

Notice of Meeting

Overview and Scrutiny Management Commission

Tuesday, 27 January, 2015 at 6.30pm
in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Monday, 19 January 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact David Lowe / Charlene Myers / Elaine Walker on (01635) 519817 / 519695 / 5194

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**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 27
January 2015 (continued)**

- To:** Councillors Brian Bedwell (Chairman), Jeff Brooks (Vice-Chairman), Sheila Ellison, Dave Goff, Roger Hunneman, Mike Johnston, Alan Macro, Garth Simpson, Virginia von Celsing, Quentin Webb, Emma Webster and Laszlo Zverko
- Substitutes:** Councillors Peter Argyle, Paul Bryant, George Chandler, Gwen Mason, Tim Metcalfe, David Rendel, Julian Swift-Hook and Keith Woodhams

Agenda

Part I	Page No.
1. Apologies for Absence To receive apologies for inability to attend the meeting (if any),	
2. Minutes To approve as a correct record the Minutes of the meeting of the Commission held on 2 December 2014.	5 - 10
3. Declarations of Interest To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct .	
4. Actions from previous Minutes To receive an update on actions following the previous Commission meeting.	11 - 12
5. West Berkshire Forward Plan 17 December 2014 to 31 March 2015 Purpose: To advise the Commission of items to be considered by West Berkshire Council from 17 December 2014 to 31 March 2015 and decide whether to review any of the proposed items prior to the meeting indicated in the Plan.	13 - 14
6. Overview and Scrutiny Management Commission Work Programme Purpose: To receive new items and agree and prioritise the work programme of the Commission for the remainder of 2013/14.	15 - 18
7. Items Called-in following the Executive on 15 January 2015 To consider any items called-in by the requisite number of Members following the previous Executive meeting.	
8. Councillor Call for Action Purpose: To consider any items proposed for a Councillor Call for Action.	



**Agenda - Overview and Scrutiny Management Commission to be held on Tuesday, 27
January 2015 (continued)**

9. **Petitions**
Purpose: To consider any petitions requiring an Officer response.
10. **Maternity cover for West Berkshire's residents** 19 - 34
Purpose: To understand the causes of the maternity unit closures during August 2014 and the action that is being taken to avoid reoccurrence.
11. **Children's Services governance arrangements** 35 - 46
Purpose: To agree the recommendations from the Task Group review into the internal and partnership bodies governing the activities of Children's Services.
12. **Level one performance indicators** 47 - 76
Purpose: To examine the performance returns from across the Council and to consider, where appropriate, any remedial action.
13. **Revenue and Capital Budgets Report** To Follow
Purpose: To receive the latest period revenue and capital budget reports.
14. **Delayed Transfers of Care** 77 - 82
Purpose: To agree the Terms of Reference for a task group review of Delayed Transfers of Care.

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact
Moira Fraser on telephone (01635) 519045.



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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION

MINUTES OF THE MEETING HELD ON TUESDAY, 2 DECEMBER 2014

Councillors Present: Peter Argyle (Substitute) (In place of Laszlo Zverko), Brian Bedwell (Chairman), Jeff Brooks (Vice-Chairman), Paul Bryant (Substitute) (In place of Sheila Ellison), Dave Goff, Roger Hunneman, Alan Macro, Garth Simpson, Virginia von Celsing, Quentin Webb and Emma Webster

Also Present: Cathy Dodson (Housing Options Team Leader), Ian Priestley (Chief Internal Auditor) and Rachael Wardell (Corporate Director - Communities), David Lowe (Scrutiny & Partnerships Manager) and Charlene Myers (Democratic Services Officer)

Apologies for inability to attend the meeting: Councillor Sheila Ellison, Councillor Mike Johnston and Councillor Laszlo Zverko

PART I

1. Minutes

The Minutes of the meeting held on 21 October 2014 were approved as a true and correct record and signed by the Chairman, subject to the following amendments:

- **Page 2, Item 46, Paragraph 7:** Councillor Roger Hunneman stated that the statistics **did not** include those of the North West Reading CCG but rather those of the Newbury and District CCG only.

2. Declarations of Interest

There were no declarations of interest received.

3. Actions from previous Minutes

Councillors' Bedwell, Brooks and David Lowe would meet with the Chief Executive on the 8 December 2014 to discuss the affordable housing lesson learnt from the Parkway development in particular.

4. West Berkshire Forward Plan 17 December 2014 to 31 March 2015

The Commission considered the West Berkshire Forward Plan (Agenda Item 5) for the period covering 17 December 2014 to 31 March 2015.

Resolved that the Forward Plan be noted.

5. Overview and Scrutiny Management Commission Work Programme

The Commission considered its work programme and the proposal to include an item which would seek to review the operations of the Royal Berkshire Hospital maternity unit which provided both pre- and post-natal services to local residents.

Members concluded that the review could offer significant value to local residents. Therefore, the item would be added to the work programme and scheduled for discussion in March 2015.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 2 DECEMBER 2014 - MINUTES

Councillor Roger Hunneman proposed that the item incorporated a review of staff resources and maternity cover in general. The Commission supported the proposal.

Councillor Garth Simpson advised that the BID was conducting a review of on-street parking in Newbury (OSMC/12/149); He suggested that, following completion of the review, the topic would be considered by the Commission.

Resolved that:

'Maternity Cover in West Berkshire' would be added to the work programme.

6. Items Called-in following the Executive on 20 November 2014

No items were called-in following the last Executive meeting.

7. Councillor Call for Action

There were no Councillor Calls for Action.

8. Petitions

There were no petitions received at the meeting.

9. Housing allocations policy

The Commission considered a report (Agenda Item 10) concerning a review of the Housing Allocations Policy.

Cathy Dodson thanked the Commission for inviting her to provide an update on the housing allocations policy, 12 months post implementation, and to raise awareness of the proposed future amendments.

Members were reminded that the Council's current Housing Allocation Policy was adopted in October 2013. The Commission had agreed to assist in the development of a new policy and subsequently established a task group.

Cathy Dodson advised that the task group approach was a positive experience and extended her gratitude from the Housing Service for their assistance in formulating the policy. The Committee were advised that the input from Members was well valued and ensured that the final outcome was robust and appropriate.

An extensive test was undertaken, prior to the implementation of the Housing Allocation Policy, to confirm that those in most need of housing would still be eligible. Cathy Dodson stated that the service was satisfied that the Housing Allocation Policy continued to support applicants who were vulnerable and considered to be in the greatest housing need.

As part of the implementation all existing Common Housing Register (CHR) applicants were required to complete an online re-registration form. The new application form required significantly more information than was previously gathered. The information which had enabled the team to map service users more effectively.

In order to include vulnerable applicants the service offered either face-to-face appointments or telephone support in order to complete the re-registration process.

All applicants on the CHR who completed the re-registration process were provided with an online personalised housing options action plan. The plan summarised the available options based on the responses provided in the application. The provision of the plan

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 2 DECEMBER 2014 - MINUTES

continued to be an ongoing feature and one which generated positive responses from both service users and partner organisations.

All applicants who completed the re-registration process were sent a letter confirming their status on the CHR and their allocated number of housing need points. The letter advised applicants of their right to request a review if they were dissatisfied with the outcome. Cathy Dodson advised Members that the service had received 20 requests, post-implementation.

Members were asked to consider section 2.7 of the cover report. It detailed the current number of applications on the CHR.

Live Applications (Not all in Housing Need)	2602
Qualifying Applications	1074
Non Qualifying Applications	1528
One Bed Need	1342
Two Bed Need	880
Three Bed Need	292
Four + Bed Need	88

Cathy Dodson summarised the implementation process as being efficient and well received by the majority of applicants. The new policy effectively allocated social housing to those households considered to be in the most housing need. In addition, the deferral process within the Housing Allocations Policy had been effective at prompting some applicants to address their former rent arrears and pay other monies owed to the Council.

Members were advised that, in December 2013, the Government published new statutory guidance - 'Providing Social Housing for Local People' (DCLG, Dec 2013). Subsequently a review of the Housing Allocation Policy was undertaken and a number of amendments had been proposed to ensure that it reflected the requirements of the new statutory guidance.

The proposals had been presented to Corporate Board and were scheduled for consideration by the Executive on 18th December 2014.

The key changes to the proposed policy were:

- Qualification - amend the local connection qualifying criteria to residency or meaningful paid employment of at least 16 hours a week for 2 consecutive years (Other aspects of local connection criteria remain the same);
- Social tenants and labour mobility – to allow for exceptions to local connection qualifying criteria to be applied to certain social tenants who need to move in order to sustain or take up employment;
- Foster carers – inclusion in the policy to award an additional bedroom for approved foster carers;
- Homeless Households – new wording inserted to allow deferral of a CHR application for a minimum period of 4 months when a household is placed into temporary accommodation following acceptance of a full homelessness duty.

An eight week public consultation had been undertaken to consider the impacts of the proposed changes. The consultation was successful in generating a high level of participation and overall the responses were positive.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 2 DECEMBER 2014 - MINUTES

Councillor Quentin Webb asked whether Section 106 agreements would be considered in conjunction with section 13.2 of the Housing Allocations Policy. Cathy Dodson stated that Section 106 agreements would take precedence over Rural Exception Sites.

Councillor Alan Macro asked whether the service was confident that the re-registration process had encompassed all residents who met the housing needs criteria. Cathy Dodson advised that applicants who were previously on the CHR had 6 weeks to re-register and received reminders in the post if they had not completed the online form. Following that period, any applicants who had not registered were then contacted by phone to encourage re-registration. The service retained applicants' housing points for 6 months in the eventuality that the applicant had not been able to re-register sooner.

Cathy Dodson advised that approximately 500 applicants had not re-registered but the current number of applications on the CHR was similar to before. The service considered that the re-registration activity allowed the CHR to reflect those people with the most housing needs.

Councillor Macro questioned the practical use of the qualification criteria and suggested that it could be flawed. He provided an example of a resident who moved properties across Local Authority borders without realising, a move that would impact on their eligibility for local housing. Cathy Dodson advised that the Council amended the policy according to the 'Providing Social Housing for Local People (DCLG, Dec 2013)' guidance. The Commission heard that the service had to comply with the statutory guidance and the proposed change ensured compliance with the new policy. Cathy Dodson explained that the change would have minimal impact on the number of eligible cases as examination of previous applications showed that the majority had a local connection already.

Councillor Roger Hunneman asked when Sensitive Lets could be used as he was concerned that they could inadvertently discriminate against some groups of applicants. Cathy Dodson explained that the Council would ask the Registered Landlord to justify their rationale in order to manage equality concerns.

In response to questions asked, on eligibility according to travel time, Cathy Dodson advised that the recent guidance stated that it would be acceptable to include travel from up to 90 minutes into the area without a local connection but solid evidence of employment would be required in order to meet the qualification criteria.

Councillor Jeff Brooks challenged the proposal to change the Homeless Households wording. He stressed that the proposal restricted the service from considering cases before the 4 month deadline by restricting any form of discretionary action. The Commission discussed the proposal and determined that a discretionary element would be desirable and that the wording should be changed accordingly.

Resolved that:

- (1) The Policy should be reviewed again in 6 months to consider the amendments incorporated within the last 12 months.
- (2) The Homeless Households guidance should be altered to incorporate a discretionary element which would enable to service to consider exceptional cases prior to 4 months.

10. Self Insurance Fund

Councillor Alan Law introduced the report (Agenda Item 11) concerning the Self Insurance Fund. Councillor Law reminded the Commission that he had asked for a review to include:

1. The identification and recommendations on the required level of reserves to be held in the fund;
2. To recommend the balance that should be held between the assumed level of risk and size of the reserve;
3. A review of the last 3 years of claims and performance.

The Commission heard that an actuarial review was completed in July 2012 and again in October 2014. In between the two reviews the forecast funding requirement had changed from £1.5m in 2012 to £2.4m in 2014. But, it was not clear why the review had required a reserve fund of £1.24m and a further provision of £1.17m.

Councillor Law explained that previous claims information was not easily available, as evidenced in support of an increase in reserve but such detail was critical in order to understand the level of risk.

The Commission was asked to review the topic and consider the accuracy of the recommendations provided by the actuary.

Councillor Jeff Brooks stressed that he could not consider the topic in full without historic data. The information would influence the Commission's understanding of liability and risks which were essential elements of the review.

Ian Priestley advised that the actuarial review considered the date on which a claim was made rather than the completion date. The data was not available in full because it covered a wide cross section of dates. Councillor Brooks challenged the Officer's response and suggested that irrespective of dates it could still be possible to consider trends and inform the review.

In response to questions asked by the Commission, Ian Priestley advised that service areas had reserve funds to cover insurance claims. The Self Insurance Fund was retained in order to manage overspend.

The Commission challenged the processes between calculating perceived risk and planning risk which in turn influenced the reserve fund. However, they concluded that without historic data it had not been possible to review the topic in full.

The Commission requested that the review took place in the form of a task group. David Lowe advised that an attempt had been made to conduct a task group review but due to limited resources it was not possible. He would liaise with the Head of Strategic Support to agree the most effective method of supporting the Commission with their review.

Resolved that:

- (1) The topic would be deferred until such time when the historic data would be available to consider liabilities and actual risk.
- (2) The topic would be considered in the form of a task group.

11. Scrutiny Recommendations Update

The Commission considered the Scrutiny Update Report (Agenda Item 12).

Resolved that the report be noted.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 2 DECEMBER 2014 - MINUTES

(The meeting commenced at 6.30 pm and closed at 7.35 pm)

CHAIRMAN

Date of Signature

Agenda Item 4.

Title of Report:	Actions from previous meetings
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	27 January 2015

Purpose of Report: To advise the Commission of the actions arising from previous meetings

Recommended Action: To note the report

Overview and Scrutiny Management Commission Chairman	
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1. Introduction

This report provides the Overview and Scrutiny Management Commission with an update on the actions arising from meetings held 2 December 2014.

2. Actions

- 2.1 **Resolution:** The Homeless Households guidance would be altered to incorporate a discretionary element which would enable to service to consider exceptional cases prior to 4 months.

Action/ Response: The guidance has been amended.

- 2.2 **Resolution:** Item OSMC/14/154 (Self Insurance Fund) would be deferred and progressed in the form of a task group

Action/ Response: A task group has been scheduled for February 2015.

Appendix

None

Agenda Item 5.

Title of Report:	West Berkshire Forward Plan
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	27 January 2015

Purpose of Report: To advise the Overview and Scrutiny Management Commission of items to be considered by West Berkshire Council from 18 June 2014 to 30 September 2014 and decide whether to review any of the proposed items prior to the meeting indicated in the plan.

Recommended Action: That the Overview and Scrutiny Management Commission considers the West Berkshire Council Forward Plan and recommends further action as appropriate.

Overview and Scrutiny Management Commission Chairman	
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Supporting Information

1. Introduction

- 1.1 The Forward Plan attempts to cover all decisions, not just those made by the Executive, which the Authority intends to take over the next 4 months.
- 1.2 In order to hold the Executive to account, Overview and Scrutiny Management Commission Members are asked to identify any areas of forthcoming decisions which may be appropriate for future scrutiny.
- 1.3 The West Berkshire Council Forward Plan 17 December 2014 to 31 March 2015 is available at <http://www.westberks.gov.uk/index.aspx?articleid=1594> and will be displayed on screen during the meeting.

Appendices

There are no appendices to this report.

Agenda Item 6.

Title of Report:	Overview and Scrutiny Management Commission Work Programme
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	27 January 2015

Purpose of Report: To receive, agree and prioritise the Work Programme of the Commission.

Recommended Action: To consider the current, proposed and future items for scrutiny.

