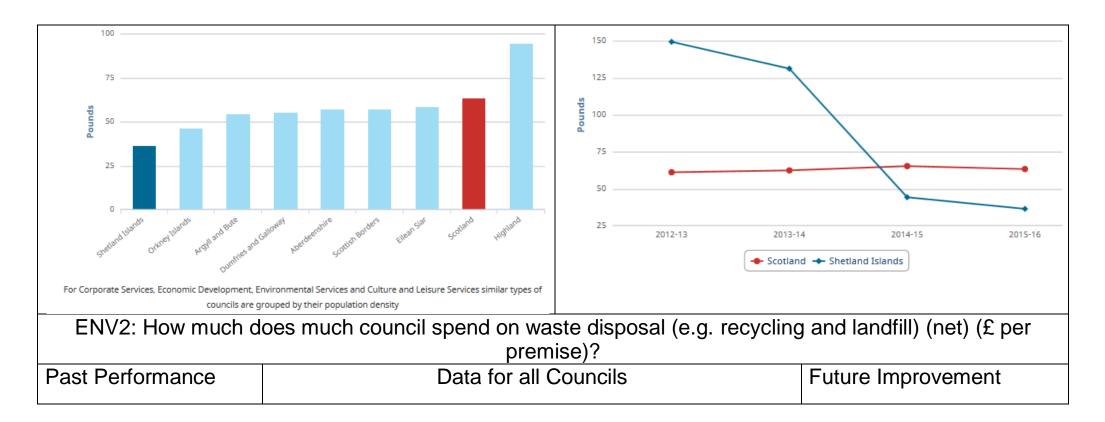


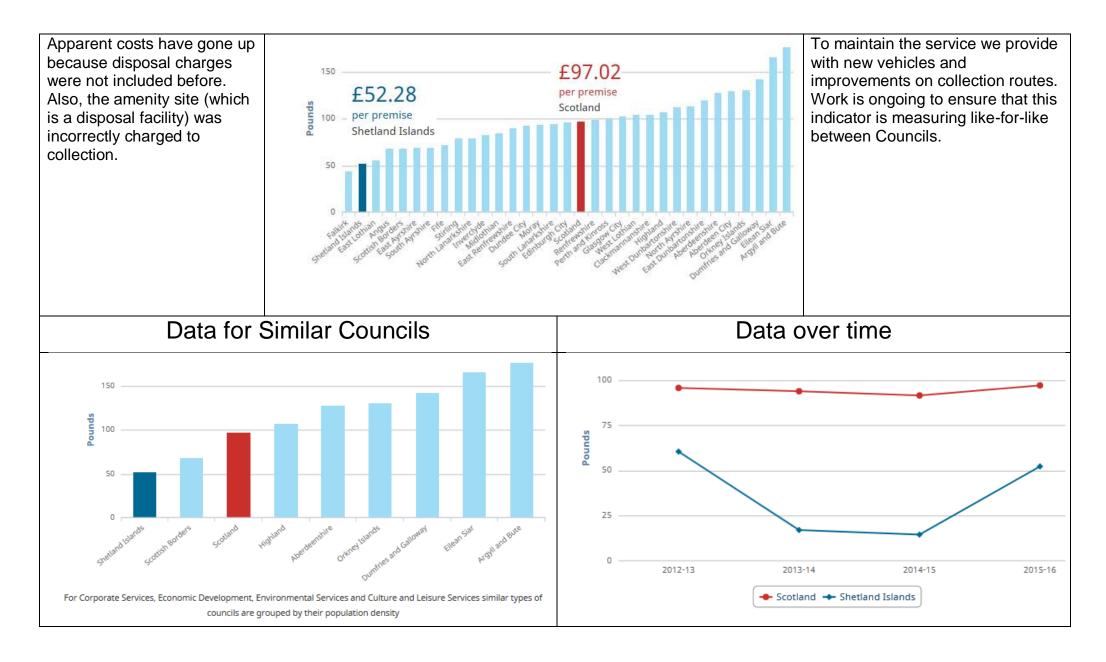
Appendix E – Environmental Services – Local Government Benchmarking Framework Indicators

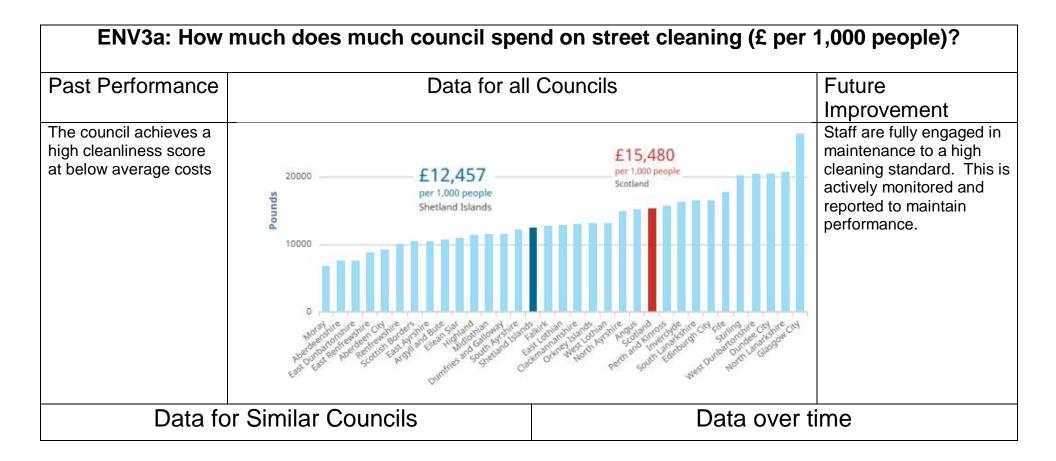
- 1. ENV1a: How much does my council spend on refuse collection (net) (£ per premise)?
- 2. ENV 2: How much does much council spend on waste disposal (e.g. recycling and landfill) (net) (£ per premise)?
- 3. ENV 3a: How much does much council spend on street cleaning (£ per 1,000 people)?
- 4. ENV 3c: How clean are my local streets?
- 5. ENV 4a: How much does my council spend on maintaining the condition of my road (£ per kilometre)?
- 6. ENV 4b: How many of my local A class roads are in need of repair?
- 7. ENV 4c: How many of my local B class roads are in need of repair?
- 8. ENV 4d: How many of my local C class roads are in need of repair?
- 9. ENV 4e: How many of my local unclassified roads are in need of repair?
- 10. ENV 5a: How much does my council spend on providing trading standards (£ per 1,000 people)?
- 11. ENV5b: How much does my council spend on providing environmental health (£ per 1,000 people)?
- 12. ENV 6: How much household waste is recycled by my council?
- 13. ENV 7a: How satisfied are residents with local refuse collection?

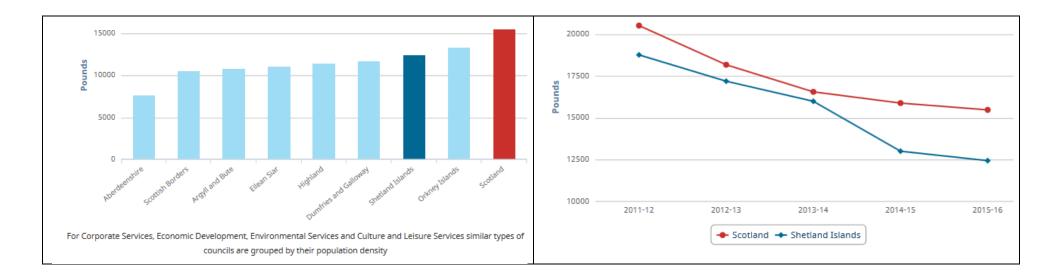
14. ENV 7b: How satisfied are residents with local street cleanliness?

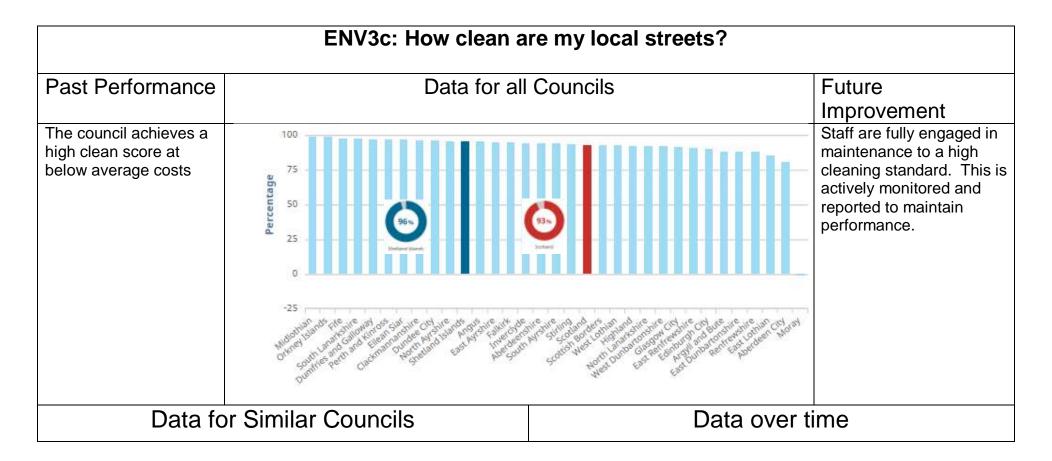


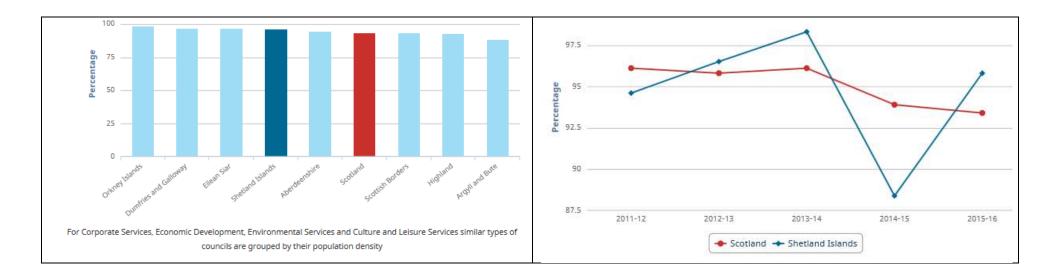






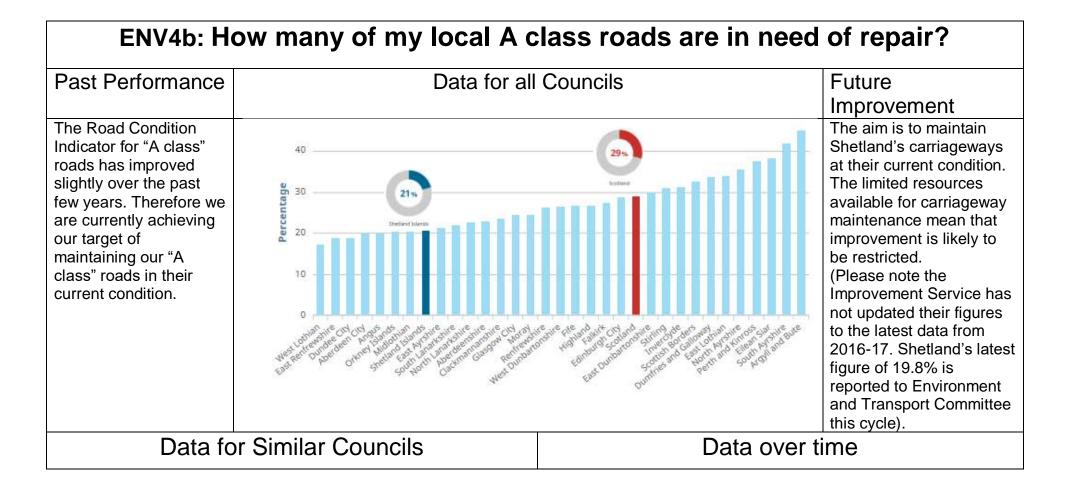




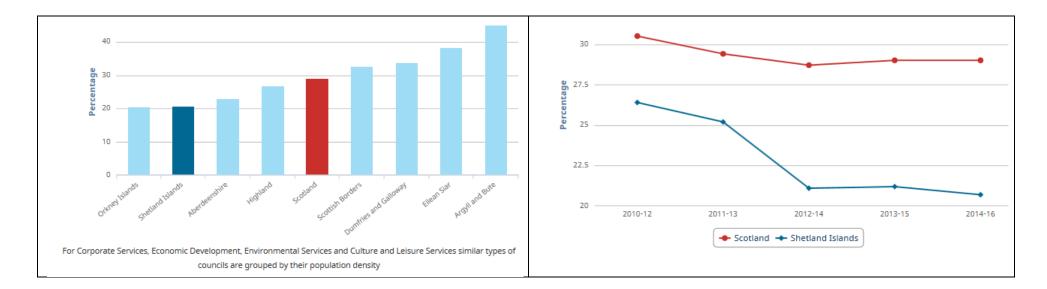


ENV4a: How much does my council spend on maintaining the condition of my road (£ per kilometre)?		
Past Performance	Data for all Councils	Future Improvement

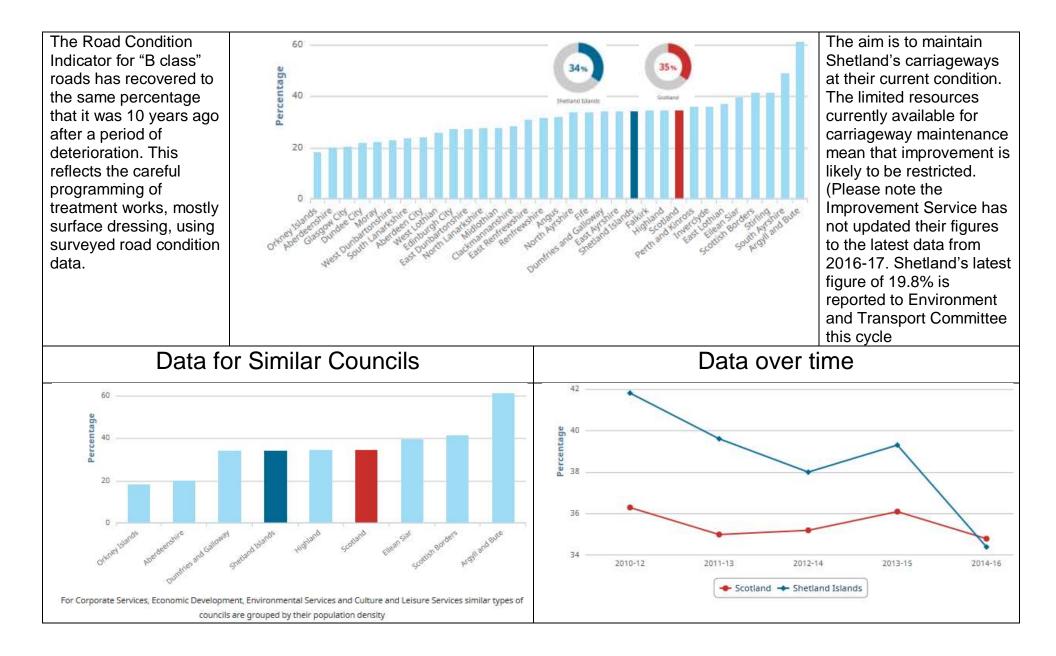


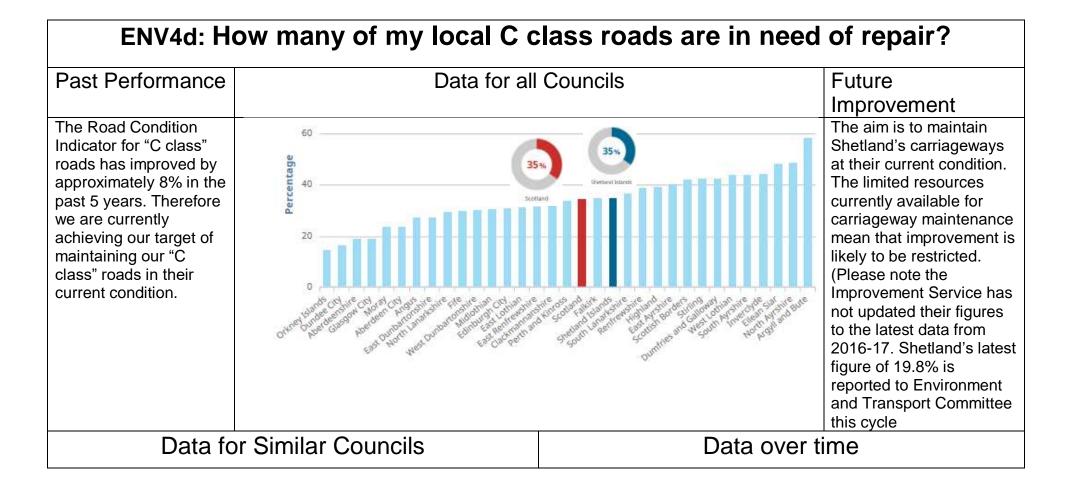


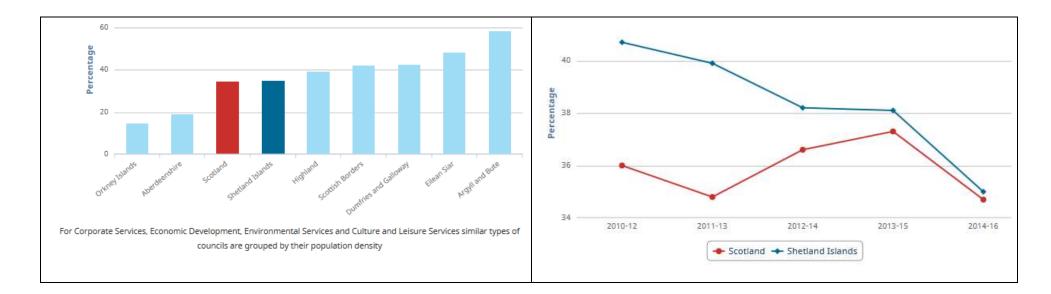
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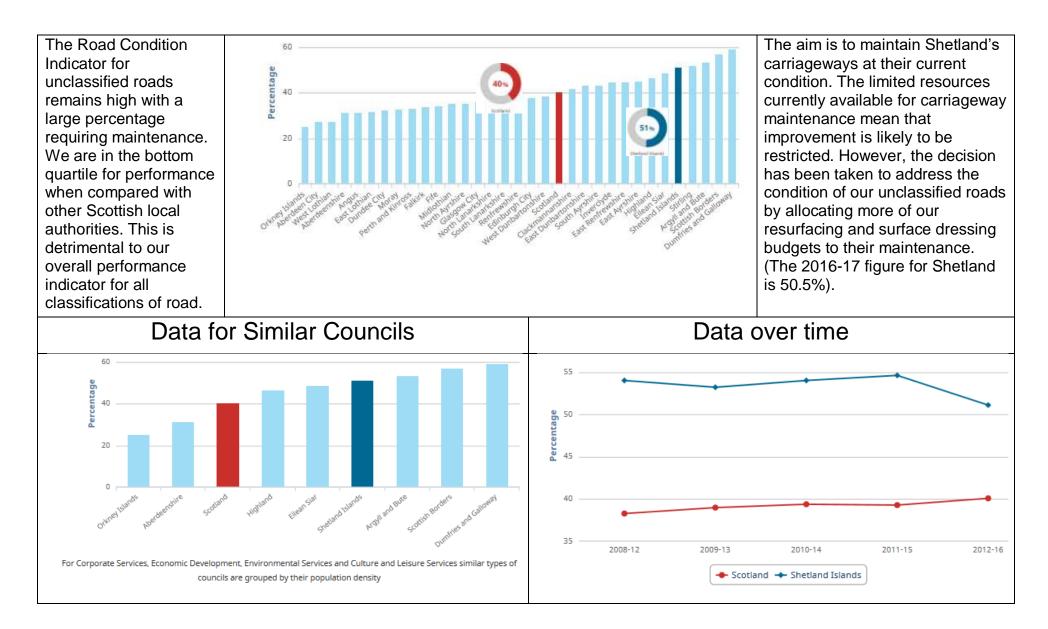
ENV4c: How many of my local B class roads are in need of repair?		
Past Performance	Data for all Councils	Future
		Improvement

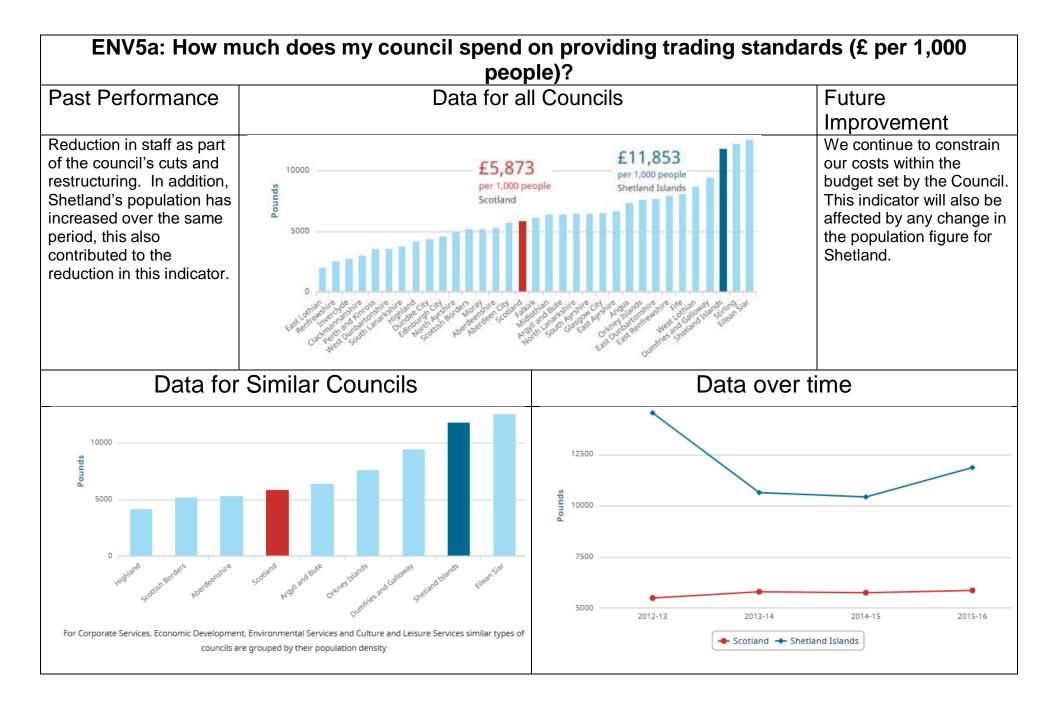


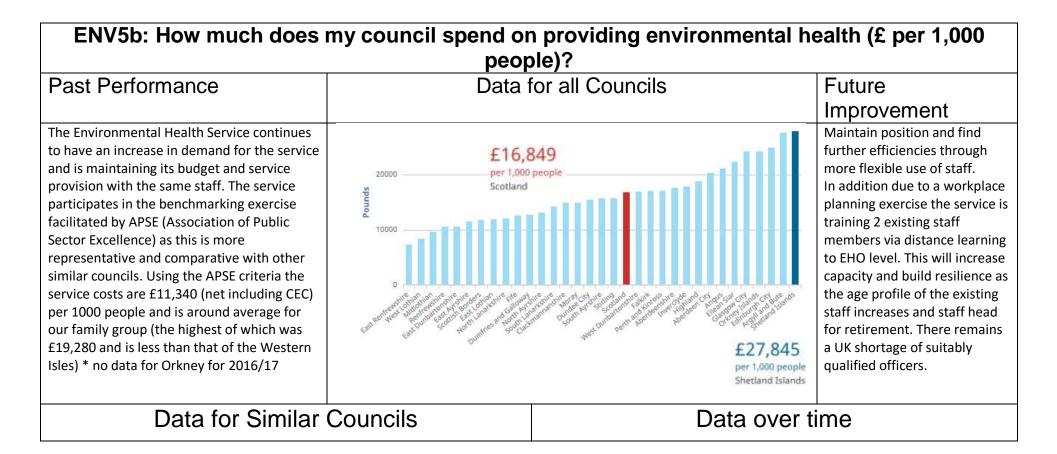


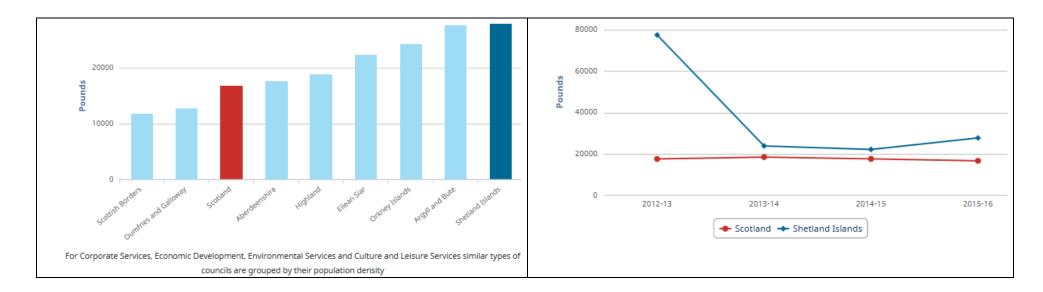


ENV4e: How many of my local unclassified roads are in need of repair?		
Past Performance	Data for all Councils	Future Improvement



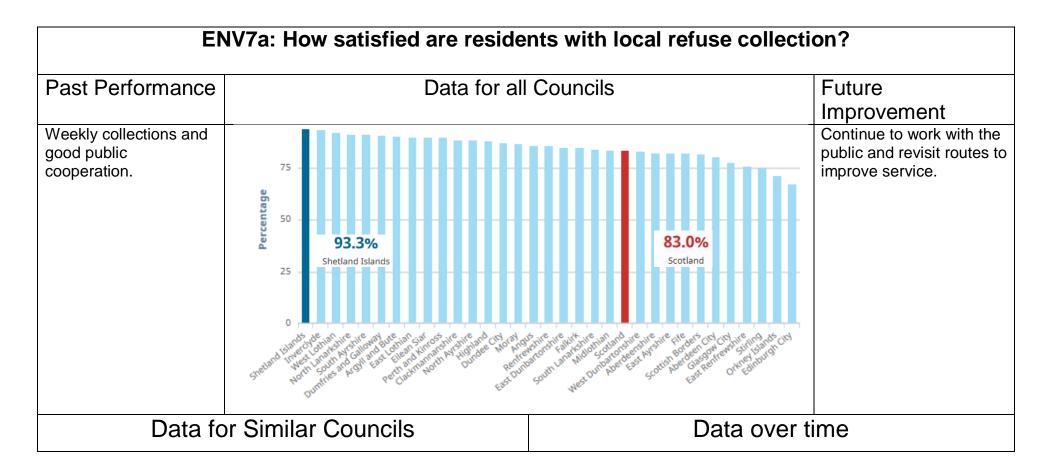


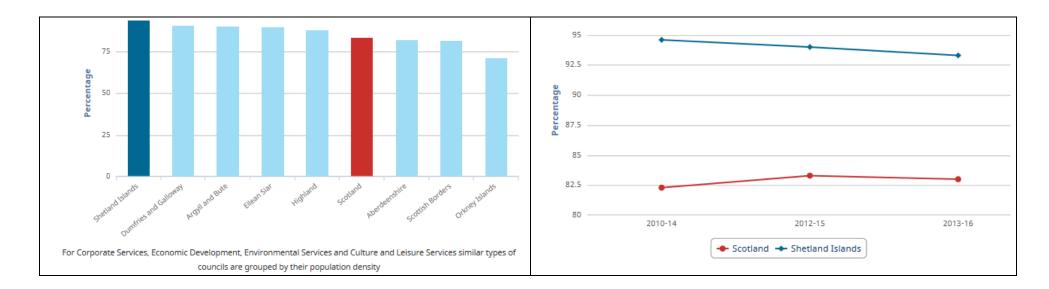




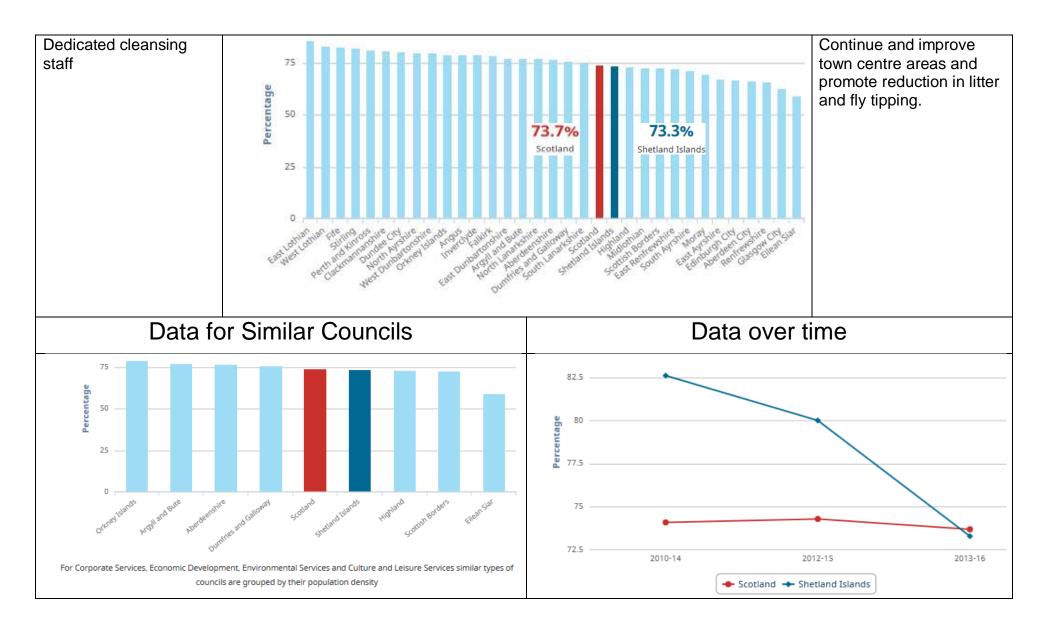
ENV6: How much household waste is recycled by my council?		
Past Performance	Data for all Councils	Future Improvement





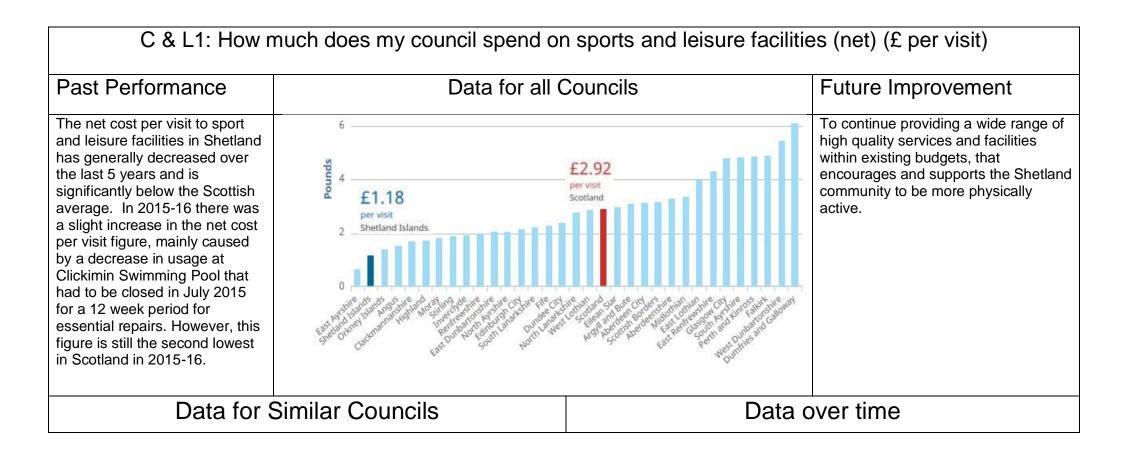


ENV7b: How satisfied are residents with local street cleanliness?		
Past Performance	Data for all Councils	Future
		Improvement

