

**Education and Families Committee****29 February 2016****Short Breaks for Children – Inspection Reports****CS-05-16-F****Executive Manager – Children’s Resources****Children’s Services****1.0 Summary**

- 1.1 The purpose of this report is to present Education and Families Committee with the Short Breaks for Children: Support Service (Appendix 1) and Care Home Service (Appendix 2) Care Inspectorate Reports from August 2015 and the Action Plans.

**2.0 Decision Required**

- 2.1 That the Education and Families Committee RESOLVES to approve both the Short Breaks for Children Support Service (Appendix 3) and Care Home Service (Appendix 4) action plans.

**3.0 Detail**

- 3.1 The Short Breaks for Children (Care Home Service) is Shetland Council’s respite service that provides residential short breaks within two resources in Lerwick for children with assessed complex additional support needs. These services currently look after 24 children and young people aged from 6 – 18 years from across all Shetland communities.
- 3.2 The Short Breaks for Children (Support Service) is Shetland Council’s service that provides short breaks and family support for children with assessed complex additional support needs. The service currently supports 38 children and young people aged from 6 – 18 years and 36 families from across all Shetland communities.
- 3.3 Short Breaks Services are managed by a Depute Team Leader based in Hayfield House and have 3.5 FTE Senior Social Care Workers to provide support to our practitioners who are a registered workforce as part of the Scottish Social Services Council.

- 3.4 Senior Children's Resources management is currently provided by the Team Leader (Continuing Care) following the resignation of the Team Leader (Short Breaks) in the summer of 2015.
- 3.5 The Short Breaks for Children Support Service and Care Home Service have both consistently been considered a 'good' or 'very good' service. The inspection in July 2015 considered four areas and awarded the following grades:
- 3.5.1 Support Service
- |                                       |                     |
|---------------------------------------|---------------------|
| Quality of care and support;          | Grade 5 – Very Good |
| Quality of environment;               | Grade 5 – Very Good |
| Quality of staffing;                  | Grade 4 – Good      |
| Quality of management and leadership; | Grade 3 – Adequate  |
- 3.5.2 Care Home Service
- |                                       |                     |
|---------------------------------------|---------------------|
| Quality of care and support;          | Grade 5 – Very Good |
| Quality of environment;               | Grade 5 – Very Good |
| Quality of staffing;                  | Grade 4 – Good      |
| Quality of management and leadership; | Grade 3 – Adequate  |
- 3.6 The reduction in the quality of management and leadership grade from the previous inspections in August 2014 (Care Home) and August 2012 (Support Service) from four to three reflected the changes occurring at that time with key staff leaving. While steps have been taken to strengthen the management and leadership, the Team Leader post remains vacant. However it is subject to a further recruitment process that includes career grade options. The time taken to recruit to this key management post will likely be reflected in any future inspection of management and leadership within the Short Breaks Service..
- 3.7 The inspection reports capture the inspector's perspectives on what they thought the services did well as, "The service is flexible to the needs of young people and their families and works alongside healthcare and education to provide support for young people to reach their potential. Young people have the opportunity to be involved in interesting activities supported by staff who know them well".
- 3.8 The inspection reports capture the inspector's perspectives on what they thought the services could do better as, "The service needs to improve the support plans young people have, making sure these have up to date information and use a national framework (GIRFEC) to do this. Better auditing systems would also ensure that these plans are relevant and up to date". Work has progressed over the Winter to address these areas.
- 3.9 There were no requirements made.
- 3.10 Three recommendations were made:
- All staff should have first aid training and would benefit training in Makaton and GIRFEC.
  - Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome

focussed and uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

- c) Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

3.11 These areas have been addressed through training events and through the Deputy Team Leader introducing new audit processes to quality assure work.

## **4.0 Implications**

### Strategic

#### **4.1 Delivery On Corporate Priorities**

Reporting to Education and Families Committee on the Care Inspectorate report for Short Breaks for Children contributes to the strategic objective that our public services are high quality, continually improving, efficient and responsive to local people's needs.

#### Shetland Single Outcome Agreement 2015/16

Shetland is the best place for children and young people to grow up

#### **4.2 Community /Stakeholder Issues**

Children, young people and their families who use the Short Breaks Service have had the opportunity to contribute to the Care Inspectorate inspection process and their views of the service are reflected in the report.

#### **4.3 Policy And/Or Delegated Authority**

In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, matters relating to Children's Resources stand referred to the Education and Families Committee, which has responsibility for monitoring the relevant Planning and Performance Framework.

#### **4.4 Risk Management**

The Inspection reports had no requirements and the three recommendations have been attended to. There remains a risk in relation to the leadership and management of the services in 2016 given the length of time the services have been without a Team Leader.

#### **4.5 Equalities, Health and Human Rights – None**

#### **4.6 Environmental – None**

### Resources

#### **4.7 Financial - None**

#### **4.8 Legal – Short Breaks service users and their families are subject to several pieces of legislation – e.g. the Education (Additional Support**

for Learning) Scotland Act 2004, the Children & Young People (Scotland) Act 2014 and the Children (Scotland) Act 1995. There will be ongoing discussions with Governance and Law colleagues to ensure the service is complying with all the necessary statutory duties in relation to the provision of Short Breaks Services. The imminent Royal Assent of the Carers (Scotland) Bill 2016 will make provision for further support services for children and families accessing Short Breaks Services which will place further legal implications in the near future on the service.

- 4.9 Human Resources – The Short Breaks Service will continue to support the development of its management group through a training programme identified through the employee development review process and from accessing the council wide training in 16/17 for managers on interpersonal skills. This programme aims to build the management and leadership capacity in key individuals to ensure the very good standards of care being provided to children and families at the Short Breaks Service continues and is developed further as part of the continuous improvement agenda.

- 4.10 Assets And Property - None

## **5.0 Conclusions**

- 5.1 The Short Breaks Service (Support Service and Care Home Service) received positive inspection reports in August 2015 (Appendices 1 and 2). The Action Plans (Appendices 3 and 4) have been completed.

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*DRAFT Report Finalised: 16 February 2016*

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### List of Appendices

Appendix 1 – Short Breaks (Support Services) Inspection Report

Appendix 2 – Short Breaks (Care Home Service) Inspection Report

Appendix 3 – Short Breaks (Support Services) Action Plan

Appendix 4 – Short Breaks (Care Home Service) Service Action Plan



# Care service inspection report

Full inspection

## Short Breaks for Children (Support Service) Support Service

15 Burgh Road  
Lerwick  
Shetland



Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003016760

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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# Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

## We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	3	Adequate

## What the service does well

The service is flexible to the needs of young people and their families and works alongside healthcare and education to provide support for young people to reach their potential. Young people have the opportunity to be involved in interesting activities, supported by staff who know them well.

## What the service could do better

The service need to improve the support plans young people have, making sure these have up to date information and use a national framework (GIRFEC) to do this. Better auditing systems would also ensure that these plans are relevant and up-to-date.

## What the service has done since the last inspection

Since the last inspection there have been significant changes to the staff team with some staff in acting positions or working elsewhere.

The service have continued to produce a very informative newsletter for young people and their families, and now have a social media page where

information was also shared.

Staff have continued to complete training and to work alongside other professionals.

## **Conclusion**

Short Breaks provides a flexible needs led service for young people and their families. There have been significant changes to the staff team, however, staff remain committed to ensuring young people are well looked after and have an enjoyable stay.

Documentation and auditing needs to be improved to ensure it is current and outcome focussed.



# 1 About the service we inspected

Short Breaks for Children provides a support (and respite) service for young people in the community and from two separate properties close to the town centre of Lerwick.

The service provides a person-centred approach to care and offers young people the opportunity to be involved in a wide range of activities both in-house and in the community. Both properties are accessible to young people with mobility difficulties.

The service state their aims to:

- Seek the views of children and young people, and their families or carers, about the quality of the services we provide.
- We will provide information about responses given in surveys through newsletters etc.
- We will respond promptly and courteously to any complaints.
- Involve children and young people, and their families, in decision-making processes relating to their care.
- Ensure services address the whole needs of children and young people by actively involving relevant agencies in their care.
- Meet National Care Standards in all aspects of the service.
- Support staff and promote their continuous professional development through regular supervision and training.
- Ensure all staff are registered with the Scottish Social Services Council and have reached the required level of qualification within their first period of registration.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 3 - Adequate**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

An unannounced inspection of the service was carried out by one inspector on Tuesday 21 July 2015. A further announced visit was made on Wednesday 22 July 2015.

Verbal feedback was given to the manager of the service on Friday 25 July 2015. Further discussion regarding the findings of the inspection then took place with the newly registered manager on Wednesday 5 August 2015 (the other having left on a planned basis to take up a new post elsewhere in the country).

Throughout the inspection process, information was gained from:

- Discussion with staff, young people and family members.
- Observation of staff/service user interaction.
- Observation of the environment (both premises).
- Four randomly selected service user personal files, including support plans and risk assessments.
- Accident and Incident recording.
- Examination of staff meeting minutes.
- The participation strategy.
- Questionnaires returned to the service by parents.
- Questionnaires returned to the Care Inspectorate by young people and their parents, and staff.
- The services website, newsletter and blog.
- The family survey.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** No

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service returned the requested self assessment which provided useful information and informed the inspection process.

## Taking the views of people using the care service into account

The inspector spent time with young people in both Laburnum House and Haldane Burgess Crescent. This included discussion with some young people and also observation of staff interaction with children and young people.

Young people enjoyed their time at the service. They were involved in fun activities with staff who clearly enjoyed their company. Staff used on going opportunities to combine individual interests with developing life skills. Some of the young people had also been involved in planning trips away and writing their own support plans.

## Taking carers' views into account

Parents who were spoken with at the time of the inspection were very positive about the care and support their children received. They said that communication between themselves and the staff team was good and that their children enjoyed their time at Short Breaks.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

##### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

##### Service Strengths

We saw very good evidence that young people were encouraged and enabled to participate in assessing and improving the service.

Young people were encouraged to make choices about their care and support. During the inspection young people were observed to be involved in decisions about what they would like to do, both in the house and out in the community. Staff spoken with stated that young people were encouraged to be involved in activities of their choice and also to try new experiences and tasks.

During the inspection, it was evident that staff knew the young people they cared for very well and were highly committed to their care, wellbeing and education. Their knowledge of young people and their families increased the opportunities to engage with young people and to support them to feel relaxed and confident during their short break.

Young people were able to bring their own familiar things from home to personalise their room and also had a box of their own 'things' that they left at the service. In addition to this they were able to contribute to decisions about the decoration and furnishings of communal areas and bedrooms.

Parents and young people attended and contributed to reviews of their care. At these formal meetings parents and young people had the opportunity to discuss all aspects of their care alongside other professionals involved.

Family members were made very welcome at the service and encouraged to share their views. A family survey was carried out annually with the results openly shared in the service newsletter - produced to keep families up-to-date on news and future changes. **(see Quality Theme 4 - Statement 4).**

Parents had been invited to attend training alongside the staff team. This was a very positive way to demonstrate the importance of a shared understanding and consistent approach.

## Areas for improvement

The service need to consider how young people and their parents could be involved in the recruitment, selection and induction of new staff. A number of parents, and young people, were actively involved with the service and could positively contribute to these tasks.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

## Service Strengths

We saw very good evidence that young people could make individual choices and be supported to achieve their potential.

Young people and their families shared relevant information which was collated in to an 'All about me' document. The document shared information about the

young persons likes and dislikes and their individual preferences about various things. This information allowed staff to support young people in their preferred way and was particularly useful for young people when they were new to the service, were non-verbal and for new staff.

Staff knew young people and their families well and were able to target activities to individual interests, whilst also encouraging new experiences. Wherever possible young people's time at the service was planned to ensure they were there with other young people they 'got along' with and with whom they shared some interests. The service was ideally located for easy access to leisure and sports facilities and for events in the community with young people encouraged, and enabled to be part of the community and attend local events and clubs. This year young people and staff had set themselves a challenge to be part of as many community events as possible and had joined in an Island litter clearing event, a Beach Challenge and celebrated 'Up Helly Aa'.

Staff were knowledgeable and sensitive to the ways in which individual young people could be positively supported to make choices and to achieve their potential. This knowledge allowed staff to support young people to develop and maintain skills in areas such as speech, mobility personal hygiene and life skills. Staff described some very good examples of young people whose speech had progressed significantly, allowing them to express their views more easily. During the inspection young people were observed to be helping prepare the evening meal, going shopping and being encouraged to develop self-care skills such as washing and using the bathroom.

Staff at the service had very good relationships with families, and with staff at other services which the young people attended. There was a very proactive approach to meeting the needs of young people and their families, with professionals working collaboratively to develop a positive plan of support, even at very short notice. This holistic and responsive approach had proved to be a real asset to families faced with unexpected situations requiring the need for additional support.

Liaison with other professionals was good and supported a shared understanding of the individual support needs of the children and young people using the service. Staff worked collaboratively with education and healthcare



providers such as the school staff, physiotherapists and staff from the NHS to ensure they were aware of specific needs (such as exercises to ensure the optimum level of independence for a young person).

A service newsletter shared the positive experiences of young people using the service and also provided useful information about other services families may wish to access. A Facebook page had also been launched to signpost other services and support which was available, locally and nationally

## Areas for improvement

Support plans and risk assessments need to be reviewed and developed to ensure they reflect the current support needs of young people **(see Quality Theme 4 - Statement 4)**.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

"We make sure that the environment is safe and service users are protected."

### Service Strengths

We saw very good evidence that the environment was safe and service users were protected.

Effective records were maintained of health and safety checks and maintenance work. All repairs and maintenance was organised through a clear system of requesting repairs and recording these once they were remedied. Staff spoke extremely positively of the role of the handyman in ensuring the properties were always kept to a high standard, both inside and out.

The service had relevant health and safety procedures which staff could access via the organisation's intranet. Health and safety checks were carried out on a regular basis with record checked by a senior member of the staff team.