Overview and Scrutiny Management Commission Chairman	
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Executive Report

1. Introduction

- 1.1 The work programme for the Overview and Scrutiny Management Commission is attached at Appendix A for the Commission's consideration. Members are also asked to consider any future areas for scrutiny.

Appendices

Appendix A – Overview and Scrutiny Management Commission Work Programme

Overview and Scrutiny Management Commission Work Programme - 2014/15

Reference	Subject	Purpose	Format	Methodology	Start Date	End Date	Lead Officer / Service Area	Portfolio Holder	Status	Comments
OSMC/14/151	Children's Services governance arrangements	To assess the extent to which the internal and partnership bodies governing the activities of Children's Services collectively proved a framework that is necessary, comprehensive, efficient and effective.	Task Group		May-14	Jan-15	Mark Evans - 2735 Children's Services	Children and Young People	In progress	Suggested by Rachael Wardell and added to the work programme at the meeting of 25 February 2014. Task Group established - first meeting 18 July 2014
OSMC/14/155	Affordable Housing	The process for obtaining and delivering affordable housing within new developments, using Parkway as a case study	In meeting		Oct-14	Feb-15	Gary Lugg / June Graves	Housing	in progress	Agreed at meeting 1 July 2014. Considered at Oct meeting. Update to be provided in February 2015
OSMC/09/02	Performance Report for Level One Indicators	To monitor quarterly the performance levels across the Council and to consider, where appropriate, any remedial action. Quarterly Item	In meeting		quarterly item	Jan-15	Andy Day - Head of Strategic Support	Strategy and Performance	Scheduled	Quarterly item. To be heard Q1: Sept 14, Q2: Jan 15, Q3: March 15
OSMC/14/160	Maternity cover for West Berkshire's residents	To understand the causes of the maternity unit closures during August 2014 and the action that is being taken to avoid recurrence.	In meeting		Jan-15	Jan-15	Gill Valentine - Director of Midwifery, RBH	Health & Wellbeing	Scheduled	Considered at the December 2014 meeting - Members agreed to schedule the topic for discussion at the January 2015 meeting.
OSMC/14/154	Self Insurance Fund	To determine the level at which the Self Insurance Fund should be set, balancing the level of risk with the size of the reserve.	Task Group		Jan-15	Feb-15	Andy Walker – 2433 Finance	Finance	Scheduled	Suggested by Councillor Alan Law and added to the work programme at the meeting of 8 April 2014.
OSMC/11/129	Housing Allocations policy	To conduct a review of the effectiveness of the Council's Housing Allocation Policy	In meeting		Nov-13	Jun-15	Mel Brain - 2403 Social Care Commissioning and Housing	Housing	Scheduled	Reviewed 2 Dec 14 (12 months after implementation). Further review to be conducted 6 months after the implication of the additional revisions agreed at Dec 14 Exec.
OSMC/14/153	Severe weather	To understand the effect of and response to severe weather experienced during the winter of 2013/14.	Special meetings		Jun-15	Jun-15	Carolyn Richardson - 2105 Civil Contingencies Manager	Emergency Planning	Scheduled	Review concluded in September 2014 - recommendations to be revisited in 2015. 1. Sand bag policy review 2. Communications Strategy 3. Recommendations / action plan progress report
OSMC/12/149	Newbury town centre parking	To ensure that the needs of Newbury residents, businesses and visitors are appropriately balanced.	Task Group		Sep-14	Jul-15	Mark Edwards–2208 Highways and Transport	Transport Operations	Scheduled	Suggested by Councillor Tony Vickers and added to the work programme at the meeting of 2 July 2013. Agreed on 2 Dec 14 - review to take place in Q2 2015
OSMC/12/135	Annual target setting	To examine the annual targets being set for 2014/15.	Task Group (Clrs Webb, Webster & Vickers)	Task group working directly with PM officers	May-15	Jul-15	Catalin Bogos – 2102 Strategic Support	Strategy and Performance	Scheduled	Annual review. Task group will be scheduled to meet May or June 2015.
OSMC/14/159	Reducing External Placements Costs	Review the effectiveness and savings delivered by the Social Media Administrator.	In meeting		Jul-15	Jul-15	Mark Evans - 2735 Children's Services	Children and Young People		Agreed at the meeting 1/7/14 that the item would return to the Comision 12 months post implementation to review the effectiveness and savings delivered by the Social Media Administrator.
OSMC/14/152	Fairer Contributions policy	To review the content of the Fairer Contributions policy.	In meeting		May-14	May-15	June Graves - 2733 Head of Care Comm, Housing, Safeguarding	Adult Social Care	To be scheduled	Suggested by Councillor Gwen Mason and added to the work programme at the meeting of 25 February 2014. Heard at the meetings of 25 June 2014 1 July 2014. Agreed that there would be scrutiny involvement in the review of the policy scheduled to take place in late 2014/early 2015.
OSMC/09/157	Revenue and capital budget reports	To receive the latest period revenue and capital budget reports	In meeting	Quarterly item.	Apr-14	Ongoing	Andy Walker – 2433 Finance	Finance	Scheduled	May lead to areas for in depth review.
OSMC/14/158	Delayed Transfer of Care	To identify the causes of Delayed Transfers of Care (DToC) and how they might be addressed.	Task Group		TBC	Feb-15	Tandra Forster – 2736 Adult Social Care	Adult Social Care	to be scheduled	Suggested by Councillor Roger Hunneman and added to the work programme at the meeting of 20 May 2014

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Agenda Item 10.

Title of Report:	Maternity services for West Berkshire's residents
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	27 January 2015

Purpose of Report: To receive, agree and prioritise the Work Programme of the Commission.

Recommended Action: To consider the current, proposed and future items for scrutiny.

Overview and Scrutiny Management Commission Chairman	
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Executive Report

1. Introduction

- 1.1 At its meeting of 2 December 2014 the Overview and Scrutiny Management Commission agreed to examine the circumstances surrounding recent closures to the Royal Berkshire' Hospital's maternity unit.
- 1.2 The report introduces the item to the Commission and sets out suggested terms for the debate.

2. Proposal for scrutiny – maternity cover for West Berkshire's residents

- 2.1 The 9 October 2014 edition of the Newbury Weekly News carried an article telling that during August 2014 the maternity unit at the Royal Berkshire Hospital had closed six times due to staff shortages. The maternity unit provides both pre- and post-natal services.
- 2.2 In order to understand the implications for the residents of West Berkshire, Gill Valentine (Director of Midwifery) will attend the Commission's meeting to inform the debate.
- 2.3 It is proposed that Members may wish to understand
 - (1) The services provided by the maternity unit
 - (2) The staffing levels that are required for safe operation
 - (3) The specific causes of the August closures
 - (4) The remedial measures that have been taken to avoid any recurrence
 - (5) To make recommendations as required.
- 2.4 To inform the debate, attached at Appendix A is an extract from the report issued by the Care Quality Commission following its 2014 quality inspection of the Royal Berkshire Hospital.






3. Recommendation

- 3.1 It is recommended that the Commission conducts scrutiny and identifies recommendations as required.

Appendices

- Appendix A Maternity Services extract of the Care Quality Commission quality report on the Royal Berkshire Hospital

Maternity and family planning

Safe	Inadequate 
Effective	Requires improvement 
Caring	Good 
Responsive	Requires improvement 
Well-led	Requires improvement 

Information about the service

A full range of maternity services is provided at the Royal Berkshire Hospital, which include:

- Rushey midwifery-led unit
- Iffley ward antenatal, postnatal and transitional care
- Marsh ward postnatal
- Delivery suite
- Antenatal clinic
- Day assessment unit
- Community midwifery
- Ultrasound department
- Willow bereavement room

During 2012/13 there were 5833 hospital deliveries and 5939 births (includes multiple births) at the Royal Berkshire Hospital plus and 143 home births.

The delivery suite comprises ten delivery rooms, a room with a birthing pool, and another room used for delivering known as the 'home from home' room. There are two operating theatres, and three rooms used for women who require a higher level of care, but are not in labour. The day assessment unit is adjacent to the delivery suite, and comprises of four rooms. All inductions commence on the day assessment unit – up to a maximum of four per day. and pre-operative assessment also occurs here.

Rushey Midwifery-led unit is a labour unit comprising of four rooms and is located on the sixth floor, adjacent to the neonatal unit (NNU), Buscot ward. Triage occurs here in one of two additional rooms.

Iffley ward provides antenatal, postnatal and transitional care, and Marsh ward is a postnatal.

Community services are provided by four teams of community midwives. Satellite antenatal clinics are held once a week at both West Berkshire Community Hospital and Wokingham Hospital, and obstetric ultrasound sessions are held twice weekly at West Berkshire Community Hospital. Multi-professional antenatal clinics are held at the Royal Berkshire Hospital. A consultant who specialises in fetal medicine has twice weekly sessions within the ultrasound department.

Maternity and family planning

Summary of findings

Midwifery staffing levels were found to be insufficient to provide a consistently safe service, especially on Rushey ward. However, following our announced inspection, the trust closed two beds to manage capacity and associated safety risks. Medical staffing did not meet the recommended national guidelines for consultant presence on the unit. The ventilation system within the delivery suite had been identified as not meeting standards expected, which meant that staff were potentially at risk from inhalation of excess nitrous oxide. Essential maintenance of equipment would often take some time to occur. Baths on Rushey ward were used to labour and deliver in, and evacuation equipment in the event of a sudden maternal collapse was not available in these rooms; however, the trust closed these rooms following the announced inspection, until a formal review could be carried out regarding their safety.

Instrumental and caesarean section rates were higher than expected. Inductions of labour were subject to delay due to workload pressures. The maternity service had a policy to divert women to neighbouring trusts due to lack of capacity or high workload, which was implemented at least once per month. At these times the home birth service could also be suspended.

Care was delivered with kindness and compassion. Patients and their partners were involved, and emotional support was good, particularly in times of bereavement. There was a visible and supportive midwifery and obstetric management team and there was an open and honest culture with well-defined governance structure.

Are maternity and family planning services safe?

Inadequate 

Significant improvements were required in order to ensure that safe care was delivered to all women at all times.

Midwifery staffing levels were insufficient to provide a consistently safe service. In order to provide one-to-one care in labour, midwives were taken from the ward areas and the community, leaving them under-resourced for the work they had to undertake. As a result, medicines and observations were at risk of being delayed. Activity on Rushey ward far outstripped its capacity with the current midwifery staffing.

Midwives were undertaking triage whilst also carrying out the duties that should be done by the ward clerks or support workers. Women were, at times, left unobserved in waiting areas whilst midwives attempted to find them a bed on the delivery suite. Additional staffing had been recommended following both internal and external reviews undertaken as a result of a cluster of deliveries, where babies were born in an unexpectedly poor condition. In addition, it was recommended that a band 7 midwife be in charge on each shift. This had yet to be put into action, despite the cluster of incidents occurring eight to nine months ago.

During our inspection we were sufficiently concerned about the staffing levels that we raised this with the executive team. They immediately responded to our concerns and closed two of the beds on Rushey Ward within 24 hours.

Cleanliness, Infection control and hygiene

- Ward areas appeared clean, and we saw staff regularly wash their hands and use hand gel between treating patients.
- 'Bare below the elbow' policies were adhered to. Hand gel dispensers were outside all doors, with signage advising staff and visitors to use it.
- There were no recent cases of MRSA and C. difficile.

Maternity and family planning

Midwifery Staffing

- Births to midwife ratio was 1:35 across the organisation; however, the midwife to birth ratio on Rushey ward was considerably higher, and at times it had been reported as 1:62 due to increased deliveries on Rushey ward.
- Staff were called from other areas to provide one-to-one care for labouring women, which was achieved between 98-100% of the time. In addition to this, 10.2 wte midwives had recently been appointed, but were yet to commence employment. There was an additional vacancy rate of 1.2 wte.
- Following an external review, commissioned as a result of a cluster of deliveries with babies born in poor condition, it was identified that an additional six midwives were required on Rushey ward. The incidents had occurred eight to nine months ago. The external review reported their findings in January 2014. A business case had been agreed by the Urgent Care Board to recruit additional midwives; however, this was yet to be approved by the trust and the staffing shortfall remained at the time of the inspection.
- The external review identified the need for a band 7 midwife to be in charge and co-ordinating for all shifts on Rushey ward. This was still not in place for all shifts. Midwives worked twelve hour shifts, which meant there were a total of 14 shifts in a week. Only five of the 14 shifts per week were covered by a band 7 midwife from the core of midwives who were on Rushey staffing rota. The other band 7 cover was provided with staff movement throughout the unit to attempt to address this, but there were still occasions when the ward was without a senior midwife.
- The co-ordinator on the delivery suite was supernumerary for most of the time. The delivery suite undertook an activity monitoring tool, as recommended by the National Patient Safety Agency. Activity was recorded every four hours. This showed that the co-ordinator for the delivery suite was supernumerary for 86-96% of the time.
- Staff reported that most newly-recruited midwives were newly-qualified, and therefore employed to undertake preceptorship scheme work before progressing onto a band 6. Whilst accepting this was necessary, staff told us that this added greater pressure to existing and experienced midwives, who were required to support the new midwives in practice.
- Rushey ward staffing levels allowed for two midwives to care for labouring women, one midwife to undertake triage, and one midwifery care assistant. At night, the homebirth midwife and their second (community-based) midwife also attended the unit, if they had no women at home in labour, who were planning a home birth.
- As there was no ward clerk employed for any cover on Rushey ward, the triage midwife also undertook roles that would often be undertaken by them; for example, accessing medical records. Most women attended the triage area before being transferred to other areas, such as the delivery suite or to Iffley ward if appropriate. We saw, at times, there was more than one woman attending who was requiring triaging. We reviewed the activity of one night picked at random, and saw three women had attended in labour, one at 3.05am, one at 3.10am and one at 3.20am. These were all under the care of the triage midwife as there were also two women in labour. The triage midwife was required to keep a log of activity. We reviewed the log which contained large gaps. We were told this was as a result of the triage midwife being too busy to complete the paper log. This meant there was not a clear record of activity, particularly when the Rushey unit became busy.
- During busy times, in order to achieve one-to-one care in labour, midwives were taken from other areas, such as Iffley ward and Marsh ward. Staff there told us that this was a frequent occurrence. We saw from incident reports that at these times, care was often sub-optimal, with delay in the administration of medicines and observations.
- Iffley ward presented their ideal and actual staffing numbers on a safety cross on the ward, and also as a percentage. The agreed midwifery staffing numbers for the ward were set at four midwives on an early shift, four on a late shift, and three on a night shift, supported by one nursery nurse per shift and two midwifery care assistants. Figures for January 2014 showed they only had the correct number of midwives on an early shift for 19% of the time, for a late shift that figure fell to 6%, and for a night shift, 13%. Nursery nurse and midwifery care assistant presence ranged from 90-100%. We saw, at busy times or during periods of sickness, areas were left with insufficient staff. For example, we saw one incident report from Iffley ward in October 2013, which reported a full ward with two midwives, one staff nurse and one maternity care assistant. Agreed staffing levels were for

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four midwives. The incident report stated inadequate care was given. No support was given to breastfeeding and first time mothers. There were a total of 19 discharges, five babies were in receipt of IV antibiotics, one baby was receiving phototherapy, and a postnatal mother required a blood transfusion. There were also delays in administering intra venous antibiotics.