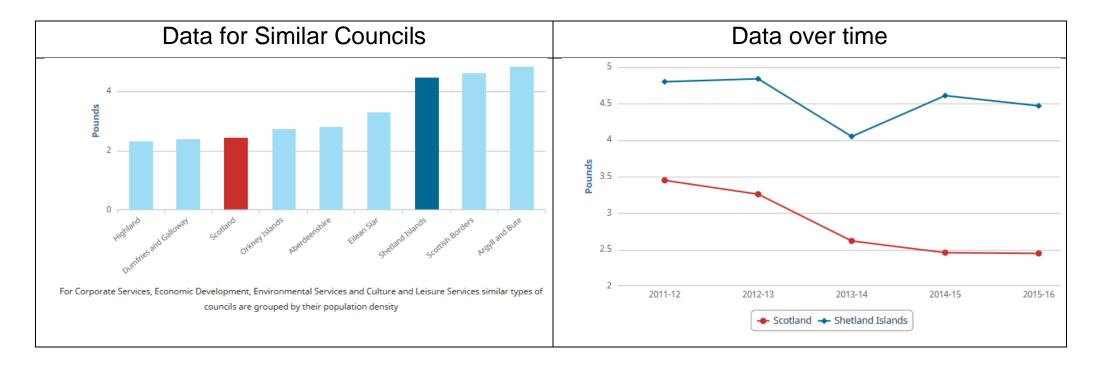


Appendix F – Culture & Leisure Services – Local Government Benchmarking Framework Indicators

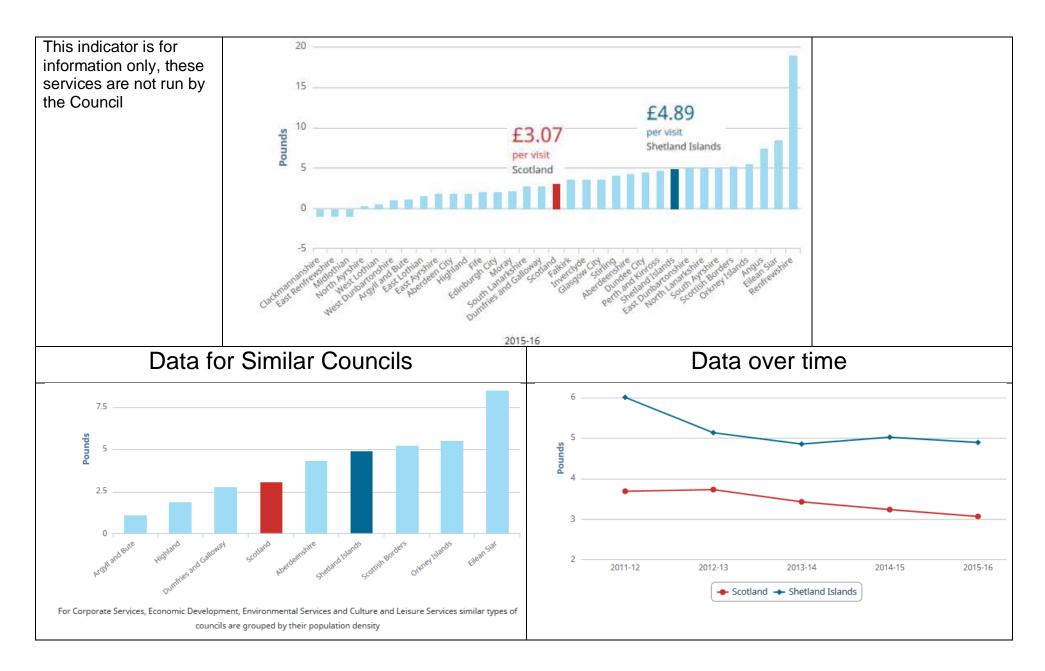
- 1. C & L1: How much does my council spend on sport and leisure facilities (£ per visit)?
- 2. C & L 2: How much does my council spend on libraries (£ per visit)?
- 3. C & L 3: How much does my council spend on museums and galleries (£ per visit)?
- 4. C & L 4: How much does my council spend on parks and open spaces (£ per 1,000 people)?
- 5. C & L 5a: How satisfied are residents with local libraries?
- 6. C & L 5c: How satisfied are residents with local museums and galleries?
- 7. C & L 5b: How satisfied are residents with local parks and open spaces?
- 8. C & L 5d: How satisfied are residents with local leisure facilities?

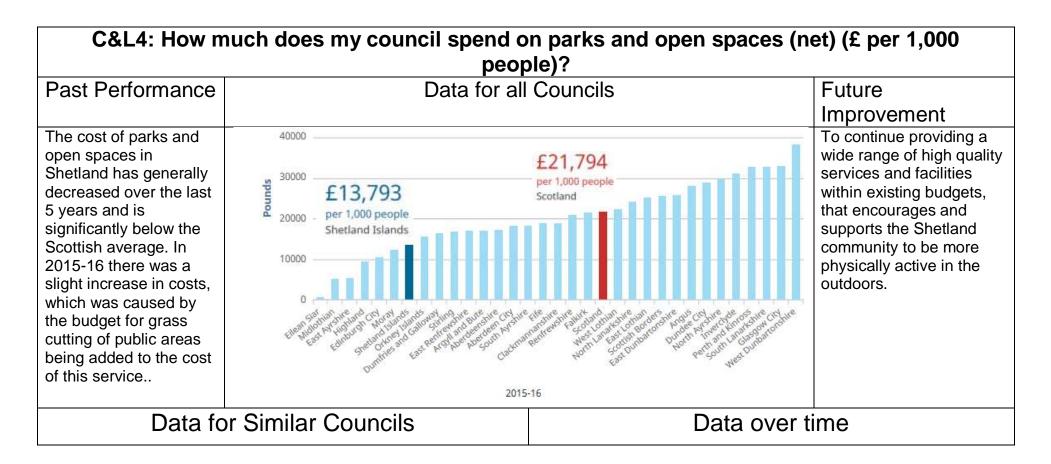


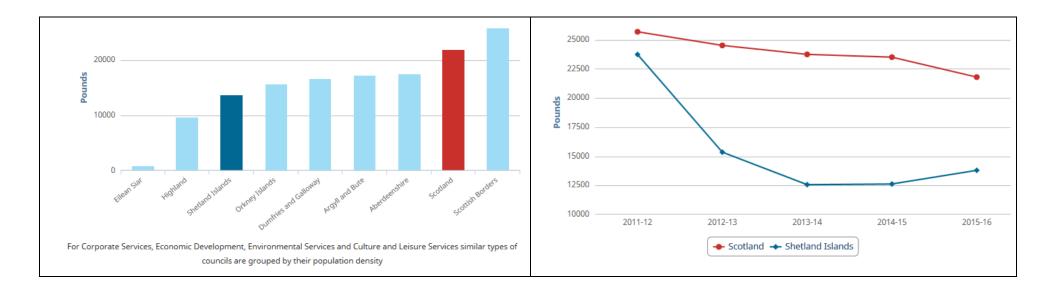




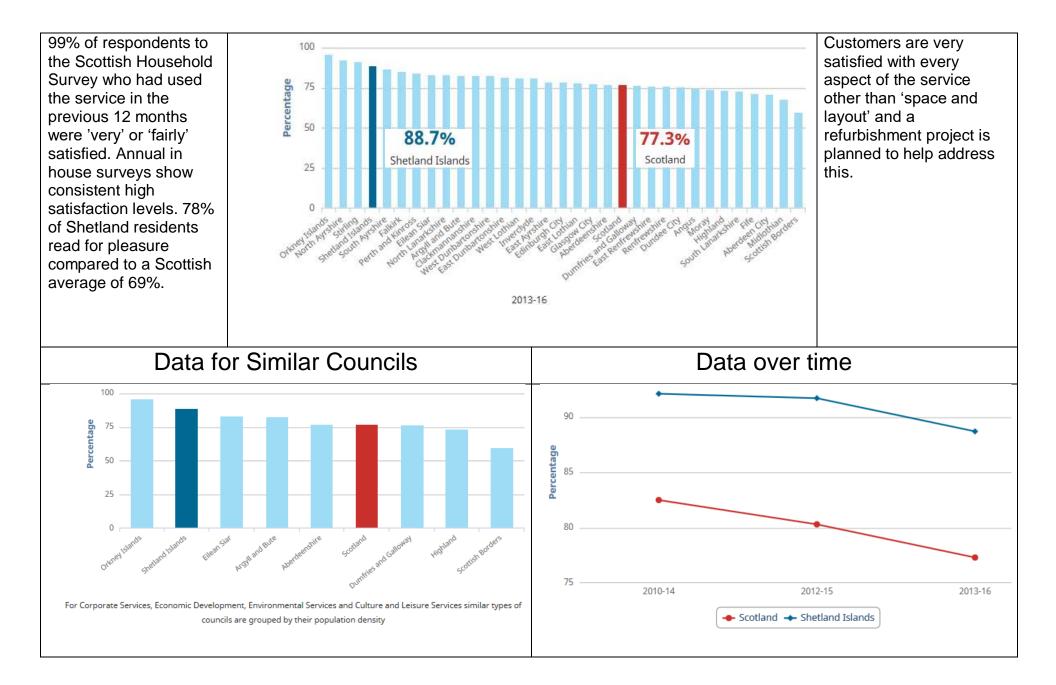
C & L 3: How much does my council spend on museums and galleries (net) (£ per visit)?		
Past Performance	Data for all Councils	Future Improvement

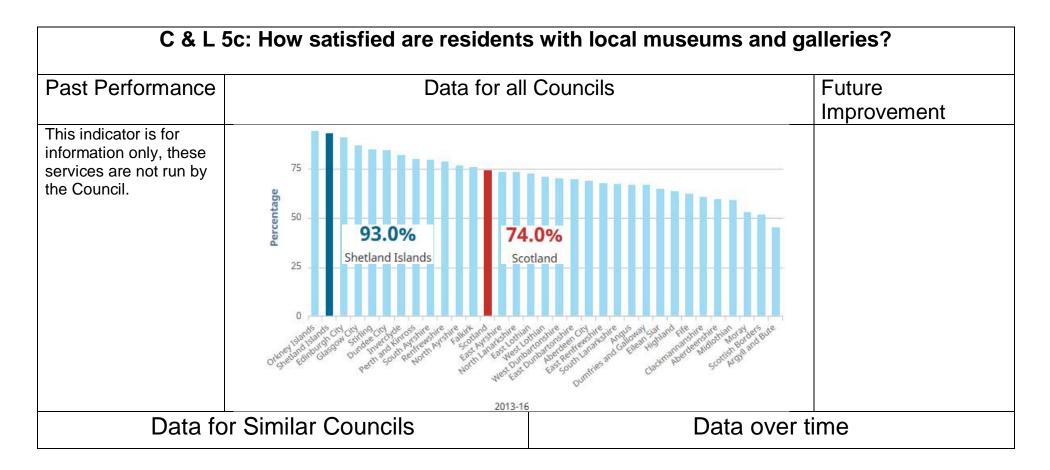


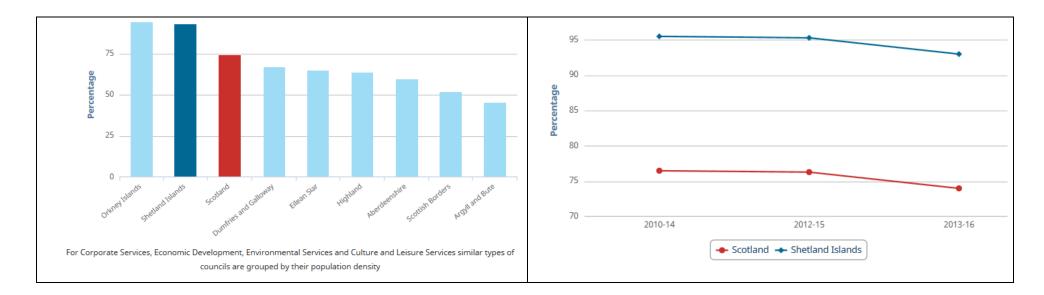




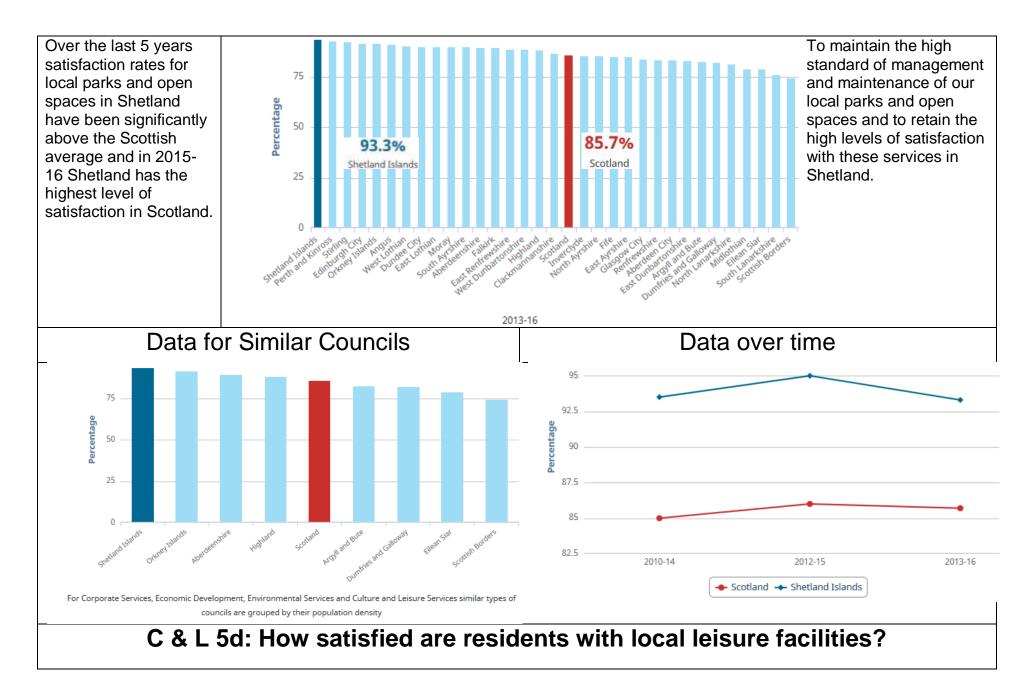
C & L 5a: How satisfied are residents with local libraries		
Past Performance	Data for all Councils	Future Improvement

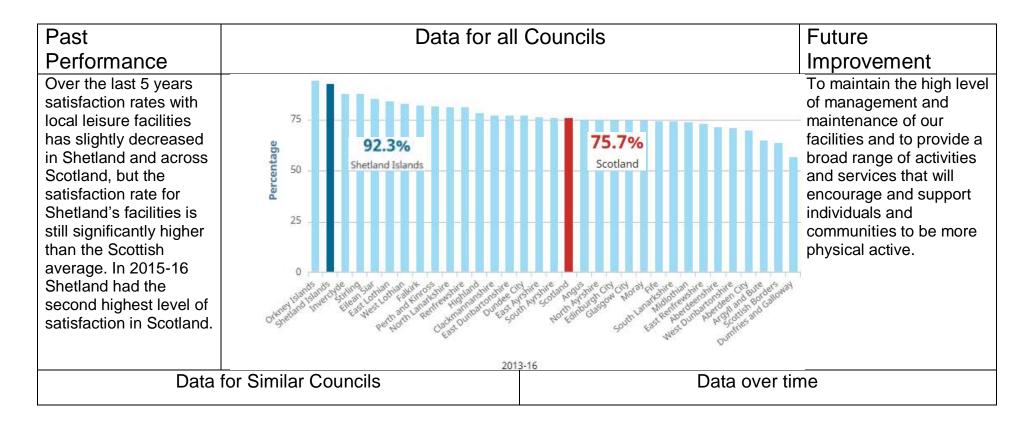




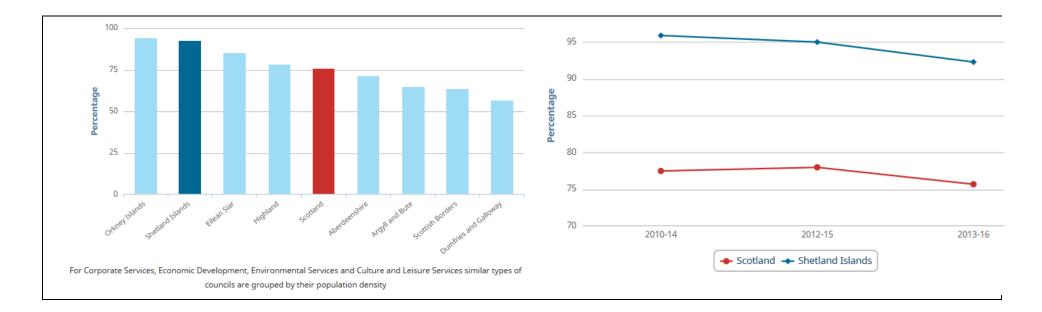


C & L 5b: How satisfied are residents with local parks and open spaces?		
Past	Data for all Councils	Future
Performance		Improvement



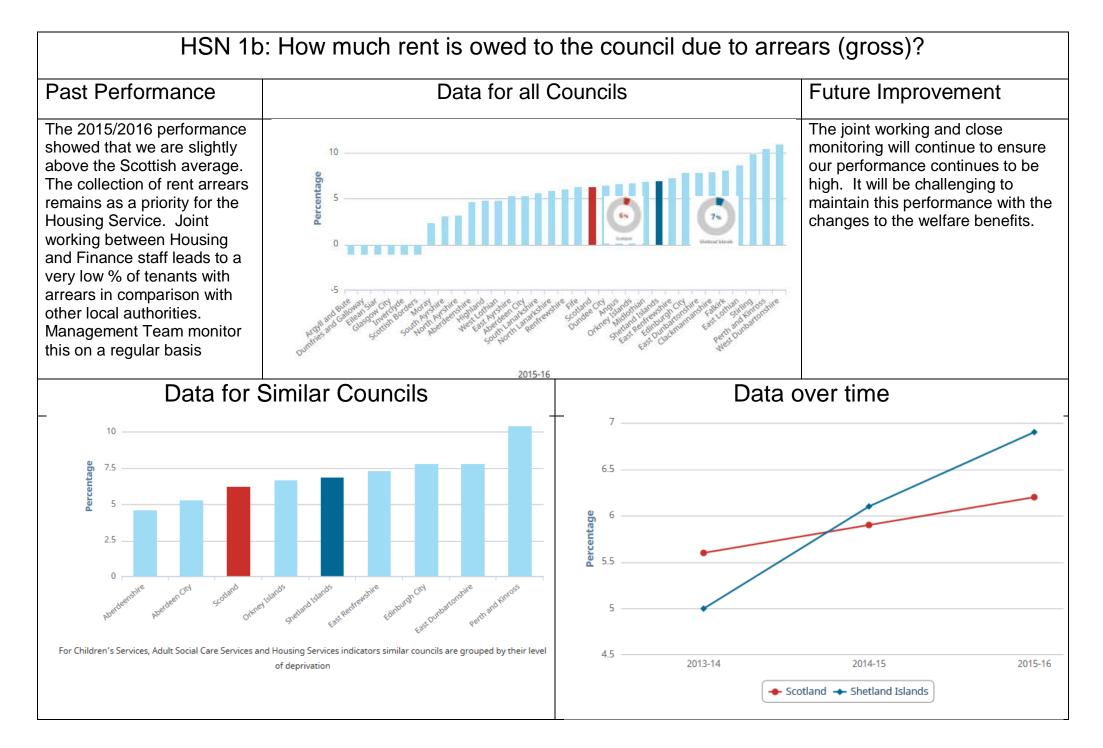


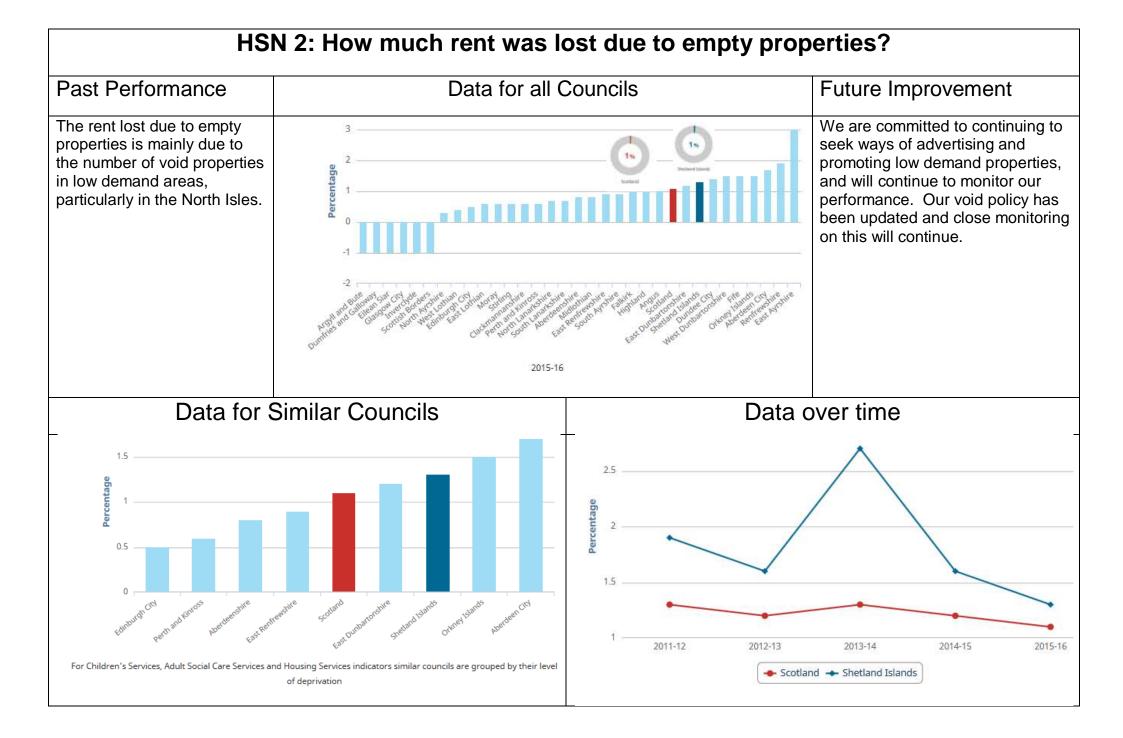
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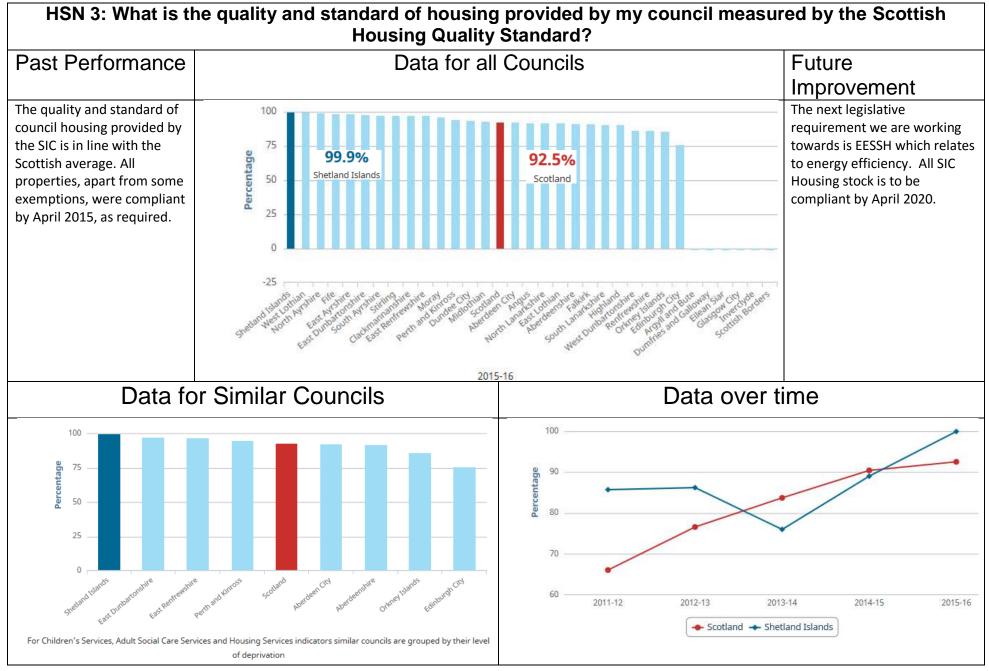


Appendix G – Housing Services – Local Government Benchmarking Framework Indicators

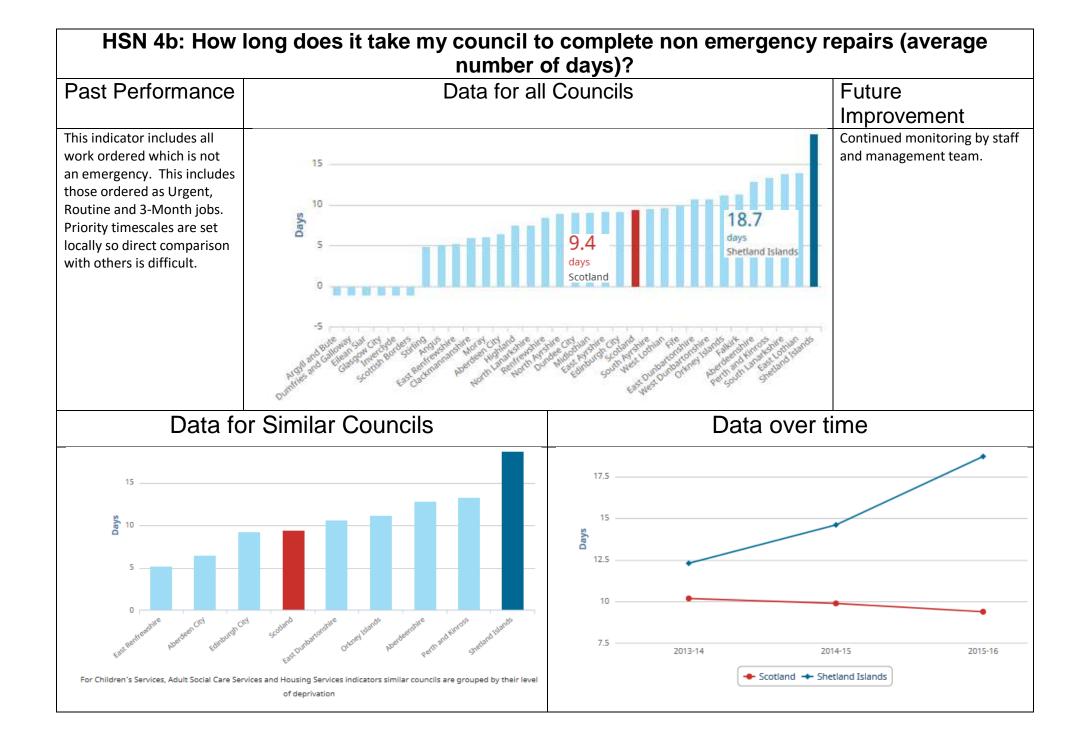
- 1. HSN 1b: How much rent is owed to the council due to arrears (gross)?
- 2. HSN 2: How much rent was lost due to empty properties?
- 3. HSN 3: What is the quality and standard of housing provided by my council measured by the Scottish Housing Quality Standard?
- 4. HSN 4b: How long does it take my council to complete non emergency repairs, on average?
- 5. HSN 5: How energy efficient is the housing provided by my council as measured by the Scottish Housing Quality Standard?



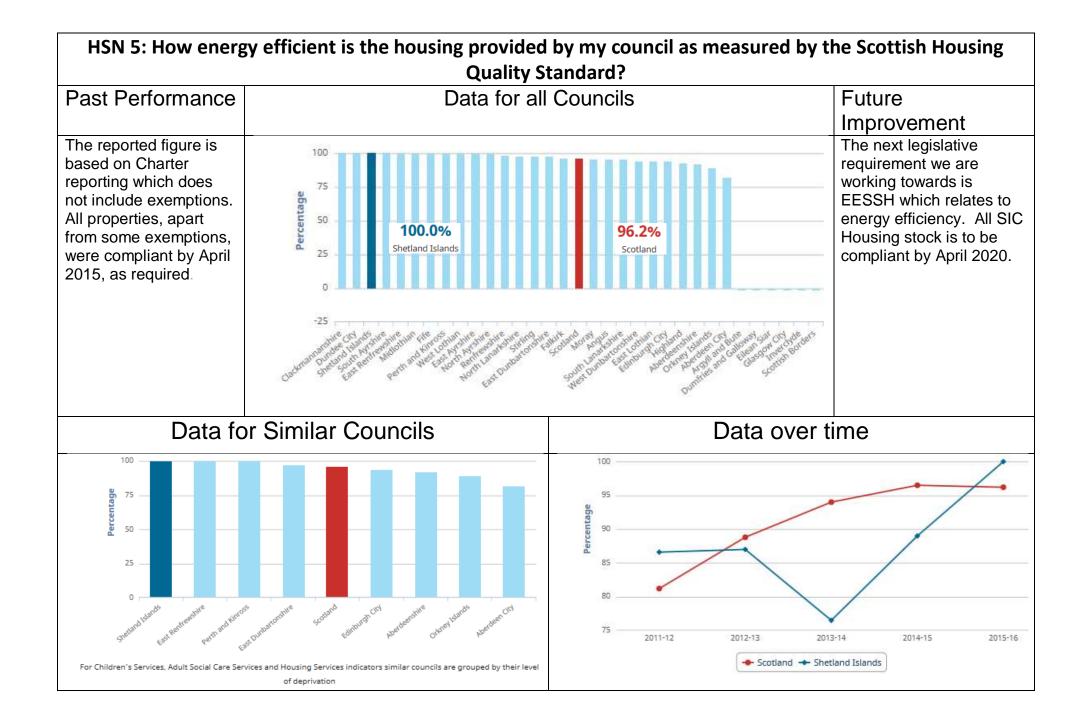




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Meeting(s):	Employees Joint Consultative Committee College Lecturer's Joint Consultative Committee Policy & Resources Committee	7 June 2017 14 June 2017 19 June 2017
Report Title:	Personal Development Plan Policy	
Reference Number:	HR-09-17-F	
Author / Job Title:	Denise Bell Executive Manager, Human Resources	

1.0 Decisions / Action required:

- 1.1 That the EJCC and College Lecturers JCC consider and support the revised and renamed Personal Development Plan Policy (previously the Employee Review and Development Policy).
- 1.2 That Policy & Resources Committee RESOLVE to approve the revised Personal Development Plan Policy (Appendix 1) for all staff except Teachers.