Appropriate checks were made and recorded in relation to Legionella. These included water outlet checks, shower-head disinfection and a service contact for water chlorination.

Cleaning schedules were in place to ensure the houses were maintained to a good standard of cleanliness and hygiene.

Procedures were in place for recording and reporting accidents and incidents. The system ensured that senior managers and the safety and risk department had an overview of accidents and incidents and that discussion took place to ensure that, where relevant, appropriate strategies were put in place to minimise risk.

Individual risk assessments were in place to ensure young people could enjoy activities and tasks with any risks identified and strategies in place to minimise these. Personal emergency evacuation plans were also in place to ensure young people's safety (however, see 'Areas for improvement').

Vehicles used were serviced and maintained by the Local Authority transport department. Staff driving the vehicles were also required to carry out checks of the vehicle (such as lights, tyres etc) and had undertaken driving training and testing by the Local Authority.

At the last inspection recommendations were made in relation to repairs to the garden and the safe storage of cleaning products at Laburnum House and to the use of a visitors book (in both premises). All remedial work had been carried out and visitors books in use in both premises.

## Areas for improvement

Young people had support plans which identified risks and strategies of support, and person focussed risk assessments. The individual risk assessments within the support plans were generally more individual, more detailed and more outcome focussed than the Shetland Island Council (SIC) person focussed risk assessment. On discussion with staff they stated that they were required to complete the SIC. It would be helpful to clarify this to reduce the confusion which can be caused by duplication of information.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

### Service Strengths

We found that the environment allowed young people to have a positive quality of life. We graded this Statement as very good as there were major strengths.

Young people lived in a warm, welcoming and nurturing environment. Staff established caring relationships with young people and their families. The outcome of this was an environment where young people had a warm respect for staff and each other. People spoke to each other, and treated each other, kindly, and with positive regard. This generally allowed the day-to-day events (such as mealtimes) to be positive shared experiences.

As stated earlier in this report the young people engaged in community activities and attended local schools and were very much a part of the community they lived in **(see Quality Theme 1 - Statement 2)**.

The two properties were very different, one being a large traditional building and the other a more modern purpose-built building. Both had well maintained and furnished communal areas and made good use of the garden space for young people to play and relax safely. Laburnum House particularly had a large enclosed garden with various play equipment. Both premises were very close to local shops, play areas and the sports centre.

Both services had bedrooms and bathrooms which were accessible for wheelchair using young people and included hoisting and tracking equipment to support people who needed this (though no one did at the time of the inspection). Bathrooms were spacious and allowed staff to support the young people who needed this.

### Areas for improvement

The kitchen of Laburnum House had been upgraded, providing a little more space for wheelchair users. In such a large house it is unfortunate that it still remains quite a restrictive space for wheelchair users.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

### Service Strengths

We found that there was good evidence of a professional, trained and motivated workforce.

Staff spoken with were very knowledgeable about the young people they cared for and demonstrated a high level of motivation, warmth and commitment to them. They were very focused on meeting the needs of the young people and to ensuring that all young people achieved their potential.

As stated earlier in the report the service provided very responsive support to young people and families who needed this. This is a credit to the service and reflects the commitment of the staff team to flexible, needs-led working.

All of the staff team (with the exception of new staff) were registered with the Scottish Social Services Council (SSSC) and therefore required to undertake training and learning to build their knowledge, skills and values and evidence this through a post registration training and learning record (PRTL).

New staff received a formal induction and had the opportunity to work 'shadow shifts' This allowed new staff to work alongside established members of the team, observe practice and gain insight into the individual needs of the young people and the values of the service. At the time of the inspection a newly employed member of the staff team was working shadow shifts.

Staff attended regular team meetings and received regular formal supervision

and an annual employee review and development meeting (ERD). These forums provided opportunities for discussion about best practice, aims and values and training. The staff team also had an annual training and team development week where they had uninterrupted time to focus on identified training.

Training records were held centrally with a system in place to ensure that mandatory training was completed, and refreshed, as required. The manager of the service met with the training team to discuss the training needs of the team and develop a plan of training to be delivered. Some staff spoken with stated that training opportunities were good and that professional development was encouraged, while others felt that training opportunities were not as good as they had been, or as other staff received who were employed by Shetland Island Council.

## Areas for improvement

At the time of the inspection there were some very significant staff changes which had happened, and which were about to happen. There were staff in acting positions, staff deployed to other services and staff who were leaving for personal reasons (such as travel and new career opportunities). In order to address these changes senior staff were also changing their key responsibilities. Discussion was also ongoing about the use of the two parts of the services and whether or not it might be time to consider changes to the support and activities offered in each. In addition to this senior staff within the Organisation had changed. Generally most of the staff team were well-informed about the changes and continued to focus on the day-to-day support of young people, however, there was clearly a period of instability and change which the service was facing.

Not all staff had received their first aid training, or refresher. Senior staff stated this was planned for the coming months when all staff would then be trained.

**(see Recommendation 1)**

Staff spoken with felt that Makaton training would be useful to allow them to better communicate with the young people who used this. This was shared with the manager who stated that training was ongoing, and further training organised. **(see Recommendation 1)**

Staff would benefit from training in relation Getting It Right For Every Child (GIRFEC) and how they can use the GIRFEC approach, and in particular the National Practice Model, to inform their practice. **(see Recommendation 1 and Quality Theme 4 - Statement 4)**

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. All staff should have first aid training and would benefit training in Makaton and GIRFEC.

## National Care Standard 7 - Management and Staffing.

### Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

### Service Strengths

There were very good examples of everyone working in the service having an ethos of respect towards young people, their families and each other.

Throughout the inspection young people and staff were observed to interact in a warm, friendly manner. Conversation was respectful with staff demonstrating a real interest in young people and their views. Staff also extended this respect to young people's families.

Staff spoken with, and who returned questionnaires, stated that the staff team worked well together and generally had a warm regard for each other, and other people they worked with.

Staff described a strong team who had regard for each others views and



opinions, but who were able to challenge each other when needed and agree on a consistent approach for young people.

Information about young people was stored confidentially. Where staff had written reports or logs about young people these were written positively and sensitively.

### Areas for improvement

In the self assessment returned by the service they identified that not all of the staff team had attended the SIC 'Equality and Diversity' training, whilst noting that all staff had the opportunity to do so and that it was beneficial to a greater understanding of various issues, including equal opportunities and disability awareness. It would therefore be beneficial if staff were to access this training and develop their knowledge and understanding.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

### Service Strengths

We found that the service had a good approach to promoting leadership values throughout the staff team.

The Organisation had appropriate policies and procedures and opportunities for staff to be involved in relevant discussion groups, conferences and networking opportunities. These provided opportunities for the professional development of staff. At the time of this, and previous inspections it was clear that both personally and organisationally there was a high level of commitment to the service.

Structures were in place (such as supervision, changeover and team meetings) which allowed ongoing discussion, and challenge, about effective decision-making. All of these contributed to a safe, consistent environment for young people **(also see Quality Theme 3 - Statement 3)**.

Senior staff had been on a 'coaching and mentoring' course and were working towards professional qualifications for supervisory staff. The staff team had been involved in an externally lead team building course where they were encouraged to realise that they all have a role in providing effective leadership.

At the time of the inspection there were a number of staff in (acting) promoted positions, and who had been seconded to other services. These opportunities offered staff the opportunity to extend and develop their professional knowledge and to bring new ideas to the service. As some of the moves were to

services who worked alongside the same young people and their families it also offered good networking opportunities and a greater insight into the range of services offered to families.

## Areas for improvement

As stated elsewhere in this report there have been a number of significant changes to the staff team. This will inevitably result in a period of adjustment when roles of responsibility are defined, and redefined. The service have also recognised that there could be areas of responsibility defined for individual team members which would encourage development of skills and nurture potential leadership skills.

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

## Service Strengths

We found that there was an adequate use of quality assurance systems and processes which involve service users, carers, staff and stakeholders.

Staff attended team meetings and were part of shift changeovers. This allowed important information exchange, planning and discussion about best practice **(see Quality Theme 3 - Statement 3).**

Staff received regular supervision and attended an annual team building/ training event. This allowed individual team members to discuss practice issues, their individual strengths and areas in which they may require support or training. Staff spoken with, and who returned questionnaires to the Care Inspectorate, all felt that they were well supported both formally and informally **(see Quality Theme 3 - Statement 3).**

Incidents were recorded with reports sent to senior staff and shared with the safety and risk department and at a health and safety forum. The safety and risk department held a central database relating to each service user and collated details of all accident and incidents. When necessary this department contacted the service to query incidents or provide helpful guidance **(however, see 'Areas for improvement')**.

A participation strategy outlined the ways in which young people, families, staff and stakeholders could influence service provision. As part of this strategy the service involved families in an annual survey about the service.

The family survey was carried out via an online survey monkey, with paper copies also sent to families. The survey asked a wide range of questions about service, the responses of which would be collated and shared on the website and blog in a very eye-catching accessible booklet. At the time of the inspection the responses were being returned and would be collated thereafter. Last year the results were published stating the percentage of people who had responded positively, or otherwise, to the questions asked and the action the service intended to take in response to this. Parents' comments were included in relation to the questions and were largely positive. Family members spoken with during the inspection also provided positive views about the service **(see 'Views of carers')**.

The service newsletter very prominently sought the views of young people and their families. There were ongoing references requesting views, opinions and attendance at events across a number of forums and statements such as 'your views are very important'

The service worked well with a wide range of professionals to ensure the best outcomes for young people. Staff spoken with described very positive relationships with education and healthcare providers who were very much viewed as a team of professional working with young people and families in an equal and holistic way. In addition to ongoing discussion members of the multi disciplinary team had also provided training for the staff team **(see Quality Theme 1 - Statement 2)**.

Shetland Islands Council Children's Services Plan, identified outcomes for the future of young people in Shetland and how these might be met. These included a range of resources, one of which was short breaks, and how they would be utilised to ensure that young people received a positive service. The document also stated a commitment to a well-trained and qualified staff team.

## Areas for improvement

The following statements (1 and 2) were made at the last inspection and had not progressed significantly despite the action plan detailing how these would be met, including the use of more effective auditing systems. These have therefore been re-stated.

1. Some of the support plans and risk assessment which were examined at the inspection had not been reviewed for some time, and therefore did not contain accurate, current information to ensure the support needs of the young people were met. 'Where documentation was current it provided some good information about the young person, however, was not outcome focussed. Documentation should be reviewed and developed to use the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included). This would ensure that assessment and recording was more focused and outcome based and reflected current best practice. **(see Recommendation 1)**

2. Auditing systems should be in place to ensure that support plans and risk assessments are current and relevant and that they are updated as required. Effective use of auditing systems would have highlighted significant difficulties in deciphering new and dated information and the need for review and archiving of dated information no longer relevant. **(see Recommendation 2)**

Additionally,

A formal complaints procedure was in place which allowed service users or their families to raise issues of concern. On discussion with staff at the inspection they described a complaint a young person had made. In further discussion it became apparent that this complaint had not been dealt with formally, with no recording of the issue. All complaints should be treated seriously and have a record of the investigation and resolution.

## Grade

3 - Adequate

Number of requirements - 0

## Recommendations

Number of recommendations - 2

1. Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

### National Care Standard 7 - Management and Staffing.

2. Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

### National Care Standard 7 - Management and Staffing.

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

## Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
16 Aug 2012	Unannounced	<div>Care and support 5 - Very Good</div> <div>Environment 5 - Very Good</div> <div>Staffing 5 - Very Good</div> <div>Management and Leadership 5 - Very Good</div>
30 Aug 2011	Unannounced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 5 - Very Good</div> <div>Management and Leadership 4 - Good</div>
30 Jul 2010	Announced	<div>Care and support 5 - Very Good</div>

		<div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div>	<div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>
30 Jul 2009	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div>	<div>5 - Very Good</div> <div>5 - Very Good</div> <div>4 - Good</div> <div>3 - Adequate</div>
18 Jul 2008	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div>	<div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div>



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# Care service inspection report

Full inspection

## Short Breaks for Children Care Home Service

15 Burgh Road  
Lerwick  
Shetland



Service provided by: Shetland Islands Council

Service provider number: SP2003002063

Care service number: CS2003009602

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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# Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

## We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	3	Adequate

## What the service does well

The service is flexible to the needs of young people and their families and works alongside healthcare and education to provide support for young people to reach their potential. Young people have the opportunity to be involved in interesting activities, supported by staff who know them well.

## What the service could do better

The service need to improve the support plans young people have, making sure these have up to date information and use a national framework (GIRFEC) to do this. Better auditing systems would also ensure that these plans are relevant and up-to-date.

## What the service has done since the last inspection

Since the last inspection there have been significant changes to the staff team with some staff in acting positions or working elsewhere.

The service have continued to produce a very informative newsletter for young people and their families, and now have a social media page where information was also shared.

Staff have continued to complete training and to work alongside other professionals.

### Conclusion

Short breaks provides a flexible needs led service for young people and their families. There have been significant changes to the staff team, however, staff remain committed to ensuring young people are well looked after and have an enjoyable stay.

Documentation and auditing needs to be improved to ensure it is current and outcome focussed.

# 1 About the service we inspected

Short Breaks for Children provides a respite service for young people in two separate properties close to the town centre of Lerwick. The service at Laburnum House provides residential care for a maximum of six children and young people with learning difficulties and multiple complex needs, with a further two young people being cared for at a smaller property at Haldane Burgess Crescent.

The service provides a person-centred approach to care and offers young people the opportunity to be involved in a wide range of activities both in-house and in the community. Both properties are accessible to young people with mobility difficulties.