- An incident report from October 2013 cited that only one midwife and two maternity care assistants were on Iffley ward for a night shift. On another night, Iffley ward had 14 antenatal women, including two who were being induced, one in early labour awaiting transfer to the delivery suite for artificial rupture of membranes, 11 postnatal women and babies, of which five babies were in receipt of transitional care, including one having intravenous antibiotics, and one having phototherapy. One midwife was taken to work on the delivery suite, leaving only two midwives on the ward. As a result, staff reported not having breaks, and delays had occurred with medication administration, including those prescribed to be given intravenously.
- Sickness levels were higher than other areas within the trust, at 5%, and above the England average of 4.3%. Staff told us people would often become unfit for work as a direct result of the stress they felt from the workload. Medical staff told us that they felt there were insufficient midwives, and that they had a high sickness rate as a result of the pressure they worked under.
- All midwives must have access to a Supervisor of Midwives at all times, (NMC 2004 Midwives rules and standards - Rule 12). The ratio of Supervisor of Midwives to midwives was 1:20. This is higher than the recommended ratio of 1:15 and greatly increased the workload on the Supervisor of Midwives. Supervisor of Midwives are required to carry out annual reviews with all midwives. This had occurred for 93% of the midwives.

Medical Staffing

- There were seven full time consultants obstetricians were employed. Obstetric consultant cover on the delivery suite ranged from 68-91 hours, which was below the recommended standard of 168 hours of consultant cover each week. None were employed to also cover gynaecology. However, junior staff were shared between both specialities.
- There was a requirement for dedicated anaesthetic consultant cover to be present on the delivery suite for a

minimum of 50 hours a week. This was not being met on most weeks, with 46.4-47.8 hours cover being provided. However, a consultant anaesthetist was present on the delivery suite Monday-Friday 8am-6pm. Out of hours, there was always a consultant on-call. Trainees received daytime supervision by the consultant anaesthetist on the labour ward. Staff we spoke with felt that consultant anaesthetists readily attended out of hours.

- Junior doctors told us that there were adequate numbers of junior doctors on the wards out of hours, and that consultants were contactable by phone if they needed any support.
- Whilst midwifery staffing levels did not change across the week, medical staffing was reduced at weekends. Consultants were, however, on-call, and it was recognised they were always available, and that they had a low threshold to attend. However, consultants did not always routinely visit the wards frequently. This meant that some women, who were admitted antenatally, did not see a consultant during their inpatient stay.

Nursing and Medical Handover

- Midwifery handover occurred at the beginning of each shift. Medical staff undertook handovers on the delivery suite. The handover was structured and detailed issues of concern.

Management of the deteriorating patient

- The unit used the Modified Obstetric Warning Scoring System. Staff spoken with were aware of the appropriate action to be taken if patients scored higher than expected.
- We looked at completed charts, and saw that staff had escalated correctly, and repeat observations were taken within the necessary time frames.
- Staff undertook 'fresh eyes' on the delivery suite. This is a structured review of electronic fetal monitoring by someone other than the midwife providing care, and was required to occur hourly during labour. However, this did not always occur on Rushey ward when patients needed continuous monitoring.
- Staff used the SBAR communication tool when handing over or discussing concerns (Situation, Background, Assessment, Response).
- A few staff on the delivery suite had undergone the high dependency course through the University of the West London to increase skills of HDU care.

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Safety Thermometer

- Safety thermometer information was clearly displayed on the wards. This included information about all new harms, falls with harm, new venous thromboembolism (VTE), catheter use with urinary tract infections and new pressure ulcers. In addition, required and actual staffing levels were publicised on Iffley ward, along with medication incidents.

Incidents

- There had been no recent 'never events' reported. A 'cluster' of deliveries with poor neonatal outcomes were identified over a period of two months on Rushey ward. As a result, an internal investigation was undertaken. Meetings were held with staff on the ward, chaired by senior members of the midwifery team, and findings were shared with staff. Staff felt the process had been open and responsive. Learning had been identified, and action had been put in place. For example, all staff were now fully trained in the use of the resuscitaire devices on the ward, which differed from those used on the delivery suite, and simulation training occurred on Rushey ward as well as on the delivery suite.
- The results of serious untoward incidents were shared with staff through maternity governance and clinical risk meetings. Minutes were shared with staff, and learning as a result of them became part of the annual professional study day for midwives.
- Where serious incidents occurred, senior staff offered to meet with parents and share the investigation reports.
- All staff we spoke to stated that they were encouraged to report incidents and received direct feedback from their matron. Themes from incidents were discussed at monthly clinical risk and governance meetings. Where necessary, supervisors of midwives were involved in practice and performance issues identified as a result of incidents.
- Staff reported clinical incidents such as 3rd and 4th degree tears, retained placentas, and unexpected admissions into the neonatal ward. The frequency of these were then monitored to identify trends. As a result, changes were implemented. For example, there had been an increase in perineal wound infections. Cleansing solution had been changed and staff had been reminded of the need to inspect perineums during the postnatal examination.

- Incidents relating to extreme workload, or reduced staffing levels, were inconsistently categorised. Some incidents were recorded as incidents affecting the organisation, some as incidents affecting staff, and some as incidents affecting the patient. A lack of a consistent approach to the recording of incidents where staffing levels were sub-optimal, and affecting patient care and safety, meant that an overview could not be seen and monitored.
- Staff received feedback from incidents at ward and department meetings. Minutes of ward meetings were also produced and sent to staff, as well as being placed on a shared drive.

Environment and Equipment

- The labour ward had an insufficient scavenging system to remove used nitrous oxide from the air (produced when using entonox). This was identified following an external report which identified a risk to patients and staff. This was placed on the risk register in April 2013, and was categorised as a major risk. There was no date identified at which this was to be addressed and women continued to use entonox throughout their labours as required. This meant that staff would potentially be exposed to higher than expected levels of nitrous oxide.
- Wards and the delivery suite were accessed through a locked door, controlled by a buzzer, with CCTV observation. Staff wore identification badges containing their photographs. We observed people being questioned before they were allowed entry. However, the risk register referred to a security incident in November 2013, where a back stairway giving access to a postnatal ward had been found to be unlocked. The continuous alarm had been silenced, meaning that staff were not alerted to the issue. Staff had been informed to be vigilant. A further incident occurred, and despite escalating concerns to the director of estates, a formal response remained outstanding in February 2014.
- Equipment was appropriately checked and cleaned regularly. We saw emergency resuscitation trolleys had been checked thoroughly daily, and records were maintained to demonstrate this. There was adequate equipment on the wards to ensure safe care (specifically cardiotocography (CTG) and resuscitation equipment). However, staff we spoke with identified concerns regarding maintenance and repair of essential equipment, particularly sonacaids used for listening to the fetal heart in the community, and prior to placement

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of a CTG. Where these had required repair, staff reported periods of 2-3 weeks where they were required to share equipment with their colleagues. We also saw incidents reported where staff were unable to monitor all babies via a fetal scalp electrode when it was necessary. As a result, abdominal monitoring was used until 'a lead' had become available as a result of a delivery.

- Rushey ward had four delivery rooms, one of which had a birth pool and two of which had large corner baths. Midwives we spoke with described using the baths frequently when women were in labour, and also conducting the delivery of some women in them. There was one net for the emergency evacuation of a collapsed woman out of the birthing pool. This was stored in the delivery room within easy access. However, no emergency evacuation equipment existed in the rooms with corner baths. When asked how evacuation would be conducted should a woman collapse in the bath, staff told us they would use a sheet and had practised with this. This potentially placed the health and safety of both women and midwives at risk. This was raised with the executive team during the announced inspection, and they closed the two rooms on Rushey ward to prevent these rooms being used for women to labour in the bath, until the risks and mitigations had been assessed more thoroughly.

Medicines

- Medicines were stored correctly, including in locked cupboards or fridges where necessary. Fridge temperatures were checked.
- Staff who administered IV antibiotics to neonates received additional training.
- The midwives exemption list meant midwives were able to administer medicines such as diamorphine and entonox to women in labour.
- Emergency O negative blood and a paediatric blood supply were stored in a blood fridge on the delivery suite. A Bar coded system was in operation for tracking and monitoring usage. Stock and storage was the responsibility of the transfusion department.

Records

- All records were in paper format and all health care professionals documented in the same place. Women were given hand held records at booking. These were added to at each visit to a healthcare professional.

- Care pathways for first stage and second stage of labour were used in all areas.
- Postnatal records were created following delivery, containing all details of the mother and baby, including mode of delivery, blood loss and the neonatal check. These records accompanied the woman on discharge and were used by the community midwife during all home visits. On discharge from the service, these records were returned and 'married up' with the woman's medical records.
- All midwives and doctors had a stamp of their name and registration number. This made it clear who had made each entry.

Mental Capacity Act, Consenting and Deprivation of Liberty Safeguarding

- Patients were consented appropriately and correctly. At the time of the inspection, there were no women who did not have capacity to consent to their procedure.

Mandatory Training

- We looked at staff mandatory training records, and compliance with mandatory training was good.
- Staff stated that they had good access to training and received four mandatory training days per year, covering obstetric emergency skills training, neonatal and adult resuscitation, and a professional day which covered any new and 'hot topics'.
- Midwives were also required to undertake CTG training every three months.
- Compliance with training was good, and was linked to incremental pay progression.
- Midwives who were newly-qualified undertook a period of preceptorship, which lasted at least nine months. During that time they were able to attend monthly supervision sessions. They were also required to complete all mandatory training and to be assessed as competent for skills such as cannulation and perineal suturing. Newly qualified midwives spoke highly of the support and access to training they received during this time.
- Data received from the trust showed compliance with mandatory training to be significantly lower than that evidence of compliance being reported by the service areas.

Maternity and family planning

Are maternity and family planning services effective?
(for example, treatment is effective)

Requires improvement 

The maternity service required improvement in order to be effective. Guidelines were written in line with national guidance, and policies and procedures were updated as practice changed. New learning was fed into the midwifery professional learning days.

The service had a dashboard, but few staff beyond senior staff were aware of it. Instrumental and caesarean section rates were higher than expected; this not only increases the costs to the service, but also the risk to women and babies. Inductions of labour were subject to delay due to workload pressures. In one month postponement of planned inductions occurred 72 times. The home birth service had, on at least two occasions, been suspended. The homebirth rate was below the Clinical Commissioning Group (CCG) target but on a trajectory to meet it.

Staff worked well together, and there was a well-resourced multidisciplinary team, meaning that the requirements of women with medical or complex health or social needs were met. Communication was felt to be good. This meant that women in greatest need received the care and support they required to meet their needs.

Failure to maintain and repair equipment in a timely manner meant that the service was unable to run effectively at times.

All forms of pain relief were available to women, including a 24 hour, seven day a week epidural service.

Use of National Guidelines

- The Maternity unit used nationally-recognised guidelines (for example, Safer Childbirth: minimum standards for the organisation and delivery of care in labour) to determine the treatment they provided. Local policies were written in line with this, and were updated if national guidance changed.
- At the monthly departmental meetings any changes to guidance, and the impact that it would have on their

practice, were discussed. Changes also featured in the annual professional day. In addition, the delivery suite had a board where a 'Topic of the month' was available for all to read.

Outcomes for the unit

- The maternity service had a quality dashboard which was reviewed monthly at the governance meeting; however, junior medical staff were unaware of its existence.
- The normal delivery rate (58%) was below the England average (61%).
- The elective caesarean section rate at 11.8% was higher than the England average (10.7%). The emergency caesarean section rate was comparable with the England average (14.8% against an England average rate of 14.5%). When questioned, one member of staff indicated that there was a pressure to carry out caesarean sections for non-clinical reasons, due to the ward pressures.
- Instrumental delivery rates overall were also higher than the England average (14.5% compared to 12.7%). When questioned, medical staff spoke of the difficulty in supervising all deliveries to support decisions and modes of delivery.
- Puerperal sepsis and other puerperal infections were higher at 149 for the period July 2012-July 2013, than would be expected at 124. Staff told us that midwives had been reminded of the need to view perineal and abdominal wounds for signs of healing during the postnatal examination.
- 22-23% of all deliveries occurred on the midwifery led unit (Rushey ward). Rushey ward also had a transfer rate in labour to the delivery suite of 28%. Of these, 28% were for delay in the second stage of labour, exceeding the national birth place study findings which reported a 16% rate for transfer due to second stage delay. Staff had identified their transfer rate as being high, and were undertaking a retrospective audit. Early findings indicated misdiagnosis of the second stage of labour as being a factor in some of the transfers. However, concerns were also raised by some staff that transfer to the delivery suite did not occur soon enough in some cases.
- The unit homebirth rate was currently 2.4%, against a target set by the Clinical Commissioning Group of 5%.

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- Vaginal birth after caesarean section (VBAC) rate was 72%, against the CCG target of 60%, which meant that more women achieved a VBAC.

Care Plans and Pathway

- A Female Genital Mutilation (FGM) pathway, led by the social inclusion midwife, had been developed.
- Women who had undergone a previous caesarean section were seen in the early stages of their pregnancy, in a clinic staffed by midwives, to allow time to discuss options and modes of delivery.
- Where elective sections were planned, women attended pre-operative assessment in the day assessment unit.
- Plans of care were written with clear instructions when women were admitted antenatally, or experienced complications, such as major obstetric haemorrhage post delivery.
- There were two separate partograms for the 1st and 2nd stages of labour. These were charts used to monitor progress and record observations in labour. Each gave guidance as to normal progress. We saw these had been used in the care records reviewed, with the exception of one. In this instance, delivery occurred within five minutes of the woman entering the delivery room.

Multidisciplinary Team working and working with others

- Relationship with pharmacists, physiotherapists, neonatologists, anaesthetists and other members of the multidisciplinary team was described as very good.
- The service employed two diabetic specialist midwives, one antenatal screening co-ordinator, one newborn screening co-ordinator, one substance misuse midwife, and one HIV specialist midwife, who all worked within the antenatal clinic.
- A community diabetologist worked alongside the obstetric team, providing care for women with diabetes and gestational diabetes, and there was an anaesthetic clinic for women identified as high risk, to plan their needs for labour and delivery.
- The community team and Rushey ward were managed by the same matron. Both areas worked the same shift patterns, and midwives from the community often worked on Rushey ward.
- The midwife-led unit and delivery suite used the same policies and procedures ensuring a continuity of care.
- Iffley ward had the facility to provide transitional care to babies. This included the administration of intravenous

antibiotics on the ward. There was good communication between both areas, and the nurse practitioner from the neonatal unit had provided education and support to midwives when they began to administer intravenous antibiotics. This resulted in a better experience for women, as it meant that they could remain on the ward, rather than having to attend Buscot ward twice a day.

- Midwives were trained to undertake the newborn and infant physical examination (NIPE); however, support was always available for the neonatal medical staff.
- The HIV specialist midwife attended monthly multidisciplinary meetings with staff from the department of sexual health, to plan the care for this group of women.
- At the time of the unannounced inspection, the bleep system throughout the unit had failed. Staff were using walkie talkies and mobile phones to communicate in line with the bleep policy. The issue was quickly rectified. The senior midwife in charge of the unit that day ensured that all staff were aware of how to contact each other in the event of an emergency.

Pain relief

- Entonox, TENS (transcutaneous electrical nerve stimulation) and diamorphine were available for analgesia in labour, as was water in the birth pool on Rushey ward. Rushey ward also provide intradermal sterile water injections as pain relief for women in labour who were experiencing back pain. Though not yet recognised by NICE, as a result of the success of this trial, the practice was just commencing on the delivery suite, though at the time of the inspection, few midwives had undertaken the addition training required.
- Epidurals are available 24/7, with a dedicated anaesthetist who was based on the delivery suite

Seven day services

- Midwifery staff across the unit were unchanged during the week. At weekends, obstetric and anaesthetic consultants were on-call and available for advice as required. Obstetric Consultant presence did not meet national recommendations of 168 hours per week. Staff reported that they had a low threshold for attending the delivery suite out of hours.

Maternity and family planning

Are maternity and family planning services caring?