2.0 High Level Summary:

- 2.1 The current Employee Review and Development Policy has been in place since 1 April 2013 but implementation of the Policy has been inconsistent across the Council. This was highlighted in the Viewpoint staff satisfaction survey which was carried out in January 2015.
- 2.2 In response to the viewpoint survey feedback, a staff focus group was set up to review and refresh the Policy. The group developed and proposed a new 'slimmed down' Policy that takes a more straightforward approach based on a set of principles that are supported with guidance and templates.
- 2.3 This Policy will support managers and staff to have at least annually personal development plan conversations which is crucial to good people and performance management. The Policy is underpinned by the Council's values and behaviours framework.

3.0 Corporate Priorities and Joint Working:

- 3.1 This Policy supports the Council's '20 by 20' aims within the Corporate Plan by ensuring that staff have the highest possible standards of leadership and management by making sure staff feel that their performance and personal development is valued by the organisation. In addition it supports the commitment that performance will be managed to a high standard and poor performance dealt with.
- 3.2 This Policy supports the implementation of the Council's Workforce Strategy which

states that "The Council needs to make effective use of their (staff) knowledge and skills and help them to develop their careers in ways that will be rewarding to them and will at the same time achieve the Council's objectives ".

3.3 The Council and NHS Shetland have a joint Support and Supervision Policy for health and care services. Work has taken place with the NHS to ensure the Personal Development Plan Policy is aligned with that policy.

4.0 Key Issues:

- 4.1 The current Employee Review and Development (ERD) Policy has been in place for 4 years but its implementation has been 'patchy' across the Council.
- 4.2 The Viewpoint staff survey, carried out in January 2015, provided feedback that staff were generally unhappy with the current ERD Policy. They felt it did not facilitate meaningful or productive conversations that actually led to improved performance or skills development. It was generally felt to be a 'tick-box' exercise.
- 4.3 In response to the survey feedback, a staff focus group was set up to review and refresh the Policy. The group, made up of 13 willing and enthusiastic volunteers from across the Council and a facilitator from Human Resources, met regularly between November 2016 and April 2017.
- 4.4 The group were in agreement, through personal experiences of being either reviewers and/or reviewees that the current Policy was too inflexible, therefore, the aim was to produce an alternative, simplified Policy that could work well across the whole Council and be appropriate for all services (excluding Teachers). The group were clear that they wanted to put something in place that would encourage and enable "adult to adult" conversations, moving away from more structured ERDs that can feel like something being "done to" staff. There was also a strong feeling that the revised Policy should have a new name in order to signify a real change that would encourage renewed participation.
- 4.5 The revised Personal Development Plan (PDP) Policy is in line with current best practice and focusses on conversations between managers and staff rather than following a formal interview style or a strict form filling exercise. There are templates provided that can be used during the meetings but services can use alternative service specific or professional competency framework forms if they wish.
- 4.6 PDP conversations should focus on five main areas: the employee's achievements, challenges faced, their plan for the year(s) ahead, anything that could lead to the job being done better and the bigger picture (the Council's objectives).
- 4.7 The expectation is that Personal Development Plan meetings will take place for each employee annually as a minimum, but that regular feedback will be shared throughout the year through 'continued conversations'.
- 4.8 The need to score against meeting objectives and competency levels is no longer required and the requirement for 360 feedback to be provided for those in senior management roles has also been removed.
- 4.9 The Council's new values and behaviours framework should underpin every

personal development plan conversation. This will help to embed a culture of valuing our workforce by acknowledging and expecting high performance across the organisation.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :	
6.1 Service Users, Patients and Communities:	Having a high performing and motivated workforce has a positive impact on the delivery of Council services to the Shetland Community.
6.2 Human Resources and Organisational Development:	 This Policy will contribute to staff feeling supported and valued. Improved knowledge, skills and career development will be rewarding for staff and in turn contribute to the achievement of the Council's objectives. HR policies ensure that there is a consistent and clear approach taken in managing our workforce.
	The Council's values statement of "Excellent service is at the heart of everything we do. We provide excellent service by taking personal responsibility and working well together" underpins this revised policy.
6.3 Equality, Diversity and Human Rights:	This Policy puts in place a system to ensure that employees feel valued at work. All employees have a right to request a Personal Development Plan meeting with their manager at least annually and development opportunities will be made available to all staff to ensure they are given the opportunity to develop and grow.
6.4 Legal:	This Policy is based on best practise and is compliant with current legislation and employment law to ensure that we manage our workforce appropriately.
6.5 Finance:	There are no financial implications arising directly from approving this Policy.
6.6 Assets and Property:	None known
6.7 ICT and new technologies:	Electronic templates and forms will be available for use to ensure easy accessibility across the council which supports the Council's objective of becoming more digital in the way we work. There may be potential for an on-line system to facilitate recording Personal Development Plan meeting outcomes at some stage but there is no intention to take this forward at this time.
6.8 Environmental:	None known
6.9 Risk Management:	By approving this Policy, the Council will ensure that control measures are in place to consistently and effectively manage

6.10	 staff performance and reduce the risk of inadequate or poor service delivery. Policy and Resources Committee has delegated authority for the 		
Policy and Delegated Authority:	development and operation of the Council as an organisation and all matters relating to organisational development and staffing.		
6.11 Previously considered by:	Staff Focus Group Informal consultation with Trade Union Reps	Nov 2016 - April 2017 26 May 2017	

Contact Details:

Jackie Watt, Team Leader – Workforce Development; jackie.watt@shetland.gov.uk 25 May 2017

Appendices: Appendix 1 – Personal Development Plan Policy

Appendix 2 – Personal Development Plan Guidance and Templates

Background Documents:

Personal Development Plan

Policy



Applies to: All Council employees except Teachers

Document Information				
Document Na	ame/Descriptior	1	Personal Development Plan Policy	
Version Num	ber <i>e.g.</i> V1.1		V1.2	
Author	Author		Jackie Watt, Team Leader – Workforce Development	
Lead Officer/I	Lead Officer/Manager		Denise Bell, Executive Manager – Human Resources	
Final Approva	al Date			
	Approved by – Council/Committee/Group/Manager		Policy and Resources Committee (TBC)	
Review Frequ	lency		3 Yearly	
Date of next p	Date of next planned review start		January 2020	
Summary of changes to document				
Date	Version updated	New version number	Brief description of changes	

Shetland Islands Council – Human Resources

Personal Development Plan Policy

Operational Date: June 2017 Review Date: June 2020

1. Introduction

- 1.1 Shetland Islands Council recognises that its employees are its most important and valuable asset. Good people management, ongoing learning and development opportunities and regular performance reviews will help everyone do the best job they can for the organisation and for the people of Shetland. The Council is committed to improving the ongoing job satisfaction and potential of all staff.
- 1.2 *Personal Development Planning* is just one of a number of ways the Council supports its staff. It is a time for individual reflection and also for planning ahead.
- 1.3 All staff have the right to a *Personal Development Plan* meeting with their manager at least once per year. Ideally though, regular feedback will be shared with individuals throughout the year through 'continued conversations', whether this is through formal support and supervision or any other suitable formal or informal method.
- 1.4 There is no set time of year for a *Personal Development Plan* meeting to take place; it can be done whenever it suits the individual workplace.
- 1.5 The Council's values statement should underpin every *Personal Development Plan* meeting.

Excellent service is at the heart of everything we do. We provide **excellent service** by **taking personal responsibility** and **working well together.**

1.6 This Policy supports the implementation of the Council's Workforce Strategy which states that "The Council needs to make effective use of their (staff) knowledge and skills and help them to develop their careers in ways that will be rewarding to them and will at the same time achieve the Council's objectives".

2. Scope

- 2.1 This policy applies to all employees of the Council except teachers where separate national arrangements are in place.
- 2.2 It is recognised that *Personal Development Plan* discussions may not always be appropriate for staff on relief or temporary contracts of less than 12 months although it would be good practice to do so. Staff who work on very low hours contracts may also benefit from having a briefer meeting.
- 2.3 Personal Development Plan meetings are not designed to address issues regarding employee under-performance. Should an employee consistently perform below acceptable standards, this will be dealt with under the Council's Capability Policy.

3. What is a Personal Development Plan meeting?

- 3.1 A Personal Development Plan meeting is:
 - a time to look back and discuss **achievements** and what's gone well over the last year
 - a chance to think about and discuss the challenges of the last year (positive and negative) and what has been gained as a result of these experiences
 - an opportunity to think about **the year(s) ahead** future aspirations, ambitions and goals and how the line manager can help
 - an opportunity to describe what support is required to do the job even better – this could be on or off-the-job training, Continuous Professional Development (CPD), additional support, mentoring and so on
 - a chance to think about **the bigger picture** and discuss what can be done to help the team, the service and the Council succeed

4. What format will the meeting take?

4.1 Personal Development Plan meetings should ideally be face-to-face but if this is not practical, a telephone conversation or video conference (VC)/Skype meeting may be an option. The manager and employee should discuss this beforehand and both should do some preparation to ensure the meeting itself is meaningful and valuable.

5. Points to note:

- *Personal Development Plan* meetings will be underpinned by the Council's Values and Behaviour framework, Code of Conduct and Equality and Diversity Policy.
- Template forms are available to use for a meeting but Services can use alternative Service specific templates if they wish.
- Both the manager and employee must keep the *Personal Development Plan Action Agreement form* up-to-date following the meeting. This should be treated as a 'live document' that is regularly referred to, to ensure all of the actions are carried out and outcomes are met rather than being left until the next meeting.
- The date of the *Personal Development Plan* meeting and the reviewer's name, will be recorded on CHRIS (the Council's electronic Human Resources system) by the service CHRIS Administrator.
- All information gathered through *Personal Development Plan* meetings will be treated in confidence and normally restricted to those directly involved. All documentation will be destroyed in accordance with the Council's record management procedures.
- Records from *Personal Development Plan* meetings may form part of a capability or disciplinary process.

6. Roles and responsibilities

6.1 Staff members will:

- request a Personal Development Plan meeting if it hasn't been arranged
- prepare for Personal Development Plan meetings
- listen and take an active role in the discussions
- undertake objectives and actions as agreed
- perform their duties and responsibilities in accordance with the Council's values

6.2 Line Managers (reviewers) will:

- schedule Personal Development Plan meetings at least annually
- prepare for the meetings
- listen and actively engage in the discussions
- undertake objectives and actions as agreed
- record that meetings have taken place
- manage in accordance with the Council's values

Page 5 of 6

6.3 Second reviewers (the reviewer's manager) will:

- monitor Development Plan Action Agreement Forms and ensure actions are carried out as agreed
- lead in accordance with the Council's values

7. Outcomes

7.1 Training and development activities agreed through *Personal Development Plan* meetings can be arranged through the Workforce Development team in Human Resources. If an event or activity eg. a conference, training day or CPD opportunity, is confirmed as necessary then this team will provide the support necessary to access the event.

http://intranet2.shetland.gov.uk/Policy/SitePages/Workforce%20Development.aspx

The workforce development budget is held, managed and monitored centrally by the Workforce Development team.

7.2 There isn't a set time when qualifications, training or development activities have to be booked. Development opportunities can be identified throughout the year eg. on-the-job training, coaching, mentoring, secondments.

8. Conflict

- 8.1 If you don't feel that you have been treated fairly during your *Personal Development Plan* meeting or that the discussion and outcomes haven't been recorded properly, you should contact your reviewer's manager (the Second Reviewer). He/she will then arrange a meeting so you and your manager can express any concerns and these can be followed up.
- 8.2 Where those involved in *Personal Development Plan* meetings fail to resolve an informal issue or complaint, reference may be made to the Council's Grievance Procedure and/or Harassment & Bullying Policy.

9. Legislation

- Employment Act 2008
- Equalities Act 2010
- Health and Safety at Work Act 1974

10. Support for managers

10.1 Training is available for managers who are either new to the Council or looking to improve their skills, such as 'Crucial Conversations' training, available through Workforce Development. A range of learning is also available through iLearn, the Council's e-learning platform (insert link).

Shetland Islands Council:	Personal Development Plan Policy	Page 6

of **6**

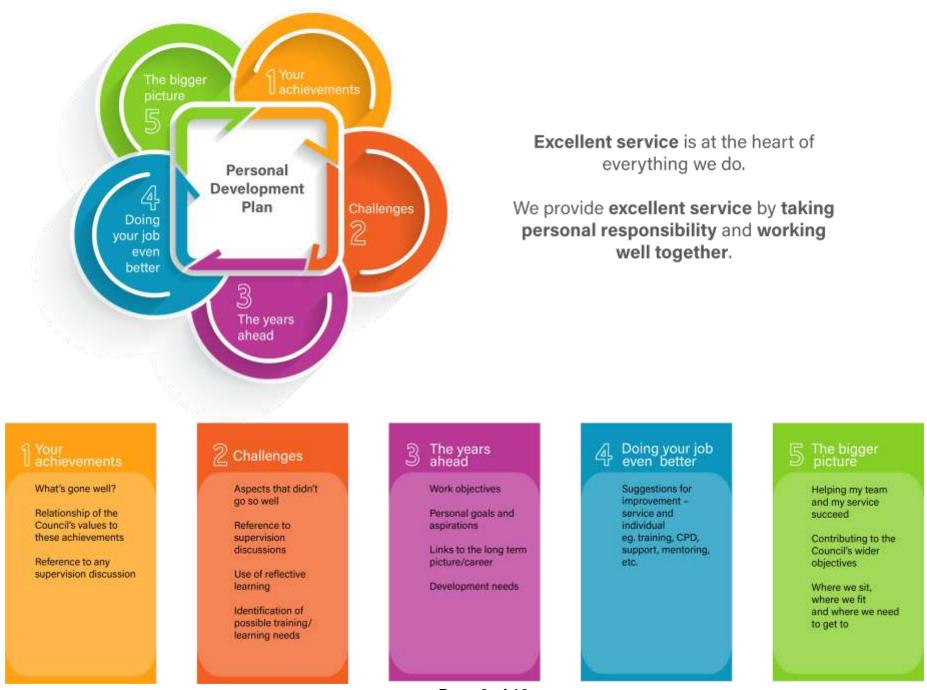
Personal Development Plan POLICY Guidance and templates



Shetland Islands Council – Human Resources

Personal Development Plan Guidance and Templates

Shetland Islands Council recognises that its staff are its most important and valuable asset. Good people management, ongoing learning and development opportunities and regular performance reviews will help everyone do the best job they can for the organisation and for the people of Shetland. *Personal Development Planning* is just one of a number of ways the Council supports its staff.



Shetland Islands Council: Guidance refers to Personal Development Plan Policy Page 3 of 12

Personal Development Plan meetings – key points to note:

Managers are responsible for arranging Personal Development Plan meetings with their employees, at least once a year.

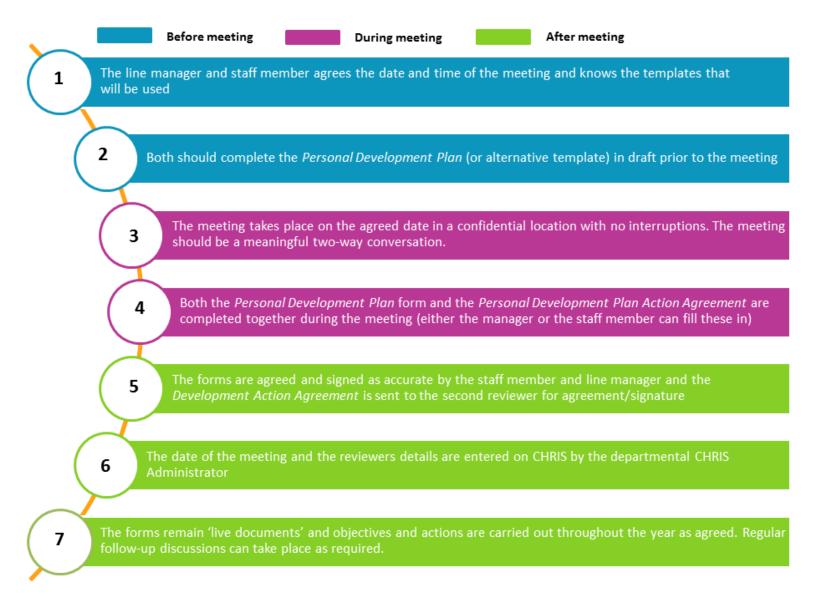
Meetings should ideally be face-to-face but a telephone conversation or video conference (VC)/Skype meeting can be an option. This should be discussed beforehand.

Some preparation should be done by both the reviewer and the reviewee in advance of the meeting to ensure the discussion is meaningful and valuable.

Templates are available but services can use agreed alternative service specific or professional competency framework forms if they wish.

All information gathered through *Personal Development Plan* meetings will be treated in confidence and normally restricted to those directly involved.

Personal Development Planning Work Flow



Shetland Islands Council: Guidance refers to Personal Development Plan Policy Page 5 of 12

Personal Development Plan

Date: Between: And

(Staff Member) (Line Manager/Reviewer)

1. A look back at achievements – look back and discuss your achievements and what's gone well over the last year

2. Challenges – think about and discuss the challenges of the last year (positive and negative) and what has been gained as a result of these experiences

3. The year(s) ahead – think about your aspirations, ambitions and goals for the year(s) ahead - what you would like to achieve and learn and how your line manager can help you

4. Doing the job even better – describe what support you need from your manager to enable you to do your job even better – this could be on or off- the-job training, continuous professional development (CPD), additional support, mentoring and so on

5. The bigger picture – think about the bigger picture and discuss what you can do to help your team, your service and the Council succeed

Signed by:	(Line Manager)
Signed by:	(Staff Member)
Date:	

Personal Development Plan Action Agreement

This Action Agreement is to note personal objectives and actions for each staff member for the year ahead. These can include work objectives, learning and development or career development activities, personal goals, etc.

For some people, personal objectives will form part of a bigger team plan and for some, objectives may carry forward year on year.

This Agreement should be shared with your **second reviewer** to ensure they are also supportive of the objectives and actions agreed.

Staff Member:	Line Manager:	Second Reviewer:		
What was agreed – actions and objectives		Who needs to	action	Any agreed date
1.				
2.				
3.				

4.	
5.	
6.	
7	
7.	
8.	
0.	

Any other comments:

Signed by:	(Staff Member)
Signed by:	(Line Manager/Reviewer)
Signed by:	. (Second Reviewer)
Date:	

Shetland Islands Council: Guidance refers to Personal Development Plan Policy Page 12 of 12



8

Meeting(s):	Employees Joint Consultative Committee College Lecturer's Joint Consultative Committee Policy & Resources Committee	7 June 2017 14 June 2017 19 June 2017
Report Title:	Workforce Development Policy	
Reference Number:	HR-10-17-F	
Author / Job Title:	Denise Bell Executive Manager, Human Resources	

1.0 Decisions / Action required:

- 1.1 That the EJCC and College Lecturer's Joint Consultative Committee consider and support the revised and renamed Workforce Development Policy (previously the Staff Development Policy).
- 1.2 That Policy & Resources Committee RESOLVE to approve the change to the repayment of qualification fees threshold from £1,000 to £650.
- 1.3 That Policy & Resources Committee RESOLVE to approve the revised Workforce Development Policy (Appendix 1) for all staff, except Teachers.

2.0 High Level Summary:

- 2.1 The current Staff Development Policy has been in place since October 2013, however, work practices have changed over recent years and the Policy has been updated to reflect this.
- 2.2 The revised Workforce Development Policy takes into account the outcomes from the 'systems thinking' review that was carried out by the Workforce Development Team in October 2015 that identified ways to eliminate waste in training administration processes and improve efficiency and customer service.
- 2.3 This Policy will ensure that all learning, training and development of the Council's workforce is relevant and delivered at the right time in the right way. It will ensure that activities add value and support the delivery of the Council's objectives.
- 2.4 This Policy takes into account the shift towards digital learning and the increased levels of customer expectations regarding quality and accessibility.

3.0 Corporate Priorities and Joint Working:

- 3.1 This Policy supports the Council's '20 by 20' aims within the Corporate Plan by ensuring that through training and development opportunities, staff feel valued for their efforts and motivated to do their best every time they come to work.
- 3.2 Developing our e-learning capacity and capability contributes to "our 20 By 20" aim

#4 – "Modern IT equipment and systems will be supporting new ways of working, helping services run efficiently and effectively.

- 3.3 This Policy supports the implementation of the Council's Workforce Strategy which states "In order to deliver excellent services employees must have the skills, competencies and experience required to meet current and future requirements".
- 3.4 The Council and NHS Shetland have recently jointly appointed two Trainers to deliver training for health and care staff where there is a requirement for integrated working. This will ensure consistency of knowledge, skills and practice across both organisations. A joint Organisation and Workforce Development Strategy is being developed that aligns with this Policy.

4.0 Key Issues:

- 4.1 Workforce development became a centralised function, within Human Resources, in 2013 following recommendations from a review of training and development activity across the council. The current Staff Development Policy was developed at that time to shape how workforce development services would be delivered on a Council-wide basis.
- 4.2 In October 2015, the Workforce Development Team, along with an advisor from Vanguard and key stakeholders from across Council services, carried out a 'systems thinking' (LEAN) exercise on existing systems and processes. This resulted in the introduction of new ways of working that eliminated waste and non-value added work to ensure services are efficient and effective and much more customer focused.
- 4.3 Now that these changes have had time to be tried and tested, the Workforce Development Policy has been updated to reflect current working practices and to underpin the aims of the Workforce Strategy 2016-20.
- 4.4 This Policy will ensure that all workforce development activities are relevant and delivered at the right time in the right way. It will ensure that the Council meets its commitment to growing our own talent and to retaining employees by offering opportunities that enable individuals to develop their own potential. It will also ensure that the learning and development opportunities offered by the Council are consistent with its values and supports the organisation in achieving its goals.
- 4.5 The requirement for annual service training plans to inform the Council's training programme is no longer required. This has been replaced by a programme of core essential learning and development activity that has been identified through data analysis carried out during the Lean exercise. Managers can request training and development activities as and when training needs arise.
- 4.6 Training budgets, that are managed and monitored by Human Resources, have been 'pooled' to ensure they are flexible and responsive to meet service and corporate priorities.
- 4.7 The threshold for the re-payment of training costs has been lowered to £650 from £1,000 to reflect the current costs of qualifications being offered to Council employees. This is based on the introduction of Professional Development Awards (PDA) qualifications being offered across services, which are generally cheaper than SVQs, HNCs, etc, and which created an unfairness that has now been

addressed in this Policy.

- 4.8 A further development, in line with this Policy, is a new e-learning strategy that will be developed and designed to support the aims of the Business Transformation Programme. The Council already offers e-learning opportunities to all staff but this will be expanded through the use of new technologies and social learning tools and an emphasis on ensuring quality content and wider accessibility for all staff (through mobile devices).
- 4.9 The Policy includes the stated Council aim to become a 'learning organisation' where there is a supportive learning culture in which everyone develops an enthusiasm and motivation for learning, a determination to reach high standards and an openness to new ideas.
- 4.10 This Policy also commits to working with NHS Shetland and other partner agencies, wherever possible, to organise and share local training opportunities to ensure that costs are shared and resources maximised.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :	
6.1 Service Users, Patients and Communities:	High quality service provision and community partnership working is directly related to the quality of staff and as a result it is important to develop and make effective use of the skills, knowledge and commitment of all staff.
6.2 Human Resources and Organisational Development:	This Policy will contribute to staff feeling supported and valued. It will ensure that all development activities undertaken by staff adds value and supports the delivery of the Council's objectives. HR policies ensure that there is a consistent and clear approach taken in managing our workforce.
	The Council's Values Statement of "Excellent Service is at the heart of everything we do. We provide excellent service by taking personal responsibility and working well together" lies at the heart of this updated policy.
6.3 Equality, Diversity and Human Rights:	This Policy commits to taking a blended learning approach to development activities whenever possible to meet the different needs and learning styles of individuals. Development events will take into account the individual needs of staff to ensure all staff are given the opportunity to develop and grow.
6.4 Legal:	This Policy is based on best practise and is compliant with current legislation and employment law.
6.5 Finance:	There are no financial implications arising directly from approving this Policy.
6.6 Assets and Property:	None known.

6.7 ICT and new technologies:	There are no additional requirements for new technologies at this time. The Digital Learning Strategy may identify the need for new digital e-learning tools in the future in line with the Business Transformation Programme.	
6.8 Environmental:	None known.	
6.9 Risk Management:	By approving this Policy, the Council will ensure that measures are in place to ensure the statutory and mandatory training needs of the Council's employees are effectively met which means that staff have the skills and knowledge to be able to carry out their jobs effectively.	
6.10 Policy and Delegated Authority:	Policy and Resources Committee has delegated authority for the development and operation of the Council as an organisation and all matters relating to organisational development and staffing.	
6.11 Previously considered by:	Informal consultation with Trade Union Reps	26 May 2017

Contact Details:

Jackie Watt, Team Leader – Workforce Development; jackie.watt@shetland.gov.uk 25 May 2017

Appendices: Appendix 1 – Workforce Development Policy

Background Documents:

Workforce Development

Policy



Applies to: All Council employees except Teachers

Document Information			
Document Name/Description			Workforce Development Policy
Version Number e.g. V1.1			V1.2
Author			Jackie Watt, Team Leader – Workforce Development
Lead Officer/Manager			Denise Bell, Executive Manager – Human Resources
Final Approval Date			
Approved by – Council/Committee/Group/Manager			Policy and Resources Committee (TBC)
Review Frequency			3 Yearly
Date of next planned review start			January 2020
Summary of changes to document			
Date	Version updated	New version number	Brief description of changes

Shetland Islands Council – Human Resources

Workforce Development Policy

Operational Date: June 2017 Review Date: June 2020

1. Introduction

- 1.1 The Council recognises that high quality service provision and community partnership working is directly related to the quality of its staff and as a result, is committed to developing and making effective use of the skills, knowledge and commitment of all staff.
- 1.2 This Workforce Development Policy is intended to ensure that all learning, training and development of the Council's workforce is relevant and delivered at the right time in the most efficient way. It will ensure that the activities undertaken add value and support the delivery of the Council's objectives.
- 1.3 This Policy demonstrates the Council's commitment to supporting the continuing personal and professional development of its workforce. It also supports the Council's commitment to growing our own talent wherever possible and to retaining employees by offering opportunities that enable individuals to develop their full potential.
- 1.4 The Council's increased use of e-learning and other social learning tools will enhance employee training and development to make it more accessible and cost effective.
- 1.5 The purpose of learning and development for each employee should be underpinned by the Council's Values Statement:

Excellent Service is at the heart of everything we do. We provide **excellent service** by **taking personal responsibility** and **working well together.**

1.6 The Council aims to provide learning and development opportunities that are consistent with the Council's values and supports the Council in achieving its goals.

2. Scope

2.1 This policy applies to all Council employees except teachers.

3. Definitions

3.1 In this policy:

- Workforce development is defined as developing the skills, knowledge and abilities that employees need to perform their current jobs effectively, develop their own potential and respond to future changes so that all employees can contribute fully to the achievement of the organisation's objectives as well as demonstrating its values.
- **Training** means an activity leading to skilled behaviour. It is a learning process that involves the acquisition of knowledge, skills, or changing of attitudes and behaviours to enhance the performance of employees. This may take many different forms e.g. attending a classroom workshop or completing an e-learning course.
- CPD (Continuing Professional Development) means the method by which members of professional associations maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives. It is a commitment to structured skills enhancement and personal or professional competence. CPD will be considered a priority for professional staff.
- Essential training is the term used to describe training which the Council must provide by regulation and statute (statutory training). It can also include training that is deemed necessary in order for employees to carry out their duties safely, effectively and efficiently and which helps maintain levels of competency to required Council standards. Essential training requirements will be given the highest priority in accordance with budget availability.
- **Desirable training** means training that would be useful or worthwhile to the individual and/or the service, either for their current post or to support future aspirations. Desirable training will be funded depending on the needs of the organisation and the contributions it will make to achieve corporate objectives.
- **Qualification** is the term used to describe a formal course of study, usually delivered through a College or University that can take a number of years to complete (with a minimum study period of 6 months) eg. Degree, HNC, SVQ.

4. General principles and policy aims

- 4.1 The Council depends on having a motivated, highly skilled, committed and flexible workforce. It recognises the value of all its employees and that maintaining and developing the skills of the workforce is key to organisational efficiency, continuous improvement, achieving our values and key priorities
- 4.2 The Council aims to embed a learning culture in which everyone develops enthusiasm and motivation for learning, determination to reach high standards of achievement and openness to new thinking and ideas.

Shetland Islands Council: Workforce Development Policy

4.3 The Council is committed to becoming a **learning organisation** supporting a workforce of **continuous learners.**

The learning organisation framework consists of four key elements:

Enablers - policy, strategy, leadership, people management processes and the use of information technology, that contribute to:
Environment – a supportive culture, a learning climate and organisational team working that contribute to:
Learning – individual learning, team learning and organisational learning, contributing to:
Results – improved business results

- 4.4 Workforce development underpins the Council's Workforce Strategy and informs succession planning and talent management with the aim of increasing the level of confidence, ambition and flexibility throughout the workforce. In addition, learning and development opportunities will improve and sustain employee motivation and morale.
- 4.5 All employees will have the opportunity to discuss their performance and development needs with their manager, at least annually, in line with the requirements of the Personal Development Plan Policy.
- 4.6 Executive Managers will ensure workforce development needs within their service are identified and communicated as appropriate to the Workforce Development team.
- 4.7 The Council will take a 'blended learning' approach to development activities whenever possible to meet the needs and learning styles of individuals. All development events will take into account the individual needs of staff and will demonstrate the Council's ongoing commitment to equality of opportunity.
- 4.8 The Council's approach to e-learning is underpinned by the objective of making high quality learning opportunities available to all Council staff regardless of their occupation, work pattern or work location.
- 4.9 The Council will work, wherever possible, with partner agencies to arrange and organise training events ensuring that costs are shared and resources maximised.

5. Responsibilities

5.1 Corporate Management Team (CMT) and individual Directors will:

- Review council-wide training and development activity, its impact on the organisation and value for money
- Resolve any training related disputes between Services and HR, for example over training providers or best value

- Provide strategic direction of training and development activity is in line with the Council's goals and objectives
- Lead by example by ensuring Executive Managers have Personal Development Plan meetings to identify staff learning and development needs

5.2 Human Resources / the Workforce Development team will:

- Take a strategic view of the learning needs of the organisation to ensure they are in line with Council (Our Plan) and Workforce Strategy objectives
- Lead the development and delivery of training events across the Council to meet the Council's workforce priorities
- Lead the budget setting process for Council-wide training budgets and monitor spending to ensure best value is achieved
- Organise, promote, deliver and evaluate a programme of training and development, ensuring best practice, best value and equality and diversity
- Ensure all essential training is delivered in accordance with relevant departmental safety management systems and/or in accordance with external bodies/inspection requirements
- Maintain a Council-wide electronic training records management system
- Attend partnership meetings to ensure training and development information and opportunities are shared
- Lead and participate in joint/partner agency training
- Lead on the Council's digital learning strategy
- Monitor and evaluate training to ensure its cost effectiveness and positive impact
- Provide best practice guidance relating to training and development and support managers in implementing this policy
- Provide management information that enables effective workforce and succession planning across the Council and the Health and Social Care partnership.