The service state their aims to:

- Seek the views of children and young people, and their families or carers, about the quality of the services we provide.
- We will provide information about responses given in surveys through newsletters etc.
- We will respond promptly and courteously to any complaints.
- Involve children and young people, and their families, in decision-making processes relating to their care.
- Ensure services address the whole needs of children and young people by actively involving relevant agencies in their care.
- Meet National Care Standards in all aspects of the service.
- Support staff and promote their continuous professional development through regular supervision and training.
- Ensure all staff are registered with the Scottish Social Services Council and have reached the required level of qualification within their first period of registration.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred

its registration to the Care Inspectorate on 1 April 2011.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 3 - Adequate**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website



[www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

An unannounced inspection of the service was carried out by one inspector on Tuesday 21 July 2015. A further announced visit was made on Wednesday 22 July 2015. Both premises were visited during the inspection.

Verbal feedback was given to the manager of the service on Friday 25 July 2015. Further discussion regarding the findings of the inspection then took place with the newly registered manager on Wednesday 5 August 2015 (the other having left on a planned basis to take up a new post elsewhere in the country).

Throughout the inspection process, information was gained from:

- Discussion with staff, young people and family members.
- Observation of staff/service user interaction.
- Observation of the environment (both premises).
- Four randomly selected service user personal files, including support plans and risk assessments.
- Accident and Incident recording.
- Examination of staff meeting minutes.
- The participation strategy.
- Questionnaires returned to the service by parents.
- Questionnaires returned to the Care Inspectorate by young people and their parents, and staff.
- The services website, newsletter and blog.
- The family survey.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service returned the requested self assessment which provided useful information and informed the inspection process.

## Taking the views of people using the care service into account

The inspector spent time with young people in both Laburnum House and Haldane Burgess Crescent. This included discussion with some young people and also observation of staff interaction with children and young people.

Young people enjoyed their time at the service. They were involved in fun activities with staff who clearly enjoyed their company. Staff used on going opportunities to combine individual interests with developing life skills. Some of the young people had also been involved in planning trips away and writing their own support plans.

## Taking carers' views into account

Parents who were spoken with at the time of the inspection were very positive about the care and support their children received. They said that communication between themselves and the staff team was good and that their children enjoyed their time at Short Breaks.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

##### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

##### Service strengths

We saw very good evidence that young people were encouraged and enabled to participate in assessing and improving the service.

Young people were encouraged to make choices about their care and support. During the inspection young people were observed to be involved in decisions about what they would like to do, both in the house and out in the community. Staff spoken with stated that young people were encouraged to be involved in activities of their choice and also to try new experiences and tasks.

During the inspection, it was evident that staff knew the young people they cared for very well and were highly committed to their care, wellbeing and education. Their knowledge of young people and their families increased the opportunities to engage with young people and to support them to feel relaxed and confident during their short break.

Young people were able to bring their own familiar things from home to personalise their room and also had a box of their own 'things' that they left at the service. In addition to this they were able to contribute to decisions about the decoration and furnishings of communal areas and bedrooms.

Parents and young people attended and contributed to reviews of their care. At these formal meetings parents and young people had the opportunity to discuss all aspects of their care alongside other professionals involved.

Family members were made very welcome at the service and encouraged to share their views. A family survey was carried out annually with the results openly shared in the service newsletter - produced to keep families up to date on news and future changes. **(see Quality Theme 4 - Statement 4).**

Parents had been invited to attend training alongside the staff team. This was a very positive way to demonstrate the importance of a shared understanding and consistent approach.

## Areas for improvement

The service need to consider how young people and their parents could be involved in the recruitment, selection and induction of new staff. A number of parents, and young people, were actively involved with the service and could positively contribute to these tasks.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

## Service strengths

We saw very good evidence that young people could make individual choices and be supported to achieve their potential.

Young people and their families shared relevant information which was collated in to an 'All about me' document. The document shared information about the

young persons likes and dislikes and their individual preferences about various things. This information allowed staff to support young people in their preferred way and was particularly useful for young people when they were new to the service, were non-verbal and for new staff.

Staff knew young people and their families well and were able to target activities to individual interests, whilst also encouraging new experiences. Wherever possible young people's time at the service was planned to ensure they were there with other young people they 'got along' with and with whom they shared some interests. The service was ideally located for easy access to leisure and sports facilities and for events in the community with young people encouraged, and enabled to be part of the community and attend local events and clubs. This year young people and staff had set themselves a challenge to be part of as many community events as possible and had joined in an Island litter clearing event, a Beach Challenge and celebrated 'Up Helly Aa'.

Staff were knowledgeable and sensitive to the ways in which individual young people could be positively supported to make choices and to achieve their potential. This knowledge allowed staff to support young people to develop and maintain skills in areas such as speech, mobility personal hygiene and life skills. Staff described some very good examples of young people whose speech had progressed significantly, allowing them to express their views more easily. During the inspection young people were observed to be helping prepare the evening meal, going shopping and being encouraged to develop self-care skills such as washing and using the bathroom.

Staff at the service had very good relationships with families, and with staff at other services which the young people attended. There was a very proactive approach to meeting the needs of young people and their families, with professionals working collaboratively to develop a positive plan of support, even at very short notice. This holistic and responsive approach had proved to be a real asset to families faced with unexpected situations requiring the need for additional support.

Liaison with other professionals was good and supported a shared understanding of the individual support needs of the children and young people using the service. Staff worked collaboratively with education and healthcare

providers such as the school staff, physiotherapists and staff from the NHS to ensure they were aware of specific needs (such as exercises to ensure the optimum level of independence for a young person).

A service newsletter shared the positive experiences of young people using the service and also provided useful information about other services families may wish to access. A Facebook page had also been launched to signpost other services and support which was available, locally and nationally.

## Areas for improvement

Support plans and risk assessments need to be reviewed and developed to ensure they reflect the current support needs of young people **(see Quality Theme 4 - Statement 4)**.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**



## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 2

"We make sure that the environment is safe and service users are protected."

### Service strengths

We saw very good evidence that the environment was safe and service users were protected.

Effective records were maintained of health and safety checks and maintenance work. All repairs and maintenance were organised through a clear system of requesting repairs and recording these once they were remedied. Staff spoke extremely positively of the role of the handyman in ensuring the properties were always kept to a high standard, both inside and out.

The service had relevant health and safety procedures which staff could access via the organisation's intranet. Health and safety checks were carried out on a regular basis with record checked by a senior member of the staff team.

Appropriate checks were made and recorded in relation to Legionella. These included water outlet checks, shower-head disinfection and a service contact for water chlorination.

Cleaning schedules were in place to ensure the houses were maintained to a good standard of cleanliness and hygiene.

Procedures were in place for recording and reporting accidents and incidents. The system ensured that senior managers and the safety and risk department had an overview of accidents and incidents and that discussion took place to ensure that, where relevant, appropriate strategies were put in place to minimise risk.

Individual risk assessments were in place to ensure young people could enjoy activities and tasks with any risks identified and strategies in place to minimise these. Personal emergency evacuation plans were also in place to ensure young people's safety (however, see 'Areas for improvement').

Vehicles used were serviced and maintained by the Local Authority transport department. Staff driving the vehicles were also required to carry out checks of the vehicle (such as lights, tyres etc) and had undertaken driving training and testing by the Local Authority.

At the last inspection recommendations were made in relation to repairs to the garden and the safe storage of cleaning products at Laburnum House and to the use of a visitors book (in both premises). All remedial work had been carried out and visitors books in use in both premises.

## Areas for improvement

Young people had support plans which identified risks and strategies of support, and person focussed risk assessments. The individual risk assessments within the support plans were generally more individual, more detailed and more outcome focussed than the Shetland Island Council (SIC) person focussed risk assessment. On discussion with staff they stated that they were required to complete the SIC. It would be helpful to clarify this to reduce the confusion which can be caused by duplication of information.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

"The environment allows service users to have as positive a quality of life as possible."

## Service strengths

We found that the environment allowed young people to have a positive quality of life. We graded this Statement as very good as there were major strengths.

Young people lived in a warm, welcoming and nurturing environment. Staff established caring relationships with young people and their families. The outcome of this was an environment where young people had a warm respect for staff and each other. People spoke to each other, and treated each other, kindly, and with positive regard. This generally allowed the day-to-day events (such as mealtimes) to be positive shared experiences.

As stated earlier in this report the young people engaged in community activities and attended local schools and were very much a part of the community they lived in **(see Quality Theme 1 - Statement 2)**.

The two properties were very different, one being a large traditional building and the other a more modern purpose-built building. Both had well maintained and furnished communal areas and made good use of the garden space for young people to play and relax safely. Laburnum House particularly had a large enclosed garden with various play equipment. Both premises were very close to local shops, play areas and the sports centre.

Both services had bedrooms and bathrooms which were accessible for wheelchair using young people and included hoisting and tracking equipment to support people who needed this (though no one did at the time of the inspection). Bathrooms were spacious and allowed staff to support the young people who needed this.

## Areas for improvement

The kitchen of Laburnum House had been upgraded, providing a little more space for wheelchair users. In such a large house it is unfortunate that it still remains quite a restrictive space for wheelchair users.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

#### Service strengths

We found that there was good evidence of a professional, trained and motivated workforce.

Staff spoken with were very knowledgeable about the young people they cared for and demonstrated a high level of motivation, warmth and commitment to them. They were very focused on meeting the needs of the young people and to ensuring that all young people achieved their potential.

As stated earlier in the report the service provided very responsive support to young people and families who needed this. This is a credit to the service and reflects the commitment of the staff team to flexible, needs-led working.

All of the staff team (with the exception of new staff) were registered with the Scottish Social Services Council (SSSC) and therefore required to undertake training and learning to build their knowledge, skills and values and evidence this through a post registration training and learning record (PRTL).

New staff received a formal induction and had the opportunity to work 'shadow shifts'. This allowed new staff to work alongside established members of the team, observe practice and gain insight into the individual needs of the young people and the values of the service. At the time of the inspection a newly employed member of the staff team was working shadow shifts.

Staff attended regular team meetings and received regular formal supervision

and an annual employee review and development meeting (ERD). These forums provided opportunities for discussion about best practice, aims and values and training. The staff team also had an annual training and team development week where they had uninterrupted time to focus on identified training.

Training records were held centrally with a system in place to ensure that mandatory training was completed, and refreshed, as required. The manager of the service met with the training team to discuss the training needs of the team and develop a plan of training to be delivered. Some staff spoken with stated that training opportunities were good and that professional development was encouraged, while others felt that training opportunities were not as good as they had been, or as other staff received who were employed by Shetland Island Council.

## Areas for improvement

At the time of the inspection there were some very significant staff changes which had happened, and which were about to happen. There were staff in acting positions, staff deployed to other services and staff who were leaving for personal reasons (such as travel and new career opportunities). In order to address these changes, senior staff were also changing their key responsibilities. Discussion was also ongoing about the use of the two parts of the services and whether or not it might be time to consider changes to the support and activities offered in each. In addition to this senior staff within the Organisation had changed. Generally most of the staff team were well-informed about the changes and continued to focus on the day-to-day support of young people, however, there was clearly a period of instability and change which the service was facing.

Not all staff had received their first aid training, or refresher. Senior staff stated this was planned for the coming months when all staff would then be trained.

**(see Recommendation 1)**

Staff spoken with felt that Makaton training would be useful to allow them to better communicate with the young people who used this. This was shared with the manager who stated that training was ongoing, and further training organised. **(see Recommendation 1)**

Staff would benefit from training in relation Getting It Right For Every Child (GIRFEC) and how they can use the GIRFEC approach, and in particular the National Practice Model, to inform their practice. **(see Recommendation 1 and Quality Theme 4 - Statement 4)**

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. All staff should have first aid training and would benefit training in Makaton and GIRFEC.

## National Care Standard 7 - Management and Staffing.

### Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

### Service strengths

There were very good examples of everyone working in the service having an ethos of respect towards young people, their families and each other.

Throughout the inspection young people and staff were observed to interact in a warm, friendly manner. Conversation was respectful with staff demonstrating a real interest in young people and their views. Staff also extended this respect to young people's families.

Staff spoken with, and who returned questionnaires, stated that the staff team worked well together and generally had a warm regard for each other, and other people they worked with.

Staff described a strong team who had regard for each others views and opinions, but who were able to challenge each other when needed and agree on a consistent approach for young people.

Information about young people was stored confidentially. Where staff had written reports or logs about young people these were written positively and sensitively.

### **Areas for improvement**

In the self assessment returned by the service they identified that not all of the staff team had attended the SIC 'Equality and Diversity' training, whilst noting that all staff had the opportunity to do so and that it was beneficial to a greater understanding of various issues, including equal opportunities and disability awareness. It would therefore be beneficial if staff were to access this training and develop their knowledge and understanding.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

#### Service strengths

We found that the service had a good approach to promoting leadership values throughout the staff team.

The Organisation had appropriate policies and procedures and opportunities for staff to be involved in relevant discussion groups, conferences and networking opportunities. These provided opportunities for the professional development of staff. At the time of this, and previous inspections it was clear that both personally and organisationally there was a high level of commitment to the service.

Structures were in place (such as supervision, changeover and team meetings) which allowed ongoing discussion, and challenge, about effective decision-making. All of these contributed to a safe, consistent environment for young people **(also see Quality Theme 3 - Statement 3)**.

Senior staff had been on a 'coaching and mentoring' course and were working towards professional qualifications for supervisory staff. The staff team had been involved in an externally lead team building course where they were encouraged to realise that they all have a role in providing effective leadership.

At the time of the inspection there were a number of staff in (acting) promoted positions, and who had been seconded to other services. These opportunities offered staff the opportunity to extend and develop their professional knowledge and to bring new ideas to the service. As some of the



moves were to services who worked alongside the same young people and their families it also offered good networking opportunities and a greater insight into the range of services offered to families.

## Areas for improvement

As stated elsewhere in this report there have been a number of significant changes to the staff team. This will inevitably result in a period of adjustment when roles of responsibility are defined, and redefined. The service have also recognised that there could be areas of responsibility defined for individual team members which would encourage development of skills and nurture potential leadership skills.

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

## Service strengths

We found that there was an adequate use of quality assurance systems and processes which involve service users, carers, staff and stakeholders.