Good 

The maternity services were caring. Care was delivered with kindness and compassion. Patients and their partners were involved, and emotional support was good, particularly in times of bereavement.

Compassionate Care

- In the CQC Maternity service survey 2013, 196 women were asked about their care at the hospital. There was a poor response rate; however, from the responses seen, the trust compared about the same as other trusts for all aspects of maternity care, including antenatal, during labour and birth, and in the first few weeks after birth.
- The Friends and Family Test was being carried out, with 75% of respondents being happy to recommend the service to their friends and family. The response rate was currently 13.5%.
- Throughout our inspection, we witnessed women being treated with compassion, dignity and respect. We saw that call bells were, in the main, answered promptly.
- We looked at patient records and found that they were completed sensitively and detailed discussions that had taken place with women and their partners.
- The unit held a bereavement service each year to allow families and staff to spend time and reflect.

Patient involvement in their care

- Women we spoke with stated that they had been involved in decisions regarding their choice of birth location, and were informed of the risks and benefits of each. They felt that once they had made the decision, they had been appropriately supported.
- Women carried their own records throughout their pregnancy and postnatal period of care. These contained information as well as contact point details, and were used by all staff to document care.
- The maternity services liaison committee met quarterly, and regularly sought the views of women. This was carried out by the chair of the group visiting the wards and talking to women.

Emotional Support

- The trust employed a specialist bereavement midwife, who provided support to parents and staff alike. There was a bereavement room on the delivery suite, and a room on Iffley ward which was used for antenatal and postnatal stays.
- In the event of a stillbirth, or unexpected death, women either remained in Willow room, the dedicated bereavement room on the delivery suite, or else they returned to Iffley ward to a 'home from home' bereavement room, away from the postnatal areas.
- Written information was available for women in the room, allowing them to look at and take in information in their own time. We saw a diary used by women to write their experiences. Partners were encouraged to stay as long as required.
- Chaplaincy care was available. Support for other faiths was arranged as required.
- Whilst acknowledging the role was, at times, difficult and stressful, midwives and medical staff spoke of good team work, support and of enjoying coming to work.

Are maternity and family planning services responsive to people's needs? (for example, to feedback?)

Requires improvement 

The maternity service is not responsive to the needs of the population and requires improvement.

There was good access for women to the service. Vulnerable women were particularly well supported by the Poppy team. This meant they were more likely to access the right care and attention.

Rushey ward had a good range of equipment; however, there was far less equipment available on the delivery suite. This limited women's choices with regards to positions for labour and delivery.

The maternity service had a divert policy, which was implemented at least once per month, often due to a lack of capacity or high workload. This meant that women had to travel to neighbouring organisations in order to deliver their babies. At these times, the home birth service could also be suspended, again removing women's choice. Most

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women attended for triage through Rushey ward. In addition, the ward performed 23% of deliveries in only four delivery rooms. This meant throughput was consistently high. Women were, at times, required to wait in the waiting area whilst a bed was sought, particularly if a third woman attended for triage, as there was only two rooms. This meant labouring women were at times unsupervised. We saw this had occurred for one woman during the period of our inspection. The woman had progressed to full dilatation whilst in the waiting area.

Access

- We reviewed the incident forms and spoke to staff about the frequency that women were diverted to other units. From the incident forms viewed, we saw that the unit went onto divert at least once a month.
- Since opening 18 months ago, Rushey ward had not closed to admissions.
- The home birth service had been cancelled on at least two occasions in the last six months due to there being insufficient staff, and the unit went onto divert at least once per month. This meant women who were telephoned the unit in labour were diverted to other units in the area for care and delivery.
- Performance data taken from 2012/13 showed that 89% of women were booked (attend their first appointment in their pregnancy) before 13 weeks gestation against a target of 90%.
- In the six months prior to the inspection, planned inductions of labour were postponed from between 23 and 72 times per month, due to a lack of staffing, or unit capacity issues.
- Partners were encouraged to visit, and visiting times were waived for mothers in labour. Overnight facilities were available for partners in the event of a stillbirth or neonatal death.
- A VBAC clinic was just about to commence in order to allow women access to information on the mode of delivery choices earlier in their pregnancy.

Equipment and facilities

- There was a good range of equipment on Rushey ward for women to use in labour, including birthing balls, birthing couches, mats and a birthing pool. Beds were housed in the walls, but could be pulled down when required. Should suturing be required, Rushey ward had

a suturing bed to allow examination and suturing to occur. There was a couch for transfers to the delivery suite, and an additional resuscitator device, should a delivery occur in the triage area.

- Women delivering on the delivery suite had less equipment available. The birthing pool was out of use due to a maintenance issue. There were no birthing couches, and we did not see any birthing balls during our visit. Rooms were laid out with a bed in the middle, meaning there was also less space for the labouring woman to mobilise. Each room had a chair for the use of partners during the labour.
- Birth partners were encouraged to stay with the woman when in labour; however, unless the woman had a stillbirth, facilities did not exist for partners to remain for a prolonged period after delivery. If women had a single room then partners were able to stay.
- When facilities or equipment became faulty, repair or replacement was often delayed. Staff told us that water had not been hot for several weeks during the winter period. This meant that women were unable to have a bath or shower during their stay. Other staff spoke of having to share vital equipment, such as sonacoids, whilst theirs were being repaired.

Maintaining flow through the department and discharge planning

- Midwives had been trained to perform the neonatal examination, and 99% of babies had received their newborn and infant physical examination (NIPE) within 72 hours.
- The day assessment unit is open Monday to Friday 7.30am-6pm, and Saturday mornings. Women with both antenatal and postnatal problems are assessed and treated in this area.
- Midwives told us that discharge was often delayed due to waiting for medicines to arrive from the pharmacy.
- During busy times, staff told us they 'pulled staff' from other areas to provide support. The main need for midwifery support was to enable one-to-one midwifery care for women in labour. This often meant midwives were taken from the postnatal wards, which in turn resulted in delays in performing discharge checks and discharging women.
- Whilst only having four delivery rooms, Rushey ward undertook 23% of all deliveries. Throughput in this area was consistently high. Staff told us that despite having four rooms, the original intention had been to only use

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two rooms; however, staff did not want to turn women away and transfer them to the delivery suite if there was a vacant room on Rushey ward. The unit had a policy entitled 'planning place of birth' which set out the criteria for women to deliver either at home or on Rushey ward. This criterion included the need to be at between 37-42 weeks gestation. We spoke to one woman and her partner who had delivered on Rushey ward at 36 weeks. We also read their notes, which reported the 'unit currently full'. The woman spent one hour in the lounge / waiting area on Rushey ward, before being transferred to a delivery room. During that time, she reported feeling nauseous, and was contracting 1-2:10 (1-2 contractions every ten minutes). This was the fourth time she had presented to the unit. During that time, she had not been observed by a midwife.

- We met one woman who had delivered early that morning. We were told the staff were busy on Rushey ward, and that following triage, she had requested an epidural. Despite it being her second baby, and being in an advanced stage of labour, she was moved out of a triage room into a waiting area, where she rapidly progressed in labour. Rapid transfer to a delivery room on Rushey occurred, and she quickly progressed to have a normal delivery. Both mother and baby were well; however, immediate transfer to a delivery room from triage should have occurred. At the time, all other midwives on Rushey were with other labouring women.
- In reviewing incidents, we noted that the homebirth service had been suspended on two occasions due to a lack of midwives.

Meeting the needs of all people

- There was a team of midwives (known as the Poppy team) who looked after vulnerable and hard to access women in the community, including pregnant teenagers, and those with drug and alcohol misuse. Staff spoke highly of the team, citing good communication from them, to allow hospital midwives to provide appropriate care to meet the woman's needs. This team worked closely with social services, and other members of the multidisciplinary team.
- Women attended Rushey ward to be triaged prior to admission or delivery. We saw a 'green spot' notice had been placed on the back of the toilet doors, with the

instruction to women to place a green spot sticker on the base of their urine sample pot to indicate they would like to discuss something with a midwife in confidence.

- Translation facilities were felt to be good. Iffley ward had a welcome sign written in several different languages. The service employed several midwives who were Polish, as well as some asian speaking midwifery care assistants, who worked in the community. A translation line could be used, and translators could be booked to attend with women if necessary.
- Antenatal education sessions were run for women whose main language was Polish. Polish speaking midwives ran these sessions, which covered antenatal care, place of birth, analgesia and postnatal care.
- There were several information leaflets available in the main languages spoken in the community; however, it was recognised that the views of women whose first language was not English were not always sought.

Communication with GPs, other providers and other departments within the trust

- Upon discharge from the maternity unit, antenatal women were given back their hand held records, and postnatal women were given a set of postnatal records. Both detailed what had happened during their inpatient stay, and both contained clear instructions on how to access help and support from their community midwives. A discharge summary was sent to the GP by post on discharge from the department. This detailed the reason for admission, any investigation results and treatment undertaken, and postnatal information.
- The child health record (red book) was given out to new mothers on the delivery suite.
- Postnatal care continued in the community. Postnatal records contained details of both mother and baby.

Complaints handling (for this service) and learning from feedback

- Complaints were handled in line with the trust policy. If a patient or relative wanted to make an informal complaint then they would speak to the shift co-ordinator. If this was not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service (PALS). If they still had concerns following this, they would be advised to make a formal complaint.

Maternity and family planning

- The matron for the maternity unit received all of the complaints relevant for her unit. She would then speak directly with the staff members involved and formulate a response. Complaints were reported on and monitored through the governance meetings, and were shared at ward and team meetings. We saw how practice had changed as a result of a complaint. Babies on the postnatal ward in receipt of intravenous antibiotics used to be taken to Buscot ward to receive their medication. As a result of the complaint, paediatric staff had worked with the maternity service to enable the drugs to be administered on the ward by midwives who had received additional training to undertake the role.

Are maternity and family planning services well-led?

Requires improvement 

Staff spoke of a visible and supportive midwifery and obstetric management team. Staff were encouraged to incident report, and there was felt to be an open and honest culture, meaning staff could raise issues and report incidents without fear of blame.

There was a well-defined and organised governance structure within the unit; however, issues identified and raised were not always addressed; for example, staffing and skill mix concerns. The maternity services reported into the Urgent Care board; however, their concerns did not appear to progress beyond this as the networks appeared to work in 'silos'. This meant that serious risks, such as the ventilation system on the delivery suite, and staffing and skill mix, were not resolved. Few staff we spoke with told us of ongoing audits or audit involvement, indicating this was not part of the day-to-day running of the service.

Leadership of service

- Staff spoke of a visible senior midwifery and obstetric team. They knew who led the service, and felt the service was promoted well within the trust by them.
- Most senior nurses were aware of the leadership structure above the Urgent Care Network; however, this was less well known amongst more junior staff.

Culture within the service

- Staff were aware of the whistleblowing policy, and were encouraged to raise any concerns they may have. One staff member told us "nothing is brushed under the carpet here".
- Staff worked well together and there was obvious respect between, not only the specialities, but across disciplines.
- Staff within the directorate spoke positively about the service they provided for patients. Staff were very proud of the Rushey ward and the amount of uptake it had generated.

Governance and measurement of quality

- The maternity service had a risk management strategy which fed into the trust risk management strategy, and detailed how risk was managed with the service.
- Monthly maternity governance meetings were held. This meeting reported directly onto the Urgent Care group governance meeting. The following meetings were also held across the service which reported into the maternity governance meeting: the maternity clinical risk meeting, maternity audit meeting, perinatal mortality and morbidity meeting, midwifery service committee, maternity patient information group, maternity services liaison committee and the Supervisors of Midwives meetings. A quality dashboard was presented at each maternity governance meeting; however, when asked, most staff were unaware of its existence.
- Staffing levels were below that recommended by both an internal and an external review, several months after issues were identified. Risks categorised as red (serious risk) were also on the risk register for up to a year; for example, the ineffective scavenging system for the removal of nitrous oxide from the air. These concerns were raised through the departmental governance system, but appeared to stall once reaching the Urgent Care board meeting.
- There was a view that the directorate care groups did not work in collaboration, with 'silo' working being described, which was not conducive to shared visions or learning. Staff in the maternity service were unaware of incidents, or complaints and learning that could have been identified in other parts of the hospital.

Maternity and family planning

Innovation, learning and improvement

- The delivery suite had a notice board entitled 'Topic of the month'. At the time of the inspection, the topic of the month was the use of sterile water injections for the relief of back pain in labour. This had been trialled on Rushey ward, and was felt to be a success. As a result, the practice was just about to be rolled out onto the delivery suite. Previous topics of the month had included water births. The topic of the month for April was planned to be anti-D administration. All staff were encouraged to be involved in this.
- The consultant midwife had weekly clinics to discuss mode of delivery for women who had previously delivered by caesarean section, or were requesting a caesarean section after a previous traumatic birth. This was also to include women having their first babies, who were requesting an elective caesarean section, in an attempt to address their concerns.
- Breastfeeding clinics were held Monday to Friday within the maternity unit. The unit employed infant feeding co-ordinators, who supported breastfeeding and ran the clinics. The clinics were well attended, with between six and eight women attending per day. This clinic was available for women for six weeks after delivery. Marsh ward hosted 'tele time' twice daily at 11am and 4pm, during which women and their partners could watch two short programmes: 'About breastfeeding' and 'About formula feeding'.
- A service to assess and treat babies with tongue tie was run within the breastfeeding clinic. Specially trained midwives were available to assess and perform frenulotomy.

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Title of Report:	Scrutiny review into governance arrangements in place for Children's Services
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	

Purpose of Report: To outline the results of the review into the governance of Children's Services.

Recommended Action: That the Overview and Scrutiny Management Commission

1. Endorses the recommendations of the Task Group to the Executive Member for Children and Young People.
2. Carries out an update review of this activity in September 2015.

Key background documentation: The minutes of and papers provided to the task group (available from Strategic Support).

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Executive Report

1. Introduction

- 1.1 At its meeting of 25 February 2014, the Overview and Scrutiny Management Commission (OSMC) agreed to conduct a review of the governance arrangements in place for the activities being carried out by Children's Services.
- 1.2 This report provides the findings and recommendations arising from the review and sets out detail on its Terms of Reference and methodology.

2. Terms of Reference

- 2.1 The Terms of Reference for the task group were to examine the extent to which the bodies that are in place to ensure that social care practise for children and young people is safe and effective, collectively provide a framework that is necessary, comprehensive, efficient and effective and in particular:
- The role of each of the component parts of the governance framework
 - The effectiveness and efficiency of the framework, as a whole and by its constituent parts
 - Identification of areas for improvement
 - Report to the OSMC thence the Executive with recommendations as appropriate.

3. Methodology

- 3.1 The review has been conducted by a cross-party task group, working with the Head of Children's Services and key individuals chairing or otherwise involved in the provision of governance or oversight of the activities undertaken by Children's Services.
- 3.2 The members of the Task Group were Councillors David Allen, Peter Argyle, Paul Bryant and Sheila Ellison. Councillor Peter Argyle was elected as Chairman.
- 3.3 The task group held the meetings outlined in the table below.

Meeting date	Meeting focus
Friday 18 July 2014	<ul style="list-style-type: none">• Election of the Chairman• Agreement of the Terms of Reference• Background briefing on<ul style="list-style-type: none">○ Statutory bodies○ Local bodies○ Inspection• Agreement of the review activity and schedule

Monday 18 August 2014	<ul style="list-style-type: none"> • Examination of the effectiveness of individual bodies <ul style="list-style-type: none"> ○ Local Safeguarding Children Board ○ Health and Wellbeing Board ○ Corporate Parenting Panel ○ Homestart ○ Quality Assurance Board
Tuesday 7 October 2014	<ul style="list-style-type: none"> • Examination of the effectiveness of individual bodies <ul style="list-style-type: none"> ○ R:VUE • The view of organisations participating in oversight and governance <ul style="list-style-type: none"> ○ Homestart ○ Newbury Family Counselling Service ○ A2Dominion
Monday 10 November 2014	<ul style="list-style-type: none"> • Examination of the effectiveness of individual bodies <ul style="list-style-type: none"> ○ Munro Board • Gap analysis
Thursday 8 January 2015	<ul style="list-style-type: none"> • Formulation of the recommendations

4. Acknowledgements

4.1 The Chairman and Members of the task group would like to thank all those who supported and gave evidence to the review.