5.3 Executive Managers will:

- Lead by example by carrying out Personal Development Plan meetings for all Team Leaders and other reporting staff
- Ensure line managers have Personal Development Plan meetings with their staff to identify learning and development needs
- Ensure the essential training and development needs of their Service are met
- Monitor and evaluate employee development activities and their impact across their service
- Implement the repayment of qualification fees process when required, seeking advice from Human Resources where appropriate.

5.4 Line Managers will:

• Have annual Personal Development Plan meetings with their staff and identify areas where training and development can improve personal and team performance

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- Collate and prioritise identified training needs and communicate these to the Workforce Development team
- Ensure employees attend learning and development events and provide support as required
- Maximise the development undertaken by any employee by ensuring the learning is shared as widely as possible
- Ensure training and development activity, organised out-with the Workforce Development team, is recorded on the appropriate electronic records system
- Monitor and evaluate the effectiveness of training and development activity undertaken by their staff
- Advise employees of the reason for refusing any training or development

5.6 Employees will:

- Actively participate in discussions about their training and development needs with their line manager as part of the 'Personal Development Plan' process
- Take part in appropriate qualification, training and development activities
- Implement their learning within the workplace to improve performance
- Share learning and development with colleagues wherever possible
- Keep a personal CPD record, if appropriate

6. Workforce development activities supported by the Council

- 6.1 Development activities will be provided in the most efficient and effective manner to ensure best value. The Council will share e-learning content with other Scottish Local Authorities and the NHS whenever possible.
- 6.2 It is not intended that e-learning should replace all classroom-style learning particularly when practical skills development are paramount; however, e-learning should be considered as a first option.
- 6.3 The Workforce Development team will lead on the Council's digital learning strategy and the development of e-learning, working with subject experts to develop course content to meet organisational needs and to fully utilise the Council's Learning Management System (LMS).
- 6.4 In order to support the wide variety of needs and differing learning styles of staff, a variety of methods are available. These include:
 - e-learning and other social learning tools
 - internal courses
 - using in-house expertise as appropriate
 - external courses
 - study leading to a formal qualification
 - self-directed study/reading
 - conference attendance
 - work-shadowing or secondment
 - mentoring or workplace coaching

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- on-the-job training
- distance learning
- 6.5 Access to development events will be prioritised according to need and available resources. Staff will be informed by their manager of the decisions reached and the reasons why.
- 6.6 Training opportunities, will be shared across the Council or with our partners, when appropriate, to ensure equality of access and opportunity and enhance partnership working.
- 6.7 Development beyond the current job function can impact on future employability and for those benefitting from such an opportunity promotion prospects may be enhanced. Managers should pay particular attention to equalities legislation, ensuring that no direct or indirect discrimination can be claimed when making a decision in relation to learning and development.
- 6.8 Attendance at conferences, etc. should be by one member of Council staff only, unless there is external funding available or the relevant Director(s) can justify that attendance by more than one staff member is of benefit to the Council.
- 6.9 Financial support can be provided to individuals for training and qualifications when they are on a career grade and/or where the need has been identified through the 'Personal Development Plan' process and staff agree to the conditions of that financial support.
- 6.10 All training and qualification requests should be prioritised as essential or desirable.
- 6.11 The factors managers should take into account when considering the need for training or qualifications include:
 - Compliance with statutory legislation e.g. registration requirements
 - The costs associated (fees and staff cover costs)
 - The benefit of the training to the individual, the service and the organisation
 - The need for career grade progression so the post holder can fulfil the requirements of their substantive post
 - The Council's strategic objectives
- 6.12 Time off to attend a college or another institution for an approved course of study/qualification must be with the agreement of the relevant Team Leader and/or Executive Manager. Approval will be dependent on the requirements of the service and budget availability. When a qualification is agreed e.g. for career grade progression, as part of a Personal Development Plan or during a trial period, a Learning Plan and Commitment Form (appendix A) should be completed in accordance with the particular course delivery arrangements and agreed in advance. The learning plan should specify exactly what time off the member of staff will receive and over what period of time so expectations are clear from the outset.

7. Funding:

- 7.1 The Council will fund the following:
 - Course fees
 - Exam fees
 - First re-sit fees in exceptional circumstances
 - Fees for texts and course materials considered <u>essential</u> to undertake the course
 - Travel/subsistence costs to attend course of study
 - Paid time off to attend course of study and exams, if required
 - Paid time off to attend first re-sit (where agreed)
- 7.2 When attending courses or exams within an employee's normal working hours, mileage will be paid for the distance in excess of normal travel to and from work.
- 7.3 When there is a requirement for an employee to attend courses outside their normal work pattern, they will be compensated at straight time for the hours attended, either with pay or with TOIL depending on the needs of the service. Mileage to attend will be paid.
- 7.4 Travel time out with working hours to attend any training on or off island will not be paid.
- 7.5 No enhanced rates will be paid for attending training on a public holiday or if working over 37 hours per week.
- 7.6 Where the duration of the course is shorter than the normal working day/shift, employees are expected to return to work for the remaining hours wherever possible or use flexi time where appropriate. If an employee does not return to work without prior agreement with their manager, they will only be paid for the hours they have attended the course.
- 7.7 Annual leave, flexi-leave or unpaid leave must be used for time off to attend Graduation Ceremonies, including those held on the mainland. No travel or subsistence is paid for this purpose.

8. Repayment of Qualification Fees:

8.1 In all cases, if an employee fails to complete or achieve a qualification, the employee will be required to repay all costs paid by Shetland Islands Council, excluding travel costs and paid time off (where total spend has been £650 or more). An Executive Manager is permitted to consider waiving all or some of these costs in exceptional circumstances, e.g. where an employee has been affected by prolonged or serious ill health, in consultation with Human Resources to ensure a consistent Council wide approach.

- 8.2 Employees who leave the Council within 1 year of achieving a qualification that was funded by the Council (where total spend was £650 or more excluding travel costs and paid time off), will be required to repay 100% of the cost of the qualification. If they leave within 2 years of completing a qualification, they will be required to pay back 50% of the cost. The period over which this will take place is usually based on the period over which the cost has been incurred however, the Finance Service will advise.
- 8.3 In a voluntary severance/early retirement situation, where the Council has agreed to termination of employment, the employee will not be required to repay qualification fees.
- 8.4 Employees will be made aware of the circumstances where repayment is required at the time approval for the qualification is given and, as a condition of receiving support, will be required to sign a commitment to complete the training and the repayment of fees if required (Appendix A Learning Plan and Commitment Form).

9. Evaluation

- 9.1 All formal training should be evaluated to measure the impact and contribution to the achievement of Council objectives.
- 9.2 An initial evaluation may be undertaken immediately after the event to determine if the event itself was useful e.g. a course feedback sheet.
- 9.3 A follow-up impact evaluation will be carried out by the Workforce Development team through a questionnaire 3-6 months after the training event. Feedback will be shared with managers and the information will be used as a quality improvement tool by the Workforce Development team.
- 9.4 Managers must assess the impact training has had on individual performance, and the service, through Personal Development Plan meetings. They should consider:
 - How the training met the needs of the individual at that time, and the impact on service users
 - The degree of learning that took place as a result of the training
 - The impact of the training on individual performance and behaviour
 - How the training contributed to the achievement of Council goals
 - If further development is required

10. Training and Qualification records

10.1 Council-wide workforce development activity will be recorded, monitored and reported on a regular basis. Electronic training and qualification records will be kept for each Council employee.

Shetland Islands Council: Workforce Development Policy

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10.2 The Workforce Development team will capture:

- e-learning records through Council approved learning management systems
- training and qualifications co-ordinated and delivered by the Workforce Development team

10.3 Managers will ensure Services capture:

- accredited training or qualifications, undertaken by an employee, that was not delivered/supported by the Council
- any other training supported by the Council but out-with the centralised training remit
- 10.4 Individuals should keep their own CPD records in a format acceptable to their professional body.

11. Commissioning external Trainers

- 11.1 The appointment of external training providers will be made in accordance with the Council's procurement procedures and in line with training processes and procedures managed by the Workforce Development team to ensure best value and quality.
- 11.2 Internal trainers, providing training or coaching to Council employees, must be able to demonstrate their competence through a formal training or coaching qualification and/or appropriate experience. Advice must be sought from the Workforce Development team to ensure appropriate arrangements are in place.

12. Conflict

- 12.1 Employees, or their trade union representative, may refer questions of interpretation or problems related to the application of this policy to the relevant Executive Manager who if necessary, will consult with the Executive Manager – Human Resources.
- 12.2 If this fails to produce a satisfactory outcome for the employee, recourse may then be made through the Council's Grievance Procedure.



SHETLAND ISLANDS COUNCIL Learning Plan and Commitment Form

Name Job Title Service Manager Qualification being undertaken Qualification being provided by (College or other Institution) Is the qualification necessary for Career Grade progression? Y/N **Registration? Y/N** Course start date Expected course completion date Course duration Total cost of qualification (include detailed costs of individual modules, etc) Additional Expenses (e.g. Travel costs, training materials) Dates/periods away from the work place (e.g. College blocks, tutorial time, study time, out of work placements, etc) Benefits to the individual and organisation by achievement of this qualification Any additional support required to complete qualification within the proposed timescale

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APPENDIX A

I understand that by enrolling for this qualification, I am making the following commitment:

- 1. To complete all course sessions (either classroom or electronic) unless prevented through ill health, annual leave or authorised absence;
- 2. To participate in regular review meetings with my manager and keep my manager informed of my progress and any problems with the course;
- 3. To satisfactorily complete all aspects of the course of study within the anticipated time frame detailed in the Learning Plan.

In addition, I understand that if I fail to complete or achieve the qualification, I must repay all costs paid by Shetland Islands Council, excluding travel costs and paid time off, if total spend has been £650 or more.

If I resign from my post with the Council whilst undertaking a qualification for which the Council is paying, or within 1 year of the date of completion of the qualification, I will be required to repay the full cost if total cost has been £650 or more. If I leave the Council within 2 years of completion of the qualification, I will be required to pay back 50% of the total cost. The period over which this will take place is usually based on the period over which the cost was incurred but exact repayment terms will be agreed with Finance Services.

I understand that the information I have given is accurate and no information has been omitted. I confirm that I understand and will comply with the commitments within this document and the Council's Workforce Development Policy.

Data Protection Act 1998

As Shetland Islands Council have agreed to fund the qualification, the Council would like to be able to obtain information from your university, college or training provider on your attendance, course progress, examination results, etc. The terms of the above Act, however, require your consent to allow the university/college or training provider to release this information. By signing this Learning Plan and Training Commitment Form, you are giving consent to Shetland Islands Council to have access to any information, held both electronically and in paper format, by your university/college or training provider.

Signature:
Date:
Signature of Team Leader/Executive Manager
Date:

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Meeting:	Employee Joint Consultative Committee - 7 June 2017 Policy and Resources Committee - 19 June 2017
Report Title:	Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services
Reference Number:	CS-10-17-F
Author / Job Title:	Practice Education Lead, NHS Chief Social Work Officer

1.0 Decisions / Action required:

- 1.1 That the EJCC considers and support the Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services.
- 1.2 That The Policy and Resources Committee RESOLVES to approve the Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services [Appendix 1].

2.0 High Level Summary:

- 2.1 The Policy sets out the purpose of support and supervision and highlights its importance in ensuring best outcomes for the children, young people and adults we support. It is an ambitious Policy aiming to support all staff registered with the Nursing and Midwifery Council, General Pharmaceutical Council, Health and Care Professions Council and the Scottish Social Services Council undertaking this process effectively, ensuring they meet appropriate organisational and governance standards.
- 2.2 Professional Lead Officers for nursing and midwifery, pharmacy, allied health professionals and social work are in support of this policy. It is recognised there are different models of supervision and these may overlap to support the individuals learning needs e.g. professional supervision may be identified as a method to support individual learning following management supervision. The models described in this policy include: clinical, professional, managerial and operational.
- 2.3 The Policy reflects the varying learing needs and styles of staff across health and social care while supporting the governance requirements and assurances required by both professional bodies and the Council/Health/Integration Joint Board.
- 2.4 Included within the policy is a Toolkit for Supervision, comprising some optional

templates to support the supervision process and which can be adapted to meet the outcomes agreed.

3.0 Corporate Priorities and Strategic Aims:

- 3.1 This policy supports staff to be appropriately trained to deliver safe and effective services for the people of Shetland by achieving:
 - National Health and Wellbeing Outcomes
 - Staff governance standards
- 3.2 Our Corporate Plan states, 'Our staff will have the highest possible standards of leadership and management...' It reflects the expectation that staff will feel valued, there will be high standards of governance, people who use our services will experience excellent standards of customer care and our performance will be managed effectively.
- 3.3 Effective, supportive staff supervision is essential for good, safe delivery of health and care services.

4.0 Key Issues:

- 4.1 Many of our staff work across health and social care. We need to have joined up approach to developing policies that inform practice wherever possible. This single policy for supervision is a key achievement and underpins specific procedures relevant to individual professional/staff groups.
- 4.2 Practically, staff need to be afforded time to attend supervision. Supervision is mandatory for staff in social work, occupational therapy and social care.

5.1 Service Users, Patients and Communities:	This policy supports staff to be appropriately supported to deliver safe and effective services and contributes to achieving outcomes for individuals.
5.2 Human Resources and Organisational Development:	Supervision supports the workforce and links closely to personal development plans and appraisal arrangements. It encourages the development of skills and enhanced quality of care and support through the implementation of an evidence-based approach to maintain professional and governance standards in practice.
5.3 Equality, Diversity and Human Rights:	There may be variation in compliance across departments and professional lead officers and managers will need to support and monitor appropriate implementation of the policy.
5.4 Partnership Working	This policy has been developed by partners across Health and Social Care and supports staff working within an integrated framework.
5.5 Legal:	Supervision supports staff in meeting professional and governance standards. It helps to ensure staff meet appropriate

5.0 Implications:

	regulatory requirements and educational standards for revalidation.		
5.6 Finance:	Releasing staff to attend support and supervision sessions and costs associated with training identified. Costs will be met within existing approved budgets.		
5.7 Assets and Property:	None identified.		
5.8 Environmental:	This policy advocates and supports the use of virtual technology such as video conferencing to deliver supervision.		
5.9 Risk Management:	Line Managers can support supervision by facilitating attendance at training, allocating time for supervision sessions, and reviewing effectiveness through informal discussions and performance reviews.		

5.10 Policy and Delegated Authority:	EJCC provides a formal mechanism for open and constructive consultation to take place between the Council and its employees.
	SIC Policy and Resources Committee has delegated authority for the development and operation of the Council as an organisation and all matters relating to organisational development and staffing.
5.11 Previously considered by:	Various working groups - please see attached - including: Clinical Care and Professional Governance Committee - 28 November 2016

6.0 "Exempt /	None
private" item	

Contact Details:

Scott Hunter, Executive Manager, Children's Resources (Depute Chief Social Work Officer), <u>scott.hunter@shetland.gov.uk</u>

Bruce McCulloch, Practice Education Lead, NHS, bruce.mcculloch@nhs.net

Appendices: Appendix 1 – Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services

Background Documents: None.





Support and Supervision Policy for Health and Social Care Staff in Community Health and Social Care Services and Children's Services

Date: March 2017 Version number: 8 Author: Practice Education Lead for AHPs/Improvement & Development Manager Review Date: March 2020

If you would like this document in an alternative language or format, please contact NHS Corporate Services on 01595 743069.

Name of document			Draft Support & Supervision Policy for Health & Social Care Staff		
Registration Reference Number			HR POL 026 New	Review 🖂	
Author			Practice Education Lead for Allied Health Professionals/Improvement & Development Manager		
Executive Lead			Director of Nursing, Midwifery and Allied Health Professionals Allied Health Professional Lead Chief Social Work Officer Director of Pharmacy		
		Proposed groups	to present document to:		
Area Partne	ership Forur	n	Joint Staff Forum		
Staff Gover	rnance Com	mittee	Joint Governance Committee		
Employees	Joint Cons	ultative Committee			
Date	Version	Group	Reason	Outcome	
May 2015	2014	CHP Ops Team	Explore if an integrated supervision policy would merit further exploration.	Supported by CHP Ops Team	
28 th September 2015	1	Working Group	Explore in principal if the policy can support staff across the Health and Social Care Directorate.	In principal yes, but models would have to be expanded.	
28 th October 2015	October Working Group		Providing clarity of scope via examples in the document. Additional information on reporting failure to attend in the policy.	Shared with the working group for further comment.	
12 th November 2015	3	Voluntary Action Shetland	To discuss if this policy document would support volunteer development.	In principle yes.	
17 th December 2015	4	Working Group	Finalise changes.	To go to CHP Operational Group.	
20 th January 2016	5	Feedback Denise Morgan and Mhairi Roberts.	Requested to have volunteers in a separate policy and this to remain policy for staff.	Submit to Executive Lead.	
19 th February 2016	6	Feedback from the Executive Lead.	See notes to changes made prior to asking if the Chief Social Work Officer and Allied Health Professional Lead support this document in principal prior to submission to Area Clinical Forum for appropriate Medical and Dental representatives to consider.	Prepare changes for Executive Lead prior to further consideration.	

18 th of October 2016	7	Joint Governance Committee	S	ee notes to changes made.	Prepare for Clinical Governance Committee.
28 th of November 2016	8	Clinical Care and Professional Governance Committee	A	pproved	Seek approval EJCC and Comment from the SIC HR and Legal Teams
Examples of reasons for presenting to the group				Examples of outcomes follow	ving meeting
Professional input required re: content (PI)				 Significant changes to cont refer to Executive Lead for 	-
Professional opinion on content (PO)				 To amend content & re-sub (AC&R) 	mit to group
General comments/suggestions (C/S)				 For minor revisions (e.g. fo no need to re-submit to gro 	
For information only (FIO)				 Recommend proceeding to (PRO) 	next stage

DATE	CHANGES MADE TO DOCUMENT
	Providing clarity of scope of supervision via examples in the document.
28 th October 2015	Additional information on reporting failure to attend in the policy.
	Appendix 7 added but incomplete. Foreword from the Employee Director
12 th	This document would now be more appropriate as a procedure rather than a policy as it will not be a requirement that all staff and volunteers referenced are required to undertake supervision.
November 2015	Follow-up meeting on the 18 th of November amendments were made to the introduction to be clear that it is not obligatory for volunteers to undertake supervision. The title was changed to Support and Supervision and a model was added to highlight the benefits of supervision for volunteers.
17 th December 2015	Include in scope of practice and reference list Staff Support and Supervision for Outcomes Based Working.
20 th January 2016	Changed back to a policy and volunteers supervision to be included in review of volunteering policy (so volunteers not included in this policy?). Addition that not all departments may be able to achieve best practice statements with regard to supervision.
19 th February	Change to professional leads on cover
2016	Explicit this policy is to meet organisational and governance standards specifically for General Nursing Council, Health and Care Professions Council and the Scottish Social Service Council.

	Expectation all staff will use this in the body of the text. Section 2.2 Change to professional lead rather than manger. Add in professional assurance framework to text
DATE	CHANGES MADE TO DOCUMENT
16 th June 2016	Presented at Area Clinical Forum. Both medical and dental opted not to be part of the policy and follow-up required with pharmacy as no representatives were present.
27 th July 2016	Discussed at Pharmacy Governance Group and agreed policy was applicable to pharmacy, references and links to pharmacy therefore made throughout document
18 th of October 2016	Set out in the purpose that there is an expectation staff will participate in support and supervision to meet the requirements of their employee and governing body. Highlight how the models although separate may cross cut. Table outlining the requirements set by the regulatory bodies.
28 th of February 2017	Changes advised by SIC HR Workforce Development team to include appropriate terminology and reference where appropriate to Council policies and procedures.

Foreword by:

Director of Nursing, Midwifery and Allied Health Professionals

Allied Health Professional Lead

Chief Social Work Officer

Director of Pharmacy

We would like to thank all the contributions made from individual staff, teams and committees during the development of this policy. It is an ambitious policy intended to support staff across Community Health and Social Care and in Children's Social Work services in discharging their professional responsibilities. NHS Shetland, Shetland Islands Council and the Integrated Joint Board would like to achieve a resource that supports the development of staff to enhance their roles and ultimately improve the care and support we deliver.

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1 Introduction

This document sets out the purpose of support and supervision and highlights its importance in ensuring the best outcomes for all the children, young people and adults that we support. A range of documents are attached in the Appendices which are offered as optional tools to support best practice. Support and supervision has been described as a collaborative process between two or more people of the same or different backgrounds. There is an expectation that staff included in this policy will participate in support and supervision to meet the requirements set out by both appropriate professional and governance bodies. This process should encourage the development of skills and enhanced quality of care or support through the implementation of an evidence-based approach to maintain professional and governance standards in practice as outlined in the Clinical Governance and Care Framework. These standards are maintained through discussion around specific incidents or interventions using elements of reflection to inform discussion which will focus on learning and improvement.

Support and supervision can occur in a range of settings which enables individuals / groups to develop knowledge and competence. It empowers those to take the lead in identifying opportunities to reflect on their practice or area of work. It enhances patient / customer protection and the safety of care in complex situations.

Supervision involves regular discussions between two or more people, one of whom has a sufficiently extended level of skills, knowledge and abilities to support the development of the other(s). This does not necessarily mean that the supervisor will be of a higher grade than the supervisee.

Participants describe events / experiences, which are pertinent to them in their role e.g. debriefing following an adverse or learning event. They then reflect on their experiences, explore alternative approaches to similar situations should they arise again and then discuss what they have learnt and how they will apply this knowledge in practice.

Effective supervision has been highlighted in many critical incidents including the Mid Staffordshire NHS Foundation Trust. Further, the Quality Standards for Health and Social Care recommend that an effective system for supervision can enable organisations to meet clinical and social care governance standards.

The purpose of supervision is to:

- Evidence / develop / maintain knowledge and skills to deliver safe and effective care
- Provide professional support to meet appropriate standards
- Establish and develop the supervisee's key competencies
- □ Reduce risk.
- Support decision making
- □ Facilitate meeting standards set by regulatory bodies eg re-validation
- Support and encourage the development of volunteers if appropriate
- □ Focus on enhancing existing relationships and developing new ones

The aim of supervision is to enhance professional development and safe practice. It minimises risk to the service user and practitioner. The line management structure should facilitate supervision for all staff.

The benefits of supervision include:

- Promotion of evidence-based practice
- □ Increased analytical thinking
- Development of reflective skills
- □ Improved job satisfaction
- Compliance with government and statutory body agendas
- Improved performance
- Motivation and enthusiasm for all involved

2 Scope

There is an expectation that all professions across health and social care services will participate in support and supervision. The author does acknowledge that there are professions such as dental and medical who have opted not to be included in this policy as they have suitable alternatives available provided by their own professional and governing bodies. This policy aims to support all staff registered with the Nursing and Midwifery Council, General Pharmaceutical Council, Health and Care Professions Council and the Scottish Social Services Council undertaking this process effectively, ensuring they meet appropriate organisational and governance standards. It is recognised there are different models of supervision and these may overlap to support the individuals learning needs eg professional supervision may be identified as a method to support individual learning following management supervision. The models described in this policy include: clinical, professional, managerial and operational. It is acknowledged that alternatives endorsed by professional and/or regulatory bodies may be preferred by staff groups such as Midwives who have Statutory Supervision arrangements which are led through the Supervisors of Midwives. Table 1 outlines the support and supervision regulatory requirements for registrants included in this policy. Within this policy there are a range of optional tools staff can use to support them in meeting their professional requirements.

Professional Group	Regulatory Body	Requirement	Frequency
Allied Health Professional	Health and Care Professions Council	Standards for continual professional development: Summary of practice history. A statement of how standards for CPD have been achieved. Evidence to support the statement.	Re-registration is bi-annually and frequency of support and supervision is deemed as necessary by the registrant
http://www.hp	c-uk.org/assets/docu	ments/10001314cpd_and_your_rec	istration.pdf
Nursing and Midwifery	Nursing and Midwifery Council	Professional revalidation requirements: Summary of practice history. Evidence of CPD including participatory and self directed learning Feedback on professional performance and written evidence of reflection on that	Revalidation is a 3 yearly cycle but evidence is gathered dynamically over the period and discussed at annual

Table 1 Regulatory Requirement for Support and Supervision

ΓΓ			· · · · · · · · · · · · · · · · · · ·
		feedback and learning is	appraisal
		required to meet	
		Confirmers meeting to verify	
		evidence and appraise	
		performance and compile	
http://royalidat		Personal Development Plan	
	tion.nmc.org.uk/		
	General	Standards for continual	Submit CPD
	Pharmaceutical	professional development:	record to
	Council	Keep a record of CPD that is	GPhC on
		legible, either electronically	request. This
		online.	can happen
		Make a minimum of nine CPD	any time.
		entries per year which reflect the	Re-registration
		context and scope of your	is annually with the GPhC for
		practice as a pharmacist or pharmacy technician.	both
		Keep a record of CPD that	Pharmacists
		complies with the good practice	and Pharmacy
		criteria for CPD recording	Technicians
		published in Plan and Record.	
		Record how your CPD has	
		contributed to the quality or	
		development of your practice	
		using our CPD framework.	
https://www.ph	narmacyregulation.or	g/registration	
Social Work	Scottish Social	The Code of Practice for Social	Social Workers
and Social	Services Council	Service Workers sets out clear	are registered
Care		standards of professional	for three years
		conduct and practice that social	and students
		service workers must meet in	do not renew
		everyday work.	their
		Everyone registered with SSSC	registration.
		has to meet post-registration	For all other
		training and learning (PRTL)	workers,
		requirements.	registration lasts for five
		Undertaking PRTL, writing about it and submitting it to SSSC	
		makes sure registrants continue	years. Everyone
		to be suitable for registration.	registered with
		The PRTL requirements for	SSSC is
		social workers and newly	required to
		qualified social workers are	submit PRTL
		different from other social	Record of
		service workers and the Record	Achievement
		of Achievement also differs.	when
		of Achievement also differs.	-
		of Achievement also differs.	requested. Supervision
		of Achievement also differs.	requested.
		of Achievement also differs.	requested. Supervision

		reflect on	
		learning.	
http://www.sssc.uk.com/registration/registrant-responsibilities/post-registration-			
training-and-learning			

There are a number of methods in which supervision can be undertaken such as 1:1, group sessions, development reviews, meetings, journal clubs and action learning sets. It is important that when designing and planning supervision that the method and model are agreed to meet the needs of the supervisor and supervisee. The underlying principles applied are reflected in outcomes focused practice as described in the NHS Staff Support and Supervision for Outcomes Based Working (2010). This models three key practice elements which are: focus on outcomes, reflective practice and developing solutions.

2.1 Clinical Supervision

The fundamental aim of clinical supervision often referred to as practice supervision is to promote best clinical practice through the process of reflection, discussion and review of all aspects of the clinical task and client/therapist relationship.

For the purpose of this policy clinical supervision is defined as 'supervision that relates to all clinical activity; the processes involved in case management, assessment, clinical reasoning, formulation, therapeutic intervention, decision making, consultation, consideration of legislative context and statutory functions, case evaluation/case review status and other wider and more systemic clinical activities.

Staff providing supervision will have sufficient knowledge and understanding of the specialist area to meet the appropriate regulatory body standards.

If no suitably qualified member of staff within the same specialism is available to provide clinical supervision within the organisation then it may be necessary to seek supervision from a suitably qualified professional from within the same specialism, outside the organisation. This will be particularly pertinent for those staff in extended/new roles and regional posts.

In instances where such suitable qualified staff are not available to provide supervision either within or external to the organisation, the staff member should seek competent supervision from another staff member or recognised and accredited professional, in agreement with his or her Professional Head of Service.

In keeping with the professional body guidelines and agreement with professional leads and managers, the individual can ensure supervisory requirements are met using a range of methods of which some examples are listed below:

- Attendance at Special Interest Groups
- Regional Forums
- Peer Support
- Peer Supervision
- □ Including the use of virtual technology eg video conferencing

2.2 Professional Supervision

All staff should have access to a professional lead and manager of the same profession for issues relating to the following:

- □ Scope of practice
- Continued Professional Development
- Dear Their role as defined in their job description/profile
- Professional and Governing Guidelines
- Ethical obligations
- Other broader Professional issues

Within professional supervision, the supervisor will ensure that the Continuing Professional Development needs including post registration training and learning requirements set by the appropriate professional or governing body are met by:

- Supporting staff to develop their professional competence
- Enabling staff to meet their post qualifying and training requirements related to their ongoing registration and development
- Supporting staff to initiate fresh ways of working in response to changing needs
- Enabling staff to relate theory and research to practice
- Assessing training and development needs
- Developing knowledge and skills
- Supporting staff to reflect on their work and interaction with service users mindful of equality and human rights legislation
- Providing feedback on performance
- Discussing knowledge and skills gained in training events and identifying opportunities to integrate these into the supervisee's work

2.3 Managerial Supervision

Within managerial supervision (better known as a personal or joint development review), the supervisor ensures that the management function is met by ensuring that:

- Organisational/Professional policies and procedures are understood and adhered to
- An opportunity to provide the duty of care for staff ensuring that they are provided the appropriate support within the working environment
- □ The supervisee's workload is managed and priorities are set
- The quality of the supervisee's performance is measured
- Statutory and mandatory responsibilities are addressed
- Work is allocated according to the experience and skill of the practitioner and the team business plan in keeping with profession specific guidelines
- Case recording, including daily records meet Organisational/Professional standards
- Case files are audited as required
- Care plans are devised, implemented, reviewed and recorded on the case file
- Any advice/consultation on case work given outside formal supervision by the professional line manager or other manager should be recorded by the supervisee on the patient case file

 The needs and desirable outcomes of service users are understood; and that risks are identified and countered

2.4 Operational Supervision

Within Operational supervision, the supervisor ensures engagement by:

- □ Enhancing objectives, values and principles of the Board and Council
- Communicating effectively with staff about organisational changes and initiatives
- Briefing on financial position
- Representing staff needs to management
- □ Seeking procedure clarification
- Consulting with staff and feeding back to management on how organisational policies/practice are perceived
- Negotiating on differences which may arise between supervisors and other professionals, teams or service

2.5 Supervision is:

- A supportive and constructive process
- □ Enhancement of professional development, standards and competencies
- A process to help the individual to move forward professionally
- A process of empowerment for the supervisee
- A contract set between the supervisee and supervisor
- A confidential process within the limits of the contract
- A shared responsibility between supervisor and supervisee to adhere to all aspects of the Support and Supervision Policy
- Strengths based approach focused on the strengths and capabilities of individuals and teams

2.6 Supervision is not:

- □ A gripe session
- Personal counselling
- Primarily related to administrative issues

Effective supervision provides an opportunity for staff to share, listen, inspire, challenge and encourage one another. Its purpose is to support growth and development of the individual and their practice.