Staff attended team meetings and were part of shift changeovers. This allowed important information exchange, planning and discussion about best practice **(see Quality Theme 3 - Statement 3).**

Staff received regular supervision and attended an annual team building/ training event. This allowed individual team members to discuss practice issues, their individual strengths and areas in which they may require support or training. Staff spoken with, and who returned questionnaires to the Care Inspectorate, all felt that they were well supported both formally and informally **(see Quality Theme 3 - Statement 3).**

Incidents were recorded with reports sent to senior staff and shared with the safety and risk department and at a health and safety forum. The safety and risk department held a central database relating to each service user and collated details of all accident and incidents. When necessary this department contacted the service to query incidents or provide helpful guidance **(however, see 'Areas for improvement')**.

A participation strategy outlined the ways in which young people, families, staff and stakeholders could influence service provision. As part of this strategy the service involved families in an annual survey about the service.

The family survey was carried out via an online survey monkey, with paper copies also sent to families. The survey asked a wide range of questions about service, the responses of which would be collated and shared on the website and blog in a very eye-catching accessible booklet. At the time of the inspection the responses were being returned and would be collated thereafter. Last year the results were published stating the percentage of people who had responded positively, or otherwise, to the questions asked and the action the service intended to take in response to this. Parents' comments were included in relation to the questions and were largely positive. Family members spoken with during the inspection also provided positive views about the service **(see 'Views of carers')**.

The service newsletter very prominently sought the views of young people and their families. There were ongoing references requesting views, opinions and attendance at events across a number of forums and statements such as 'your views are very important'

The service worked well with a wide range of professionals to ensure the best outcomes for young people. Staff spoken with described very positive relationships with education and healthcare providers who were very much viewed as a team of professional working with young people and families in an equal and holistic way. In addition to ongoing discussion members of the multi disciplinary team had also provided training for the staff team **(see Quality Theme 1, Statement 2)**.

Shetland Islands Council Children's Services Plan, identified outcomes for the future of young people in Shetland and how these might be met. These included a range of resources, one of which was short breaks, and how they would be utilised to ensure that young people received a positive service. The document also stated a commitment to a well-trained and qualified staff team.

## Areas for improvement

The following statements (1 and 2) were made at the last inspection and had not progressed significantly despite the action plan detailing how these would be met, including the use of more effective auditing systems. These have therefore been re-stated.

1. Some of the support plans and risk assessment which were examined at the inspection had not been reviewed for some time, and therefore did not contain accurate, current information to ensure the support needs of the young people were met. 'Where documentation was current it provided some good information about the young person, however, was not outcome focussed. Documentation should be reviewed and developed to use the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included). This would ensure that assessment and recording was more focused and outcome based and reflected current best practice. **(see Recommendation 1).**

2. Auditing systems should be in place to ensure that support plans and risk assessments are current and relevant and that they are updated as required. Effective use of auditing systems would have highlighted significant difficulties in deciphering new and dated information and the need for review and archiving of dated information no longer relevant. **(see Recommendation 2).**

Additionally,

A formal complaints procedure was in place which allowed service users or their families to raise issues of concern. On discussion with staff at the inspection they described a complaint a young person had made. In further discussion it became apparent that this complaint had not been dealt with formally, with no recording of the issue. All complaints should be treated seriously and have a record of the investigation and resolution.

## Grade

3 - Adequate

Number of requirements - 0

## Recommendations

Number of recommendations - 2

1. Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

### National Care Standard 7 - Management and Staffing.

2. Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

### National Care Standard 7 - Management and Staffing.

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

# 5 What the service has done to meet any recommendations we made at our last inspection

## Previous recommendations

1. Young people, or their representatives, should be encouraged to sign documentation to confirm that the information has been discussed and shared with them.

National Care Standard 4 - Support Arrangements.

This recommendation was made on 04 August 2014

There was some evidence of young people signing documentation. Staff should continue to encourage this.

2. The service should consider how parents or young people can be involved in staff recruitment and selection, induction and training.

National Care Standard 7 - Management and Staffing.

This recommendation was made on 04 August 2014

This continues to be an area which could be improved. The service have some young people and parents who could support this process.

3. The concrete area at the rear of Laburnum House should be repaired to ensure the safety of young people and staff.

National Care Standard 5 - Your environment.

This recommendation was made on 04 August 2014

This area had been repaired shortly after the inspection.

4. Cleaning products should be safely stored to prevent young people having unsupervised access to these. Any repairs required to ensure this should be carried out immediately.

National Care Standard 5 - Your environment.

## **This recommendation was made on 04 August 2014**

Repairs had been carried out promptly after the inspection to ensure young people could not access any cleaning products.

## **5. All visitors should be asked to sign a visitors book, in accordance with the Organisation's expectations.**

### **National Care Standard 5 – Your environment.**

## **This recommendation was made on 04 August 2014**

Both services had visitors books which visitors were asked to sign.

## **6. Documentation should be reviewed and developed to use the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).**

### **National Care Standard 7 – Management and Staffing.**

## **This recommendation was made on 04 August 2014**

This recommendation is ongoing (see Quality Theme 4 – Statement 4).

## **7. Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.**

### **National Care Standard 7 – Management and Staffing.**

## **This recommendation was made on 04 August 2014**

This recommendation is on going (see Quality Theme 4, Statement 4).

## **8. Incident recording should be more detailed to ensure positive practice and to inform proactive strategies of support.**

### **National Care Standard 7 – Management and Staffing.**

## **This recommendation was made on 04 August 2014**

There were no examples of this at this inspection. This will be examined further at the next inspection.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

There has been no enforcement action in relation to this service.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
4 Aug 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>4 - Good</div> <div>5 - Very Good</div> <div>4 - Good</div>
22 Aug 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>4 - Good</div>
1 Feb 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>Not Assessed</div> <div>Not Assessed</div>

25 Jul 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
13 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 4 - Good
30 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
2 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 6 - Excellent Not Assessed
30 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
26 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 3 - Adequate
30 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 3 - Adequate
6 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good



18 Jul 2008	Announced	<div>Care and support 4 - Good</div> <div>Environment 4 - Good</div> <div>Staffing 4 - Good</div> <div>Management and Leadership 4 - Good</div>

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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## Appendix 3

**General Information****General Information about the Inspection**

**Inspected by:** Susan Barrie

**Type of Inspection:** Unannounced

**Inspection Completed on (date):** 05 August 2015

**Requirements**

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.  
Please enter responses for each of the requirements listed below

Quality Theme	Quality Statement	Requirement Number
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**Recommendations**

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.  
Please enter responses for each of the recommendations listed below

Quality Theme	Quality Statement	Recommendation Number
Staffing	3.3	1
Management And Leadership	4.4	1
Management And Leadership	4.4	2
3 records		

**Quality Theme** Staffing

**Quality Statement** 3.3

Quality Statement 3.3 We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

**Recommendation Number** 1

All staff should have first aid training and would benefit training in Makaton and GIRFEC.

**National Care Standard 7 - Management and Staffing.**

**Action Planned:**

Staff have been identified and first aid courses have been booked  
GIRFEC training has been planned for staff during the in house training event  
Makaton training has been arranged to be held and dates have been identified

**Timescale:**

March 2016

**Responsible Person:**

Anita Tulloch

**Quality Theme** Management and leadership

**Quality Statement** 4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Recommendation Number** 1

Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

**National Care Standard 7 - Management and Staffing.**

**Action Planned:**

Support Plans are being developed along with young people and families to reflect the support required using SHANARRI and focusing on the outcomes

**Timescale:**

March 2016

**Responsible Person:**

Anita Tulloch

**Quality Theme**

Management and leadership

**Quality Statement**

4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Recommendation Number**

2

Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

**National Care Standard 7 - Management and Staffing.****Action Planned:**

Auditing tools are being developed to quality assure the systems and processes that are in place to ensure quality services are being delivered

**Timescale:**

March 2016

**Responsible Person:**

Anita Tulloch

**Submission Declaration****Declaration**

I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Anita Tulloch

I am: (Select an option)

***The manager of the service*** / The owner of the service



## Appendix 4

**General Information**

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**General Information about the Inspection**

**Inspected by:** Susan Barrie

**Type of Inspection:** Unannounced

**Inspection Completed on (date):** 05 August 2015

**Requirements**

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Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.  
Please enter responses for each of the requirements listed below

Quality Theme	Quality Statement	Requirement Number
---------------	-------------------	--------------------

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**Recommendations**

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Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.  
Please enter responses for each of the recommendations listed below

Quality Theme	Quality Statement	Recommendation Number
Staffing	3.3	1
Management And Leadership	4.4	1
Management And Leadership	4.4	2
3 records		

---

**Quality Theme** Staffing

**Quality Statement** 3.3

Quality Statement 3.3 We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

**Recommendation Number** 1

All staff should have first aid training and would benefit training in Makaton and GIRFEC.

**National Care Standard 7 - Management and Staffing.**

**Action Planned:**

Staff requiring first aid training have been identified and courses booked  
GIRFEC Training for the staff team has been planned for the in house training  
Dates have been set for Makaton Training

**Timescale:**

March 2016

**Responsible Person:**

Anita Tulloch

**Quality Theme** Management and leadership

**Quality Statement** 4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Recommendation Number** 1

Documentation should be reviewed and developed to ensure it reflects the current support needs of young people, is outcome focussed and the uses the SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, responsible, included).

**National Care Standard 7 - Management and Staffing.**

**Action Planned:**

New support plans are being developed with the young persons and families to reflect the support required based on SHANARRI and focusing on the outcomes

**Timescale:**



March 2016

**Responsible Person:**

Anita Tulloch

---

**Quality Theme**

Management and leadership

**Quality Statement**

4.4

Quality Statement 4.4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

**Recommendation Number**

2

Effective auditing systems should be in place to ensure that required documentation is completed and reviewed and complies with the expectations of the Organisation.

**National Care Standard 7 - Management and Staffing.**

**Action Planned:**

Audit tools are being developed to quality assure the processes that are in place ensuring quality of services being provided

**Timescale:**

March 2016

**Responsible Person:**

Anita Tulloch

---

## Submission Declaration

---

### Declaration

I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

**Name:**

Anita Tulloch

I am: (Select an option)

***The manager of the service*** / The owner of the service





Education and Families Committee  
Development Committee  
Environment and Transport Committee  
Shetland College Board

**29 February 2016**  
**29 February 2016**  
**29 February 2016**  
**3 March 2016**

## **Development Services Directorate Performance Report 9 Month/3rd Quarter 2015/16**

**Report No: DV-09-16-F**

**Director of Development Services**

**Development Services Department**

### **1.0 Summary**

- 1.1 This report summarises the activity and performance of the Development Services Directorate for the reporting period above.

### **2.0 Decisions Required**

- 2.1 The Committee should discuss the contents of this report as appropriate to their remit and make any relevant comments on progress against priorities to inform further activity within the remainder of this year, and the planning process for next and future years.

### **3.0 Detail**

- 3.1 Highlights of progress against Council priorities from the Council's Corporate Plan by the Development Services Directorate are set out in Appendix 1. Further detail on Actions, Indicators and Risks are contained in appendices to this report.
- 3.2 The Committee is invited to comment on any issues which they see as significant to sustaining and improving service delivery.

### **4.0 Implications**

#### Strategic

- 4.1 Delivery on Corporate Priorities – The Council's Corporate Priorities are set out in "Our Corporate Plan". This report reviews progress against these.

- 4.2 Community/Stakeholder Issues – Effective performance management and continuous improvement are important duties for all statutory and voluntary sector partners in maintaining appropriate services for the public.
- 4.3 Policy and/or Delegated Authority –
- The Council's Constitution – Part C - Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they;
- “Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring –
- (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework.
- (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus.”
- 4.4 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 further negative external scrutiny.
- 4.5 Equalities, Health and Human Rights – The Council is required to make sure our systems are monitored and assessed for any implications in this regard.
- 4.6 Environmental – NONE.

#### Resources

- 4.7 Financial – The actions, measures and risk management described in this report have been delivered within existing approved budgets. The service performance has contributed to an overall projected underspend, which is detailed in the Quarter 3 Management Accounts for Development Committee, presented this cycle.
- 4.8 Legal – There are a number of projects and key actions within the Performance Report that have legal implications. Legal advice will be sought as matters progress to ensure that Shetland Islands Council complies with all statutory requirements.
- 4.9 Human Resources - NONE.
- 4.10 Assets and Property – NONE.

## 5.0 Conclusions

- 5.1 This report demonstrates good progress against the priorities identified in the Council's Corporate Plan and the Development Services Directorate Plan 2015/16.

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*For further information please contact:*

Neil Grant, Director of Development Services

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Date Cleared: 19 February 2016

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### List of Appendices

Appendix 1 – Action Plan (All)

Appendix 2 – Corporate Performance Indicators (All)

Appendix 3 – Key Directorate Indicators – Development Directorate (Development Committee, Education & Families Committee, Shetland College Board)

Appendix 4 - Complaints (Development Committee)

Appendix 5 – Risk Register (Development Committee & Environment & Transport Committees)

Appendix 6 – Ferry Passenger Information (Environment & Transport Committee only)

### Links to Background Documents

Development Directorate Plan



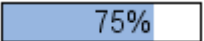


## Appendix 1 - Projects and Actions - Development -> Education & Families Committee

Generated on: 12 February 2016

### PPMF Quarterly Report - Development

#### Working with partners

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP050 Progress Shetland Tertiary Education Research and Training Project	Progress Shetland Tertiary Education Research and Training Project to implementation stage	Likely to meet or exceed target 	Planned Start		 	Integration Proposals, focusing on Integrated Management Team, and Collaborative Agreement have been prepared and will be presented to Full Council on 24 February 2016	Shetland College
			Actual Start	01-Mar-2013			
			Original Due Date	31-Mar-2015			
			Due Date	31-Aug-2016			
			Completed Date				





## Appendix 2 - Sickness Absences - Development Services

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: 12 February 2016 10:28

Code & Short Name	Previous Years			Last year Quarter 3	This year Quarter 3	(past) Performance & (future) Improvement Statements
	2012/13 Value	2013/14 Value	2014/15 Value	Q3 2014/15 Value	Q3 2015/16 Value	
OPI-4C-G Sick %age - Development Directorate	3.7%	2.7%	4.2%	5.0%	3.3%	Improvement in sickness rates due to reduction in long term sickness cases and better focus on maximising attendance policy.