5. Background

5.1 In meeting its statutory duties and delivering its functions, Children's Services (CS) work in the three main activity areas of

- (1) Child Protection – the protection of children from harm caused by physical abuse, emotional abuse, sexual abuse and neglect.
- (2) Looked After Children - local authorities look after children if their parents or the people who have parental responsibilities and rights to look after them are unable to care for him/her, have been neglecting him/her or if the child has committed an offence. The local authority has specific responsibilities and duties towards a child who is being looked after or who has been looked after, including care leavers and children who are adopted.
- (3) Early Help – the provision of services for children, young people and parents that support families through their difficulties by providing practical advice, services and professional help. This includes help for children with disabilities and their families and is intended to stop problems from getting worse.

5.2 These core activities are sometimes delivered by voluntary services which are, on occasion, commissioned by CS.

6. Findings

Statutory inspection

- (1) Regulatory inspection of CS is provided by the Office of Standards in Education (Ofsted) and regular, unannounced, examinations of policy and practise are undertaken. Ofsted inspectors will examine the arrangements in place for
 - (a) Children and young people at risk of harm (but who have not yet reached the 'significant harm' threshold) and for whom a preventative service would provide the help that they and their family need to reduce the likelihood of that risk of harm escalating and reduce the need for statutory intervention
 - (b) Children and young people referred to the local authority, including those for whom urgent action has to be taken to protect them; those subject to further assessment; and those subject to child protection enquiries
 - (c) Children and young people who become the subject of a multi-agency child protection plan setting out the help that will be provided for them and their families to keep them safe and to promote their welfare
 - (d) Children and young people who have been assessed as no longer needing a child protection plan, but who may have continuing needs for help and support
 - (e) Children and young people are receiving (or whose families are receiving) social work services where there are significant levels of concern about children's safety and welfare, but these have not reached the significant harm threshold or the threshold to become looked after
 - (f) Children and young people who are missing from education or being offered alternative provision
 - (g) Children and young people looked after either by being accommodated under section 20 or those 'in care' during or as a result of proceedings under section 31 of the Children Act 1989 and those accommodated through the police powers of protection and emergency protection orders
- (2) Inspections usually involve between 7 and 9 inspectors for a period of one month and, as might be expected, all three of the main CS activity areas are covered.
- (3) Results from inspections show that, in the main, the larger authorities (such as county councils) perform better than smaller authorities. Although it is not entirely clear why this might be, the resilience of larger services afforded by economies of scale may be a significant factor.
- (4) Staff who have been involved in Ofsted inspections report that they are intense and tiring.
- (5) In order to prepare for Ofsted inspections, local authorities work collaboratively to conduct 'peer reviews'. Whilst peer reviews are seen as being beneficial, they place significant demands on CS staff.

Local oversight

- (6) In addition to being statutorily regulated, CS activities are overseen and scrutinised by the local bodies set out in the following sections.

Local Safeguarding Children Board

- (7) Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area. The West Berkshire LSCB is made up of organisations which work with children and young people. The LSCB is the key mechanism for agreeing how local services and professionals should work together to safeguard and promote the welfare of children and is subject to the Ofsted inspection regime.
- (8) The West Berkshire LSCB has 28 members, including the Executive Member for children and young people and senior officers from a number of organisations. It is not unusual for LSCBs to have a large membership but this can lead to diary clashes which can limit attendance. The importance of attendees to have the authority to make decisions is crucial.
- (9) The LSCB is responsible for
- (a) Co-ordinating the activities of all agencies concerned with the protection of children
 - (b) Developing and agreeing local policies and procedures
 - (c) Assuring the quality of child protective services
 - (d) Raising awareness in the wider community of the need to safeguard children.
- (10) The specific Terms of Reference of the LSCB comprise a mixture of those that are statutorily set and some that have been locally determined. All three main CS activity areas are covered within them and a sample of agendas shows that although each is monitored regularly during meetings, early help receives less attention than looked after children or child protection.
- (11) The West Berkshire LSCB usually meets four times per year but will meet more frequently and as required for serious case reviews. The Board shares its Chairman, who is independent and at the time of the review was newly into post, with both Reading and Wokingham Borough LSCBs.
- (12) A number of sub-groups operate
- Quality and Monitoring Group
 - Acts in a quality assurance capacity, facilitating practice audits
 - Oversees reporting from agencies against an agreed programme of action
 - Child Sexual Exploitation (CSE) Group
 - Develops a local response to CSE, both strategic and operational
 - Case Review Group (joint with Reading and Wokingham)

- Commissions and oversees management reviews and case reviews
 - Child Protection Procedures Group (Berkshire-wide)
 - Reviews and implements changes to the pan-Berkshire Child Protection procedures
 - Section 11 Group (Berkshire-wide)
 - Reviews agency self-audits against requirements of Section 11 of the Children Act 2004 (Arrangements to safeguard and promote welfare)
 - Training Group (joint with Reading and Wokingham)
 - Oversees and commissions multi-agency training
 - Quality assures and sets standards for single agency training
 - Child Death Overview Panel (Berkshire-wide)
 - Reviews all child deaths in the locality
 - Identifies trends and themes.
- (13) Participants on sub-groups report that they and the LCSB itself function well.
- (14) The Chairman, who is paid for between 30 and 40 days work per year, is supported by a full-time Business Manager who develops and oversees the Board's business plan.
- (15) LCSB agendas and meetings, which are set at a smaller Executive meeting, can be lengthy and do not always focus on the achievement of goals and priorities set in the Board's business plan. The incoming Chairman has expressed her intent to introduce measures to sharpen the focus of the LSCB's activity and to encourage more off-line work between meetings.
- (16) The LSCB has links and formal working protocols with a number of the other bodies, for example the Munro Board.
- (17) Recent challenges experienced by CS teams indicate that there may be scope for earlier intervention and escalation by the LSCB when it is made aware of risks to the successful delivery of CS activity.

Health and Wellbeing Board

- (18) The Health and Social Care Act 2012 established Health and Wellbeing Boards as fora where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. The intended outcome is for patients and the public to experience more joined-up services from the NHS and local councils.
- (19) Formed in April 2013, the West Berkshire Health and Wellbeing Board (H&WBB) has representatives from West Berkshire Council, Newbury and District Clinical Commissioning Group, North and West Reading Clinical Commissioning Group, Healthwatch and the voluntary sector. Its meetings are open to the public.

(20) Reflecting the broad nature of the Board's remit, the Health and Wellbeing Strategy only currently incorporates the topics below as CS-related priorities

- Keeping children and young people safe, including prevention
- Supporting parents and families of all children, especially those who are vulnerable.

In addition, however, looked after children were recognised as being more likely than the general population to be at risk of health inequality.

The Strategy is in the process of being reviewed. The revised Strategy is likely to include looked after children as a 'hot focus'.

(21) The Board's attention has, until recently, been on public health matters. The Board has however identified a need to focus on the integration of health and social care which has realigned the H&WBB's priority. This may account for a sample of H&WBB meeting papers showing that CS related items are not being considered at Board meetings.

(22) Whilst acknowledging that they serve different purposes, the work of the H&WBB and the LSCB, where it might intersect for vulnerable children or those in care, does not appear to be co-ordinated. This is despite the existence of a protocol to govern the relationships between the two bodies.

Corporate Parenting Panel

(23) The Council has a responsibility to all the children and young people who are looked after by foster families, in supported lodgings and in residential care. As such it must act as a 'corporate parent' and share with the birth parents a responsibility to ensure that all children are given the conditions and opportunities to develop and thrive.

(24) The panel consists of

- Councillors
- Foster care representatives
- Education officers
- Children's Services officers.

(25) Members of the panel discuss and review

- Changes in policy for looked after children
- How West Berkshire's profile of children in care compares to the national one
- Recent performance data for services provided to West Berkshire's looked after children
- Children and young people's reported experiences of their care
- Special activities, such as an Adoption Activity Day.

- (26) The panel also hears specially prepared presentations by the Communities Director and from children and young people themselves, through R:Vue, the authority's Children in Care Council.
- (27) Although all Elected Members of the Council have corporate parenting responsibilities and, as such, may attend meetings of the Corporate Parenting Panel, attendance is usually limited to those with an interest in the topic (typically around twelve). This does not and has not hindered the effectiveness of the Panel, although it is recognised that wider knowledge of its work and a resultant increase in Member participation might be beneficial.
- (28) The Corporate Parenting Panel has produced a 'pledge' of commitments to children and young people in care, covering the following areas
- Family
 - Accommodation
 - Social workers
 - 'Life' (perhaps best described as 'wellbeing')
 - Education and future plans.

Munro Board

- (29) In May 2011 Professor Eileen Munro reported to the Secretary of State for Education the findings of her review into child protection in England. The report set out proposals for reform which, taken together, were intended to create the conditions that would enable professionals working with children to make the best judgments about the help to give to them. This involved moving from a system that had become overly bureaucratic and focused on compliance to one that valued and developed professional expertise and was focused on the safety and welfare of children and young people.
- (30) Professor Munro set out 15 recommendations, many of which were for local authorities and included a 'systems change' to the way that services for young people were delivered. The involvement of frontline social workers in the system change was seen as being essential to its success.
- (31) The Council has established its own 'Munro Board' in order to carry through implementation of the recommendations. In addition to Council officers, its membership incorporates representatives from the voluntary sector, who report that the Board is focussed and purposeful in its activities. It also provides for a networking forum.
- (32) The Terms of Reference for the Board show that although its wider context is a focus on systems/process improvement, workforce development and culture change, the CS activity of early help is also expressly examined. Sampling of the Board's agenda papers show that this topic is actively kept under review.

Quality Assurance Board

- (33) The Quality Assurance Board has been established for in-service scrutiny of the quality of Children's Services. The Board considers complaints, feedback, audits of work and reports in order to contextualise the effectiveness and value of the service overall.
- (34) The board is chaired by the Communities Director and takes its membership from CS officers working in frontline teams.
- (35) As recommended by the Munro report, examination and performance review of CS cases allows for continuous learning from cases to be incorporated into service delivery.
- (36) The Board oversees a quality assurance and improvement programme that has the following components
- An auditing framework
 - Practice observation
 - Scrutiny of performance information
 - Service user feedback
 - Staff/stakeholder feedback.
- (37) The CS quality assurance framework, within which the Board sits, indicates that of the three core CS activities, child protection and looked after children are more likely to be scrutinised than early help.
- (38) Recent challenges experienced by CS teams, suggest that there may be scope for earlier intervention and escalation by the Quality Assurance Board when it is made aware of risks to the successful delivery of CS activity.

R:Vue

- (39) R:Vue is the West Berkshire Looked After Children's Committee and is attended by young people in care. It provides looked after children with the opportunity to voice their opinions and experiences of care services. It does not give consideration to either of the other CS core activities.
- (40) The level of attendance varies, to usually between 20 and 30, as young people, who may not be subject to extended periods of care, generally participate for short periods of time only.
- (41) The work of R:Vue – which is sub-divided into an 11 – 16 age group and a 16 – 18 age group – is supported by a Youth Worker who co-ordinates events and assists with attendance at meetings. Young people involved in the group receive training and an introduction to the role of the Council.
- (42) The group assists with the coordination of events for children in care and provides comment and feedback on proposed CS changes. For example:

- The group had been asked, by the Independent Reviewing Officers' Group, to create an information pack for newly 'Looked after Children' which offers leaflets and other useful information. The opportunity to provide honest and constructive feedback was very much valued
- The wording and content of the Corporate Parenting Panel's 'pledge' was reviewed by the members of R:Vue to consider its relevance, their understanding of the content and whether it matched their experiences and needs. The activity was, again, extremely useful and well received.

(43) Although the group currently sets its own work, an identified area of development would be for the Corporate Parenting Panel to provide more, perhaps strategic, direction for the group. The group could also help to shape future consultations for looked after children and work as a point of contact for social media queries, incorporating their views and experiences to increase participation.

7. Conclusions

- 7.1 The task group has found that overall the framework of governance bodies that is in place for the oversight of Children's Services activities is functioning as it should.
- 7.2 Each of the bodies concerned has clear terms of reference, appropriate membership and meets at the necessary frequency.
- 7.3 The core CS activity areas of child protection and looked after children receive adequate scrutiny, however oversight of the plans and arrangements for early help would benefit from more visibility. This should ensure that it remains an integral part of the Council's activity to support children, particularly as budgets continue to experience pressure.
- 7.4 There is, inevitably, some overlap and duplication of activity (for example between the LSCB's Quality and Monitoring Group and the Council's Quality Assurance Board). As these groups however serve different purposes and have different audiences and participants, their utility is not diminished by their mutual existence and both should remain in operation. Crucially, there are no gaps in the oversight framework.
- 7.5 A number of recommendations to improve the overall operation of oversight and supervision of CS activities are set out below.

8. Recommendations

- 8.1 The Task Group proposes the following recommendations for the Portfolio Holder for Children and Young People
- (1) Strong consideration should be given to the participation in a peer review of CS activity, in order to identify weaknesses in practise and in readiness for the, overdue, Ofsted inspection. This recommendation is made in full cognisance of the undoubted demand that the review will place on CS staff but it is the view of the task group that the benefits would outweigh the costs.
 - (2) Clear and explicit support should be given to the Chair of the Local Safeguarding Children's Board to achieve

- (a) The regular attendance and participation of representatives who have the necessary knowledge and authority to take informed decisions on behalf of their organisation
 - (b) A programme of work and scrutiny of the activity, at Board meetings, that is sharply focussed on results
 - (c) More examination of the arrangements for and effect of early help.
 - (d) Early identification of those matters, for example rising pressures on individual social work teams, that require prompt escalation and intervention.
 - (e) Greater co-ordination of its work with that of other bodies, for example the Health and Wellbeing Board.
- (3) Working with the Executive Member for Health and Wellbeing, the provision of early help for children and families should be given a higher profile than currently in the work and meetings of the Health and Wellbeing Board.
- (4) Measures should be introduced by the Quality Assurance Board to ensure the early identification of those matters, for example rising pressures on individual social work teams, that require prompt escalation and intervention.
- (5) In order that the young people concerned are provided with focus and direction, encouragement should be given to the Corporate Parenting Panel to request more activity and comment from R:Vue. This will help both bodies to more effectively meet their remit.
- (6) Following the May Council elections, a Member Development Session should be delivered to inform both new and existing councillors of their corporate parenting duties and to seek their regular attendance at meetings of the Corporate Parenting Panel.

8.2 The Task Group also proposes that an update report should be provided to the Overview and Scrutiny Management Commission in September 2015.

Appendices

There are no appendices to this report.

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Title of Report:	Council Performance Report 2014/15:Q2 (Key Accountable Measures and Activities)
Report to be considered by:	Executive
Date of Meeting:	15 January 2015
Forward Plan Ref:	2778

Purpose of Report:

To present the basket of key accountable measures and activities for 2014/15

To report quarter two outturns against the key accountable measures and activities contained in the 2014/15 council performance framework.

To report by exception those measures / activities, not achieved / expected to achieve and to cite remedial action taken and the impact it has had.

Recommended Action:

To note progress against the key accountable measures and activities.