<u>3 General Principles of Supervision</u>

- □ Leadership and recognition from management is important not just to approve changes to policies and procedures but to actively engage and model meaningful supervision practice.
- □ It is the responsibility of the departmental/service manager to ensure the appropriate provision of supervision is available for staff.
- □ Linking supervision closely to governance standards, personal development and a focus on outcomes which links procedure into practice.

- All sessions are confidential between participants unless all parties have given prior permission to share (Appendix 3)
- All sessions must be documented and should occur at regular planned intervals. There are a number of resources available to support staff <u>http://www.effectivepractitioner.nes.scot.nhs.uk/learning-anddevelopment/facilitation-of-learning/supporting-learning.aspx</u>
- http://www.sssc.uk.com/registration/employers-responsibilities/supporting-youremployees
- □ The key to effective supervision is regular sessions. Time is required for the individual to look in detail at his / her work in the context of their own perceptions of their performance.
- The implementation of formal supervision sessions does not exclude informal discussions from taking place. However, ad hoc meetings and conversations cannot be constituted as informal support and supervision without the completion of the appropriate documentation.
- □ Feedback is a critical component of supervision to ensure there is a two-way interaction between supervisor(s) and supervisee(s)
- Supervisor and supervisee need to ensure ground rules are set for supervision sessions, and that these are documented. These should include clear, practical boundaries for the supervision to develop – venue, frequency, duration and confidentiality.
- If training is required for a supervisor or supervisee this should be arranged through the NHS Shetland Staff Development Team or the SIC's Workforce Development Team via the personal development planning process.
- It is acknowledged that due to the differences in service provision across the professions that a flexible approach to supervision needs to be adopted. Single handed post holders may receive supervision from individuals externally through the arrangements in place for support and supervision via external networks.
- When access to the right supervisor is challenging due to location and/or resource virtual technology such as video conferencing can be utilised following the correct etiquette. This is provided in documentation developed by the Remote and Rural Education Alliance

http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i729n1324173t/ Videoconferencing%20Education%20Guide.pdf

4 Resources

There are internal resources available however account should be taken of the following:

- Although it's at the supervisor's discretion it is recognised as best practice to have no more than four supervisees at one time. For this policy it will be dependent on the model of supervision and method employed e.g. operational supervision in a group environment when compared to 1:1 clinical supervision model. Supervision arrangements will be agreed with the manager / lead professional.
- Supervisee and supervisor training may be required and this can be undertaken by accessing a range of internal and external resources.
- For SIC staff, Employee review & Development (ERD) training is available through i-Learn <u>http://tracking.brightwave.co.uk/LNT/Shetland/Login.aspx?category_id=1003&pr</u> <u>ogramme_id=5882&course_id=47460</u> Appraisal training delivered by the Staff Development Department Values based reflective practice http://www.knowledge.scot.nhs.uk/vbrp.aspx

Supervision: supporting learning environments <u>http://www.knowledge.scot.nhs.uk/ahppracticeeducationprojects.aspx</u>

- □ All new staff will require an introduction to supervision as part of their induction/orientation.
- Time commitment is required from staff.
- This CPD activity should be agreed with the supervisee, supervisor and their line manager and documented appropriately.
- All supervisors can access advice and support from their own supervisor, Professional Advisor or Team Leader/Head of Department/Service.
- The Knowledge Network People Connect site enables staff to make connections with people, exchange information and share knowledge in specific topics of interest and expertise. This is particularly helpful for staff in single led services or individuals with specialist

interests.https://www.peopleconnect.scot.nhs.uk/Account/Login?ReturnUrl=%2f Profile%2f

 <u>Post Registration Career Development Framework resource</u> has a variety of resources that can facilitate supervision and learning.

Toolkit for Support and Supervision

5 Recommended Procedure

The authors acknowledge this is an optional procedure and toolkit for staff, but would encourage them to participate in support in supervision using the principles and tools outlined in this policy.

5.1 Preparing for Supervision

- Following governing and professional body guidelines and in agreement with managerial and professional leads supervisory requirements can be met by applying the appropriate model for the individual practitioner through the agreement of a contract (Appendix 3).
- □ The supervisor will be someone with sufficient experience to meet the needs of the supervisee who ideally will have had training in supervision.
- Ideally manager and supervisor roles will be separate. However when there are occasions where this may not be feasible a clear distinction should be made between different roles. An example of this would be if management and clinical supervision were provided by the supervisee's line manager.
- Best practice suggests the maximum number of individuals that any one supervisor will be expected to supervise is four but that is at the discretion of the supervisor and as previously mentioned dependant on the profession, model and method employed.
- Prior to undertaking any supervision, consideration should be given to the environment in which it takes place. Ground rules are essential when contracting terms and conditions of supervision.
- □ Either member, i.e. supervisee or supervisor, can choose to conclude the contract and there is a process for doing this (see Appendix 4) (but a new/alternative contract must be put in place)
- □ For further information <u>http://www.stepintoleadership.info/supervision.html</u> is an informative resource

5.2 Frequency and duration

- This policy seeks to build upon current good practice in relation to the principles of supervision and recognises that there are currently existing models in place across Health and Social Care e.g. Flying Start <u>www.flyingstart.scot.nhs.uk</u> and Effective Practitioner <u>http://www.effectivepractitioner.nes.scot.nhs.uk/Default.aspx</u>
- □ It is requirement that staff will participate in supervision.
- The evidence base suggests that supervision sessions should occur on a regular basis. However, this may vary depending on the most appropriate model for the setting e.g. management supervision may take place in the form of a performance review with a mid-term review and clinical supervision may take place through more intensive sessions over a shorter period.
- Supervision may need to be provided more frequently for new staff and those starting in a new role and this should be explored through the induction process.

5.3 Confidentiality

Supervision is a confidential process with the following exceptions:

- When both parties agree that an issue can be shared outside of supervision
- If an issue requires attention out with the supervision relationship, then this will be discussed within the session between supervisee and supervisor e.g. this relates to child protection and vulnerable adult legislation.
- The supervisee reveals any practice that the supervisor considers to be unsafe or negligent, and the supervisee is unwilling to go through the appropriate organisational procedures to address it.

In the event of the circumstances outlined above, the supervisor will:

- Attempt to support the supervisee to deal with the issue themselves through the agreed appropriate channels. Follow up with individual to ensure appropriate action is taken within an agreed time scale.
- If the supervisee is unwilling to address the issue him/herself, the supervisor will advise the supervisee of their professional duty to reveal the information to the appropriate individual or authority prior to taking action themselves.
- □ Failure to attend should be raised with the appropriate line manager (within the Council this will usually be the supervisor)

External bodies such as the Care Inspectorate may request evidence on inspection that provides reassurance that supervision is undertaken with staff in services for which they carry out a regulatory function.

<u>6 Responsibilities – Supervisee and Supervisor</u>

Responsibilities include:

6.1 Supervisor and Supervisee:

- □ Preparing for supervision (Appendix 5)
- □ Sharing responsibility for ensuring that regular supervision occurs
- Ensuring that the outcomes of supervision are met
- Contributing to a mutually respectful supervision relationship
- Modelling good values, professional behaviour and boundaries
- □ Identification and discussion/agreement of learning needs

6.2 Supervisee

- Identifying practice issues with which they need help and bringing them to supervision
- Applying appropriate knowledge and skills learned during supervision sessions in practice
- Becoming more aware of organisational and national requirements and their implications for the duties and task they are responsible for.
- Being open to others' feedback

6.3 Supervisor

- Ensuring their supervisory skills are developed
- Support the supervisee to explore and clarify thinking and feelings that underlie their practice
- □ Sharing information, experience and skill appropriately
- Giving clear feedback and constructive criticism
- Challenging practice
- Guiding, rather than leading development
- Being aware of the organisational contracts under which the supervisee operates
- Assisting the supervisee to develop their roles

6.4 Line Manager Dependant on the model

□ Line Managers can support supervision by facilitating attendance at training, allocating time for supervision sessions, and reviewing effectiveness through informal discussions and performance reviews.

7 Evaluation of Clinical Supervision

An optional audit tool (Appendix 6) has been developed to support individual, teams and departments/services to review the impact and effectiveness of supervision in their area.

8 References:

- 1. "A Guide to Implementing Clinical Supervision" CPD37, The Chartered Society of Physiotherapy, 2005
- 2. "Supervision Allied Health Professionals" THPY GRP-03, Capital and Coast District Health Board, New Zealand, 2007
- 3. "Occupational Therapy: Supervision Resource Package", Community Health Partnership's and Royal Edinburgh & Associated Hospitals, 2007.
- 4. Bishop V (ed), 2007, Essentials of Nursing Management: Clinical Supervision in Practice, Palgrave, McMillan, Hampshire.
- 5. Fletcher S, 2008, Supervision Needs of Nurses Working in the Community, International Journal of Palliative Nursing, No 14 (4) pp 196-200.
- 6. West AW, (2006), Reducing Patient Mortality in Hospitals: The Role of Human Resource Management, Journal of Organisational Behaviour, No 27, pp 983-1002.
- 7. NHS Mid Staffordshire NHS Foundation Trust Public Enquiry (2013).

- 8. Institute for Research and Innovation in Social Service (2015).
- 9. Leading Change in Supervision, messages from practice. Regional Supervision Policy for Allied Health Professionals, Working for a Healthier People. Department of Health, Social Services and Public Safety, Northern Ireland (2014).
- 10. Remote and Rural Education Alliance: Videoconferencing Education Guide (2010).
- 11. Support and Supervision, Flexible Learning for the Citizens Advice Bureau Service (2012).
- 12. Health and Social Care Integration, Public Bodies, (Joint Working) (Scotland) Act (2014). Clinical and Care Governance Framework.
- 13. Staff Support and Supervision for Outcomes Based Working. Joint Improvement Team and North Lanarkshire Council, (2010).

<u>Appendix 1</u>

Supervision record

Supervisee:	Supervisor:		Date:	
TOPIC/DISCUSSION	ACTION	WHEN BY	WHO BY	DONE Completed?

Supervision attendance record

Date	Time	If cancelled – why, by whom and new date

Name of supervisor.....

Name of supervisee.....

Supervision Contract

Name of Supervisee:

Name of Supervisor:

Date:

Review Date:

Purpose and type of Supervision

Include model, method and means of communication.

Frequency:

Staff are recommended to participate in a minimum of one hour of supervision every 6 weeks, although this is negotiable to meet the individual's needs. Please specify frequency _____

Environment:

The supervisor and supervisee will work to ensure a safe environment. It is important to agree the method as well e.g. 1:1 or group.

Emergency Contact:

The supervisee or supervisor can request an "urgent" supervision session where necessary. Each will, where possible, be accessible and available.

Content:

The supervisee is responsible for bringing material from his/her work and any issues that arise from it, to supervision. The supervisor will work to assist the supervisee to attain and maintain the professional, ethical and safety standards that are set by the profession. Personal Development Plans may also be part of supervision sessions.

Supervision Records:

A record of material brought to supervision and an action or review plan is to be kept. This record remains the property of the supervisee and supervisor. Should this record be used for re-validation purposes it will be anonymised.

Review of Progress:

There will be ongoing review of predetermined supervisory outcomes. After 3 months, there will be an informal evaluation of the supervision relationship by both parties involved and thereafter an annual review.

Responsibility and Accountability:

The supervisor is responsible for the advice and information they give in supervision but not for the response taken by the supervisee to the advice/information. The supervisee is responsible for their own practice.

Confidentiality:

Supervision is a confidential process with the following exceptions:

- When both parties agree that an issue can be shared outside of supervision
- If an issue requires attention out with the supervision relationship, then this will be discussed within the session between supervisee and supervisor e.g. this relates to child protection and vulnerable adult legislation.
- □ The supervisee reveals any practice that the supervisor considers to be unsafe or negligent, and the supervisee is unwilling to go through the appropriate organisational procedures to deal with it.

In the event of the circumstances outlined above, the supervisor will:

- Attempt to support the supervisee to deal with the issue themselves through the agreed appropriate channels. Follow up with individual to ensure appropriate action is taken within an agreed time scale.
- If the supervisee is unwilling to deal with the issue him/herself, the supervisor will advise the supervisee of their professional duty to reveal the information to the appropriate individual or authority prior to taking action themselves.

Signatures	
Supervisee:	
Supervisor:	
Date:	

Procedure for change of supervisor/ supervisee

Purpose

The relationship between the supervisor and supervisee is the core of the supervisory process.

It is acknowledged that at times it may be appropriate to change supervisor or supervisee.

Procedure

- Discuss the issue with the supervisor/supervisee
- Once the need for change has been discussed and agreed upon, the person initiating the change should approach the supervisee's professional lead / manager.

Before supervision – preparation for supervisee

1. Review previous supervision record

2. Reflect on tasks and any specific areas requested (these may be issues or where things have gone well) since the last supervision session –

- □ Who/what are you concerned about?
- □ What are the issues?
- What has worked particularly well and why?
- □ Are there any situations or events that have evoked a strong response in you?
- Are you aware of any areas in your clinical/professional knowledge that you wish to explore?

3. Write down your issues/needs of supervision as specifically as you can. What do you want to achieve?

- 4. What do you need to bring (files, etc)
- 5. Prioritise

Support and Supervision Audit

To ensure that high quality support and supervision takes place, we would appreciate it if you could answer the following questions. Please tick the most appropriate box for each question. All questionnaires are anonymous.

General

Q1 Work Area

Supervision Package

l			
Q2 Ar	e you familiar with	the Support and Supervisi	on Policy?
	Yes (please G	о то qз) 🛛 🗌 No (р	lease GO TO Q4)
Q3 a) [Do you understand	the content of Support an	d Supervision Policy?
	yes 🗆	🗆 no	
b)	Does the Support a	nd Supervision Policy con	tain all the information you need?
	yes 🗆	□ no	
c) I	Do you find the Sup	port and Supervision Poli	cy helpful?
	yes 🗆	🗆 no	
Training			
Q4 a) [Do you have any lea	arning needs specific to su	ipport and supervision?
	yes 🗌	🗆 no	
b) I	f 'yes', please prov	ide further details in the s	bace provided below? (Please tick all that apply)
Session	IS		
Q5 Hov	w often are your su	pport and supervision ses	sions usually held? every weeks
Q6 On held?	the whole, are you	satisfied with how often y	our support and supervision sessions are
🗌 no,	held too often	U yes, right amount	no, not held often enough

Q7 Which of the environmental aspects are usually adh supervision session? (Please tick all that apply)	ered to during your support and
☐ free from disturbance ☐ quiet ☐ private	
Confidentiality	
Q8 Did you agree confidentiality ground rules?	yes 🗌 🔲 no
Q9 Do you think your support and supervision sessions	s are confidential? yes 🗌 🗌 no
Contract	
Q10 a) Were supervision ground rules adhered to? If 'no', please explain why not in the space provide	yes 🗔 🗔 no
If no, please explain why not in the space provide	d below.
Q11 a) Do you make a record of your supervision session	ions? yes 🗌 🗌 no
If yes, who makes it and what method is used?	
Q12 As a supervisee, do you feel you are able to talk op	penly and honestly to your supervisor?
	yes I no
Please comment in the space provided below	
Quality	
Q13 How useful did you find your support and supervis	ion?
very useful neither not useful	
Q14 Did your support and supervision cover the follow	ing areas? (Place tick all that apply)
support professional responsibilities	career developments
Challenges Challenge management of self	reflection on practice
performance regular feedback	development of skills

Q15 Please provide an example, with evidence from your practice, that has had a direct impact on care as a result of your involvement with supervision.

Q16 Do you have any other comments regarding support and supervision?

Supervision and Governance

Supervision can be used to support a number of professionals to evidence a range of activities and outcomes to support their own personal development needs and the legislative requirement of their professional and governing bodies.

- Health and Care Professionals Council: The Health and Care Professions Council define CPD as 'a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice. A random sample of registrants are required to undertake an audit process to evidence their CPD portfolio bi-annually. http://www.hpcuk.org/assets/documents/10003B70Yourguidetoourstandardsof continuingprofessionaldevelopment.pdf
- Nursing and Midwifery: The Nursing and Midwifery Council (UKCC) (1996) published a position statement stating "clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It fits well in the clinical framework, whilst helping to ensure better and improving nursing practice. Further guidance from the NMC can be found here: http://www.supervisionandcoaching.com/pdf/page2/CS%20Advice%20Nursing%20Midwifery%20Council%20(UK)(2006).pdf

An excellent resource to support clinical supervision in health and social care published in 2013 can be found here:

https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_0 0_supporting_information-effective_clinical_supervision_for_publication.pdf

- Pharmacists and Pharmacy Technicians are registered through the General Pharmaceutical Council: encourage member to undertake continuing professional development and this may be called for review. The standards for continuing professional development are outlined here:

https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20c ontinuing%20professional%20development%20s.pdf

- General Medical Council: Advises members to make sure that the people they manage have appropriate supervision, whether through close personal supervision (for junior doctors, for example) or through a managed system with clear reporting structures.

http://www.gmc-uk.org/static/documents/content/LandM_guidance.pdf

- Health Care Support Worker (HCSW) Standards: The HCSW workbook has been designed for all new healthcare support workers who need to meet

the HCSW Induction Standards. HCSWs can use it to negotiate and confirm the amount of supervision they feel they require in relation to any work task.

- Scottish Social Service Council: State that social workers and social care staff are responsible for meeting their own post registration training requirements and employers are expected to support them with their continuing professional development. The Council endorse supervision and staff development schemes as key in supporting workers achieve their learning needs.

http://www.sssc.uk.com/registration/employersresponsibilities/supportingyour-employees

- Health and Social Care Integration, Public Bodies, (Joint Working) (Scotland) Act (2014). Clinical and Care Governance Framework has been developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within Health Boards and Local Authorities.

http://www.gov.scot/Resource/0046/00465077.pdf

- The General Pharmaceutical Council: (GPhC) encourage continual development and learning along with a mandatory requirement that pharmacists and pharmacy technicians record their CPD that will be called for review. The standards for continuing professional development are outlined here:

https://www.pharmacyregulation.org/sites/default/files/Standards%20for%20c ontinuing%20professional%20development%20s.pdf



Meeting(s):	Policy and Resources Committee 19 June 2017	
Report Title:	Equality Outcomes 2017-2021	
Reference Number:	DV-37-17-F	
Author / Job Title:	Neil Grant	

1.0 Decisions / Action Required:

1.1 That the Policy and Resources Committee RESOLVES to approve the Equality Outcomes 2017-2021, attached as Appendix 1.

2.0 High Level Summary:

- 2.1 To comply with the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 the Council must publish a set of Equality Outcomes every four years and a mainstreaming report every two years.
- 2.2 The equality outcomes set out the work the Council and its community planning partners plan to focus on over the next four years, to ensure the Council is meeting its duties under the Equality Act 2010.
- 2.3 The Council's Equality Outcomes and Mainstreaming Report for 2017-2021 are attached as Appendix 1.

3.0 Corporate Priorities and Joint Working:

- 3.1 The Council and NHS Shetland publish a joint set of outcomes and mainstreaming report.
- 3.2 The outcomes identified by the Council and NHS Shetland reflect the organisations' corporate priorities and the priorities in Shetland's Local Outcomes Improvement Plan.

4.0 Key Issues:

- 4.1 The purpose of the public sector equality duty is to ensure that public authorities consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:
 - Take effective action on equality
 - Make the right decisions, first time around
 - Develop better policies and practices, based on evidence
 - Be more transparent, accessible and accountable
 - Deliver improved outcomes for all.
- 4.2 We refer to the public sector equality duty as set out in the Equality Act 2010 as the 'general equality duty'. The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
 - Foster good relations between people who share a protected characteristic and those who do not.
- 4.3 The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Each public authority is required to:
 - Report on mainstreaming the equality duty
 - Publish equality outcomes and report progress
 - Assess and review policies and practices
 - Publish statements on equal pay
 - Publish in a manner that is accessible.
- 4.4 For the period 2017-2021, it is proposed to focus work on the following areas:
 - Produce an equality and diversity profile for Shetland as it is recognised that it is necessary to increase performance measures and further progress the impact of delivery.
 - Addressing occupational segregation, through a multi agency short term working group, on which the Council is a key partner.
 - Ensuring Shetland is a safe place for everyone, through a community wide Anti-Bullying Framework and a Domestic Abuse Strategy.
 - Increasing the range of methods the Council uses to communicate with people, including the development of a British Sign Language plan.
- 4.5 During the first year of the outcomes, it is proposed that work will continue to be done to develop these outcomes. This will enable the equality outcomes to better align with the strategic planning cycle. This will also allow work to be done to better establish an evidence base from which to identify and analyse any trends.

5.0 Exempt and/or Confidential Information:

5.1 None.

6.0 Implications :		
6.1 Service Users, Patients and Communities:	The Equality Outcomes will help to ensure that everyone is able to access services.	
6.2 Human Resources and Organisational Development:	The Council's Workforce Strategy 2016-20 underlines the priority given by the HR service to Equality and Diversity.	
6.3 Equality, Diversity and Human Rights:	The Equality Outcomes set out the framework for the Council's equality, diversity and human rights work.	
6.4 Legal:	The Council is required to publish a revised set of outcomes every four years to comply with the provisions of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.	
6.5 Finance:	The work to achieve the equality outcomes will be carried out within existing resources.	
6.6 Assets and Property:	None.	
6.7 ICT and New Technologies:	None.	
6.8 Environmental:	None.	
6.9 Risk Management:	None.	
6.10 Policy and Delegated Authority:	Section A of the Constitution – Governance, states that the management body for the Equality Outcomes lies within the remit of the Policy and Resources Committee. In this regard, ensuring the proper management, monitoring and reporting of the Council's general and specific equality duty is therefore a delegated matter for the Policy and Resources Committee.	
6.11 Previously Considered by:	N/A	

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Appendices:

Appendix 1 Shetland's Equality Outcomes Progress & Mainstreaming Report

Background Documents: None.







Shetland's Equality Outcomes Progress & Mainstreaming Report

(Including Employment Monitoring Information)

2017-2021

Date:

May 2017

If you would like this document in an alternative language or format, please contact NHS Shetland Corporate Services on 01595 743069.

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Appendix 1: Employment Data Shetland Islands Council

1. Introduction

This report is intended to deliver a further update on the past two years progress against the outcomes for 2013-17, as well as progress in mainstreaming equalities. The report also sets out our outcomes for the period 2017-21.

For the purposes of this report, Shetland's Community Planning Partners consist of the agencies that are named under the duties of the Equality Act 2010. These are: Shetland Islands Council, NHS Shetland, Shetland College, Schools Service, ZetTrans, Integrated Joint Board and Shetland Licensing Board.

To provide context for this Shetland's Community Planning Partners have set out their overall commitment to equality though their joint Equality Statement below.

2. Joint Equality Statement

Shetland's Community Planning Partners are committed to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010:-

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not

The protected characteristics are -

- age
- disability (including physical impairment, learning disabilities, mental health issues and long-term conditions)
- gender reassignment,
- pregnancy and maternity
- race, this includes ethnicity, colour and national origin
- religion or belief
- sex
- sexual orientation
- marriage/civil partnership (for which only the first duty applies)

Everyone has 'protected characteristics', but it is the treatment individuals and groups receive, the level of autonomy they have, and the positive or negative outcomes for them, that are its focus. Therefore Shetland's Community Planning Partners will:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Meet the needs of people from protected groups where these are different from the needs of other people
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

As well as being legal requirements, these steps contribute to fairer, more efficient and more effective services. Therefore Shetland's Community Planning Partners will:-

- take effective action on equality
- make the right decisions, first time around
- develop better policies and practices, based on evidence
- be transparent, accessible and accountable
- deliver improved outcomes for all.

3. The Legal Context

The public sector equality duty, referred to as the 'general equality duty,' is set out in the Equality Act 2010. Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities are also covered by specific duties, which are designed to help public authorities meet the general equality duty. Shetland's Community Planning Partners are covered by both the general and specific equality duties.

3.1 The Equality Act 2010 and the General Equality Duty

The Act brings together the areas of race, disability, sex, sexual orientation, religion and belief, age and gender reassignment in one legislative entity.

At the same time the Act clarifies the approach that should be taken on issues around ensuring fair treatment with regards to marriage/civil partnership and pregnancy and maternity. Shetland's Community Planning Partners in the exercise of their functions must;-

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, by tackling prejudice and promoting understanding

(Only the first duty applies in the case of marriage/civil partnership.) These are the three fundamental elements of the general duty.

3.2 The Specific Equality Duties

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on May 2012. These specific duties are designed to help public sector organisations meet the general duty effectively.

The key legal duties are that Shetland's Community Planning Partners must;-

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement

4.0 Mainstreaming Equality – Progress

Mainstreaming equality simply means integrating equality into our dayto-day working. This means taking equality into account in the way we go about our business when acting as an employer, or planning and providing services. Shetland's Community Planning Partners are committed to integrating equality into our businesses, using tools such as impact assessment, and by ensuring that equality features explicitly and proportionately in business planning, committee or other decision-making, and reports and other policy development and review mechanisms.

Since our last report in 2015, we have done the following to improve access to services for people with a protected characteristic –

We have developed a Shetland wide **Anti-Bullying Framework.** This has been developed by a group including the SIC, Schools Service, NHS Shetland, Shetland College and the Licensing Board. The framework is designed to take a zero tolerance approach to bullying both involving children and young people and also adults in the workplace and the community. Responsibility for implementing and monitoring the framework sits with Shetland Together, an interagency forum.

The SIC (including the Schools Service), NHS Shetland and IJB published **Shetland's Autism Spectrum Disorder Strategy 2016-21.** Developing the strategy involved conducting a mapping project for autism services in Shetland which highlighted a few areas for improvement which has provided a focus for the strategy. So far the following achievements have been made:

- Established an ASD Pathway Assessment Team for Children and Young People;
- Trained staff in ADOS2 (Autism Diagnostic Observation Scale 2);
- Trained staff to deliver the EarlyBird post-diagnostioc support program (for parents of children);
- Delivered training to Health Visitors in detecting early signs of ASD;
- Autism Network Scotland delivered training to a number of staff from children and adult services;
- Produced a directory of local autism resources in conjunction with Autism Network Scotland as part of their Menu of Interventions Roadshows: <u>www.autismnetworkscotland.org.uk/shetland/</u>
- Established a Working Group to develop an ASD Action Plan, which will accompany this strategy document, to drive forward improvements to local services.

The strategy can be accessed <u>here</u>.

The SIC and NHS Shetland published the **Shetland Dementia Strategy 2015-8.** The aim of the strategy is to raise public awareness, knowledge and training across Shetland, as well as meeting the needs of people living with dementia as close to their own home as possible. So far the following achievements have been made:

- We achieved our three year diagnosis target and have maintained it, continuing to increase the number of people being diagnosed with dementia;
- Support following diagnosis for a year from a named person;
- Developing new models of housing support as well as adapting people's own homes to be more dementia friendly;
- Providing support for hospital and care centre staff to better support people with dementia and manage behavior that may challenge them without resorting to pharmacological methods where possible;
- Supporting earlier, more appropriate discharge from hospital for people living with dementia;
- Developing Anticipatory Care Plans to better support a person living with dementia if they have to go into hospital or care;
- An established local Alzheimer Scotland presence in Shetland with the development of a Dementia Advisor, Activities Coordinator, Resource Centre and a local branch of Alzheimer Scotland along with the associated support and activities they provide.

The strategy can be accessed <u>here</u>.

The Schools Service and Youth Services have developed a **Schools Transgender Policy.** This policy was developed by a Youth Worker based in secondary schools and with input from secondary school pupils. The policy considers issues that could arise for pupils who identify as transgender and ways to address them within the school. Following on from this, Shetland College have identified unisex toilets within their building and unisex toilets have been incorporated into the new build Anderson High School. The SIC held a **consultation event on the development of disability sport in Shetland.** This was held in conjunction with Scottish Disability Sport, who also held workshops on the inclusive sport of Boccia and on coaching disabled athletes. A number of Boccia sessions have been held since.

The SIC carried out a **Shetland wide consultation using the Place Standard model.** This model is designed to capture how people feel about where they live by asking people to rank how much each of 14 aspects needs to improve to make the place they live better. Over 900 people responded and extra work was done to encourage younger people to take part and also to get more men to take part, to balance the gender split.

Of those who completed the survey, 605 were female (64%) and 334 were male (36%). Females are generally more positive about the places that they stay. The themes that females rate more highly than males are Work & Local Economy, Influence and Sense of Control, Streets & Spaces, Housing & Community.

For those aged 16 to 24, Influence & Sense of Control was chosen as the area where most improvement is required, followed by Public Transport, Work & Local Economy and Social Interaction. This age group Feeling Safe as the theme which needed the least improvement, followed by Natural Space and Identity & Belonging.

For the 25 to 74 age group, Public Transport was chosen as where most improvement is needed, followed by Work & Local Economy, Housing & Community, Influence & Sense of Control and Moving Around. This age group chose Feeling Safe as the theme which needed least improvement, followed by Natural Space, Identity & Belonging and Care & Maintenance. This age group shows the lowest level of satisfaction, but this is a much larger group covering a wider span of ages than the other two.

Those over 75 chose Public Transport as where most improvement is needed, followed by Work & Local Economy and Play & Recreation. This age group chose Feeling Safe as the theme which needed least improvement, followed by Care & Maintenance and Housing & Community. This age group shows the greatest satisfaction across them all.

Going forward, the information can be used by the SIC, NHS Shetland and all partner organisations.

How to find out more – www.shetland.gov.uk/placestandard.asp

Better Together Health & Care Experience Survey –

The national 'Better Together Health and Care Experience Survey', was sent to 5081 patients, 1069 responses were received (21% return rate). We recognize that this is a small sample of the local population. A copy of the survey is available at <u>www.hace15.quality-</u> <u>health.co.uk/index.php/reports/health-board-reports</u>

The following demographic data was gathered for respondents, gender, age and disability or limiting illness. The 2015/16 report shows 59% of respondents were female, 41% male; in respect of age range 9% 17-34, 18% 35-49, 33% 50-64 and 40% 65+. Patients who had a disability or health problem that limited daily activities; 11% limited a lot; 23% limited a little; 66% reported no disability / limitations. More generally patients were asked to rate quality of life as a whole; 49% reported very good, 35% good, 12% alright (neither good nor bad) 3% bad, 0.3% very bad.

The **Blydepride Campaign** was launched by Shetland's LGBT Working Group. This includes members from Shetland Islands Council, NHS Shetland, Police Scotland, Voluntary Action Shetland and Shetland College.

The Blydepride campaign's aims are to:

- Challenge homophobia and transphobia in Shetland.
- Facilitate learning about the challenges faced by LGBTQ+ people in accessing public and voluntary services.
- Deliver more inclusive public and voluntary services.