## Appendix 2 - Sickness Absences - Others for comparison.

	Previous Years			Last year Quarter 3	This year Quarter 3
Code & Short Name	2012/13	2013/14	2014/15	Q3 2014/15	Q3 2015/16
	Value	Value	Value	Value	Value
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	4.2%	3.4%
OPI-4C-A Sick %age - Chief Executive's "Directorate"	3.6%	1.4%	2.4%	2.5%	4.5%
OPI-4C-B Sick %age - Children's Services Directorate	2.8%	2.8%	3.7%	3.5%	2.9%
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	5.9%	5.1%
OPI-4C-F Sick %age - Corporate Services Directorate	3.0%	1.6%	2.4%	2.3%	1.9%
OPI-4C-H Sick %age - Infrastructure Directorate	4.0%	3.4%	4.0%	3.9%	2.8%

## Appendix 2 - (cont) Corporate-wide Indicators - Development Services

Generated on: 12 February 2016 10:28

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2474	2248	2190	2190	2207	2169	2190	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-G Staff Numbers (FTE) - Development Directorate	248	235	215	215	221	215	213	Staff numbers have been reduced by 13.5% since 2012/13. Further reductions are anticipated in future years as budgets continue to reduce.
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	5.2%	4.1%	3.2%	3.4%	A reduction from previous year reflects a greater focus in maximising attendance.
OPI-4C-G Sick %age - Development Directorate	3.7%	2.7%	4.2%	5.6%	4.0%	3.2%	3.3%	Improvement in sickness rates due to reduction in long term sickness cases and better focus on maximising attendance policy.
OPI-4E Overtime Hours - Whole Council	71,644	56,552	64,738	16,720	24,014	16,270	21,383	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-G Overtime Hours - Development Directorate	4,817	3,433	4,313	1,141	952	1,114	893	Transport Planning o/t reduced with new structure in place.
G01 FOISA responded to within 20 day limit - Development Services	92%	44%	74%	89%	100%	79%	100%	In Q3, all Development FOISAs were dealt with within the 20 working day timescale.



## Appendix 3 - Key Directorate Indicators - Development Services for E&F Committee

### Development Services - Key Directorate Indicators

Generated on: 12 February 2016 10:32

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
GC-01 Number of modern apprentices recruited by Train Shetland	41	48	54		6	24	13	The cumulative total for new starts in Q1-3 is 43; the service is active in promoting MAs to employers and young people, and it is expected that the target of 53 new starts for 2015/16 will be achieved.
GC-02 % Achievement rate of Modern Apprentices recorded by Skills Dev Scotland	86%	87%	75%		70%	71%	80%	The achievement rate is significantly above Q1 and Q2, which reflects varying achievement rates across MA age ranges, qualification levels and occupations.
GC-03 Number of courses provided to meet industry demand	356	235	157		52	44	49	Cumulative total for Q1-3 is 145. The service is currently exceeding income targets for external courses and Business Gateway courses. The total does not include the number of examinations delivered, which contributes to service income, and does not include the majority of courses delivered or hosted to support the SIC Workforce Development Plan.
GC-04 Shetland College Student Enrolments Further & Higher Education Combined	1,072	854	776	946	769	757	1,346	The cumulative total to date for academic session 2015/16 of 1,346 is made up of 82 FE full-time, 1,059 FE part-time, 76 HE full-time and 129 HE part-time students. The increase in number is because there is a lot more FE part-time students enrolled on our system since Nov 2015. Full-time student numbers will not increase at this stage in the academic year, but the college anticipates an increase in the number of part-time enrolments to both FE and HE programmes throughout the remainder of the academic session. These enrolments will continue to be augmented by additional activity from Train Shetland (Short Courses) and probably by additional activity from NAFC Marine Centre through to July 2016. Additional part-time students at the college will include a range of FE and HE enrolments on SVQ work-based, PDA, ESOL and ECDL programmes as well as on individual units and modules on full-time FE and HE programmes.
GC-05 Total Credits (inc Train Shetland & NAFC)	3,902	4,034	3,905	4,170	4,442		3,002	Credits have is the new Scottish Funding Council measurement for student activity which has replaced WSUMs. This has resulted in a new target for academic year 2015/16 for Shetland College of 4,132 credits (this SFC target includes activity from NAFC Marine Centre in the form of NC Engineering and Marine Cadetship programmes). We are on track to over achieve Credit activity by year end.



**Education and Families Committee****29 February 2016**

<b>Children's Services Performance Report 9 Month / 3<sup>rd</sup> Quarter 2015/16</b>	
<b>CS-04-16-F</b>	
<b>Director of Children's Services</b>	<b>Children's Services</b>

**1.0 Summary**

- 1.1 This report summarises the activity and performance of the Children's Services for Quarter 3 of 2015/16, the nine months up to the end of December 2015.

**2.0 Decisions Required**

- 2.1 That the Education and Families Committee discuss the contents of this report and make any relevant comments on progress against priorities to inform further activity within the remainder of this year, and the planning process for next and future years.

**3.0 Detail**

- 3.1 Appendix 1 details the projects and actions for Children's Services, Appendix 2 shows the Council wide indicators. Appendix 3 shows the Key Directorate Indicators to enable Committee to monitor service delivery. A summary of the number of complaints received and responded to are shown in Appendix 4. The risk register at Appendix 5 sets out the strategic and operational risks to the activities of Children's Services.
- 3.2 Overview of Directorate Plan progress in Children's Services 2015/16 is that the majority of projects and actions are likely to meet the expected outcome. There is only the new Childcare Strategy which is expressed as significant issues with likelihood of failing to meet target. This is due to developments nationally in relation to childcare and the Chair of Committee and Director of Children's Services are attending an Early Learning and Childcare National Summit on 25 February 2016 to look at how best to deliver expanded early learning and childcare services.

- 3.6 The Committee is invited to comment on any issues which they see as significant to sustaining and improving service delivery.

## 4.0 Implications

### Strategic

- 4.1 Delivery On Corporate Priorities – Effective Planning and Performance Management are key features of the Council's Improvement Plan and part of the "Organising our Business" priority in the Council's Improvement Plan.
- 4.2 Community /Stakeholder Issues – Effective performance management and continuous improvement are important duties for all statutory and voluntary sector partners in maintaining appropriate services for the public.
- 4.3 Policy And/Or Delegated Authority –
- The Council's Constitution – Part C - Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they;
- "Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring –
- (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework.
- (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus."
- 4.4 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 further negative external scrutiny.
- 4.5 Equalities, Health And Human Rights – The Council is required to make sure our systems are monitored and assessed for any implications in this regard.
- 4.6 Environmental – NONE

### Resources

- 4.7 Financial – The actions, measures and risk management described in this report has been delivered within existing approved budgets.
- 4.8 Legal – There are a number of projects and key actions within the Children's Services second quarter performance overview that have legal implications. Legal advice will be sought as matters progress to ensure that Shetland Islands Council complies with all statutory requirements.



4.9 Human Resources - Where reviews have the potential to impact on staff within Children's Services, we will ensure that appropriate consultation and communication takes place with trades unions and employees in line with agreed Council policies and procedures.

4.10 Assets And Property – NONE

## **5.0 Conclusions**

5.1 Children's Services are mainly on target to meet the key actions from their Directorate Plan by the end of March 2016; others extend beyond that, but are on track with relevant milestone. Progress towards the Corporate Plan priority, '*The best possible start for every child*' demonstrates the three month position as being similarly on track.

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*Report Finalised: 18 February 2016*

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## Appendices

Appendix 1 – Projects and Actions

Appendix 2 – Council Wide Indicators

Appendix 3 – Key Directorate Indicators

Appendix 4 – Complaints

Appendix 5 – Risks Being Managed by Children's Services






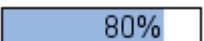







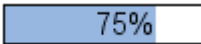


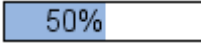



## Appendix 1 - Projects and Actions - Childrens Services










Generated on: 18 February 2016

### PPMF Quarterly Report - Children's Services



The best possible start for every child

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP001 Children's Services Partnership	Children's Services continue to work in partnership with other agencies to secure early intervention, for children both pre-birth and early years and where required.	Likely to meet or exceed target 	Planned Start	01-Nov-2014	 	Our pre-school home-visiting teacher continues to work closely with Health Visitors to give support to children to enable them to access Early Years Learning and Childcare, using the GIRFEC process. We have supported pre-school partner providers with additional staffing to support identified children.	Early Years and Additional Support Needs
			Actual Start	09-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date	11-Feb-2016			
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP003 Children's Residential Review	Implement Children's Residential Review	Experiencing some issues, with a risk of failure to meet target 	Planned Start	01-Nov-2014	 	Recruitment is ongoing to fill remaining vacant posts. Budget work complete to identify revenue costs of new service and 16/17 budget. Work progressing with Hjaltdland re long term sustainable solution.	Children's Resources
			Actual Start	01-Nov-2014			
			Original Due Date	31-Mar-2015			
			Due Date	30-Jun-2016			
			Completed Date				
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP004 Develop & Implement Action Plan relating to review	Develop and implement an Action Plan as a result of the 2014 Social Work Review.	Likely to meet or exceed target 	Planned Start	01-Dec-2014	 	Completed.	Children's Services Directorate
			Actual Start	10-Nov-2015			
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2015			
			Completed Date	11-Feb-2016			



Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP005 Shetland Learning Partnership work streams	Implement the Shetland Learning Partnership work streams	Likely to meet or exceed target 	Planned Start	01-Apr-2014	 	<p>Adult learning opportunities are now in place. Two Foundation Apprenticeships commenced in 2015 and will be offered again for 2016. An additional opportunity will be in place for pupils in the Built Environment, also from 2016. Work placements are secured for all cohorts.</p> <p>On-line learning is being piloted in partnership with Shetland College. This will be independently evaluated by Aberdeen University. The curriculum and timetable aspects of the Shetland Learning Partnership have moved to the Quality Improvement Framework Project.</p>	Children's Services Directorate
			Actual Start	31-Mar-2014			
			Original Due Date	31-Aug-2016			
			Due Date	31-Aug-2016			
			Completed Date				
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP006 New Anderson High School	Project Management of new Anderson High School	Likely to meet or exceed target 	Planned Start	01-Jan-2013	 	Project Management continuing during construction.	Children's Services Directorate
			Actual Start	01-Jan-2013			
			Original Due Date	01-Aug-2016			
			Due Date	07-Sep-2017			
			Completed Date				
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP007 Fraser Park Multi-Court.	Complete the refurbishment of the Fraser Park Multi-Court.	Likely to meet or exceed target 	Planned Start	31-Aug-2014	 	The multi-court is now open to the public.	Sport & Leisure
			Actual Start	04-Nov-2015			
			Original Due Date	30-Jun-2014			
			Due Date	30-Jun-2015			
			Completed Date	04-Nov-2015			




Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	01-Jan-2014			
DP008 Schools Reconfiguration Project	Schools Reconfiguration Project	Experiencing some issues, with a risk of failure to meet target 	Actual Start	23-Feb-2015	 	Work has started on both Consultation Reports. This is a complex task as there are two proposals for each of the secondary departments of Mid Yell Junior High School and Whalsay School. In addition, there is a new process in place for acknowledging responses and responding to alleged omissions and inaccuracies following the changes to the legislation affecting proposed school closures which came into effect on 1 August 2014.	Children's Services Directorate
			Original Due Date	31-Aug-2016			
			Due Date	31-Aug-2016			
			Completed Date				
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	31-Aug-2014			
DP009 Pupils accessing group music at reduced rate	Pupils accessing group music instruction will be offered a reduced rate	Likely to meet or exceed target 	Actual Start	01-Apr-2015	 	This action has been agreed and progressed.	Children's Services Directorate
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date	10-Feb-2016			
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	31-Oct-2014			
DP010 Implement the 15/16 actions of the ASN Review Action Plan	Implement the 15/16 actions of the Additional Support Needs Review Action Plan	Likely to meet or exceed target 	Actual Start	07-Nov-2014	 	Final agreement about ASN staffing restructure was agreed at the end of August 2015. A managerial post of Quality Improvement Officer for Additional Support Needs has been recruited to . This postholder will line manage the specialist posts which support the delivery of services to pupils with Additional Support Needs.	Children's Services Directorate
			Original Due Date	31-Mar-2015			
			Due Date	31-Mar-2016			
			Completed Date	10-Feb-2016			

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	01-Apr-2015			
			Actual Start				
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
DP011 New Childcare Strategy for Shetland will be published.	Review of cost and income to the authority of daycare facilities run directly by the authority that are outwith the national entitlement	Significant issues, likelihood of failing to meet target 	Completed Date		 0%	Recommendation that this should be delayed until the authority is aware of the government's timescale for increase to entitlement for Early years Learning and Childcare, which should be published by April 2016.	Early Years and Additional Support Needs



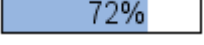



Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	01-Jun-2015			
			Actual Start	01-Jun-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
DP013 Establish two virtual academies	Establish two virtual academies within the Shetland Learning Partnership	Likely to meet or exceed target 	Completed Date		 100%	In June 2015 two new part-time college courses started for S5 pupils, one in health and social care at Shetland College and the other in Engineering at NAFC Marine Centre. These two year courses known as Senior Phase Academies replace two school subjects and will lead to National Certificates and SVQ2 awards. The academies also include paid summer employment and work experience.	Children's Services Directorate