Review those areas reporting as 'red' or 'amber' to ensure that appropriate corrective or remedial action is put in place.

Reason for decision to be taken:

This framework compiles and monitors progress in relation to the objectives laid out in the Council Strategy and on key activities and areas of risk from the council's individual service delivery plans.

In doing so, it expresses the purpose and ambition of the council and by extension the council's main focus of activities and key measures of success against which we can assess ourselves and publicly report progress.

Other options considered:

n/a

Key background documentation:

- 2014 Council Strategy
- Individual service plans 2014/15

The proposals contained in this report will help to achieve the following Council Strategy priority(ies):

- CSP1 – Caring for and protecting the vulnerable**
- CSP2 – Promoting a vibrant district**
- CSP3 – Improving education**
- CSP4 – Protecting the environment**

The proposals will also help achieve the following Council Strategy principle(s):

- CSP5 - Putting people first**

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- CSP6 - Living within our means**
- CSP7 - Empowering people and communities**
- CSP8 - Doing what's important well**

The proposals contained in this report will help to achieve the above Council Strategy priorities and principles by:
articulating progress within the Council's key strategic measures and activities.

Portfolio Member Details	
Name & Telephone No.:	Councillor Roger Croft - Tel (01635) 868638
E-mail Address:	rcroft@westberks.gov.uk
Date Portfolio Member agreed report:	05 January 2015
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Implications

- Policy:** Any implications will be highlighted in the individual exception reports.
- Financial:** Any implications will be highlighted in the individual exception reports.
If there are any financial implications contained within this report this section **must** be signed off by a West Berkshire Finance Manager. Please note that the report cannot be accepted by Strategic Support unless this action has been undertaken.
- Personnel:** Any implications will be highlighted in the individual exception reports.
- Legal/Procurement:** Any implications will be highlighted in the individual exception reports.
- Property:** Any implications will be highlighted in the individual exception reports.
- Risk Management:** Any implications will be highlighted in the individual exception reports.
- Corporate Board's Recommendation:** To be completed after the Corporate Board meeting.

NOTE: Strategic Support is not able to accept your report without the following section being completed and an Equality Impact Assessment (EIA) being attached where required. For advice please visit www.westberks.gov.uk/eia or contact the Principal Policy Officer (Equality & Diversity) on Ext. 2441 or Team Leader/Solicitor - Corporate Team on Ext. 2626.

Is this item relevant to equality?	Please tick relevant boxes		Yes	No
Does the policy affect service users, employees or the wider community and:				
• Is it likely to affect people with particular protected characteristics differently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
• Is it a major policy, significantly affecting how functions are delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
• Will the policy have a significant impact on how other organisations operate in terms of equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
• Does the policy relate to an area with known inequalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)				
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia			<input checked="" type="checkbox"/>	
Not relevant to equality				<input checked="" type="checkbox"/>

NOTE: The section below does not need to be completed if your report will not progress beyond Corporate or Management Board.

Is this item subject to call-in?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
If not subject to call-in please put a cross in the appropriate box:		
The item is due to be referred to Council for final approval	<input type="checkbox"/>	<input type="checkbox"/>
Delays in implementation could have serious financial implications for the Council	<input type="checkbox"/>	<input type="checkbox"/>
Delays in implementation could compromise the Council's position	<input type="checkbox"/>	<input type="checkbox"/>

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Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months

Item is Urgent Key Decision

Report is to note only

Executive Summary

1. Key Accountable Measures

- 1.1 The report appraises progress against a basket of 53 key accountable measures and activities aligned to the objectives set out in the Council Strategy.
- 1.2 Of the 53 reported measures, outturns are available for 44 at the time of publication.
- (i) 33 are reported as 'green' – or are on track to be delivered / achieved by year end.
 - (ii) 10 are reported as 'amber' – or behind schedule, or still anticipate being delivered / achieved by year end.
 - (iii) 1 is reported as 'red'.
- 1.3 The 10 measures reported as amber are listed below:

Children and young people

- Child Protection cases which were reviewed within required timescales

Older people and vulnerable adults

- Proportion of repeat safeguarding referrals through the monitoring and review of protection plans
- Level of delayed transfers of care from hospital and those attributable to social care from acute and non-acute settings
- % of people accessing a housing related support service who have been assessed as needing support who go on to achieve economic wellbeing by improving debt management skills

Planning

- 'Major' planning applications determined within 13 weeks.
- 'Minor' planning applications determined within 8 weeks.

Community Safety

- Work with the Environment Agency and other partners to deliver flood alleviation scheme in Eastbury

Working with schools

- KS1-2: Proportion pupils making 2+ levels of progress in Writing
- The number of schools judged good or better by Ofsted under the new Framework

Further and adult education

- The proportion of people aged 16-18 not in education, employment or training (NEET)

DRAFT DOCUMENT

1.4 The 1 measure reported as red is listed below:

Community safety

- Work with the Environment Agency and other partners to deliver flood alleviation scheme in Purley

1.5 More information – outturns and commentary - on each of these measures is contained in the main body of the report.

2. Equalities Impact Assessment Outcomes

2.1 This item is not relevant to equality.

3. Conclusion

3.1 None

Appendices

*There are no appendices to this report.

Consultees

Local Stakeholders: *

Officers Consulted: All data provided and signed off by service heads

Trade Union: *



West Berkshire Council Performance Report

Key accountable measures and activities 2014/15

Update: quarter two

compiled by:

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Strategic Support Unit

westberks.gov.uk/performance

October 2014

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Purpose of this report

To provide an update on progress against the council's key accountable measures and activities at quarter two, 2014/15.

The key measures / activities within this report have been distilled from those routinely monitored and managed through individual service delivery plans to focus more singularly on those which are of particular importance / significance key in delivering the strategic objectives in the Council Strategy and to the ongoing work of the council as a whole. This report therefore:

- provides assurance to the Executive that the objectives laid out in the Council Strategy are being delivered;
- provides assurance to the Executive that areas of significance / particular importance are performing;
- acts as an early warning system, flagging up areas of significance / particular importance which are not performing - or are not expected to perform - as hoped;
 - and therefore ensures that adequate remedial action is put in place to mitigate the impact of any issues that may arise.

Conventions used in this report

Throughout the report we have used a RAG 'traffic light' system to report progress:

- ★ means we have either achieved / exceeded, or expect to achieve what we set out to do;
- ◆ means we are behind schedule, but still expect to achieve or complete the measure / activity by year end;
- indicates that we have not achieved, or do not expect to achieve, the activity or target within the year;

Indicators reported as 🕒 are annual indicators that can only be reported at a particular point in time – i.e. GCSE results or the road condition survey, whilst;

Indicators reported as ⌚ are where the quarterly data is unavailable or 🚫 not provided at the time of print.

Where measures / activities are reported as 'red', an exception report provides (a) a description of why the measure / activity will not be achieved / completed, (b) the impact of not achieving, (c) the remedial action being taken to mitigate the impact of this as well as (d) the revised anticipated year end position.

In total, there are 53 key measures or activities which are appraised by the Executive through this reporting mechanism. In the report, these are aligned to the strategic priorities laid out in the Council Strategy.

The main body of the report presents these in more detail. Along with a description of the measure, the table also provides:

- *Column 2:* an indication of whether or not the council has direct / complete control over performance.
- *Column 3:* an indication of the impact on either, service users or the community more generally, should the measure not be achieved.
- *Column 4-6:* previous years' outturns and comparative performance
- *Column 7:* the current year's target.
- *Columns 8-9:* quarter 1 outturn and RAG rating.
- *Column 10:* and supporting commentary or volume data.

Comparative outturns

To complement monitoring progress in absolute terms, an indication of our comparative standing is provided. This will only relate to standardised, nationally reported measures and by default the data is compared to England as a whole. Outturns are presented in relation to quartiles, although in some cases it should be noted that a direct, national comparison is not possible as the measure is locally defined and monitored.

Because of the timescales involved in compiling, validating and publishing relative performance statistics, these are usually available 6-12 months in arrears. As such, the data we are able to use to compare our relative performance, will ordinarily relate to the previous year.

Summary of Performance

Across this reporting framework as a whole, 53 key accountable measures and activities are captured in total.

Education operates on an academic year basis and, as such, are developing their service delivery plan in time for the start of the new academic year in September 2014. However a suite of key accountable measures relating to attainment in 2014/15 are included in this basket of measures.

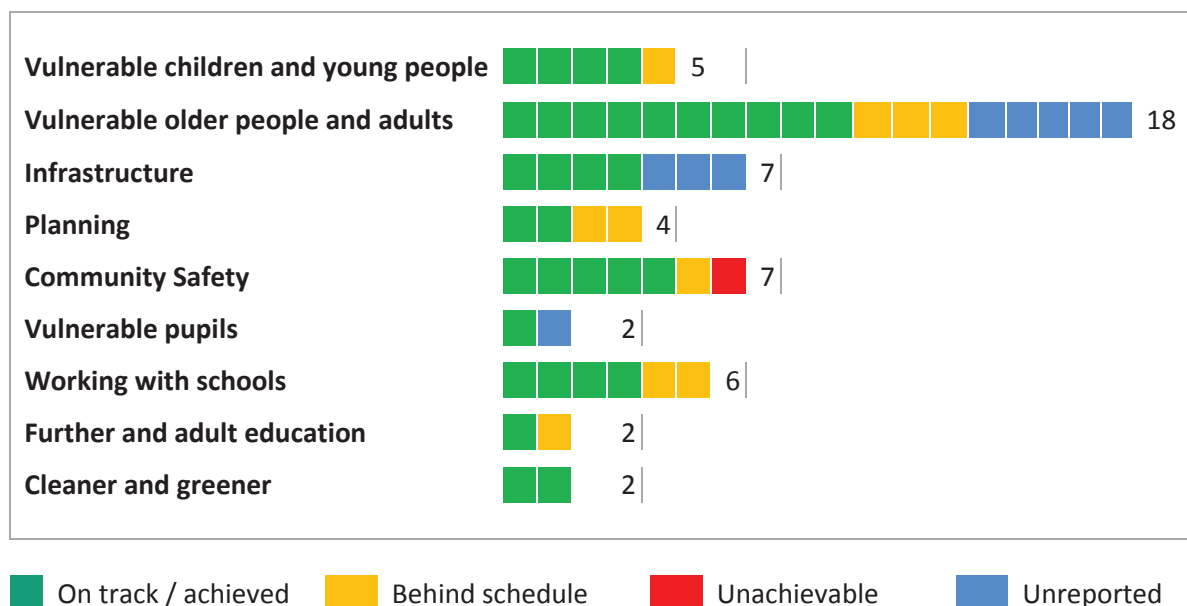
Of the 53 reported measures, outturns are available for 44.

- 33 are reported as 'green' – or are on track to be delivered / achieved by year end.
- 10 are reported as 'amber' – or behind schedule, or still anticipate being delivered / achieved by year end.
- 1 are reported as 'red'- or we have not achieved, or do not expect to achieve, the activity or target within the year.

The summary table below shows year end outturns by directorate.

Overview of performance outturns	2011/12	2012/13	2014/15	2014/15 (Q2)			
	YE	YE	YE	Overall	Comm	Env	Res
Green	27	45	36	33	20	8	5
Amber	0	0	1	10	7	3	0
Red	12	3	9	1	0	1	0
<i>Annual</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>3</i>	<i>1</i>	<i>2</i>	<i>0</i>
<i>Unavailable</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>6</i>	<i>5</i>	<i>1</i>	<i>0</i>
Total	39	49	47	53	33	15	5

This graph summarises the same data against the council's priorities.



The 10 measures reported as amber are listed below. (For more information on each of these measures, including detailed outturns, commentary and exception reports – please consult the main body of this report:

<i>List of reported amber measures / activities: Q22014/15</i>	<i>Service</i>	<i>Target</i>	<i>Q2 outturn</i>
Children and young people			
1. Child Protection cases which were reviewed within required timescales	Children's	99%	91%
Older people and vulnerable adults			
2. Proportion of repeat safeguarding referrals through the monitoring and review of protection plans	CCH&S	<8%	9%
3. Level of delayed transfers of care from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	ASC	4	5.3
4. % of people accessing a housing related support service who have been assessed as needing support who go on to achieve economic wellbeing by improving debt management skills	CCH&S	85%	84%
Planning			
5. 'Major' planning applications determined within 13 weeks.	P&C	60%	51% (P)
6. 'Minor' planning applications determined within 8 weeks.	P&C	65%	57% (P)
Community safety			
7. Work with the Environment Agency and other partners to deliver flood alleviation scheme in Eastbury	H&T	March 2015	Delayed
Working with schools			
8. KS1-2: Proportion pupils making 2+ levels of progress in Writing	Educ	93%	91.4 (P)
9. The number of schools judged good or better by Ofsted under the new Framework	Educ	63	57
Further and adult education			
10. The proportion of people aged 16-18 not in education, employment or training (NEET)	Educ	<3.4%	4.7%

<i>List of reported red measures / activities: Q22014/15</i>	<i>Service</i>	<i>Target</i>	<i>Q2 outturn</i>
Community safety			
1. Work with the Environment Agency and other partners to deliver flood alleviation scheme in Purley	H&T	August 2014	September 2014

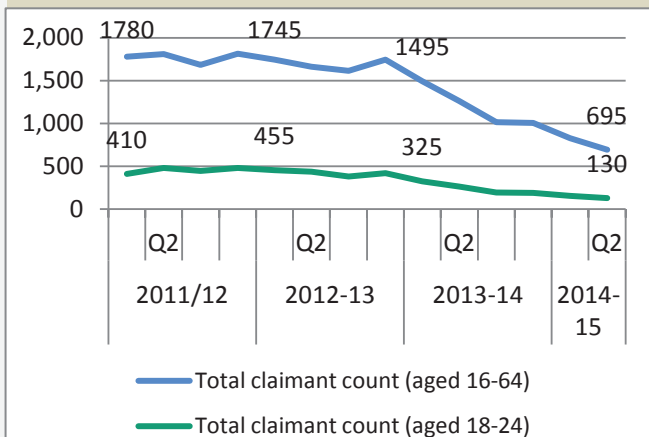
Key accountable measures and activities 2014/15

Quarter 2

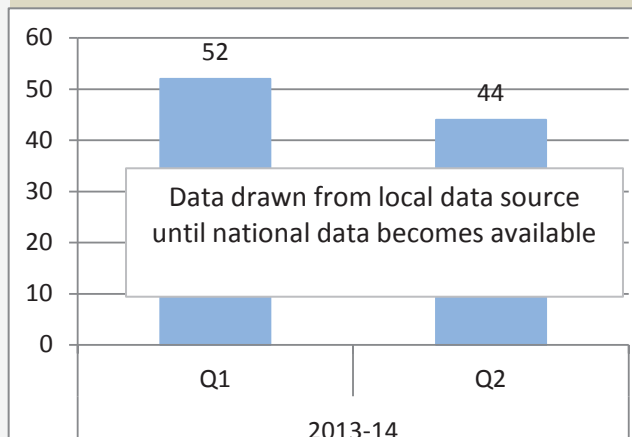
Contextual and volume measures

Economy

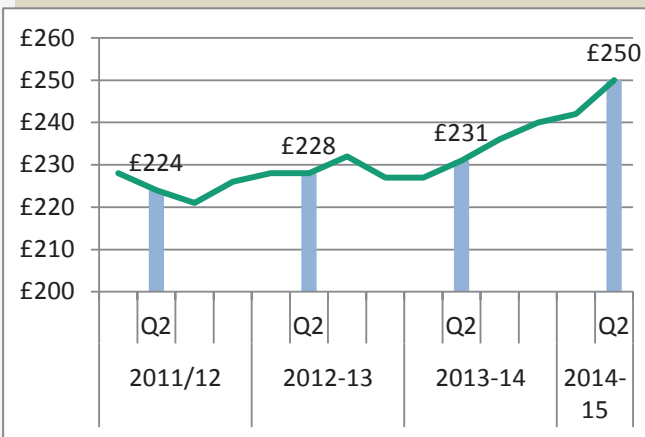
Total claimant count



Nos. of people starting an apprenticeship in a West Berkshire business



Average house price (£k)

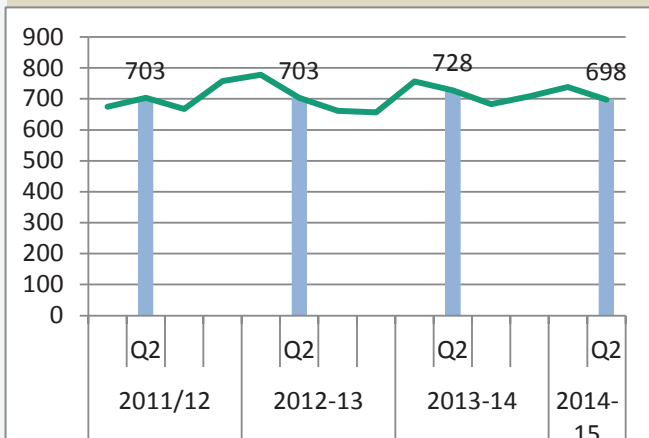


Q v Q diff.