The campaign took part in the local Summer Carnival and had a stall at local agricultural shows through the summer. This led to the campaign receiving a lot of coverage in the local media. Feedback was gathered from visitors to the local stalls, which was very positive. Following on from this, there have been other opportunities locally for the local LGBT community to express what living in Shetland is like for them. This includes:

- a Radio Shetland programme on the experiences of LGBT people in Shetland;
- an LGBT themed exhibition organized by the local LGBT Community Group; and
- Screen Pride, a monthly LGBT focused film night at the local cinema.

How to find out more – www.facebook.com/blydepride

The Schools Service have continued to work with Shetland Interfaith on Holocaust Memorial Day. Primary six pupils from Bell's Brae primary school shared their learning at the Shetland Holocaust Memorial Day event, organized by Shetland Interfaith and supported by the SIC. Shetland Interfaith also continues to organize speakers and events at Shetland Library and to run a weekly mindfulness meditation group at the local hospital.

The Voluntary Sector and the Integrated Joint Board have developed the **Shetland Carer Information Strategy 2016-2020.** This strategy outlines how Shetland will continue to support positive outcomes for carers.

5.0 Progress on Equality Outcomes 2013-2017

Equality Outcomes are aimed at producing concrete improvements in people's lives that contribute to a fairer, more inclusive and more prosperous Shetland. Since our last report in 2015, we have done the following.

Outcome 1

Good quality childcare is accessible and affordable for all families with children who need it.

In August 2014, as a result of the Children and Young People's Act 2014, the entitlement to free hours of Early Learning and Childcare

increased from 475 hours to 600 hours for all 3 and 4 year olds. This provision is met in Shetland through a number of early years provision attached to primary and junior high schools, partner providers and an early years provision run by Shetland Islands Council.

From August 2015, specific two years olds also became eligible to 600 hours of Early Learning and Childcare. Currently Children's Services has two settings registered for two year olds, and two partner providers are registered for two year olds. Work is underway to enable more of the current settings to obtain registration with the Care Inspectorate for two year olds, and for these settings to be more geographically spread, throughout Shetland.

A project has been established to look at how to enable the further expansion of both the length of time from 600 hours to 1140 hours by 2020, and the inclusion of specific entitled two year olds.

This outcome will remain a focus for 2017-21.

Outcome 2

LGBT people feel part of their community. Discrimination and harassment against LGBT people will be eliminated.

The Blydepride campaign, mentioned in section 4, was carried out. LGBT issues are being discussed more openly, as evidenced by discussions in the local media and the recent public LGBT themed exhibition.

Monitoring of the Anti-Bullying Framework will enable better monitoring of discrimination and harassment in the future.

A recent meeting with the LGBT Social Group has resulted in a number of actions which are included in our new outcomes for 2017-21.

Outcome 3 LGBT people feel confident and included when accessing services.

One of the aims of the Blydepride campaign was to demonstrate that the public sector in Shetland are happy to discuss LGBT issues.

LGBT Youth Scotland ran a workshop for teachers and people working with young people, on incorporating LGBT issues in their work. This was well attended and well received.

A local peer education group has developed a workshop on LGBT issues which can be delivered to pupils within schools and has also been delivered to a group of staff at Shetland College.

Outcome 4

Gender Segregation in Shetland is narrower.

Recognising that this is a complex issue and that challenging attitudes and expectation is a longer term process, work has been done to bring together work on various strands to do with occupational segregation. A working group has been set up by the community planning partnership. This group has representation from the SIC, Schools Service, Shetland College, and NHS Shetland. The aim of the group is to monitor and review occupational segregation and take positive action to address it in partnership with schools, colleges and other partners involved in training, skills development and employability, and through focused development opportunities and mentoring schemes. The action plan for this group will form the focus for this outcome for 2017-21.

Occupational segregation has been embedded within the SIC's Workforce Strategy 2016-20. This notes that "the Council needs to enable its workforce to recognize and manage diversity appropriately and raise awareness of the benefits of greater diversity in employment that represents the Shetland community".

There is a known gender imbalance in the NHS, with more nurse's predominantly female, more technical roles traditionally male and this is similar across Scotland and Western Europe. Locally we have taken role models of the opposite gender i.e. senior male nursing staff, female radiology and laboratory staff to school career events to encourage and promote that these roles need not be gender specific. This bias needs to be seen in the wider context, including socioeconomic aspects,

sustainable services. Within the workforce planning context we are struggling to recruit the right calibre of applicant in respect of skill and experience regardless of gender and therefore to positively discriminate in favour of one gender over another we would reduce potential suitable candidates further.

We will continue to review actions within the 2017-21 plans; this will include the review of gender split across service areas and related recruitment applications.

This outcome will remain a focus for 2017-21 and is linked to the outcome on accessible childcare.

Outcome 5

Community planning partners share information in a way that everybody can understand.

All organisations continue to use and promote Language Line and Contact Scotland for BSL interpretation.

An after school family BSL class has been running at one school.

ZetTrans and the SIC launched a voicebank service for public bus services and school bus transport. This provides another way for people to access up to date information about any service disruptions.

Outcome 6

Migrant workers and their families feel more integrated into their local community.

An online welcome to Shetland guide to moving and living in Shetland is hosted by Promote Shetland.

The SIC provide ESOL classes, including family learning opportunities for people learning English.

The Schools Service have worked on making information more accessible to parents who have English as a second language, including providing leaflets in other languages.

Outcome 7

LGBT and BME pupils do not experience bullying in schools.

Equality and diversity issues continue to be addressed in schools through the UN Rights Respecting Schools programme, which nine Shetland schools have signed up to. Teachers in these schools have reported that the work their pupils have been doing for the programme has resulted in a positive change in the way they interact with each other.

Bullying and racist incident statistics are recorded for all schools and monitored bi-annually. In future these will be analysed in conjunction with the community wide bullying incidents.

Schools have Promoting Positive Behaviour Policies in place which are inclusive and ensure equality is central to all activities.

All schools recognise and celebrate difference within a culture of respect and fairness, and aim to meet the needs of every child in line with the principles of Getting it Right for Every Child (GIRFEC).

All schools aims to meet the challenge to develop children and young people as responsible citizens who:

- show respect for others; who understand different beliefs and cultures;
- are developing informed, ethical views of complex issues;
- know why discrimination is unacceptable and how to challenge it; and

• understand the importance of celebrating diversity and promoting equality.

In order to meet this aim schools discuss diversity, equality, Children's Rights and Global Citizenship with learners. Seeking support from partner agencies, where appropriate to enhance and support this work.

Outcome 8

All school leavers are in a positive destination.

As of March 2016, 97.4% were in positive destinations (higher or further education, training, employment, voluntary work and activity agreements). Of these, 67.4% were in higher or further education and 27.9% in employment. The proportions of young men and women moved to positive destinations were equal at 97.4%.

This is an increase from 95.9% in 2014 and 90% in 2012.

Outcome 9

NHS Shetland employment practices are inclusive and accessible for employees and applicants with disabilities.

Occupational Health have not identified any concerns with regard to unreported bullying related to disabilities.

Reporting of JIG candidates will be captured within the development of the new IT recruitment system, this will carry forward to 2017/18.

NHS Shetland and SIC Social Care are jointly working through staff engagement imatter that will provide feedback on organizational culture.

National Suicide Prevention Awareness Week is held annually in September. A roadshow titled 'let's talk about suicide prevention – stop saying 'l'm fine' if you're not' travels the length and breadth of Shetland targeting male oriented places of work i.e. mechanics, engineers etc. International Suicide Prevention Day (10th Sept) was recognized by holding a memorial event in the Lerwick Town Hall.

A year long programme of suicide intervention & MH awareness raising has begun (will continue into 2017 – 2018) for retained fire fighters – predominately male.

Bespoke MH and suicide intervention sessions are provided as part of the Mental Health for Managers training.

Outcome 10

Transsexual and transgender people will be confident to apply for employment and volunteering opportunities with NHS Shetland. Discrimination and harassment against transsexual and transgender people will be eliminated.

NHS Shetland Transgender policy has been approved and published on website. Gender neutral toilets are in place. www.shb.scot.nhs.uk/board/policies/TransgenderEmployeesPolicyv2.pdf

The Schools Service have developed a Transgender Policy for schools.

Outcome 11

Ethnic minority applicants will be confident to apply for employment and volunteering opportunities with NHS Shetland.

All adverts refer to NHS Shetland as an equal opportunity employer, encouraging applicants from all sections of the community. Our restricted number of vacancies make it very challenging to address inequities; sourcing candidates with the right skills and experience is difficult alongside this they require the desire to relocate to a remote island location to live and work.

Outcome 12

NHS Shetland plans for our future workforce and service delivery are reflective and inclusive of the ageing workforce and population as a whole.

We recognise that we have an ageing workforce. We provide opportunities for flexible working and from 2016 offer phased retirement arrangements that allow a gradual reduction in hours with full pay and following a short break support returning to part time work. See work Life Balance Policy: <u>www.shb.scot.nhs.uk/board/policies/hr-</u> <u>WorkLifeBalancePolicyFinal.pdf</u>

Outcome 13

Services meet the needs of ethnic minorities.

The Ethnic Minority Health Needs Assessment shows that we are not good at recording ethnicity monitoring information, which means that it is difficult to judge whether services meet the needs of ethnic minority people in Shetland. The Ethnic Minority HNA key recommendations are that monitoring information should be completed more routinely and used to inform service development. We also recommend a participatory needs assessment which actually engages directly with people from different ethnicities in order to understand their needs in more detail.

Outcome 14

Services meet the needs of LGBT people.

The new HPV immunisation programme and the provision of PrEP (HIV prevention) for MSM will be implemented in the sexual health clinic during 2017-18

Outcome 15

The spiritual care needs of our workforce and patient population are understood and met.

NHS Shetland continues to provide a part time chaplain.

Outcome 16

Our health and social care services are reflective of the needs of an aging population.

See Joint strategic commissioning plan for details <u>www.shetland.gov.uk/Health_Social_Care_Integration/StrategicPlan.asp</u>

6.0 Equality Outcomes 2017-2021

Activities	Targets	Responsible Group / Organisation	Protected Characteristics
Deliver action plan	Establish baseline figures	Occupational Segregation Working Group - SIC, Schools Service, Shetland College, NHS Shetland	Gender
Deliver Equal Pay action plan		SICHR	Gender
Deliver disability placement scheme		SIC HR	Disability
Childcare is accessible for those	se who need it	•	
Activities	Targets	Responsible Group / Organisation	Protected Characteristics
Develop a delivery model for 1140 hours	1140 hours available at all Early Learning Settings by 2020	SIC Schools Service	Gender
Shetland is a safe place to live	for all our people	•	
Activities	Targets	Responsible Group / Organisation	Protected Characteristics
Carry out an analysis to understand the increase in reported domestic abuse incidents and the drivers behind this for comparison against national rate	Establish baseline figures for domestic abuse reporting	Domestic Abuse Partnership – SIC, Schools Service, NHS Shetland, IJB	Gender, LGBT
As part of the implementation of the revised Domestic Abuse Strategy, undertake a review of the Domestic Abuse Partnership and its associated sub-groups to ensure that preventing gender based violence is resourced and supported jointly across the partnership	Review completed New Domestic Abuse Strategy published	Domestic Abuse Partnership – SIC, Schools Service, NHS Shetland, IJB	Gender, LGBT

Anti-Bullying Framework		Shetland Together – SIC, Schools	All
approved and published		Service, Shetland College,	
		Licensing Board, NHS Shetland,	
		IJB, ZetTrans	
Roll out anti bullying awareness	5 sessions run in the first	Shetland Together – SIC, Schools	All
sessions	year	Service, Shetland College,	
		Licensing Board, NHS Shetland,	
		IJB, ZetTrans	
Collate and analyse reported	2 meetings per years	Shetland Together – SIC, Schools	All
incidents of bullying. Identify any	Establish baseline figure	Service, Shetland College,	
specific trends and issues	for bullying incidents in the	Licensing Board, NHS Shetland,	
	community	IJB, ZetTrans	
We communicate with people us			
Activities	Targets	Responsible Group /	Protected Characteristics
		Organisation	
Establish a Communication	Group established	SIC Community Planning &	Disability, Race
Methods Working Group		Development	
Produce a BSL action plan	BSL plan published in	Communication Methods Working	Disability
	2018	Group	
	Use action plan to		
Chatlandla la cal damagratia ha	establish targets	of their communities	
Shetland's local democratic boo Activities			Protected Characteristics
Activities	Targets	Responsible Group / Organisation	Protected Characteristics
Conduct research on the 2017	To be established, based	SIC Community Planning &	All
local election & current projects	on research	Development	
nationally			
We have better methods to asse	ess the impact of what we do		
Activities	Targets	Responsible Group / Organisation	Protected Characteristics
Produce an equality & diversity	To be established after	SIC, Schools Service, Shetland	All
profile for Shetland	baseline figures	College, NHS Shetland,	
	established in profile	ZetTrans, IJB, Licensing Board	

Shetland Islands Council – Mainstreaming Report - Employment Data List of Contents

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1.0 Introduction

This section of the Mainstreaming report provides employee information for Shetland Islands Council. It sets out the context, the source of the data, and links to other published information and has been collated taking account of the "Public sector equality duty: Guidance for reporting on gender and employment, equal pay, and occupational segregation" issued by Close the Gap.

In its Workforce Strategy 2016-2020 the Council notes that it will "enable its workforce to recognise and manage diversity appropriately and raise awareness of the benefits of greater diversity in employment that represents the Shetland community". Improvement activities include reducing occupational segregation by identifying and overcoming barriers.

Shetland Islands Council gathers information on the composition of applications and our workforce, in terms of their protected characteristics i.e., Age; Gender; Disability, Race, Sexual Orientation and Religion. This monitoring shows us how our applicants and workforce is made up across the Council.

We gather data on the following:

- Job Applicants, and
- Our Workforce

The reason we collect this information is because it helps us in our aim to achieve equality and diversity in our workforce; by recording our current position we can identify action points. We want to have a workforce which reflects the composition of our community. We want to identify any barriers at recruitment, ensure development opportunities are available equally and that we deliver our Equal Pay Action Plan. We are working to improve the data available about our employees and applicants in regard to protected characteristics; during 2016 we ran an awareness campaign about the importance of having this information and how this can help us achieve our aims regarding equality and diversity. We also extended our monitoring to include Sexual Orientation and Religion in the data collation within our workforce.

Shetland Islands Council is committed to the principle of equal pay for all our employees. In March 2017 at the Policy and Resources Committee, Shetland Islands Council agreed a revised Equal Pay Statement for the period 2017-2021. This is available on Shetland Islands Council's website – <u>Equality & Diversity</u>¹ For full link see footnote 1.

¹ <u>http://www.shetland.gov.uk/communityplanning/equality_and_diversity.asp</u>

We aim to identify and eliminate any bias in our pay systems and work collaboratively with trades unions to identify equality issues within pay systems and take action to address these. We also aim to reduce occupational segregation as well as delivering the Equal Pay action plan (section 5.8). We take part in a short term working group set up through the Shetland Partnership, chaired by the HIE area manager which recognises that addressing occupational segregation can help address workforce and skills shortages by training and maximising the utilisation of home grown talent.

We believe that all staff, regardless of their gender, race, age, pregnancy and maternity, gender reassignment, sexual orientation, religion or belief, marital/civil partnership status and disability should receive equal pay for the same or broadly similar work, for work rated as equivalent and for work of equal value.

The Equal Pay Objectives set out in the Equal Pay Statement 2017 - 2021 are to:

- Monitor pay gaps relating to gender, disability and race, occupational segregation and the availability of part-time and flexible working arrangements;
- Identify and eliminate any unfair, unjust or unlawful practices that impact on pay equality;
- Take appropriate remedial action;
- Have a workforce that is representative of the Shetland community;
- Ensure recruitment and employment practices promote equality of opportunity and eliminate discrimination.

1.1 Data collection – effective dates

The information relating to applicants is from recruitment in the financial year **2015/16**. During the recruitment process applicants are asked to complete equal opportunities information on the online recruitment portal or on a paper application form. This provides data on Age, Gender, Disability and Race, Religion and Sexual Orientation. The selection panel does not see the monitoring form, and the information gathered is used by HR to run reports by protected characteristic. During 2015/16 we received 2943 applications.

The information available on our workforce composition is taken at **31 March 2016**. The total was 2,262 FTEs; the figure includes Relief workers who worked/were paid at 31 March 2016. The Headcount is 3381 individuals; this includes individuals who have more than one contract. The information in relation to leavers, grievances, disciplinaries, appraisals and maternity leave returners is for the financial year **2015/16**. The information relating to the workforce is in Sections 3 and 4 of this report.

Shetland Islands Council carried out an Equal Pay audit during 2016, following the five step equal pay audit model set out in the EHRC's Code of Practice. In determining the scope of that audit, it was decided to include all Council employees with the exception of Relief or Supply Workers (including those "passed to"). We also excluded those employees who transferred into the Council on their existing terms and conditions of employment through Transfer of Undertakings and Protected Employment (TUPE) regulations. All other council staff employed and paid during the financial year **2015/16** were included in the equal pay audit, which provided a population of 3505 records. The information relating to Equal Pay is in Section 5 of this report.

2.0 Applicants

The applicant information relates to jobs advertised during the financial year 2015/16. Applicants are asked to complete an equal opportunities form as part of the application process. This asks for information about: Age, Gender, Disability, Race, Religion/Belief and Sexual Orientation. The monitoring form is not seen by the selection panel, and the information gathered is used by Human Resources to run reports by protected characteristic. An applicant may withdraw their application at any stage during the recruitment process. These are categorised as withdrawn and are statistically significant within each classification in information below.

During 2015/16 622 jobs were advertised by the Council. We received 2943 job applications. During 2014/15 there were 853 jobs were advertised. We received 1704 applications. This represents a large increase in applications since the last period.

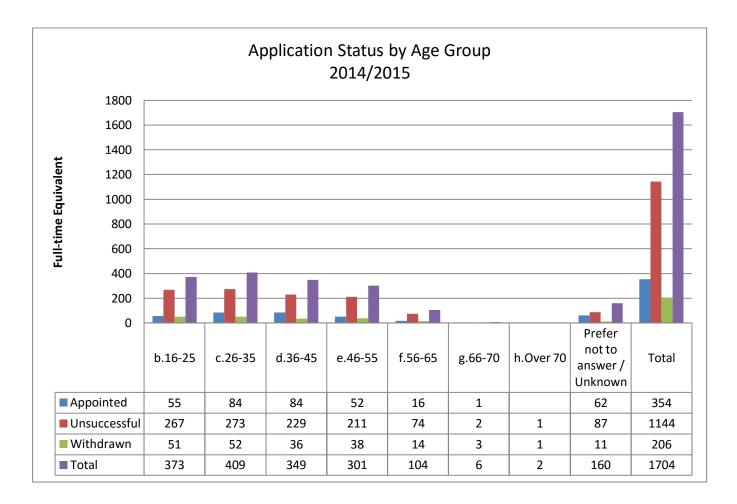
In the following pages information relating to applicants is provided broken down by protected characteristic. Data is provided for 2014/2015 and 2015/2016 with some narrative.

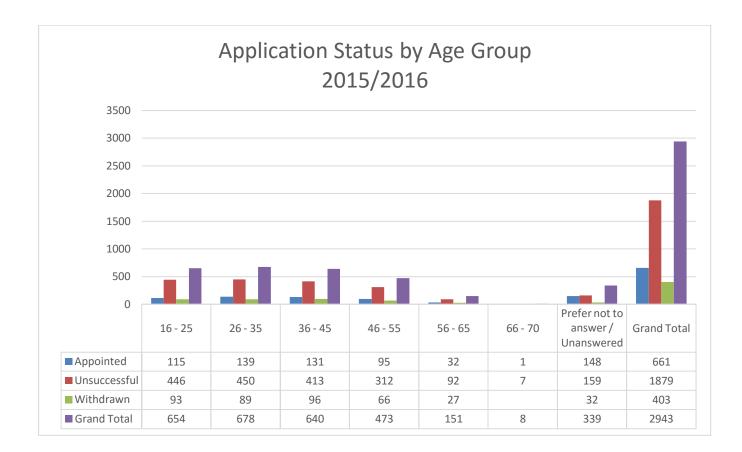
2.1 Applicants - Age

In 2014/2015 Prefer not to answer and Unanswered accounted for 9.39% of all applicants. This has increased to 11.51% in 2015/2016.

Applicant Age Range and percentage Difference of those appointed between 2014/2015 figures and 2015/2016 figures:-

Age	% change
16-25	3% increase
26-35	no change
36-45	4% decrease
46-55	3% increase
56-65	6% increase





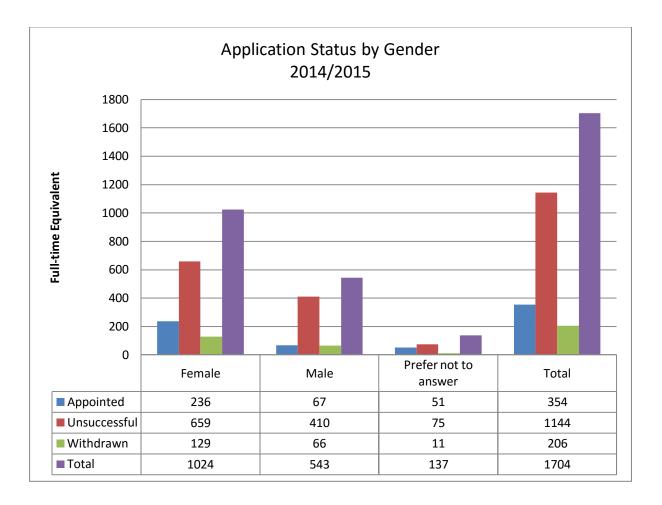
2.2 Applicants - Gender

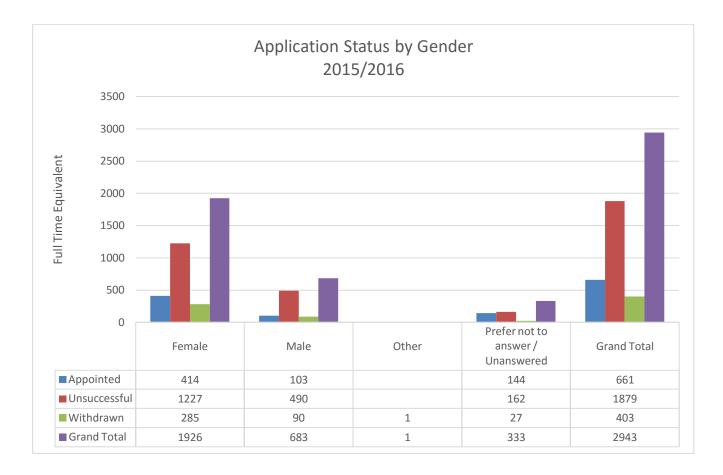
The Gender split for applicants is broadly similar to the Councils staffing population.

The percentage of females appointed against the number who applied saw a percentage drop of 1.5% compared to 2014/2015. Males appointed has seen an increase in 2.75%.

In 2015/2016, 65% of all applicants were female, and 23.20% were male, this is closer to the gender split across the workforce than in 2014/2015 when we had 60% of applicants from women and 32% from men.

As a proportion of all applications we appointed 13.85% of women and 3.93% of men in 2014/2015, this compares with 2015/2016, being 14.07% women and 3.5% men.



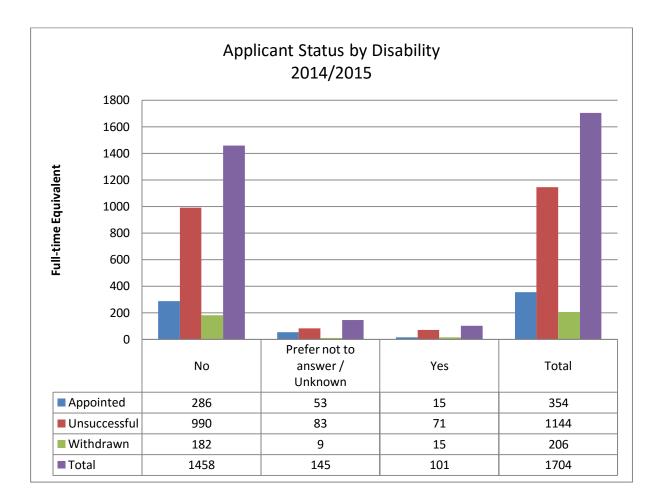


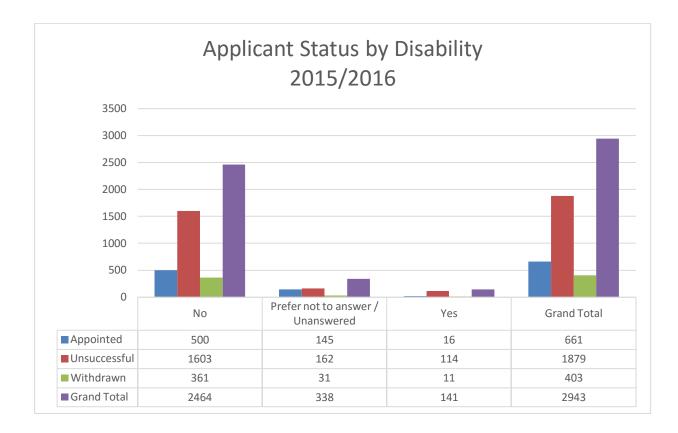
2.3 Applicants - Disability

The number of applicants not disclosing their disability information has increased from 8.5% in 2014/2015 to 11.48% in 2015/2016. We are looking at ways to encourage disclosure during our application process.

In 2014/2015, 5.92% of applicants came from disabled people, 85% from people with no disability and 8.51% prefer not to answer. Compared to 4.79% of disabled people, 83.72% with no disability and 11.48% prefer not to answer, in 2015/2016.

As a proportion of all applications in 2014/2015, we appointed 0.54% of disabled applicants, compared with 0.88% in 2015/2016.



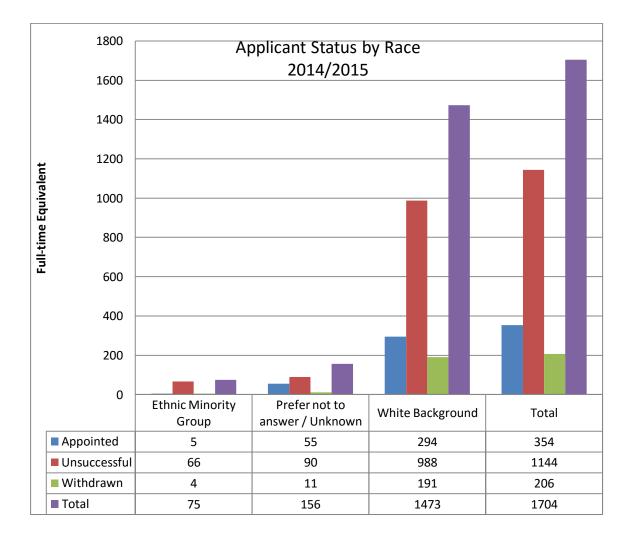


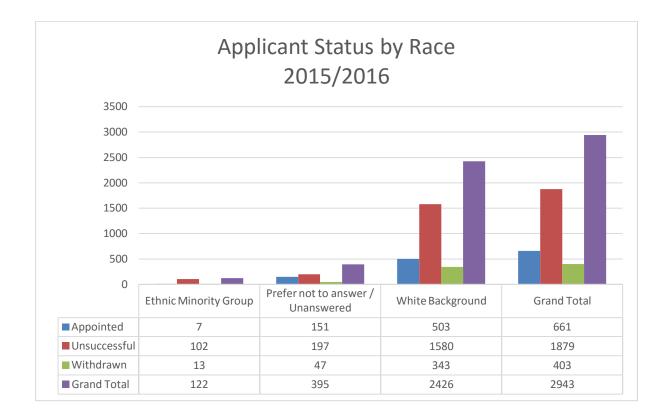
2.4 Applicants - Race

In 2014/2015 10.59% of applicants did not state their race, compared with 13.46% in 2015/2016.

In 2014/2015, 4.40% of all applications came from people in an Ethnic Minority Group (EMG), 9.15% came from applicants who preferred not to answer and 86.44% from those with a white background. In 2015/2016, the breakdown was 4.14% from an EMG, 13.42% prefer not to answer and 82.43% with a white background.

As a proportion of all applications, in 2014/2015 we appointed 0.29% of those from an EMG, and 17.25% from a white background. In 2015/2016, 0.24% of those appointed were from an EMG and 17.14% from a white background.



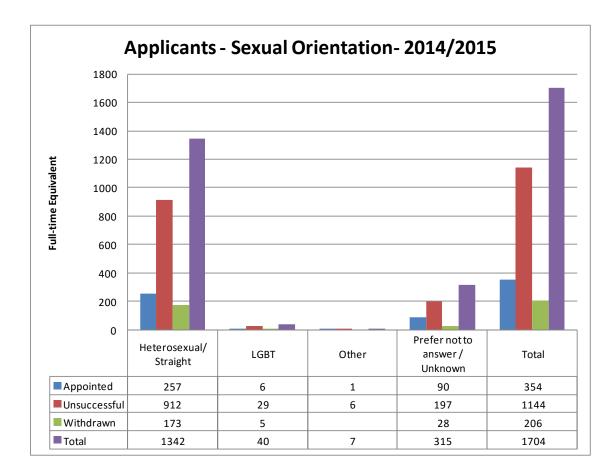


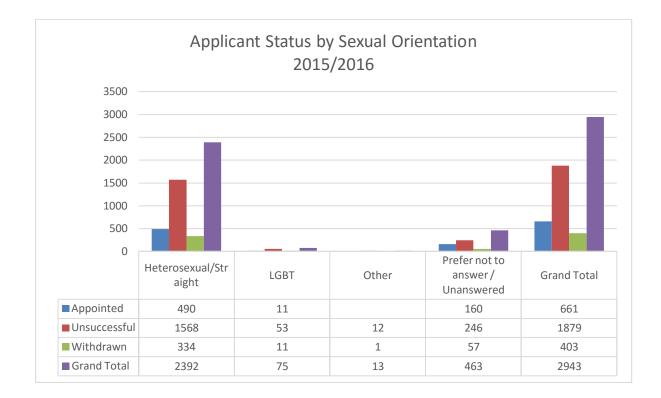
2.5 Applicants - Sexual Orientation

In 2014/2015 18.49% of applicants declined to answer a question on their Sexual Orientation compared to 15.73% in 2015/2016.

In 2014/2015 we received 78.76% of applications from people identifying as Heterosexual, or straight, compared with 2.35% ofthose who described themselves as LGBT, in 2015/2016 this was 81.28% for Heterosexual or straight and 2.55% as LGBT. Notable here is a decrease in people choosing prefer not to answer, of 2.75%.

In 2014/2015 as a proportion of all applicants, 15.08% of those appointed were Heterosexual or straight and 0.35% identified as LGBT. In 2015/2016 this was 16.65% of Heterosexual straight and 0.37% for LGBT.