### Vulnerable and disadvantaged people

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
			Planned Start	01-Apr-2014			
			Actual Start	10-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
DP002 Shetland Library will target hard-to-reach families	Shetland Library will target hard-to-reach families through outreach and partnership work, including the Assertive Outreach programme, while continuing to lead delivery of Bookbug.	Likely to meet or exceed target 	Completed Date	20-Jan-2016	 100%	The Library has targeted early years outreach, achieving attendance and positive responses from disadvantaged families. 'Bookbug for the home' training has been delivered and a steering group established for monitoring.	Shetland Library

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP012 Shetland Library improvement of digital services	Shetland Library will improve and promote digital services, i.e. hyperlinks to e-resources in catalogue; digitize talking newspaper; maintain customer help and outreach	Experiencing some issues, with a risk of failure to meet target 	Planned Start	31-Mar-2015	 	Customer notification upgrade proving time consuming and may carry over to 2016/17. Digitization of talking newspaper on track but there may be a slight delay while securing external funding. Other upgrade projects and staff refreshers in new technology complete.	Shetland Library
			Actual Start	10-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	31-Mar-2016			
			Completed Date				

## Working with partners

Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP014 Refurbishment of play areas in Nesting & Whalsay	Undertake a refurbishment of the Stendaal Play Area in Nesting and a partial refurbishment of the Charlestown Play Area in Whalsay	Likely to meet or exceed target 	Planned Start	01-Apr-2015	 	Discussions have been held with community groups in Nesting to select play equipment for the new play area which will be relocated next to the Nesting Primary School. Equipment has been ordered for installation during the summer months. Works have been completed on the refurbishment of Charlestown Play Area in Whalsay.	Sport & Leisure
			Actual Start	10-Nov-2015			
			Original Due Date	31-Mar-2016			
			Due Date	30-Sep-2016			
			Completed Date				
Code & Title	Description	Expected outcome	Dates		Progress	Progress statement	Lead
DP015 Implement an investment agreement with Sportscotland	Implement new 4 year (2015-19) investment agreement with <b>sport</b> scotland and partners for Active Schools and other priority areas	Likely to meet or exceed target 	Planned Start	01-Apr-2015	 	This 4 year agreement was signed off by Shetland Islands Council on 10th June 2015.	Children's Services Directorate
			Actual Start	11-Feb-2016			
			Original Due Date	29-Mar-2019			
			Due Date	29-Mar-2019			
			Completed Date	11-Feb-2016			





## Appendix 2 - Sickness Absences - Children's Services

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

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Code & Short Name	Previous Years			Last year Quarter 3	This year Quarter 3	(past) Performance & (future) Improvement Statements
	2012/13 Value	2013/14 Value	2014/15 Value	Q3 2014/15 Value	Q3 2015/16 Value	
OPI-4C-B Sick %age - Children's Services Directorate	2.8%	2.8%	3.7%	3.5%	2.9%	Figures average for year within target. Absence levels being closely monitored by Executive Managers and Team Leaders.

## Appendix 2 - Sickness Absences - Others for comparison

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	Previous Years			Last year Quarter 3	This year Quarter 3	
Code & Short Name	2012/13	2013/14	2014/15	Q3 2014/15	Q3 2015/16	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	4.2%	3.4%	A reduction from previous year reflects a greater focus in maximising attendance.
OPI-4C-A Sick %age - Chief Executive's "Directorate"	3.6%	1.4%	2.4%	2.5%	4.5%	Performance can be impacted upon by a single longer-term absence. However, this rate is around 2.2% so far in 2015/16 and we will continue to monitor closely.
OPI-4C-E Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	5.9%	5.1%	Team Leaders are working with HR to ensure consistent application of the Council's Maximising Attendance policy
OPI-4C-F Sick %age - Corporate Services Directorate	3.0%	1.6%	2.4%	2.3%	1.9%	There has been a steady improvement in the sickness figures. We hope to maintain these good results through 2016/17.
OPI-4C-G Sick %age - Development Directorate	3.7%	2.7%	4.2%	5.0%	3.3%	Improvement in sickness rates due to reduction in long term sickness cases and better focus on maximising attendance policy.
OPI-4C-H Sick %age - Infrastructure Directorate	4.0%	3.4%	4.0%	3.9%	2.8%	<b>Performance:</b> Improvement in sickness level for same period last year demonstrates management attention to absence and return to work discussions. <b>Improvement:</b> The department continues to apply the Council's "Promoting Attendance" policy and procedures to ensure that absences are minimised.

## Appendix 2 - (cont) Corporate-wide Indicators - Children's Services

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Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
OPI-4A Staff Numbers (FTE) - Whole Council	2474	2248	2190	2190	2207	2169	2190	Managers continue to carefully manage staff numbers and associated costs and reflects recruitment pressures in some areas.
OPI-4A-B Staff Numbers (FTE) - Children's Services Directorate	911	855	843	843	844	821	834	The additional staff are required to meet the needs of children and young people with additional support needs.
OPI-4C Sick %age - Whole Council	4.1%	3.6%	4.2%	5.2%	4.1%	3.2%	3.4%	A reduction from previous year reflects a greater focus in maximising attendance.
OPI-4C-B Sick %age - Children's Services Directorate	2.8%	2.8%	3.7%	4.4%	3.1%	2.1%	2.9%	Figures average for year within target. Absence levels being closely monitored by Executive Managers and Team Leaders.
OPI-4E Overtime Hours - Whole Council	71,644	56,552	64,738	16,720	24,014	16,270	21,383	Overtime and Overtime budgets are devolved to departmental level. Overtime is often the most cost effective way to utilise existing teams and ensure prompt service to our customers.
OPI-4E-B Overtime Hours - Children's Services Directorate	7,707	3,331	3,645	911	2,257	1,223	1,022	Figure is steadily declining from the first quarter. Continue with only essential overtime which is approved appropriately.
B01 FOISA responded to within 20 day limit - Children's Services	87%	87%	89%	96%	97%	91%	96%	Officers are making every effort to meet deadlines.



## Appendix 3 - Key Directorate Indicators - Childrens Service's (new format)

### Children's Services - Key Directorate Indicators

#### Children's Resources

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
CR01 Annual Inspection Reports	100%	100%	100%	100%	100%	100%	100%	Performance: Consistently meeting all Care Inspectorate inspection standards. Improvement: Maintain existing standards within existing resources.
CR02 Number of Respite Nights (ASN)	1,155	1,184	1,070	258	258	248	186	Performance: Consistent number of nights provided each quarter. Improvement: Continue to ensure the assessed needs of children are met within existing resources
CR03 Number of Respite Day Hours	19,588	18,718	16,157	3,850	4,056	3,760	3,032	Performance: Slight decline in number of hours provided. Improvement: Continue to ensure the assessed needs of children are met within existing resources
CR04 Number of occupancy nights - Grodians		421	587	269	254	250	92	Performance: Slight increase in number of nights provided last year. Improvement: Children and Young People in need of residential care will have their needs met within Shetland
CR05 Number of Respite Nights - Windybrae	196	37	22	7	71	6	0	Performance: High variation in nights in each quarter. Improvement: Continue to ensure the assessed needs of children are met within existing resources
CR06 Number of Fostering Nights		4,010	4,092	1,092	993	965	833	Performance: Increase in usage over last few years. Improvement: Recruitment of foster carers will continue to be a priority in order to ensure the assessed needs of children are met

#### Children & Families Social Work

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	

	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
CF01 LAC reviews done within required timescales		93%	93%	93%	93%	93%		LAC reviews continue to take place within agreed timeframes wherever possible. Q3 figures not available currently due to staffing issues.
CF02 Reports to the Reporter provided within timescale		86%	84%	95%	97%	100%	74%	Social workers now aim to have reports completed two days ahead of due date.
CF04 Number of children involved in Child Protection investigations		91	245	83	61	43	45	No target set, for monitoring purposes only. Increase in numbers over the last year due to improved screening process.
CF05 Number of Child Protection investigations progressed to initial Case Conference		11	19	5	7	10	3	No target set, for monitoring only. Continue to monitor number of investigations.
CF06 Number of Case Conferences held within 21 days of decision to progress	100%	100%	100%	100%	100%	100%	100%	Target consistently being met.
CF07 Child Protection - % of Case Conference reviews held within 6 month timescales		100%	100%	100%	100%	100%	80%	Timescale for one family was not met due to certain circumstances which resulted in a 20% difference in value.

## Education: Quality Improvement

	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
SQ01 Educational attainment - number of pupils achieving 5 or more qualifications at SCQF Level 3 or higher at the end of S4	98%	93.2%	93.2%	Not measured for Quarters	Not measured for Quarters			Performance: Consistently above national average. Comparator authority average is 85.1% Improvement: Specific issues in individual schools were addressed by Quality Improvement Officers.
SQ02 Educational attainment - number of pupils achieving 5 or more qualifications at SCQF Level 4 or higher at end of S4	86%	90.5%	89.5%	Not measured for Quarters	Not measured for Quarters			Performance: Consistently above national average. Comparator authority average is 80.7% Improvement: Specific issues in individual schools were addressed by Quality Improvement Officers.
SQ03 Educational attainment - number of pupils achieving 5 or more qualifications at SCQF Level 5 or higher at end of S5	52%	54.2%	57.3%	Not measured for Quarters	Not measured for Quarters			Performance: Consistently above national average. Comparator authority average is 48% Improvement: Early information on 2015 outcomes indicates continued improvement in this indicator.

	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
SQ04 Attendance rates - primary school pupils	95.2%	95.8%	95.6%	94%	96%	96.7%	95.7%	Performance: Consistently higher than national average (95.1%). Improvement: To be monitored quarterly to maintain high levels.
SQ05 Attendance rates - secondary school pupils	92.6%	93.2%	94.3%	91%	94%	94.3%	92.2%	Performance Below yearly national average for quarter, consistently higher than national average over the course of a full year (93%). Improvement: To be monitored quarterly to maintain high levels.
SQ06 Positive inspection reports of pre-school settings	100%	67%	100%	100%	100%	100%	100%	Performance: Consistently meeting all Care Inspectorate inspection standards. Improvement: Quality Improvement will continue to monitor this excellent position to ensure it is maintained.
SQ07 Positive inspection reports for schools	100%	100%	100%	100%	100%	100%	100%	Performance: Consistently meeting all Care Inspectorate inspection standards. Improvement: Quality Improvement will continue to monitor this excellent position to ensure it is maintained.
SQ08 Positive destinations for school leavers	90.9%	93.4%	95.3%	Not measured for Quarters	Not measured for Quarters			Performance: Consistently above national average. 2015 figures not yet available. *Data revised from previous report as per Scottish Government updates. Improvement: The new opportunities offered through the Shetland Learning Partnership augment what opportunities schools have to offer Senior Phase pupils.
SQ09 Primary School teachers/pupils ratio	11.3	11.5	12.2	Not measured for Quarters	Not measured for Quarters			Performance: Increases in recent years but still well below national average (16.7). National standards are being met. Improvement: This indicator will be closely scrutinised with respect to our Teacher Numbers agreement with the Scottish Government.
SQ10 Average Primary class size	18.2	18.3	18.4	Not measured for Quarters	Not measured for Quarters			Performance: Increases in recent years but still well below national average (23.4). Improvement: This indicator will be closely scrutinised with respect to our Teacher Numbers agreement with the Scottish Government.
SQ11 Exclusion rates - Primary pupils (per 1000)	1.1	1.7	0	Not measured for Quarters	Not measured for Quarters			Performance: Consistently well below national average (4.9 per 1,000 pupils) . Now only reported biennially by Scottish Government. Improvement: Revisions to Exclusion Policy, in line with recommendations in the Additional Support Needs Review.

	Previous Years			Quarters				
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	
SQ12 Exclusion rates - Secondary pupils (per 1000)	10.2	6.9	6.4	Not measured for Quarters	Not measured for Quarters			Performance: Consistently well below national average (28.8 per 1,000). Now only reported biennially by Scottish Government. Improvement: Revisions to Exclusion Policy, in line with recommendations in the Additional Support Needs Review.

## Library and Information Service

	Previous Years			Quarters				
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	
LB01 Number of library items issued quarterly (1,000s)		161.9	156.8	37.4	37.9	35.4	38.0	Performance: Issue figures reaching target and still the second highest in Scotland. Improvement: On-going promotion of reading including e-books.
LB02 Number of library visits (per 1,000 population per annum)	9,402	9,552	8,836	Not measured for Quarters	Not measured for Quarters			Performance: Number of visits remains very healthy - the fall in 2014/15 is in 'virtual' (website) visits. Improvement: The library will continue to promote all services widely.
LB03 Number of library events held		153	149	41	42	35	56	Performance: Number of events better than target and 1,038 people attended. Improvement: Varied programme of events will target new customers.
LB04 Library Outreach: Number of events delivered		146	149	28	37	16	29	Performance: Number of events better than target and 979 people attended Improvement: Busy outreach programme will continue, targeting early years in particular.
LB05 Library customer satisfaction rates from in-house survey	91%	91%	91%	Not measured for Quarters	Not measured for Quarters			Performance: Satisfaction rate remains high Improvement: Use customer feedback to guide service planning.