8%

Economy

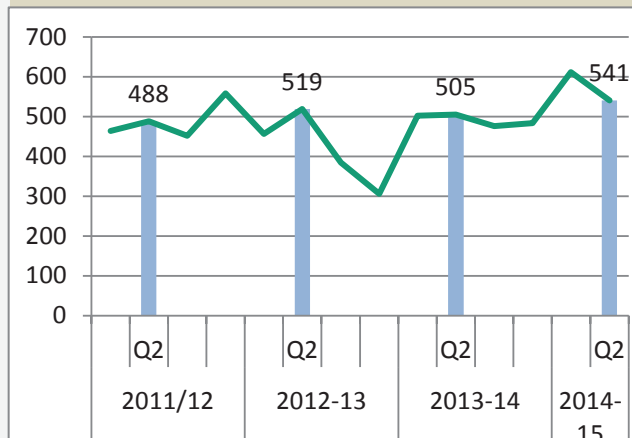
Total nos. of planning applications (Received)



Q v Q diff.

-4%

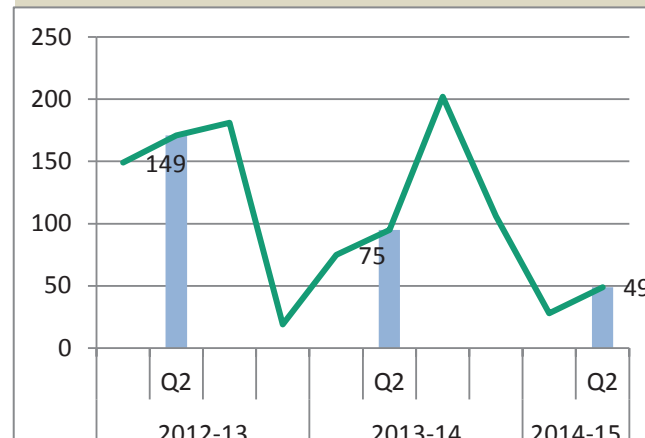
Nos. of local authority searches completed



Q v Q diff.

7%

Net change in the number of properties through new builds, splitting, merging and demolition.



Q v Q diff.

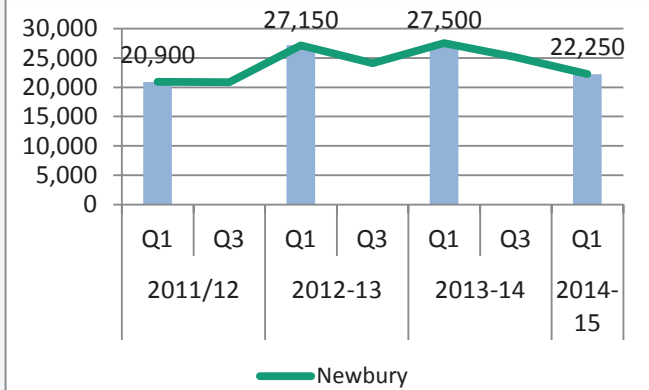
-48%

Economy

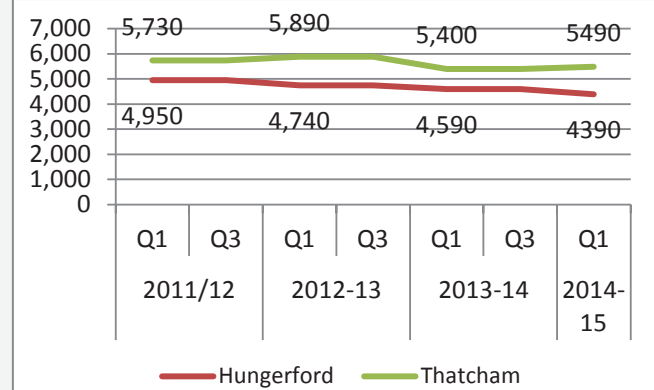
Q v Q
diff.

Newbury Town centre footfall
Sept '14 new counting method

-19%



Hungerford & Thatcham Town centre footfall

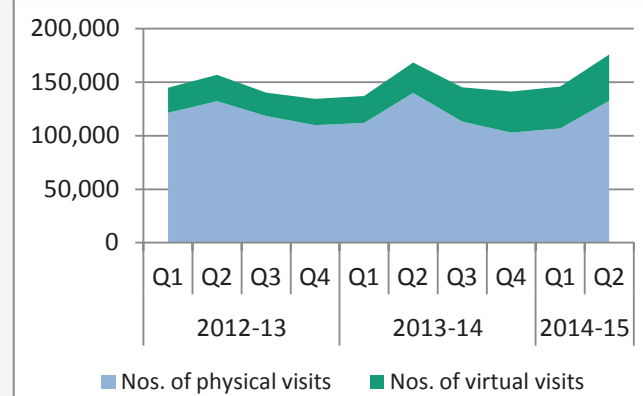


Culture and Leisure

Q v Q
diff.

Number of visits to library venues
(physical / virtual)

4%

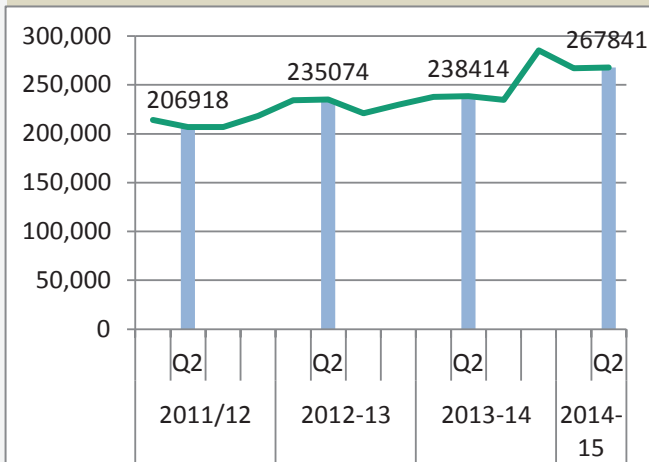


Culture and Leisure

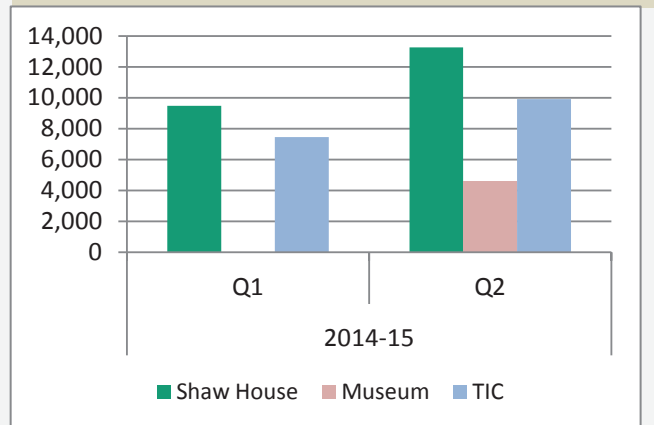
Q v Q
diff.

Number of visits to sports and leisure centres

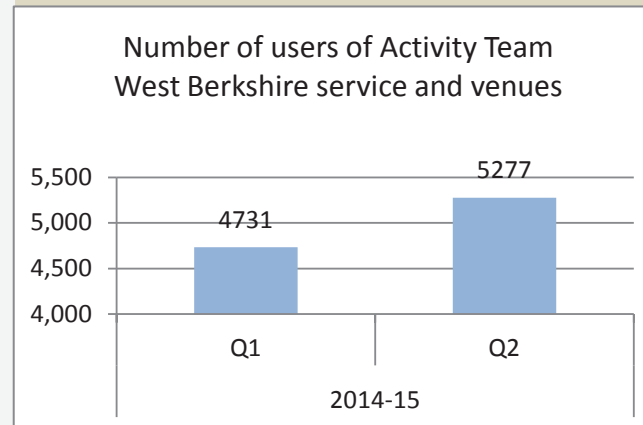
12%



Number of users of heritage venues (Shaw House, Museum and Tourist Information Centre) - Museum opened 25 August

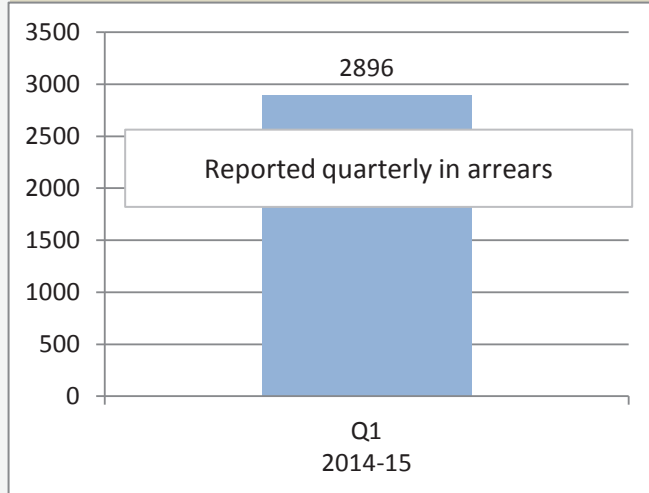


Number of users of Activity Team West Berkshire service and venues

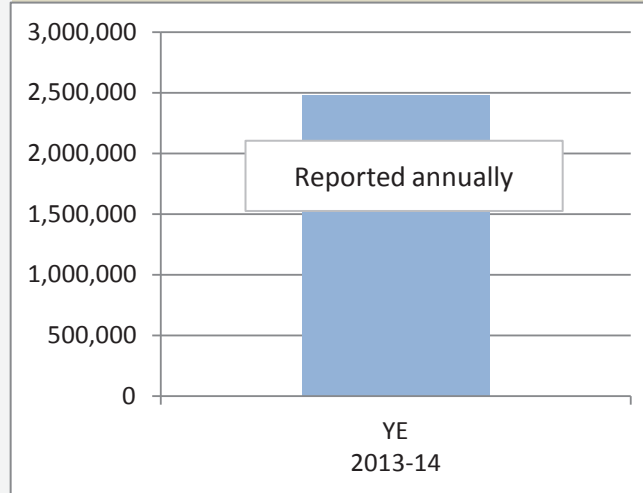


Transport

Number of permanent pot hole and edge of road repairs completed

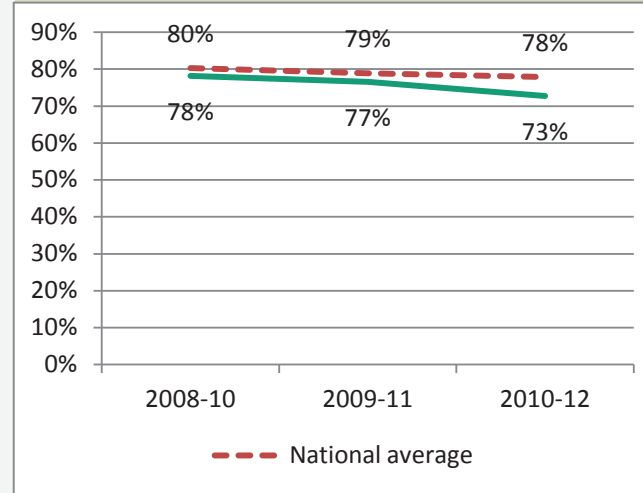


Number of bus passenger journeys commencing in West Berkshire



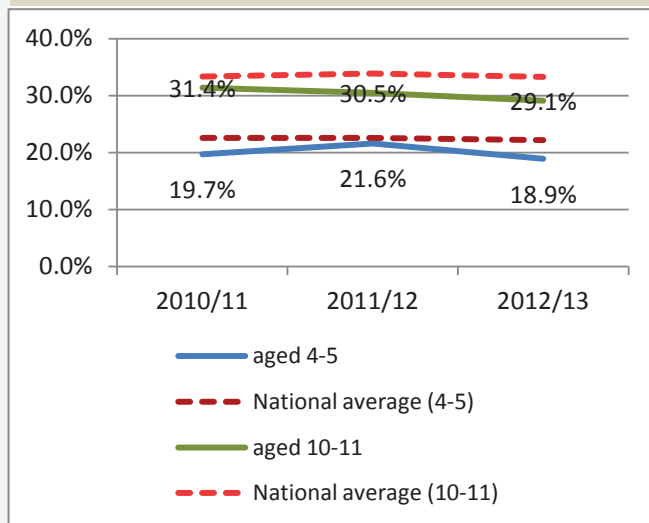
Health

Mortality rate of female under 75s from cancers considered preventable

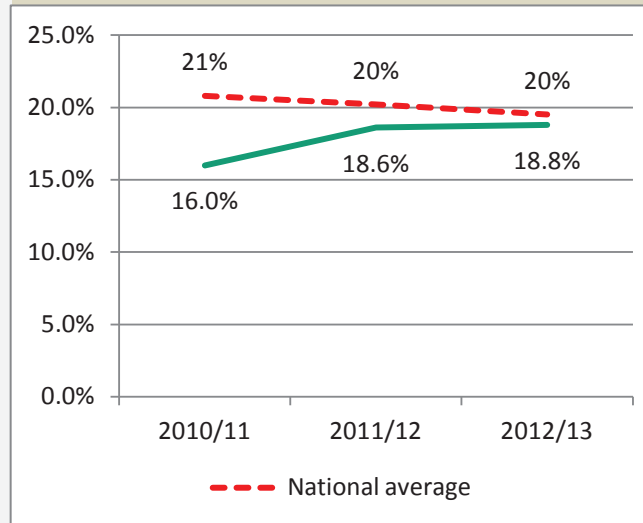


Health

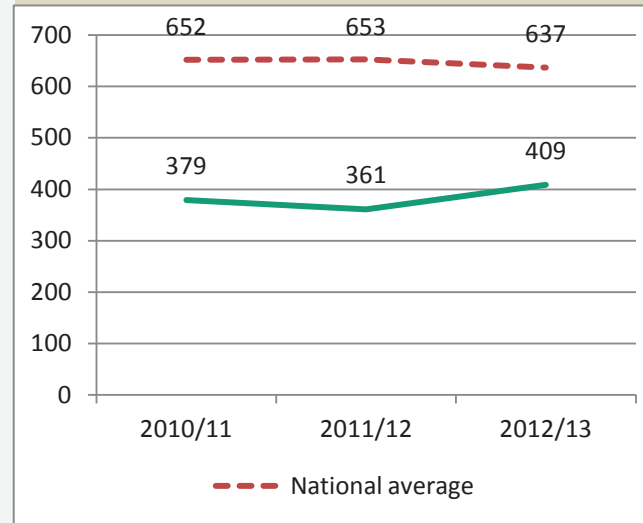
Prevalence of excess weight in children



Smoking prevalence in adult population



Nos. Alcohol related admissions to hospital (rate per 100,000)