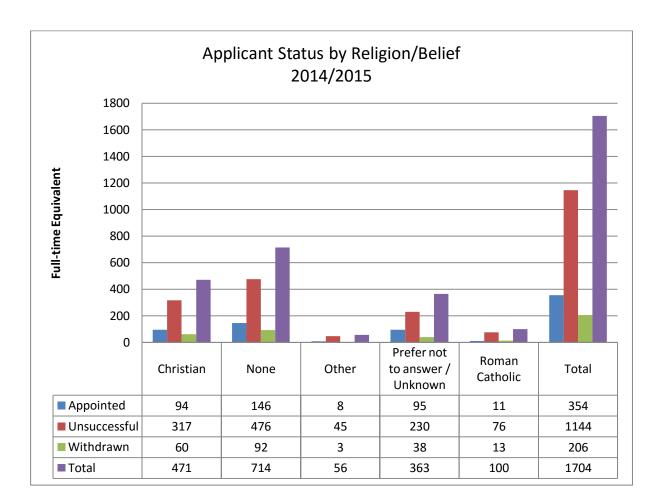


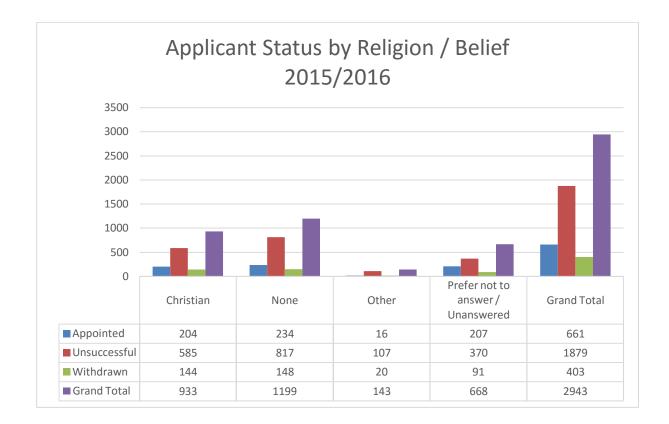
2.6 Applicants - Religion/Belief

In 2014/2015, 21.3% of applicants did not answer this question, or chose to not disclose their religion/belief, compared with 22.69% in 2015/2016.

Of the total of all applications in 2014/2015, 27.64% came from those who said they were Christians, 41.9% of all applications came from people who said that they had no religion/belief. In 2015/2016, Christians accounted for 31.70% of applications and no religion/belief accounted for 40.74%.

As a proportion of all applications in 2015/2016, we appointed 6.93% of Christians and 7.95% of those who had no religion/belief, in 2014/2015 this was 5.51% Christian and 8.57% with no religion/belief.





3.0 Workforce Data

This section provides workforce data relating to all employees who were employed during 2015/16, and includes relief workers paid during this period. We have provided information from 2014/15 to allow comparisons to be made. The data has been collated to show age, gender, disability, race, sexual orientation and religion/belief.

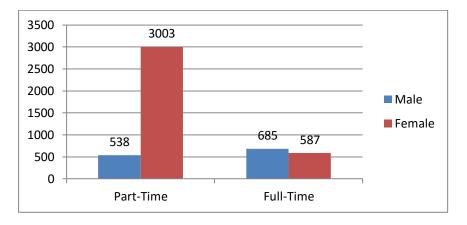
To promote and encourage staff to complete Equality Monitoring Forms we distributed leaflets and resources to all work places within the Council. We displayed these on noticeboards, in reception areas and in communal staff room areas. Included in the packs were the "What's it got to do with you" booklets which are produced by the charity Stonewall. Stonewall are a charity whose work is largely to support equal rights for the LGBT(Lesbian, Gay, Bisexual & Transgender) Community. These booklets are not just aimed at the LGBT community, but are aimed at everyone and give short snappy reasons to encourage people to complete equality monitoring information. We also distributed stickers, and small postcards from Stonewall, including information about the #NOBYSTANDERS Campaign which aims to encourage people to speak up if they are subject to, or witness hateful language or abuse.

We also promoted LGBT History month on the Intranet – Staff Bulletins and uploaded different links for staff to follow to learn more about Equalities and promoted this through the Staff Magazine.

The total workforce comprises of Part-time and Full-time workers, the following table shows the headcount in more detail.

Headcount as at 31 March 2016			
Full-time	1272		
Part-time	3541		

Gender Split for headcount at 31 March 2016



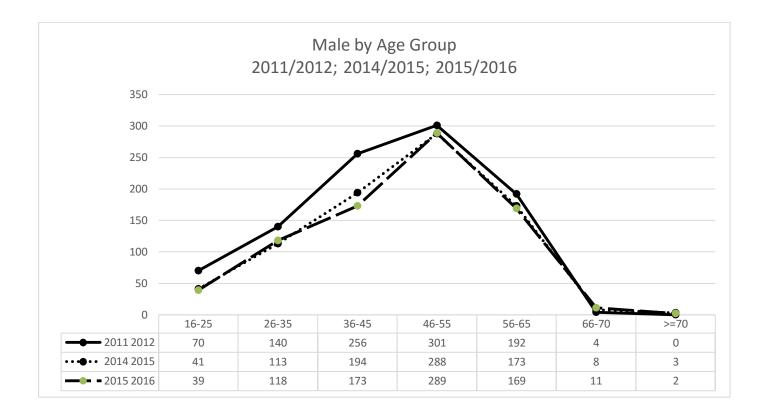
The total Full Time Equivalent (FTE) for the workforce is 2246.27

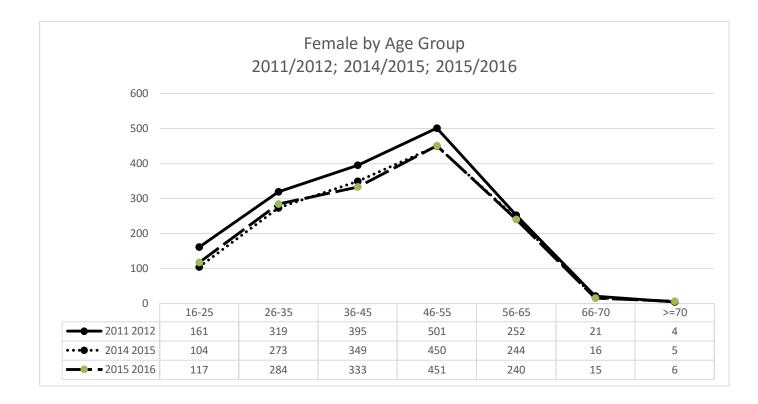
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3.1 Workforce - Age

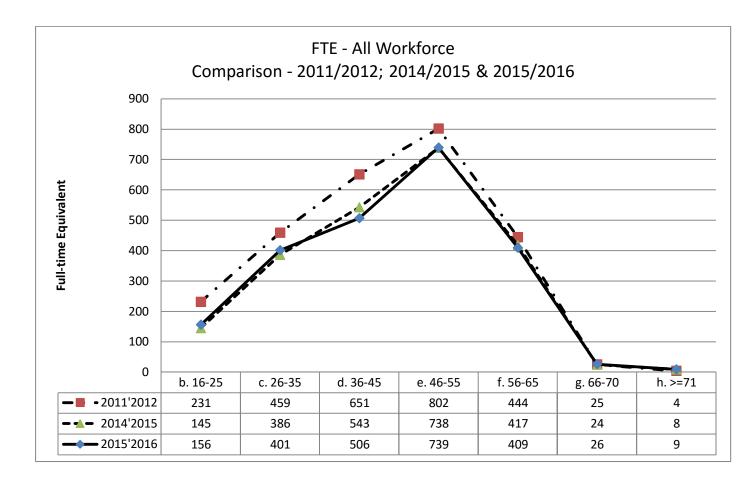
The council's staffing population in 2011/12, 2014/15 and 2015/16 are set out below, shown by age profile.

The majority of the figures below show a reduction in staff numbers over the three periods. There are larger decreases from 2011/2012 to 2014/2015, we can account for this because the council implemented a number of Service Reviews which resulted in a reduction in our workforce. The differences between the data in 2014/2015 and 2015/2016 are not significant.

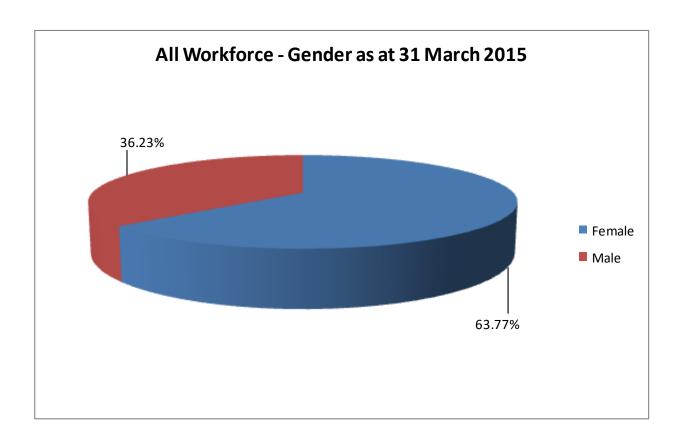


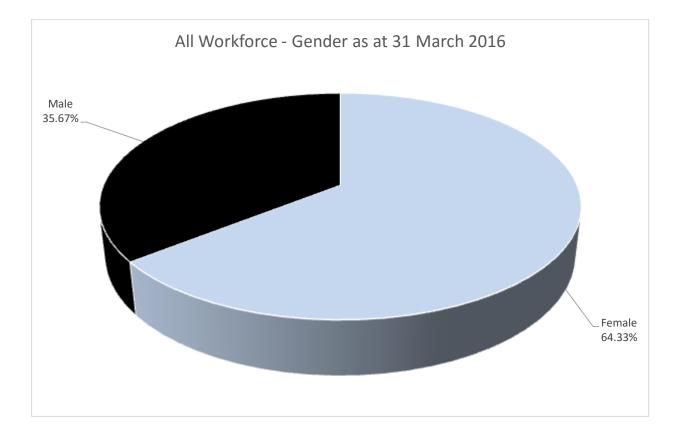


Again we see a larger difference between the FTE in 2011/2012 and 2014/2015, due to a reduction in staffing levels following several Service Reviews. The number of employees has slightly reduced between 2014/15 and 2015/16 the age profile remains similar showing the overall balance of the Council's workforce hasn't changed significantly in this period. However, it does show an aging workforce, with a proportionally greater reduction of employees at the younger age ranges.

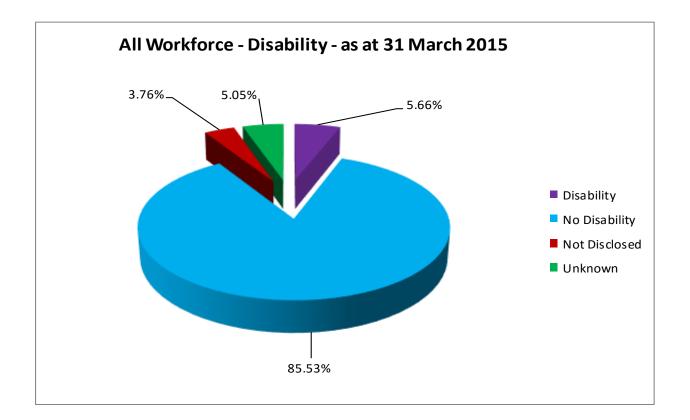


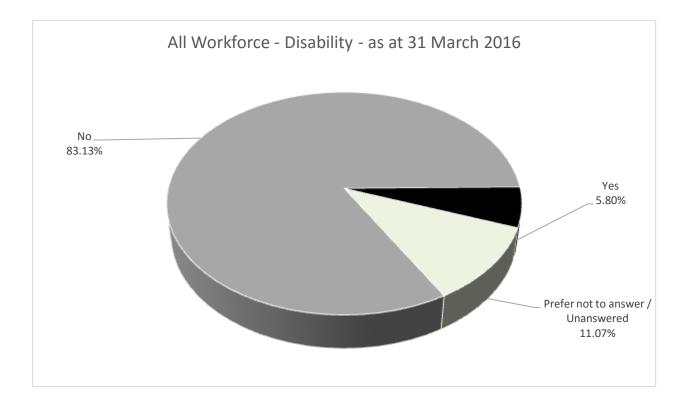
While the overall number of employees has slightly reduced between 2014/15 and 2015/16, the gender balance is almost identical, with less than 1% difference over the period between data collation. The ratio for the period 2014/2015 was 1 male for every 1.76 females, and this has increased in favour of females in 2015/2016 to 1.80 females for every 1 male.





The proportion of employees who describe themselves as disabled has increased slightly in the period. By raising awareness of the benefits of having accurate equality data we hoped to have reduced the 9% undisclosed/unknown, thus providing a more complete picture of our workforce. However, the number of staff choosing Prefer not to answer or not answering the question has increased. We will continue to promote equality monitoring with the aim to reduce this figure when we report again in 2019. We will take this opportunity to research different techniques and styles to encourage disclosure of personal information to improve our figures. We will also encourage managers to highlight the value of this information to their staff.





3.3.1 Reasonable Adjustments

Shetland Islands Council in its Maximising Attendance policy requires that managers, at each formal stage of the process, explore adjustments that may lead to an early return to work improved attendance. In 2014-15 there were fifty five phased return to work plans agreed for employees which supported them back to work and in 2015-16 there were fifty four. We do not presently record whether these employees describe themselves as disabled, however the approach towards reasonable adjustments accords with the provisions of the Equality Act in this regard.

Where reasonable adjustments are recommended by the GP and, or Occupational Health, and it is not possible to to implement these within an employee's contractual role, redeployment is sought in the first instance and in 2015-16 nine employees were redeployed for this reason.

Thirteen employees were granted ill-health retirement during 2015/2016, this compares to six leaving due to ill health retirement in the same period during 2014/2015.

3.3.2 Disability Confident

Shetland Islands Council has transferred from the Positive about Disability "Two Ticks" scheme to the new Disability Confident scheme. This means that the Council is certified as a Disability Confident Employer, at

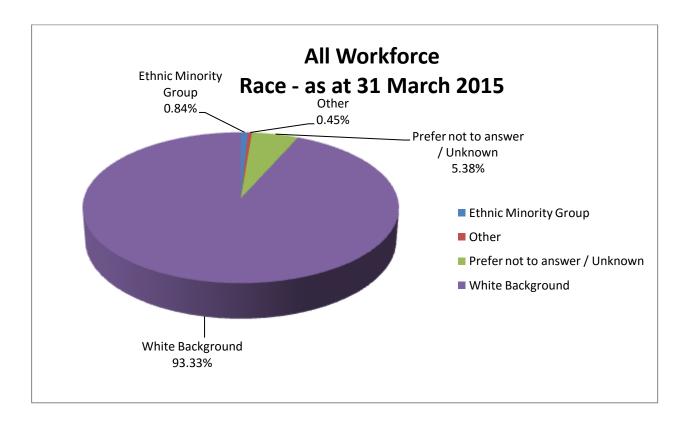
level 2, which shows our commitment to employ and retain disabled people and those with health conditions.

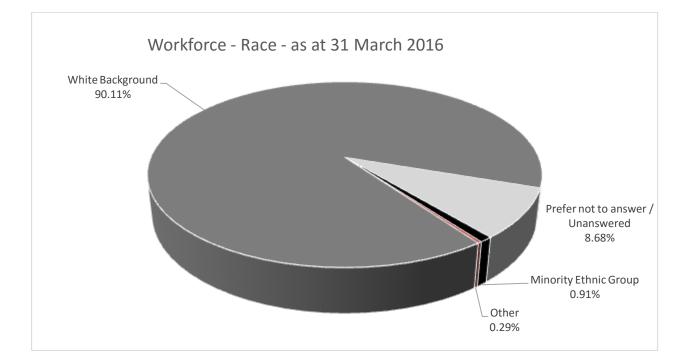
3.4 Workforce - Race

The proportion of employees who describe themselves as being from an Ethnic Minority Group (EMG) has increased slightly to 0.91% from 0.84% in 2014/2015.

This is encouraging, however, despite raising awareness of the benefits of having accurate equality data we have not reduced the number of employees in the of prefer not to answer/unanswered category. This is currently at 8.68% an increase of 2.85% from 2014/15 data.

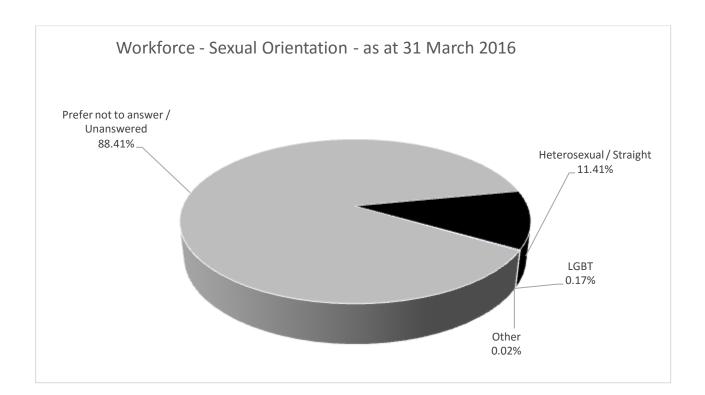
The Census data from 2011 for the whole of Scotland has the EMG representing 4.1% of the population. Shetland's EMG represents 1.5% of the total population, our workforce is 0.9% which falls slightly short of the Shetland population.





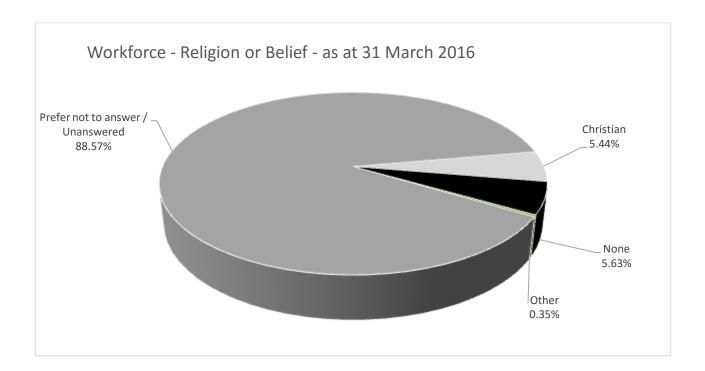
3.5 Workforce - Sexual Orientation

In 2016 Shetland Islands Council asked employees to complete Equality Monitoring Forms that included Sexual Orientation for the first time. 87.64% of employees chose not to answer this question or chose not to return a monitoring form, while 11.41% of the workforce described themselves as Heterosexual/Straight and 0.17% as LGBT.



3.6 Workforce – Religion/ Belief

In 2016, Shetland Islands Council asked employees to complete Equality Monitoring Forms that included Religion and Belief for the first time. 87.04% of employees chose not to answer this question or chose not to return a form, while 5.44% described themselves as Christian and 5.63% as None, while 0.35% reported as having an "other" religion or belief.



4. Other Data from 2015/16

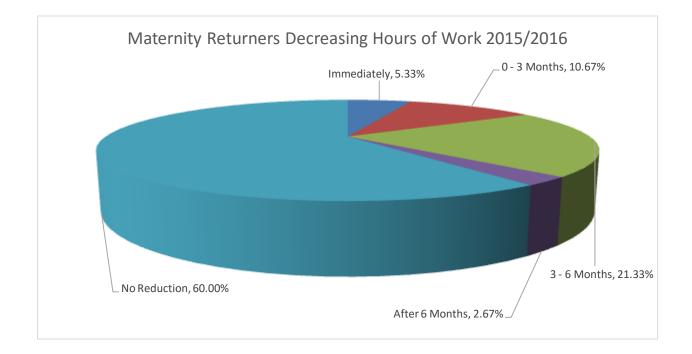
4.1 Pregnancy / Maternity

All pregnant employees, regardless of length of service, are entitled to Maternity Leave. Entitlement to enhanced maternity pay depends on length of continuous service in line with relevant national conditions of service.

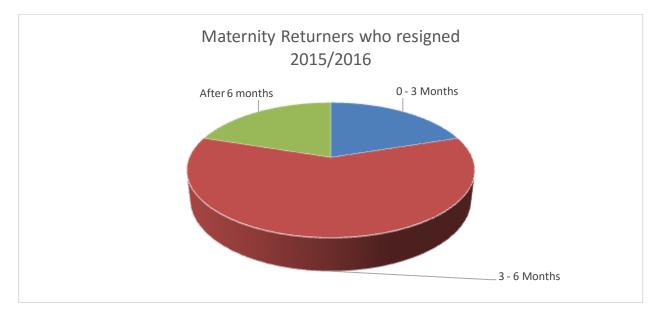
In 2015/2016, 98 employees took maternity leave, comparing with 75 in 2014/2015.

4.1.1 Return from Maternity Leave

A lot of Maternity returners use their annual leave to informally reduce their hours on return, this could be a reason why we see an increase in % from immediate return to six months.



Similarly more returners resigned between three and six months, than within the first three months or after six months, again this could be staff using annual leave in the first period of their return.



4.1.2 Maternity Survey

We carried out a survey of employees returning from maternity leave. The survey questions centred on what would help returners and potential returners to:-

Keep in touch Come back Remain at work Progress at work

As a result, we now have rich data to inform current policy development and suggestions on how we can improve support for employees during their maternity leave, as they prepare to return to work and in the early stages of their return.

4.2 Discipline and Grievance (Including Harassment and Bullying) Data

During 2015/16, the Council held 23 formal hearings in relation to grievance or discipline, with 57% involving women and 43% involving men. Given the small numbers involved, it is not advisable to draw too much from this data, however, compared to the overall workforce of 73% female and 27% Male it shows a disproportionately high number of men raising grievances or being subject to disciplinary processes. As regards age, again this broadly reflects the overall age profile. Although the number of formal hearings has significantly increased from 2014/15 where only 10 were held, the gender split is similar with 60% involving women and 40% involving men.

4.3 Training and Development

4.3.1 Promotion

There were 91 promotions identified during 2015/2016. This is less than in previous years; however, we have improved how we report on this and believe that this figure is a more accurate picture of promotions.

Information on what is within this group of 91

- 10 are apprentices
- 21 were appointed to a career graded post so the promotion was expected.
- 60 were "real" promotions

Of those who were identified as promoted, 96.70% were from a white background, comparing with White Background being 90.11% of our overall workforce.

For completeness we have provided data from 2014/2015, however, because we have refined how the data is collected it is not possible to draw comparisons.

	Promotion							
				2014/202	15			
These fig	gures are det	ermined by	reporting on	the number of emp	ployees who rec	eived a pay increase greater t	han the	
		within each	grade.					
Total nur	mber was 23	0						
Age	%	Gender	%	Disability	%	Race	%	
Group								
16-25	10.00%	Female	77.39%	No Disability	92.17%	Ethnic Minority Group	0.87%	
26-35	28.26%	Male	22.61%	Not Disclosed	2.61%	Other	0.43%	
36-45	30.87%			Disability	5.22%	Prefer not to answer /		
						Unanswered	7.39%	
46-55	20.87%					White Background	91.30%	
56-65	9.13%							
66-70	0.87%							
>=71	0.00%							

Promotions Identified – 2015/2016

There were 91 promotions identified during the Financial Year 2015/2016.

Age Group	%	Gender	%	Race	%	Disability	%
16 - 25	24.18	Female	63.74	Prefer not to answer/ Unanswered	3.30	No	93.41
26 - 35	30.77	Male	36.26	White Background	96.70	Not Disclosed	2.20
36 - 45	20.88					Yes	4.40
46 - 55	17.58						
56 - 66	6.59						

Promotions Identified (Continued)			
Religion/Belief	%	Sexual Orientation	%
Christian	6.59	Heterosexual / Straight	26.37
Prefer not to answer / Unanswered	74.73	Prefer not to answer / Unanswered	73.63
None	18.68		

			Emplo	yee Review and Developm	ent Meeting	gs	
				2014/2015			
-	oyees shoul of 766 were i	-	in an annua	l Employee Review & Deve	elopment mo	eeting with their Line Man	ager.
Age Group	%	Gender	%	Disability	%	Race	%
16-25	3.13%	Female	59.79%	No Disability	86.68%	Ethnic Minority Group	0.91
26-35	17.36%	Male	40.21%	Prefer not to answer / Unanswered	6.39%	Other	0.39
36-45	24.93%			Disability	6.92%	Prefer not to answer / Unanswered	2.61
46-55	31.07%					White Background	96.08
56-65	21.15%						
66-70	1.57%						
>=71	0.78%						

Employee Review & Development Meetings 2015/2016

There were 1262 Employee Review & Development Meetings recorded electronically during the Financial Year 2015/2016. This is more than in previous years, however, we still need to improve how we report on this and encourage managers to carry these out and when carried out stress the importance of recording the meetings on our electronic system. The Employee Review and Development Policy is currently under review and part of this refresh involves work to streamline the process and encourage managers to have more meaningful conversations with their staff. The new process will be underpinned by the Council's Values and Behaviour framework and it is intended that the new policy will go to Committee for approval in June 2017

Age Group	%	Gender	%	Disability	%	Race	%
16 - 25	5.07	Female	63.71	No	87.24	Ethnic Minority Group	0.55
26 - 35	17.67	Male	36.29	Prefer not to answer / Unanswered	2.77	Other	0.40
36 - 45	24.01			Unknown	4.04	Prefer not to answer / Unanswered	4.28
46 - 55	32.65			Yes	5.94	White Background	94.77
56 - 65	18.46						
66 - 70	1.74						

>+71	0.4			

Employee Review & Development Meeting	s 2015/2016(Co	ntd.)	
Religion/Belief	%	Sexual Orientation	%
Christian	9.90	Heterosexual / Straight	22.11
None	11.57	LGBT	0.24
Other	0.87	Prefer not to answer / Unanswered	77.64
Prefer not to answer /Unanswered	77.66		

4.3.3 Training

This relates to all training carried out in 2015/2016 including e-learning.

During 2015/2016, 9,733 individual training events/courses/qualifications were undertaken. This involved 2,133 individual staff members and there were 310 individually named events or courses.

			All T	raining undertaken during	g 2015 / 202	16	
				Total – 9,733			
Gender		Age R	lange	Disability		Race	
Female	80.25%	16-25	11.29%	No Disability	82.14%	Ethnic Minority Group	1.26%
Male	19.75%	26-35	20.60%	Disability	5.09%	Other	0.34%
		36-45	23.15%	Prefer not to answer / Unanswered	12.77%	White Background	88.66%
		46-55	30.35%			Prefer not to answer / Unanswered	9.66%
		56-65	13.83%				
		66-70	0.60%				
		Over 70	0.18%				

Sexual Orientation		Religion			
Heterosexual/Straight	18.37%	Christian	8.30%		
LGBT	0.08%	None	9.13%		
Prefer not to answer / Unanswered	81.55%	Other	0.66%		
		Prefer not to answer / Unanswered	81.91%		

Here are some key numbers on access to training and development:

The percentage of females who undertook training was 80.25% compared to 64.33% across the whole workforce.

Of those who undertook training 5.09% described themselves as having a disability, compared with the overall workforce being 5.8%

The percentage of staff identifying as belonging to an Ethnic Minority Group who undertook training was 1.26%, while 0.91% of the workforce said they belonged to an EMG.

Of those who undertook training, 0.08% identified as LGBT, compared with 0.17% of the workforce.

Of the staff who undertook training, 8.3% said they were of Christian faith, more than that of the workforce, which was 5.44%. 9.13% stated that they had no religion, while the overall workforce figure was 5.63%

4.4 Apprentices 2015/2016

	Gender		
Post Title	Female	Male	Grand Total
Apprentice	1	1	2
Apprentice Business Support	2		2
Apprentice Electrician		2	2
Apprentice Engineering Craft		2	2
Apprentice Gardener		1	1
Apprentice ICT Assistant		1	1
Apprentice Joiner		1	1
Apprentice Marine Engineer		1	1
Apprentice Plumber		1	1
Apprentice Roadworker		1	1
Apprentice Social Care Worker	6		6
Apprentice Technician	1		1
Electrical Apprentice		1	1
Mechanical Apprentice		1	1
Grand Total	10	13	23

This table shows the development opportunities for apprentices, split by gender. Through our Equal Pay action plan, we are committed to developing programme of work experience and developing advertising materials for careers and recruitment events that will encourage applicants from unrepresented genders for that work area, and will challenge gender norms and stereotyping. This will help us address the gender typical breakdown in our current apprentice cohort. <u>See 5.8 for more information</u> on Further Action for the Equal Pay Statement.

4.5 Flexible Working Applications

Employees who have at least 26 weeks' continuous service with their employer have the right to make a statutory request to work flexibly. Employees may request to change the hours they work, change the

times they are required to work or request to work from home. There are 8 statutory grounds upon which the Council can refuse an employee's request for flexible working.

We do not currently record or report on requests for flexible working; however, as we review the policy we will build in a recording process.

During 2016, there were no grievances or complaints received related to requests for flexible working being denied.

4.6 Leavers

1121 employees left the council during 2015-2016, this is an increase of 232 from 2014-2015. Of the leavers, 23.19 % were male and 73.81% were female. Just over 5.53% declared that they had a disability and 1.34% identified as belonging to an Ethnic Minority Group.

5.0 Equal Pay Audit Information

5.1 Equal Pay Gap and Occupational segregation

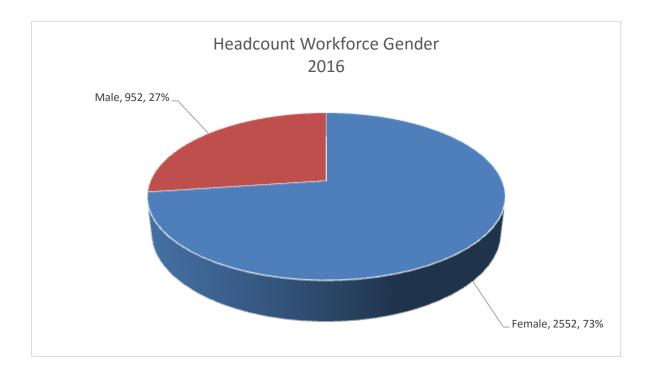
Shetland Islands Council is required to publish the gender pay gap, which is the percentage difference between men's and women's hourly pay, excluding overtime. This information relates to data from the financial year 2015/2016.

In order to establish this figure, and to identify pay inequalities and identify how these can be put right, the Council carried out an equal pay audit.

Data and management information relating to the Audit was processed and produced by the 'Equal Pay Reviewer' software tool using data held by the Council's Payroll and HR system. We also referred to the Public Sector Equality Duty guidance from Close the Gap.

5.2 Gender Pay Analysis

Within the scope of the Equal Pay Audit the gender split shows a typical female dominant local authority gender split of 73% female and 27% male.



5.3 The Pay Gap

In the assessment of equal pay risk, the Equality and Human Rights Commission (EHRC) advise that any gender pay gap within a defined 'equal pay work set' of greater than 5% is of a concern and action be taken to address this gap. A gap of between 3-5% is cautionary and advises that the reason for this be investigated..

5.4 Basic Pay

The Gender Pay Gap based on Basic Pay is 11.21%. This means that on average, men are paid 11.21% more than women.

5.5 Impact of Living Wage

During September 2014 the Council implemented the Scottish Local Government Living Wage, paid as a supplement. In 2015/16 this affected grades A, B and C. The impact of this on the gender pay gap is very limited, taking it from 11.21% in favour of men to 11.14% in favour of men.