## Schools

	Previous Years			Quarters				
Code & Short Name	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	(past) Performance & (future) Improvement Statements



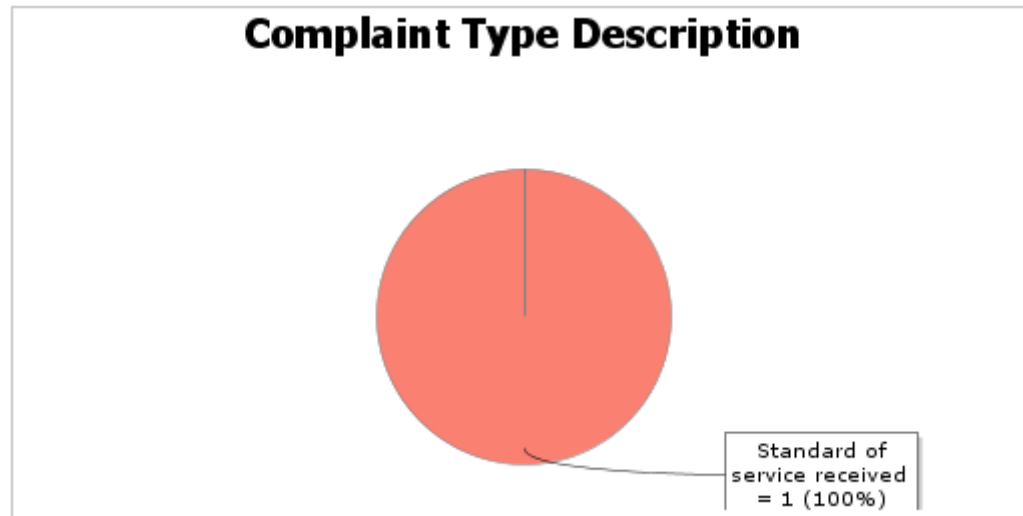
Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
SC01 Free School Meals - Number of Primary pupils registered for Free School Meals (per 1,000 population)	8.3	8.7	7	Not measured for Quarters	Not measured for Quarters			Performance: Currently lowest rate of take-up in Scotland. Improvement: More advertising and communication with schools. Letters issued to previous applicants.
SC02 Free School Meals - Number of Secondary pupils registered for Free School Meals (per 1,000 population)	5.3	5.7	4.8	Not measured for Quarters	Not measured for Quarters			Performance: Currently lowest rate of take-up in Scotland. Improvement: More advertising and communication with schools. Letters issued to previous applicants.
SC03 Clothing grants	386	298	286	Not measured for Quarters	Not measured for Quarters			Performance: Decrease in applications each year. Improvement: More advertising and communication with schools. Letters issued to previous applicants.
SC04 Educations Maintenance Allowance (EMAs)	142	92	58	Not measured for Quarters	Not measured for Quarters			Performance: Steady decrease over last few years. Improvement: More dialogue with schools and Pupil Support to highlight drop in numbers and increase advertising within schools.
SC05 Bursaries	102	85	72	Not measured for Quarters	Not measured for Quarters			Performance: Decreases over each of the last few years. Improvement: Better communication with Shetland College and introduction of funding nights.
SC06 Activity Agreements - Number of over 16s who have signed and Activity Agreement	40	23	13	Not measured for Quarters	Not measured for Quarters			Performance: Increased interest in Activity Agreements, with a number of new referrals in the pipeline. Promoting Activity Agreements in Schools and other service providers. Improvement: Early intervention within schools and improving use of the data sharing in information systems.

## Sport & Leisure

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
SL01 All play areas inspected at least 4 times a year	98.7%	96.8%	95.5%	96%	96%	96%	96%	Performance: Target being met for 2015/16 with inspections being completed routinely. Improvement: Ensure all targets continue to be met within existing resources.

Code & Short Name	Previous Years			Quarters				(past) Performance & (future) Improvement Statements
	2012/13	2013/14	2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	
	Value	Value	Value	Value	Value	Value	Value	
SL02 Islesburgh Hostel - Bed nights	4,695	6,773	6,240	Not measured for Quarters	Not measured for Quarters			Performance: Hostel bed nights continue to be higher than target. Improvement: Options to increase usage of the hostel are being pursued including an Open Day for visitors on Saturday 5th March.
SL03 Islesburgh Hostel - Overall customer satisfaction rate	95%	94%	95%	Not measured for Quarters	Not measured for Quarters			Performance: Islesburgh Hostel continues to have high customer satisfaction levels. Improvement: To continue providing high quality services within existing budgets.
SL04 Number of attendance per 1,000 population for all pools	10,029	9,623	9,364	Not measured for Quarters	Not measured for Quarters			Performance: Slight decrease but attendance levels still among the highest in Scotland. Improvement: Existing levels of use will be difficult to maintain in the current financial climate and with the pool closures that occurred in 2015.
SL05 Indoor facilities - total number of attendances per 1,000 population	14,915	12,814	12,707	Not measured for Quarters	Not measured for Quarters			Performance: Slight decrease but attendance levels still among the highest in Scotland. Improvement: To maintain high level of usage within current operational and budgetary constraints
SL06 Room bookings in Islesburgh - % of rooms in use		58%	58%	58%	58%	45.67%	60.67%	Performance: Islesburgh Community Centre continues to be well used throughout the year but a decrease in usage over the holiday periods has a detrimental effect on overall annual booking figures. Improvement: To maintain high level of usage within current operational and budgetary constraints.

## Appendix 4 – Complaints – Children’s Services



Number of complaints open during Quarter 3 - 12

Number of stage 1 complaints (Frontline) - 11

Number of stage 2 complaints (Investigation) - 1

Number of open complaints at end of period – 0

Number of complaints handled within deadline – 1



## Risk Assessment - Childrens Services

## Appendix 5

Risk & Details	Frequency	Current Severity	Risk Profile	Current and Planned Control Measures	Probability	Target Severity	Risk Profile	Assigned To
<b>Level</b>	<b>Corporate</b>							
<b>Corporate Plan</b>	<b>F1. Our "20 by '20" - Leadership &amp; Management</b>							
EC0024 - Professional - Other - Failure to deliver major AHS build project on time and on budget. Complex project involving several external parties, following a methodology not previously used by the Council Design Build Financial Model (DBFM) which increases the risk of the project going off track.	Possible	Extreme	High	• There are project management arrangements in place which have been enhanced and strengthened recently following ..... PRINCE2 Project Management Training. Risks are set out in the project risk registers and these continue to be actively managed.	Unlikely	Extreme	High	Mark Boden Childrens Services
<b>Level</b>	<b>Directorate</b>							
<b>Corporate Plan</b>	<b>F1. Our "20 by '20" - Leadership &amp; Management</b>							
EC0016 - Accidents /Injuries - Staff/Pupils/ Clients/Others - Children's Services has a large number of staff across many services. A failure or lapse in professional standards, or unforeseen incident could cause or lead to injury or harm to staff in the course of their employment, impact on communities, litigation, liability, press interest.	Possible	Significant	Medium	• DMT to review PIN stats and policies. MAPA training (new CALM) for staff	Possible	Minor	Medium	Helen Budge Childrens Services
EC0018 - Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc - Children's Services operate within a complex legislative environment and is required to comply with national and local policies including equalities, etc, a breach of any of these could lead to a failure to meet statutory objectives, Care Inspectorate/ Health and Safety investigation, Poor report, censure, HSE improvement/ prohibition notice or prosecution	Rare	Significant	Low	• Wide-ranging GIRFEC training delivered and rolled out by CS staff inc to ASN service, implement of DPA training, Comply with ERD policy to ensure training needs are met • Safety Section to be asked to review schools risk assessments in order to identify gaps and support staff with training and other input as and when identified	Rare	Minor	Low	Helen Budge Childrens Services
EC0020 - Deadlines - failure to meet - Organisation works within the, sometimes conflicting requirements for confidentiality, to meet FOISA, address complaints and be transparent and publicly accountable	Possible	Significant	Medium	• System and plan in place to ensure new complaints are recorded and managed consistently. SW is carrying out a piece of work to ensure that complaints are handled consistently.	Unlikely	Significant	Medium	Helen Budge Childrens Services

EC0023 - Professional - Other - Failure to deliver major AHS build project on time and on budget. Complex project involving several external parties, following a methodology not previously used by the Council Design Build Financial Model (DBFM) which increases the risk of the project going off track. However, financial close was achieved in July 2015, and construction has commenced. A lack of understanding of DBFM, project management failure or partner failure can lead to project delay and/or budget rises, negative reaction in	Possible	Extreme	High	• Project has a joint risk register which is closely monitored and managed	Unlikely	Extreme	High	Mark Boden Childrens Services
<div>Corporate Plan</div> <div>F5. Our "20 by '20" - Standards of Governance</div>								
EC0019 - Publicity - bad - Children's Services operates within the requirements of FOISA, confidentiality and public accountability. These different priorities can conflict. Communications and media misperception continues to be a challenge. A failure to share information/ mis-perception by media or incident can lead to negative media coverage & reputational damage	Possible	Significant	Medium	• Communications Policy/ Strategy is followed by staff, major projects have specific communications strategies as required under PRINCE2, e.g. AHS, Schools Comparason Project, etc.	Unlikely	Significant	Medium	Helen Budge Childrens Services
EC0022 - Key staff - loss of - Children's Services has a large cohort of staff with many specialist posts. Shetland is a small place with a limited pool of labour. Also, unemployment is low. Vacant posts are difficult to fill, and this is acute in some areas. Retirement or resignation can lead to recruitment costs, vacant posts and pressure on remaining staff	Possible	Major	High	• Recruitment and selection policy is being reviewed, transfer agreement in place to support the efficient use of resources. Northern Alliance looking at improving recruitment of teachers. SW review looked at recruitment and retention of SW staff. Commitment to have better engagement with staff. Principles to support teaching staff working in more than one settings has been circulated.	Possible	Significant	Medium	Helen Budge Childrens Services
<div>Corporate Plan</div> <div>F8. Our "20 by '20" - Efficient</div>								
EC0017 - Economic / Financial - Other - EC0017 - Economic / Financial - Other - Children's Services is required to make significant savings as part of the organisation's Medium Term Financial Plan. If savings projects fail or are delayed, the Service/ Directorate will fail to make the required savings, organisation wont meet requirements of MTFP	Likely	Major	High	• Children's Services continues to work towards realising efficiency savings	Unlikely	Significant	Medium	Helen Budge Childrens Services
Level	Operational							

**Corporate Plan**

**A2. Young People - Vulnerable Children and young people's opportunities**

EC0003 - Key staff - loss of - Hayfield Reception service supports 95 staff delivering services for Children and Families; Children's Resources; Schools and Sport and Leisure. Accident, illness, retirement etc can impact on ability to deliver services, and additional costs from employing temporary staff	Possible	Minor	Medium	• Admin staff training in reception duties in order to provide back-up				Helen Budge Childrens Services
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**Corporate Plan**

**D5. Community Strength - Vulnerable people's opportunities**

EC0005 - Procurement policy - failure to observe - Hayfield procures many goods and services - Required to promote Scotland Excel contractual pricing. If not adopted within the Department, this can lead to unnessesary spending and/or waste. If goods and supplies are procured in contradiction to Council Policies and Procedures, can lead to budget overspend, financial implications, waste, potential for disciplinary and other action.	Unlikely	Insignificant	Low	• Procurement Strategy, Policy and Procedures in place	Rare	Insignificant	Low	Helen Budge Childrens Services
EC0006 - Budget control failure - Children's Services has a budget of £37,000,000annually and many budget responsible officers.	Unlikely	Insignificant	Low	• Clear focus on financial management to ensure that budget provision is allocated appropriately, Monthly financial management rep	Rare	Insignificant	Low	Helen Budge Childrens Services
EC0011 - Health and safety - Statutory inspections - Hayfield House is a large building with 96 staff.	Unlikely	Major	Medium	• Business Continuity Plan in place • Regular Safety ChecksBuilding Services - PAT testing - annual Fire Risk Assessment and Plan reviewed annually Weekly fire alarm checks 3 yearly fire evacuation drills Annual check of fire fighting equipment Monthly safety checks including emergency lighting etc				Helen Budge Childrens Services
EC0012 - Records/Research data/systems/security/confidentiality/ back-up. - There are many staff within Children's Services who have access to confidentail information.	Rare	Significant	Low	• Training available for staff • Records Management guidance and support available from Corporate ServicesGovernance and Law • Corporate Policeis and Procedures in Place				Helen Budge Childrens Services
EC0013 - Fire/security systems and procedures inadequate - Hayfield is a large complex with numerous exits with 96 staff and visitor daily.	Rare	Significant	Low	• Security System in place and supported through Building Services • Regular weekly fire alarm checks and 4 monthly fire drills • Fire Risk Assessment in place and regularly updated with Safety and Risk and Building Services • Security System procedures in place				Helen Budge Childrens Services

EC0010 - Accidents /Injuries - Staff/Pupils/ Clients/Others - Accidents occuring within or in the grounds of Hayfield House	Possible	Significant	Medium	• Risk Assessments in place	Rare	Significant	Low	Helen Budge Childrens Services
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**Education and Families Committee****29 February 2016****Management Accounts for Education and Families Committee:  
2015/16 – Projected Outturn at Quarter 3****F-011-F****Report Presented by Executive Manager - Finance      Corporate Services****1. Summary**

- 1.1 The purpose of this report is to enable the Education and Families Committee to monitor the financial performance of services within its remit to ensure that Members are aware of the forecast income and expenditure and the impact that this will have with regard to delivering the approved budget. This report shows the projected financial consequence of the service performance detailed in the Children's Services and Development Directorate Performance Reports, and allows the Committee the opportunity to provide early instruction to officers to address any forecast overspends in order that the budget is delivered by the year-end.
- 1.2 This report presents the projected outturn position for the 2015/16 year as at the end of the third quarter for revenue and capital. The forecasts have been determined by Finance Services after consultation with the relevant Budget Responsible Officers.
- 1.3 The projected outturn position for the services in this Committee area is an underspend of £0.130m on revenue and an underspend of £14.1m on capital.

**2. Decision Required**

- 2.1 That the Education and Families Committee RESOLVE to review the Management Accounts showing the projected outturn position at Quarter 3.

### **3. Detail**

- 3.1 On 3 December 2014 (SIC Min Ref: 96/14) the Council approved the 2015/16 revenue and capital budgets (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £7.646m. 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.
- 3.2 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.
- 3.3 Since the approval of the 2015/16 budget, revisions to the budget have been processed that take account of the carry forward scheme that is in place for the Council. Therefore the appendices to this report refer to the revised budget that is now in place for the relevant services. An allocation of budget from contingencies has also been made to cover the cost of off island placements for the first three quarters, totalling £381k.

#### **Revenue**

- 3.4 The projected revenue outturn position for Education and Families Committee is an underspend of £0.130m (0.3%) which means the services in this Committee area are collectively on course to spend less than their Council approved budget. Recurring savings of £463k have been identified. See appendix 1 to this report for further detail.

#### **Capital**

- 3.5 The projected outturn position on Education and Families capital project expenditure is an underspend of £14.1m (75%) which means the services in this Committee area are collectively on course to spend less than their Council approved budget. It should be noted that the total underspend relates to slippage on capital projects and will be required in 2016/17 and future years. See appendix 2 to this report for further detail.

### **4. Implications**

#### Strategic

##### 4.1 Delivery On Corporate Priorities

There is a specific objective in the Corporate Plan to ensure that the Council is “continuing to keep to a balanced and sustainable budget, and are living within our 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.

The Medium Term Financial Plan also includes a stated objective to achieve financial sustainability over the lifetime of the Council.

4.2 Community /Stakeholder Issues – None.

4.3 Policy And/Or 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 2015/16 financial year. This report provides information to enable the Committee to ensure that the services within its remit are operating within the approved budgets.

4.4 Risk Management

There are numerous financial risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.

The main financial risk for the services in this report relate to unexpected demand for services which may be costly depending on the circumstances.

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.

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 require 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 also ensures 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.

4.5 Equalities, Health And Human Rights – None.

4.6 Environmental – None.

Resources

4.7 Financial

The 2015/16 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.

Every £1m of reserves spent in excess of a sustainable level will mean that the Council will have to make additional savings of £50k 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 2015/16 budget, and this report demonstrates that the services under the remit of the Education and Families Committee are projecting to achieve this.

4.8 Legal – None.

4.9 Human Resources – None.

4.10 Assets And Property – None.

## **5. Conclusions**

5.1 The projected outturn position for the services under the remit of the Education and Families Committee is an underspend of £0.130m on revenue and an underspend of £14.1m on capital projects, against the revised budget.

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For further information please contact:

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### List of Appendices

Appendix 1 – Projected Revenue Outturn Position 2015/16

Appendix 2 – Projected Capital Outturn Position 2015/16

### Background documents:

SIC Budget Book 2015-16, SIC 3 December 2014

<http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=16958>

## Education &amp; Families Committee

## 1. Projected Revenue Outturn Position 2015/16

Budget v Proj. Outturn Variance Q2 (Adv)/ Pos £000	Service	Revised Annual Budget Q3 £000	Projected Outturn Q3 £000	Budget v Proj. Outturn Variance Q3 (Adv)/ Pos £000
2	Director of Children's Services	1,842	1,868	(26)
0	Children & Families	1,057	1,077	(20)
15	Children's Resources	3,806	3,826	(20)
20	Quality Improvement/Schools	32,074	32,021	53
3	Library	976	967	9
7	Sport & Leisure	1,446	1,445	1
71	Train Shetland	354	243	111
17	Community Planning & Development	313	291	22
<b>135</b>	<b>Total Controllable Costs</b>	<b>41,868</b>	<b>41,738</b>	<b>130</b>

The projected outturn figures at quarter 2 are included above for reference. The reasons for these variances are detailed in the narrative below.

### 1.1 Director of Children's Services - projected outturn overspend £26k (1%)

There are no significant variances in this service.

### 1.2 Children & Families – projected outturn overspend £20k (2%)

There are no significant variances in this service.

### 1.3 Children's Resources – projected outturn overspend £20k (0.5%)

This projected outturn position comprises the following variances:

- An increase in the demand within Residential Services to accommodate young people (£120k);
- Vacancies within Short Breaks and Bruce Family Centre £129k;
- Recurring savings of £56k on fostering allowances due to a reduction of enhanced payments to carers, some young adults moving on to independence and removing the clothing allowance element of kinship allowances from January 2016.

Provision has been made for the overspend items within contingency, and budget may be transferred to the service to cover these overspends if they cannot be met from underspends across the department.

#### **1.4 Quality Improvement/Schools – projected outturn underspend of £53k (0.2%)**

The projected outturn position comprises the following variances:

- recurring savings identified through staffing reductions and operational efficiencies across the service in order to meet budget reductions required in 2016/17 £407k;
- overspend in relation to sickness and maternity cover for primary teachers (£183k)
- overspend in relation to increased provision, sickness and maternity cover for cleaning staff (£116k);
- overspend in relation to increased provision, sickness and maternity cover in ASN (165k).
- reduced income & increased employee costs from school meals following the introduction of free school meals for P1-P3 (£217k).

Provision has been made for these items within contingency, and budget may be transferred to the service to cover these overspends if they cannot be met from underspends across the department.

#### **1.5 Library – projected outturn underspend £9k (1%)**

There are no significant variances in this service.

#### **1.6 Sport & Leisure - projected outturn underspend £1k (0.1%)**

There are no significant variances in this service.

#### **1.7 Train Shetland – projected outturn underspend £111k (32%)**

The projected outturn underspend is due to efficiencies in staffing £57k, and an underspend on SIC Modern Apprentices, due to some progressing faster than anticipated, or leaving early £34k. In addition a higher level of demand both externally and internally for the Short Courses has resulted in additional income of £26k.

These are one-off savings in the current year.

#### **1.8 Community Planning & Development – projected outturn underspend £22k (7%)**

There are no significant variances in this service.

## Education &amp; Families Committee

## 1. Projected Capital Outturn Position 2015/16

Budget v Proj. Outturn Variance Q2 (Adv)/ Pos £000	Description	Revised Annual Budget Q3 £000	Projected Outturn Q3 £000	Budget v Proj. Outturn Variance Q3 (Adv)/ Pos £000
11,986	Quality Improvement & Schools	18,723	4,604	14,119
<b>11,986</b>	<b>Total Controllable Costs</b>	<b>18,723</b>	<b>4,604</b>	<b>14,119</b>

Explanation of the main variances by service:

An explanation for the main variances by service is set out below. The projected outturn figures at quarter 2 are included above for reference. The reason for the variance from the quarter 2 to quarter 3 outturn position is due to construction work beginning later than anticipated resulting in a re-profiling of expenditure.

#### 1.1 Quality Improvement & Schools – projected outturn underspend £14m (75%)

This budget relates to the Council funded element of the new Anderson High School project, namely the construction of the Halls of Residence and works to the Clickimin path and Clickimin Centre.

It should be noted that this underspend relates to slippage and will be required in 2016/17 and future years.





**Education and Families Committee****29 February 2016**

<b>Education and Families Committee Business Programme – 2016/17</b>	
GL-03-16-F	
<b>Team Leader – Administration</b>	<b>Governance and Law Corporate Services</b>

**1.0 Summary**

- 1.1 The purpose of this report is to inform the Committee of the planned business to be presented to Committee for the financial year 1 April 2016 to 31 March 2017, and discuss with Officers any changes or additions required to that programme.

**2.0 Decision Required**

- 2.1 That the Education and Families Committee considers its business planned for the financial year 1 April 2016 to 31 March 2017, and RESOLVES to approve any changes or additions to the Business programme.

**3.0 Detail**

- 3.1 The Council approved the schedule of meetings for 2016/17 at its meeting on 16 December 2015 (Min Ref: 79/15).
- 3.2 It was agreed that the Business Programmes for each Committee would be presented to the Planning and Performance Management Framework (PPMF) meetings scheduled to be held week beginning 29 February 2016.
- 3.3 The manner in which meetings have been scheduled is described below:
- Ordinary meetings have been scheduled, although some have no scheduled business at this stage. Where there is still no scheduled business within two weeks of the meeting, the meeting will be cancelled;
  - Special meetings may be called on specific dates for some items – other agenda items can be added, if time permits;

- PPMF = Planning and Performance Management Framework meetings have been called for all Committees and Council once per quarter. These meetings are time restricted, with a specific focus on PPMF only, and therefore no other business will be permitted on those agendas;
  - Budget = Budget setting meetings – other agenda items can be added, if time permits, or if required as part of the budget setting process; and
  - In consultation with the Chair and relevant Members and Officers, and if required according to the circumstances, the time, date, venue and location of any meeting may be changed, or special meetings added.
- 3.4 The Business Programme for 2016/17 will be presented by Committee Services to the Council and each Committee on a quarterly basis for discussion and approval, particularly in relation to the remaining projects and reports which are listed at the end of the business programme page for each Committee as still to be scheduled.

## 4.0 Implications

### Strategic

- 4.1 Delivery On Corporate Priorities – The recommendation in this report is consistent with the following corporate priorities:

#### Our Corporate Plan 2013-17

- To be able to provide high quality and cost effective services to people in Shetland, our organisation has to be run properly.
  - Fully align the timetables, time spans and approaches for financial planning relating to the medium term yearly budgeting with Council, directorate and service planning.
- 4.2 Community /Stakeholder Issues – The Business Plan provides the community and other stakeholders with important information, along with the Council's Corporate and Directorate Plans, as to the planned business for the coming year.
- 4.3 Policy And/Or Delegated Authority – Maintaining a Business Programme ensures the effectiveness of the Council's planning and performance management framework. The Business Programme supports each Committees' role, as set out in paragraph 2.3 of the Council's Scheme of Administration and Delegations, in monitoring and reviewing achievements of key outcomes within its functional areas, whilst ensuring best value in the use of resources is met to achieve these outcomes within a performance culture of continuous improvement and customer focus.
- 4.4 Risk Management – The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the business programme slipping and causing reputational damage to the Council. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the Council's Business Programme with the

objectives and actions contained in its corporate plans could mitigate against those risks.

4.5 Equalities, Health And Human Rights – None.

4.6 Environmental – None.

#### Resources

4.7 Financial – The there are no direct financial implications in this report, but indirect costs may be avoided by optimising Member and officer time.

4.8 Legal – None.

4.9 Human Resources – None.

4.10 Assets And Property – None.

### **5.0 Conclusions**

5.1 The presentation of the Business Programme 2016/17 on a quarterly basis provides a focussed approach to the business of the Committee, and allows senior Officers an opportunity to update the Committee on changes and/or additions required to the Business Programme in a planned and measured way.

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*18 February 2016*

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#### List of Appendices

Appendix 1 – Education and Families Committee Meeting Dates and Business Programme 2016/17

#### Background documents:

Report GL-60-F: SIC Diary of Meetings 2016/17

<http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=4785>





**Education and Families Committee - Meeting Dates and Business Programme 2016/17  
as at Thursday, 18 February 2016**

Education and Families Committee			
<i>D= Delegated R=Referred</i>			
Quarter 1 1 April 2016 to 30 June 2016	<b>Date of Meeting</b>	<b>Business</b>	
	<i>Ordinary</i> 11 April 2016 10am	Early Years Report Pre-School Provision – Cost Analysis/Increased Entitlement	D
		Education Summit – Next Steps	D
		Education Scotland Inspection Reports: Burravoe Primary School and Aith Junior High School	D
		Review of Tertiary Education in Shetland Update	D
	<i>PPMF</i> 23 May 2016 10am	Management Accounts – Quarter 4	D
		Children’s Services Directorate – Performance Overview – Quarter 4	D
		Development Services Directorate – Performance Overview – Quarter 4	D
		Committee Business Programme 2016/17	D
	<i>Ordinary</i> 13 June 2016 10am	Shetland College Term Dates 2016/17	D
		Developing the Young Workforce and Shetland Learning Partnership	D
		Quality Improvement Framework	D
		Progress Report on Children’s Services Inspection	D
Quarter 2 1 July 2016 to 30 September 2016	<b>Date of Meeting</b>	<b>Business</b>	
	<i>PPMF</i> 29 August 2016 10.00am	Management Accounts – Quarter 1	D
		Children’s Services Directorate – Performance Overview – Quarter 1	D
		Development Services Directorate – Performance Overview – Quarter 1	D
		Committee Business Programme 2016/17	D
Quarter 3 1 October 2016 to 31 December 2016	<b>Date of Meeting</b>	<b>Business</b>	
	<i>Ordinary</i> 3 October 2016 10am	Chief Social Work Officer Report	D
		Allocations Policy for the Halls of Residence	D
		Legacy Report	D



## Education and Families Committee - Meeting Dates and Business Programme 2016/17 as at Thursday, 18 February 2016

### Education and Families Committee – continued

*D= Delegated R=Referred*

Quarter 3 continued	Date of Meeting	Business	
<b>PPMF and Budget</b> <b>5 December 2016</b> <b>10am</b>		Children's Services Directorate – Performance Overview – Quarter 2	D
		Development Services Directorate – Performance Overview – Quarter 2	D
		Committee Business Programme 2016/17	D
		Children's Services Directorate Plan 2017-18	D
		Development Services – Directorate Plan 2017-18	D
		Management Accounts – Quarter 2	D
		2017-18 Budget and Charging Proposals	R P&R 7 Dec SIC 14 Dec
Quarter 4 1 January 2017 to 31 March 2017	Date of Meeting	Business	
	<i>Ordinary</i> <b>6 February 2017</b> <b>10 am</b>	TBC	
	<b>PPMF</b> <b>6 March 2017</b> <b>10am</b>	Management Accounts – Quarter 3	D
		Children's Services Directorate - Performance Overview Quarter 3	D
		Development Services Directorate - Performance Overview Quarter 3	D
		Committee Business Programme 2017/18	D

### Planned Committee business still to be scheduled - as at Thursday, 18 February 2016

- Public Library Assessment Report
- Inspection Report for Children's Resources
- Fee Paid Foster Carers
- Mid Yell/Whalsay Consultation Reports

tbcc = to be confirmed

PPMF = Planning and Performance Management Framework meetings – no other business to be added

Budget = Budget setting meetings – other items can be added if time permits

Ordinary = Ordinary meetings – other items can be added

Special = Special meetings arranged for particular item(s) – other items can be added if time permits

END OF BUSINESS PROGRAMME as at Thursday, 18 February 2016