5.6 Total Pay (Excluding Non-Overtime)

If we include all pay elements (Excluding Non-Contractual Overtime), the Gender Pay Gap is 16.23%, this suggests we have pay elements which are paid to men and not women. During 2017 we will carry out further research on the impact of wider terms and conditions on the gender pay gap.

5.7 Occupational Segregation

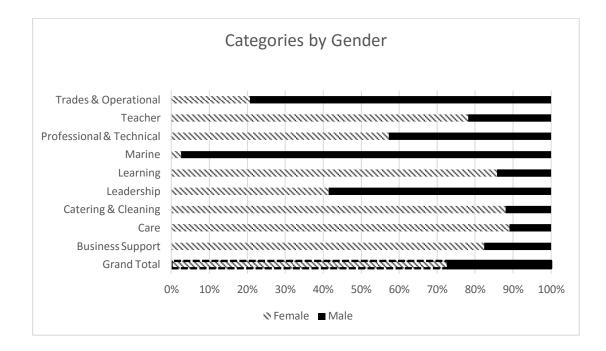
In order to further analyse Occupational Segregation we grouped our posts into broad categories as detailed below:

Business Support Care Catering & Cleaning Leadership Learning Marine Professional Teacher Trades & Operational

The object of this was to identify areas which are heavily populated by one gender and consider some actions to improve the gender balance.

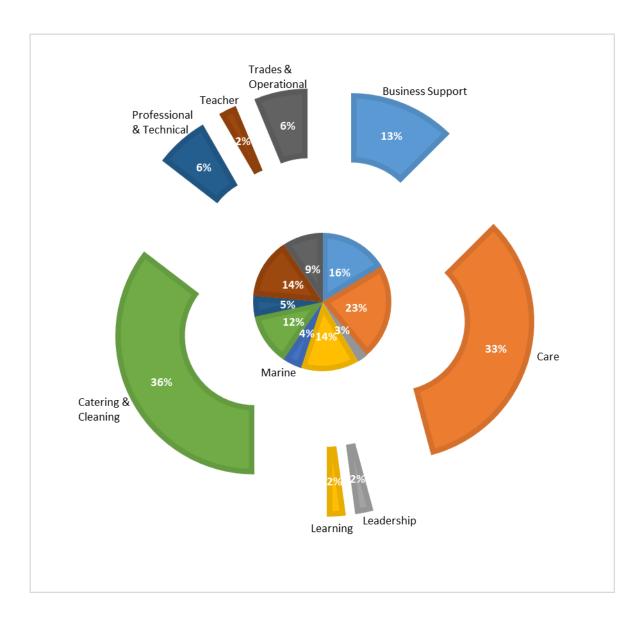
In the chart below, you can see that the areas which are predominately male are Marine, and Trades & Operational while Leadership is made up of 59% Male and 41% Female. In the other categories Females the predominate gender. We can draw from this that more work is required to encourage females into Marine, and Trades & Operational roles within the Council. Through our **Equal Pay Statement action plan**, we are committed to actions to address this, including:

- Monitor and review occupational segregation and take positive action to address it in partnership with schools, colleges, and other partners involved in training, skills development and employability, and through focussed development opportunities and mentoring schemes;
- Gather evidence of the impact of caring responsibilities on the workforce, to identify whether career and pay progression is being adversely affected and set appropriate objectives for remedial action;



5.7.1 Ethnic Minority Group (EMG) within each Broad Category:-

In analysing the categories by Ethnic Minority Group (EMG), we created this chart. The centre categories demonstrate the percentage of the total workforce population by broad occupational category. The outer layer is the proportion of EMG staff within each occupational category. This shows that employees identifying as an ethnic minority group are over-represented in the Care and Catering & Cleaning category, and under-represented in teaching, learning, and marine.



5.8 Equal Pay Audit - Actions

Taking account of the data identified through the Equal Pay audit, and dialogue through the Council's Consultative Committees, a number of actions have been identified. These are being taken forward in the Human Resources Service Plan in 2017/18:

Ac	tion
1.	Develop a programme of work experience, in tandem with the Schools service and Shetland College that provides opportunities across the Council for young people in work areas that challenge gender norms and stereotyping, for example for females in the marine sector;
2.	Develop advertising materials including for careers and recruitment events and pre recruitment experience such as shadowing opportunities focussed on encouraging more applicants from the unrepresented gender for that work area, for example, males into care;
3.	Specify and carry out research into barriers in significantly occupationally segregated roles to establish if there are changes in job design, career grades, availability of flexible working opportunities etc, in for example ferry deckhands in remote areas, explore remedial action and implement where this addresses the gap if it does not disproportionately negatively impact on meets service delivery;
4.	Carry out further research on recruitment data to identify drop off points for the relevant under represented gender applicants and whether there are practices happening such as over specification of qualifications/experience, assumptions from gender stereotyping etc, and develop remedial actions, for example amendments to recruitment and selection training;
5.	Complete the transition to 3rd Edition of the SJC Job Evaluation Scheme including Undertaking Higher duties and honoraria payments and Market forces;
6.	Take positive action to develop and encourage females for management and senior roles at Team Leader level;
7.	Carry out further research, including an Equality Impact Assessment of wider terms and conditions given the increased gender pay gap when all allowances are included;
8.	Complete regular reviews of overtime and staffing levels as required in the Overtime and TOIL policy and procedure;
9.	Review flexible working policies and practices and recommend/implement changes to ensure these address barriers to occupational segregation, both horizontal and vertical.



Meeting(s):	Policy & Resources	19 June 2017
Report Title:	Island Games – Gotland 2017	
Reference Number:	F-057-17-F	-
Author /	Jonathan Belford	7
Job Title:	Executive Manager – Finance	

1.0 Decisions / Action required:

- 1.1 It is recommended that the Policy and Resources Committee consider the application for funding and determine if a sum, not to exceed £5,000, is awarded by the Council in support of the Shetland Islands Games Association (SIGA) to assist with the travel and accommodation costs of competing in the 2017 NatWest Island Games;
- 1.2 If funding is approved, to agree the source of that funding; and
- 1.3 To note that if funding is approved then the grant will be subject to normal Council conditions on grants to voluntary organisations.

2.0 High Level Summary:

- 2.1 A speculative approach has been made by the Shetland Islands Games Association for financial support in taking a team from Shetland to the Island Games in Gotland, Sweden at the end of June 2017. Funding has been granted in the past and Appendix 1 provides a history.
- 2.2 The initial letter received from SIGA has been further expanded upon with the receipt of further information and is included as Appendix 2. SIGA accounts have been inspected by qualified accountants, and confirmed as in order. This reveals that the level of funds held following participation in one Island Games does not provide any significant funding to support the next. The Association does not retain high levels of reserves upon which to draw in future years.
- 2.3 SIGA have already committed a team to go to Gotland, have made all the necessary travel and accommodation booking arrangements etc. and will still be going whether grant aid is awarded or not. The request received is a speculative request and has been received very close to the event actually taking place a little over a month before the team departs. Consideration needs to be given as to whether or not a contribution from the Council is needed.
- 2.4 The Council does not have specific budget provision for providing financial support in 2017/18.
- 2.5 The Committee is asked to give consideration as to whether or not a one-off sum is provided to SIGA in support of the team's attendance in Gotland, Sweden later this month, and how that is funded.

3.0 Corporate Priorities and Joint Working:

- 3.1 The Council has a number of corporate priorities that are described in its Corporate Plan. The Council for the last four years has not held a budget for grants that support applications of this nature and therefore had reprioritised resources. In the absence of that explicit link the applicant was asked to describe how its application was in line with corporate priorities of the Council.
- 3.2 "The Plan cites the good facilities that Shetland has and aims to work with others to ensure that more children will be taking part in physical and cultural activities by 2020, to contribute to developing healthy lifestyles to helping them play a full and active part in Shetland community life.

The NatWest Island Games is seen by many as the pinnacle of sporting achievement for many islands. In a local context, the local media coverage of the achievements of Shetlanders across a variety of sports has a direct impact on the number of children accessing sports facilities and joining local Clubs. Children hear about people they know and can relate to representing their home island in a festival of sport and want to try those activities with dreams and ambitions to go on to compete themselves."

- 3.3 Further detail is described in Appendix 2, which supports SIGA's application.
- 3.4 The Local Outcomes Improvement Plan has two outcomes that are of relevance to this application, "Shetland is the best place for children and young people to grow up" and "We live longer and healthier lives and people are supported to be active and independent throughout adulthood and in older age". The priorities however are more focussed and less directly relevant insofar as they are "To support children and young people to develop physical competence and confidence from the earliest age" and to "Increase physical activity (amongst those least active)". A link would be made predominantly in inspiring and motivating others through the success of the team.

4.0 Key Issues:

- 4.1 The Shetland Team has participated in all previous Games and has previously received financial assistance from the Council towards the cost of participation. Appendix 1 contains a table of past funding paid by the Council to SIGA to assist the Shetland Team since 1987. In 2013, a budgeted value of £5,000 was awarded and subsequently, as the budgets had been reduced / removed in line with budget setting decisions, there was no funding provided to the team in 2015.
- 4.2 Preparing to leave for the games in Gotland, Sweden, the Shetland Islands team comprises 128 individuals, with 107 competitors and 21 coaches and individual sport managers, physiotherapists and team managers.
- 4.3 Of the competitors, 37 are in full-time education, including 23 under 18 year olds.
- 4.4 The teams from Orkney (£6,200, for up to 60 competitors and 2 officials) and Western Isles (the absolute value of financial support is unclear but Council staff undertake substantive roles for the Western Isles Island Games Association and the Council is listed on their website as a sponsor) are receiving financial support from their respective Councils to attend the games in Gotland.

- 4.5 The costs of the SIGA team amounts to approximately £1,211 per person. However it should be noted a number of the SIGA team have individual travel and/or accommodation plans which cost less than the above. In total the travel and accommodation costs are in the region of £134,000, much of which has been fund raised and paid to fund travel arrangements already. SIGA has also been successful attracting sponsorship from various local businesses. Further information is provided at Appendix 1.
- 4.6 The Association has asked for a contribution to the travel and accommodation costs.

5.0 Exempt and/or confidential information:

5.1 None

6.0 Implications :

6.1 Service Users, Patients and Communities:	SIGA works very closely with the local sports clubs and Associations involved in the Games. Participation at the Games is an important event on the local sports calendar and helps local athletes to achieve their full potential. Participation at the Games also helps to build and sustain positive links with other island groups.
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	If grant funding is approved then SIGA will be subject to the general terms of grants to voluntary organisations.
6.5 Finance:	Budgets for general grants to voluntary organisations were reduced and then removed during the period from 2013 and as such the Council does not have an approved budget in 2017/18 for grants to general voluntary organisations. Any funding that is awarded by the Committee will have to be funded from the Council contingency budget in 2017/18 or by approving the use of a sum from the Council's underspend in 2016/17.
	The general grants to voluntary organisations budget, previously held by the Development Directorate enabled a range of organisations to access financial support and since the removal of this budget all organisations have been similarly affected and have not received funding in the last three or four years.

6.6 Assets and Property:	None			
6.7 ICT and new technologies:	None			
6.8 Environmental:	None			
6.9 Risk Management:	Risks connected with this report exist in relation to the recent history of funding having been withdrawn from a range of organisations, for which they no longer receive financial support. To make an award of grant funding to SIGA for the Island Games 2017 leaves the Council open to reputational damage with those organisations that were equally affected when the budgets were removed. There is also a risk that other community groups and sports clubs may choose to submit speculative requests for funding to the Council. Furthermore there is a risk that without a specific budget to access the Council has to use resources set aside for other activities and services. This risk is mitigated as funding could be accessed from the underspend in 2016/17 that would have no impact on the 2017/18 budget.			
6.10 Policy and Delegated Authority:	As there is no specific budget and therefore no delegated authority to any particular Committee or Director then the Policy and Resources Committee have the authority to allocate financial resources and make decisions in relation to funding.			
6.11 Previously considered by:	None			

Contact Details:

Jonathan Belford, Executive Manager – Finance jonathan.belford@shetland.gov.uk 5 June 2017

Appendices:

Appendix 1 – Table of historic grant support to SIGA Appendix 2 – Letter of request and supporting information provided by SIGA

Background Documents:

None

END

APPENDIX 1

History record of Financial Assistance from Shetland Islands Council to Shetland Islands Games Association

Year	Host Island	Total Costs	Grant Award (net amount)	Funding Percentage	Team Size	Average cost per team member	Average grant per team member	Average contribution per team member
2015	Jersey	£142,775	£0	0.00%	141	£1,012	£0	£1,012
2013	Bermuda	£51,587	£5,000	9.69%	45	£1,146	£111	£1,035
2011	Isle of Wight	£55,015	£13,192	23.98%	95	£580	£139	£441
2009	Aland	£103,408	£34,103	32.98%	93	£1,112	£367	£745
2007	Rhodes	£96,210	£31,968	33.23%	66	£1,458	£484	£974
2005	Shetland	N/A	N/A	N/A	246	N/A	N/A	N/A
2003	Guernsey	£98,306	£38,000	38.65%	126	£781	£302	£479
2001	Isle of Man	£88,460	£34,000	38.44%	107	£826	£318	£508
1999	Gotland	£68,000	£34,000	50.00%	89	£764	£382	£382
1997	Jersey	£77,600	£38,000	48.97%	99	£784	£384	£400
1995	Gibraltar	£78,400	£38,400	48.98%	96	£817	£400	£417
1993	Isle of Wight	£60,087	£26,187	43.58%	61	£985	£429	£556
1991	Aland	£60,000	£28,300	47.17%	75	£800	£377	£423
1989	Faroe	£40,800	£20,400	50.00%	42	£972	£486	£486
1987	Guernsey	£44,510	£22,255	50.00%	80	£557	£278	£279

* 1985 – records held at Archives

Appendix 2

Shetland Island Games Association

A member of the International Island Games Association

Supporting Island Sports

01595 694965 (H) www.siga.org.uk



Correspondence address: 6 Hillside, Gulberwick Shetland ZE2 9JX

Our ref: 17/004

Mr Mark Boden Chief Executive Shetland Islands Council Town Hall Lerwick Shetland ZE1 0JL

19 May 2017

Dear Mr Boden

Financial Support for Team Shetland NatWest Island Games – Gotland 2017

You will be aware that Shetland Island Games Association will be taking part in the NatWest Island Games in the Swedish Island of Gotland next month, from 24-30 June 2017. I am writing to seek any financial support that Shetland Islands Council could offer towards the cost of our participation at this event, or indeed for future Games.

Shetland Island Games Association has appreciated financial support from the Council in the past, which contributes towards the costs of our competitors' participation. The last grant assistance available to Shetland Island Games Association was in 2013. However, competitors in the Western Isles and in Orkney still enjoy financial support from their respective Councils.

Whilst we understand the ongoing financial pressures in the public sector in Shetland, we would like to ask the council if they would consider supporting the Shetland team with an equivalent level of financial support given to the Western Isles and Orkney Island Games Associations.

Please find overleaf a breakdown of our costs for this year's Games. At our regular planning meetings for the last fifteen months or so, we have made every effort to reduce the cost burden on Team Shetland. Our committee of volunteers includes representatives of eleven sports that will be involved this year, including a team of 129 competitors and officials.

We have sourced budget accommodation in Gotland and have chartered a direct flight from Aberdeen, which although not the cheapest, is the most practical travel solution for a team of around 130 people. The alternative would be a minimum of three scheduled flights from Scotland to Stockholm and then to Gotland, which not only presents risks of missed connections but would also limit our ability to carry our essential sports equipment. (Teams from other British islands are also taking a charter option with similar costs, of around £600 per person.)

To offset some of the costs, we have actively sought sponsorship from various local companies and we received a total of £12,500 in sponsorship for this year's Games, from three local companies, including our main sponsor, Malakoff Limited. This represents around 10% of our overall costs of participation this year. Most of the costs to attend the Games are met by personal contributions from Team members and a significant amount of fundraising takes place.

Cont'd//

The NatWest Island Games are an ideal opportunity for our talented sports people to demonstrate their sporting expertise and to be ambassadors for Shetland at a unique international event attended by athletes from 24 competing islands. Shetland was a founder member of the International Island Games Association in 1985 and has been an active participant since then, including hosting the 2005 Games in Shetland – an event which is fondly remembered by many.

We greatly appreciated the support of Convener Malcolm Bell, who attend the Games in Jersey in 2015. We understand that he is hoping to attend this year's Games in Gotland too and look forward to seeing him there.

I would be grateful if you could consider this request for financial assistance. Please advise me on any further information or details you may wish from me to help you with any decision on this. I would of course be happy to meet you to discuss this.

I look forward to hearing from you.

Kind regards



Karen Woods Chair – Shetland Island Games Association

Breakdown of costs per person – Team Shetland 2017

Individual costs (approx.)

 Flight (charter from Aberdeen - Visby) 	£622
Northlink Ferry	£61
 Bus Transfer + Car Hire 	£12
Accommodation	£350
Team Kit	£130
Accreditation	£30
Insurance	£22
• Team costs – 2 management; 3 physios	£45
Running Costs	£39
Less Team Sponsorship	- £100
Total cost per person =	£1211

Application for Funding from Shetland Islands Council

Shetland Island Games Team 2017

Shetland Island Games Association (SIGA) present this request for funding from the Shetland Islands Council (SIC), seeking support towards the travel and accommodation costs of the 2017 Shetland Island Games Team.

Background to Application

The NatWest Island Games 2017 will be held in Gotland, Sweden from 24th June to 1st July.

Team Shetland comprises **128** individuals in total - **107** competitors, **16** individual sport Team Managers and support staff; 3 physiotherapists and 2 overall Team Managers.

Of the number of competitors, 37 are in full time education (23 are under 18 years of age).

Links to the SIC Corporate Plan

This application for funding has strong ties to the aims and objectives of the Shetland Island Council's Corporate Plan. The SIC Corporate Plan focuses on five main areas, the first of which is young people.

The Plan cites the good facilities that Shetland has and aims to work with others to ensure that more children will be taking part in physical and cultural activities by 2020, to contribute to developing healthy lifestyles to helping them play a full and active part in Shetland community life.

The NatWest Island Games is seen by many as the pinnacle of sporting achievement for many islands. In a local context, the local media coverage of the achievements of Shetlanders across a variety of sports has a direct impact on the number of children accessing sports facilities and joining local Clubs. Children hear about people they know and can relate to representing their home island in a festival of sport and want to try those activities with dreams and ambitions to go on to compete themselves.

The opportunity to increase confidence and self-esteem through participation in sport is enormous. This be seen through the number of our young sportsmen and women putting themselves forward as Young Ambassadors and gaining volunteering awards as they continue to give back to the community as role models.

The commitment and dedication of local competitors to representing Shetland to the best of their abilities is often referred to but not always appreciated in financial terms. Many Shetland competitors have attended sports competitions on the UK mainland, that have required a significant financial commitment alongside their training. In many disciplines, specialist equipment is also required and personally funded.

Members of Team Shetland, regardless of age and employment status, have made choices and financial sacrifices in their personal lives in order to represent Shetland at the Games. Significant efforts have been put into fundraising by individuals and sports to reduce costs as far as possible. The difficulties experienced in local fundraising are much greater than before as all community groups are striving to raise money in similar ways. When combined with the affordability of living in Shetland and other current difficulties associated with austerity, correspondingly the amounts donated are reducing. This perpetuates additional fundraising activities and the struggle to realise funding increases in line with the costs being covered.

The SIC Corporate Plan also focusses on economy and the issues arising through fundraising activities link with the underlying theme of this section of the Plan.

Supporting the Games team will be an investment in the foundation of Shetland sport and into encouraging children into sport, healthy lifestyles and community life. This will increase the number of people using local facilities and joining local sports clubs and will have an additional positive local economic impact with more disposable income being available to be spent in Shetland.

Finance

Previously, the SIC Development Grant Scheme provided a contribution to travel and accommodation and SIGA would respectively ask the SIC to consider supporting the aspects of travel and accommodation costs alone.

<u>Travel</u>

The team are travelling from Lerwick to Aberdeen by overnight ferry. Following a sponsorship discount from Northlink, the total cost of the ferry journey is around $\pounds 60$ per person return.

The team will then travel from Aberdeen to Visby, Gotland by charter flight.

Charter Flight is the preferred option for all of the British Island teams travelling to Gotland and all have flights at comparative costs (around £600 per person).

Bus transfers between Northlink ferry terminal in Aberdeen and Aberdeen Airport

This brings the total travel cost for the team to £88,238.06.

Accommodation

During the stay in Gotland, the team base will be Gustavsvik in Visby. Gustavsvik is a holiday camp with chalet accommodation. All but the Shooting team will stay there. The Shooting team have requested hotel based accommodation and will pay the additional cost of this type.

The projected cost (unconfirmed at present due to the exchange rate fluctuations) of accommodation for the team is \pounds 45,774.00 (excluding the additional amount to be paid by the Shooting team by choice).

<u>Total Costs</u>

Travel	£88,238.06
Accommodation	<u>£45,774.00</u>
Total	<u>£134,012.06</u>

Further Notes Relating to Costs

The costs of the two overall Team Managers and the medical team of three are paid by the remaining team members.

As already mentioned, significant personal fundraising efforts have been made to help reduce individual costs in competing for Team Shetland most specifically through a raffle along with various Sponsorship applications which some were unfortunately unsuccessful – specifically an application for £5,000 to help with costs for team members in full time education.

There has never been an application for grant funding from the Charitable Trust (as far as we are aware). The committee were under the impression that the CT only funds organisations that have charitable status and we are not a registered charity. This said, we would need to explore this avenue of support in the future and see if we can meet the required status.

The charter flight has been paid in full but at present the Northlink return trip along with accommodation invoice have not been paid

We work on a bi-annual accounting period and I have attached a copy of our last set of accounts from 1^{st} Sept 2013 – 31^{st} August 2015. These have been independently verified by A9 Partnership Ltd.

I have also included an Appendix A – which outlines the history of financial support for SIGA from the SIC.

This was an appendix of a report presented to Social Services Committee on 15^{th} May 2013, where Councillors approved a £5,000 grant for 45 individuals to compete in the 2013 Games in Bermuda.

Up to that point the council also provided staff time to provide administrative support to SIGA.

Team Shetland would be grateful for any financial support the council feels able to award but also understands the financial situation of the council and the restraints on all budgets.



Shetland Islands Council



Meeting(s):	Policy and Resources Committee 19 June 2017			
Report Title:	Irrecoverable Debt 2016/17			
Reference Number:	F-055-F			
Author / Job Title:	Executive Manager – Finance			

1.0 Decisions / Action required:

- 1.1 The Policy and Resources Committee notes:
 - the individual debtors in excess of £5,000 written off during 2016/17;
 - the summary of bad debts under £5,000 that have been written off during 2016/17

2.0 High Level Summary:

- 2.1 The Council's annual accounts contain a bad debt provision in recognition of the likelihood that not all outstanding debt would be collectable. This report notifies Council of the identified debts which are now deemed to be uncollectable and which, therefore, have been written off during 2016/17.
- 2.2 The Council's approved Financial Regulations requires sums or other assets written off in excess of £5,000 to be reported to the Council.
- 2.3 As in previous years, to allow this report to be discussed in public, Appendix 1 detailing the individual sums in excess of £5,000, contains Exempt information. However, Appendix 1 can be viewed on the Shetland Islands Council Committee Information Pages system as an exempt item.
- 2.4 The total amount written off for 2016/17 is £160,223 which equates to a write off percentage of less than 0.2% of the £82 million plus of Council Rents, Sundry Debts (miscellaneous invoices), Non-Domestic Rates, Council Tax and Scottish Water charges collected each year by Finance.

3.0 Corporate Priorities and Joint Working:

3.1 This report is linked to the corporate priority of having excellent financial management arrangements that ensure the Council continues to keep to a balanced budget and living within its means. While positive debt collection levels remain a feature of the Council there is inevitability some debt that cannot be recovered for various reasons and the Council seeks to minimise where this occurs.

4.0 Key Issues:

4.1 The Council's Finance Service collects over £82 million of Housing Rents, Sundry Debts (miscellaneous invoices), Non-Domestic Rates, Council Tax and Scottish Water charges.

Breakdown of 2016/17 charges (after benefits and exemptions applied)

	No of	TOTAL
Type of Charge	Accounts	£m
Rents	2,102	5.03
Sundry Debt	19,282	42.67
Non-Domestic Rates	1,965	23.12
Council Tax & Scottish Water	11,021	11.69
Total	34,370	82.51

- 4.2 The Council collects domestic water and sewerage charges on behalf of Scottish Water. A service level agreement exists between the Council and Scottish Water, which gives the Council authority to write off Scottish Water debt as part of the annual Council Tax write off review. Consequently, this report includes details for an amount written off against Scottish Water.
- 4.3 Each financial year a review is undertaken of the debt outstanding in respect of Rent accounts, Sundry Debts, Non-Domestic Rates, Council Tax and Scottish Water charges. This review has identified debts which are now deemed to be uncollectable and which, therefore, have been written off.
- 4.4 Essentially those debts identified for write off in this report are those where all efforts to recover the debt have been exhausted and the prospects of recovering funds are negligible or nil. Whilst the amounts written off are significant in monetary terms these need to be viewed in the context of the charges levied and the Council's positive performance on collection of Council charges levied. It is emphasised that although these debts have been written off for accounting purposes the files remain open and every effort will be made to collect debts if circumstances change.
- 4.5 Each year a bad debt provision figure is disclosed as part of the closure of accounts. Detailed below is a summary of the amounts written off during 2016/17 and remaining bad debt provision.

Current Bad Debt Provision and Write Off Amounts	Housing Revenue Account £	General Fund £	Harbour Account £	Total £
2016/17 Bad Debt Provision	39,000	224,222	29,043	292,265
2016/17 Write Off	34,274	131,831	118	166,223
Remaining Provision	4,726	92,391	28,925	126,042

- 4.6 £160,223 equates to a write off percentage of less than 0.2% of the £82 million plus of Council Rents, Sundry Debts (miscellaneous invoices), Non-Domestic Rates, Council Tax and Scottish Water charges collected each year by Finance.
- 4.7 Housing Revenue Account
 - 4.7.1 Housing Revenue Account Summary:

Housing Revenue Account Summary	No. of Cases	TOTAL £
Former Tenants over £5,000	0	0
Former Tenants under £5,000	61	34,109
Sundry Debt Under £5,000	2	165
Total	63	34,274

- 4.7.2 Former tenant arrears are written off for a number of reasons such as tenant deceased with no estate; gone away and unable to trace; sequestrated or not cost effective to pursue.
- 4.7.3 50 out of the 63 cases written off were for sums under £1,000. 13 cases were for sums over £1,000 but less than £5,000.
- 4.7.4 There are two Sundry Debt accounts affecting the Housing Revenues Account totalling £165. This relates to irrecoverable debt for tenant repairs to Council housing.
- 4.7.5 The average write off amount for the previous 5 years is £42,491.

4.8 General Fund and Scottish Water

4.8.1 General Fund and Scottish Water Summary

Type of Debt	No. of Cases	General Fund £	Scottish Water £	TOTAL £
Sundry Debtor	124	101,316		101,316
Non-Domestic Rates	5	4,060		4,060
Council Tax	132	26,455	9,023	35,478
Total	261	131,831	9,023	140,854

4.8.2 The review of outstanding Sundry Debt balances resulted in 3 General Fund cases in excess of £5,000 amounting to £84,630.43 being written off, details of which are contained in Appendix 1.

- 4.8.3 121 Sundry Debt accounts under £5,000 to the value of £16,686.52 were written off during 2016/17.
- 4.8.4 For Sundry Debt General Fund cases, the average write off amount for the previous 5 years is £36,679.
- 4.8.5 The review of outstanding Non-Domestic Rates resulted in a single account in excess of £5,000 amounting to £7,053.72 being written off, details of which are contained in Appendix 1.
- 4.8.6 In addition there are 3 Non-Domestic Rates accounts under £5,000 to the value of £1,620.73 were written off during 2016/17. However, £4,614.52 of income was received during the year for accounts previously written off, which resulted in a net write on to accounts of £2,993.79.
- 4.8.7 For Non-domestic Rates, the average write off amount for the previous 5 years is £9,783.
- 4.8.8 The review of outstanding Council Tax balances identified no cases in excess of £5,000 to be written off.
- 4.8.9 132 Council Tax accounts under £5,000 were written off during 2016/17 to the value of £31,972.69 split between General Fund of £23,720.40 and £8,252.29 against Scottish Water.
- 4.8.10 100 out of the 132 cases Council Tax cases written off were for sums under £300. 7 cases were for sums over £1,000 but less than £5,000.
- 4.8.11 For Council Tax General Fund cases, the average write off amount for the previous 5 years is £27,859.
- 4.8.12 As with former tenant arrears, Council Tax is written off for various reasons such as liable person deceased with no estate; gone away and unable to trace; sequestrated or not cost effective to pursue

4.9 <u>Harbour Account</u>

4.9.1 Harbour Account Summary:

Harbour Account Summary	No. of Cases	TOTAL £
Sundry Debt over £5,000	0	0
Sundry Debt under £5,000	5	118
Total	5	118

4.9.2 The review of outstanding Harbour Accounts Sundry Debts identified no cases in excess of £5,000.

4.9.3 In addition there are 5 accounts under £5,000 to the value of £118 written off. Exempt and/or confidential information: 5.0 5.1 The Appendix contains financially sensitive information as it refers to the debts of individuals and organisations. 6.0 **Implications**: 6.1 Service Users, None Patients and **Communities:** 6.2 Human Resources and None Organisational **Development:** 6.3 Equality, Diversity and None **Human Rights:** 6.4 None Legal: 6.5 The Council reviews the level of uncollected debt each year and Finance: makes suitable provision in relation to the value that may not be collected. This is based on an evaluation of individual debts outstanding as well as historic data on non-collection. Maintaining a provision for bad and doubtful debt is in line with proper accounting practice and good financial management. The full value of the debts written off in 2016/17 was covered by the provisions that had been made and therefore has no additional impact on the relevant budgets. 6.6 None **Assets and Property:** 6.7 ICT and new None technologies: 6.8 None **Environmental:** 6.9 In terms of risk, the primary risk involved in writing off **Risk Management:** irrecoverable debt is that something may get written off which could have been recovered, resulting in a loss to the Council. This risk is managed by having an exhaustive set of recovery procedures which are diligently and consistently followed by staff. Written off debt is also written on again, where the circumstances allow.

6.10 Policy and Delegated Authority:	Section 3.8.1 of the Council's approved state "Once all methods of debt re outstanding debts have been exhausted, - Finance, or nominated Officer, is empo such sums as bad debts. Section 3.8.2 individual debtors in excess of £5,000 v Executive Manager - Finance to the 0 annual summary of bad debts." The Policy and Resources Committee has secure the co-ordination, control and prop financial affairs of the Council.	covery in relation to the Executive Manager owered to write off any 2 states "Write-offs for will be reported by the Council along with an s delegated authority to
6.11 Previously considered by:	N/A	

Contact Details:

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Appendices:

Exempt Appendix 1:List of Debts in Excess of £5,000 to be Written Off