Community safety

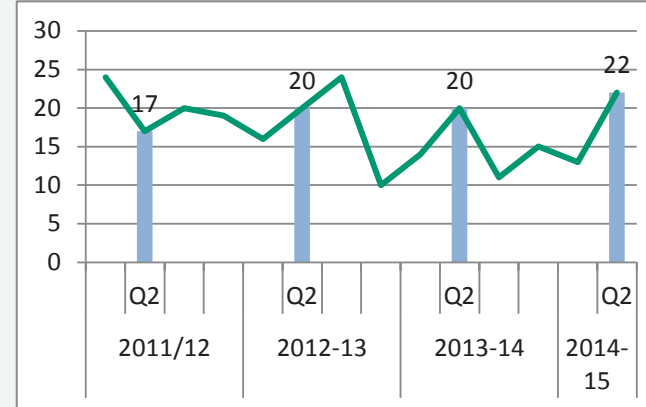
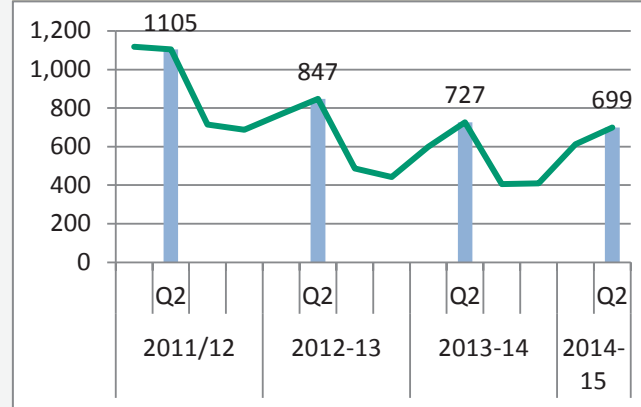
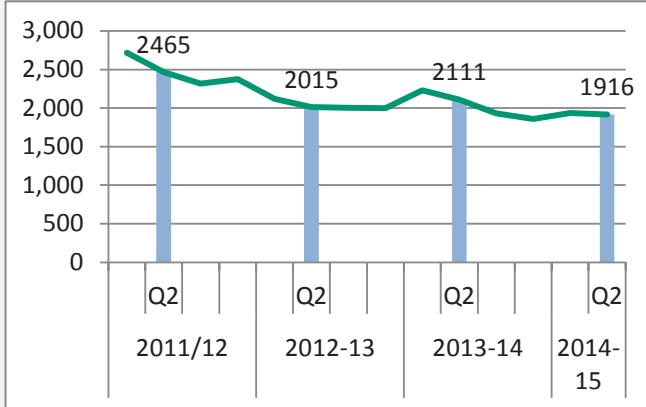
Q v Q
diff.

Nos. of crimes reported to Thames Valley Police (all) - Q1 data not available.

Nos. of ASB incidents reported to Thames Valley Police

-4%

Number of people killed or seriously injured on roads in West Berkshire (incl. Highway Agency roads)
*Reported a quarter in arrears.



Vulnerable Adults

Q v Q
diff.

Q v Q
diff.

Q v Q
diff.

Nos. of live applicants on the Common Housing Register in the reasonable preference group

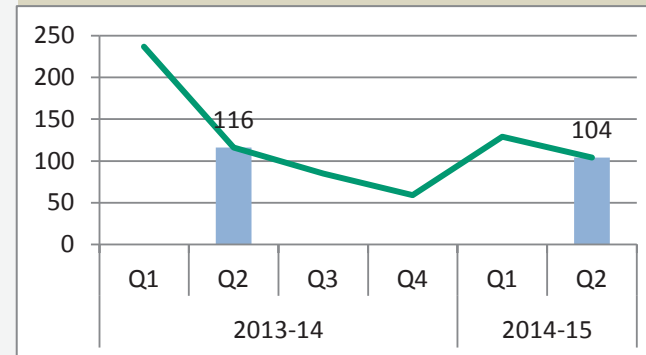
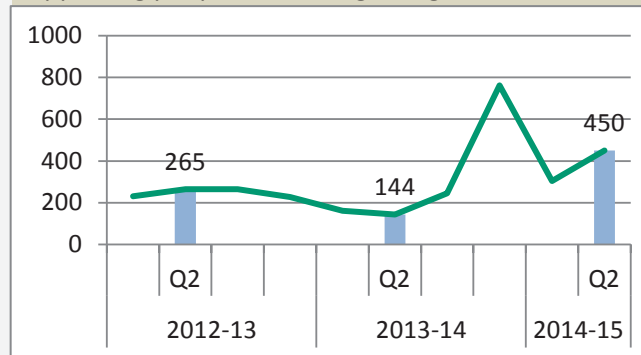
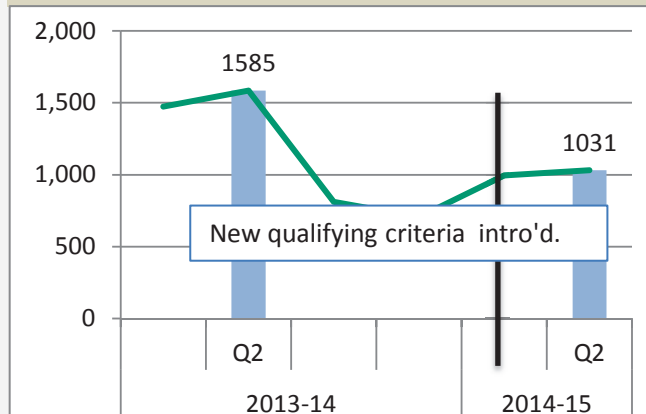
-35%

Number of welfare benefits assessments - adults
**Numbers have increased due to supporting people now being chargeable.

213%

Nos of Discretionary Housing Payments awarded

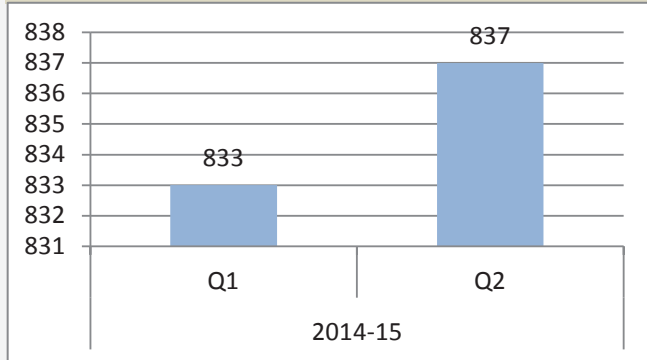
-10%



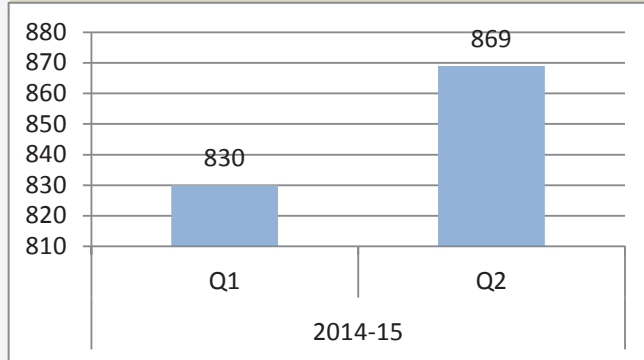
Vulnerable Adults

Q v Q
diff.

Number of clients 18-64 in the last 12 months in receipt of a Long Term community service (Homecare/ Day care / PB cash payment/ Community support / ECH)
(NEW)

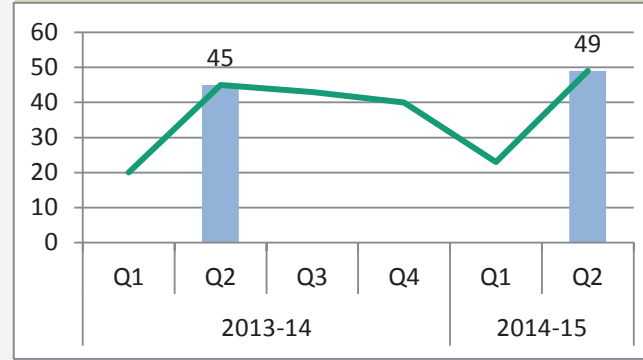


Number of clients 65+ in the last 12 months in receipt of a Long Term community service (Homecare/ Day care / PB cash payment/ Community support / ECH)
(NEW)



Number of adult safeguarding referrals (Stage 2) opened

9%

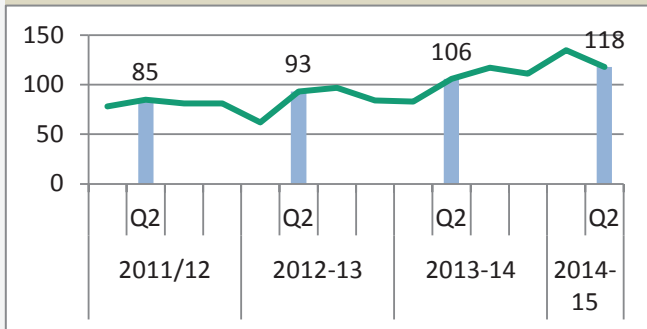


Vulnerable Children

Q v Q
diff.

Number of Children subject to Child Protection Plans

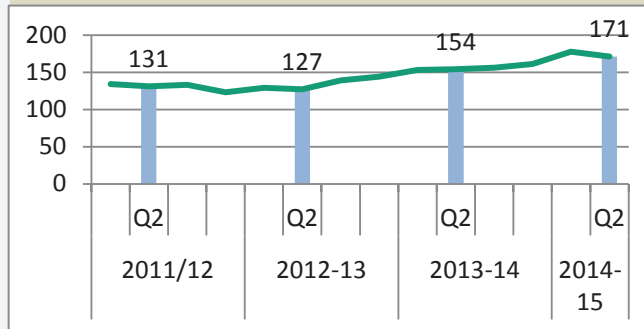
11%



Q v Q
diff.

Nos. of Looked After Children cases

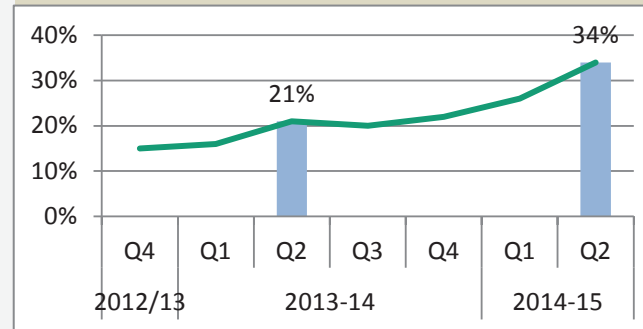
11%



Q v Q
diff.

Percentage of posts filled by agency workers

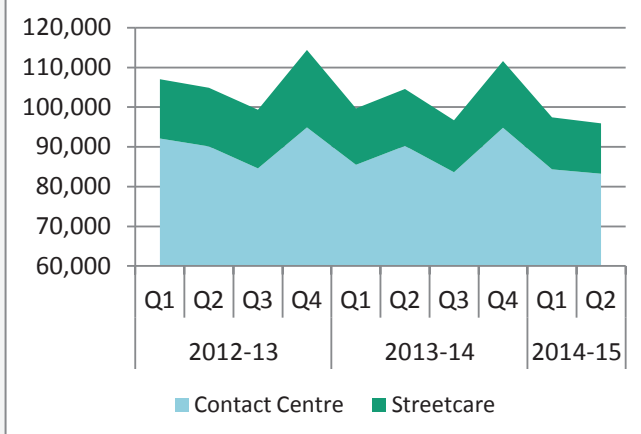
13pp



Communication

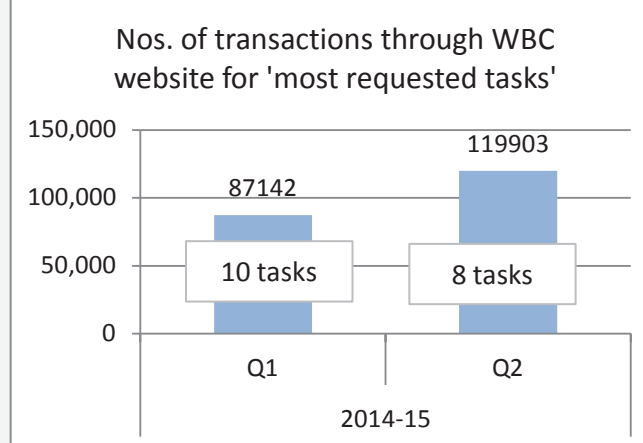
Q v Q
diff.

Contact centre and Streetcare enquiries



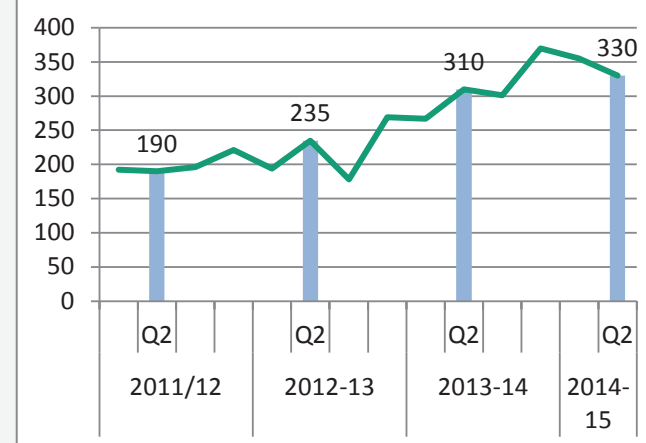
Nos. of transactions through WBC website for 'most requested tasks'

*Data from 19/07/2014 only.



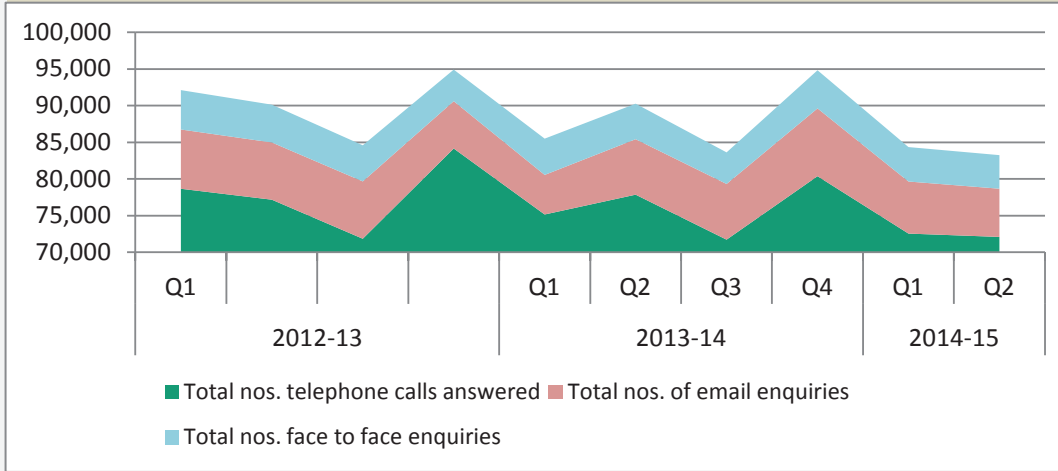
Nos. of Freedom of Information requests (received)

6%

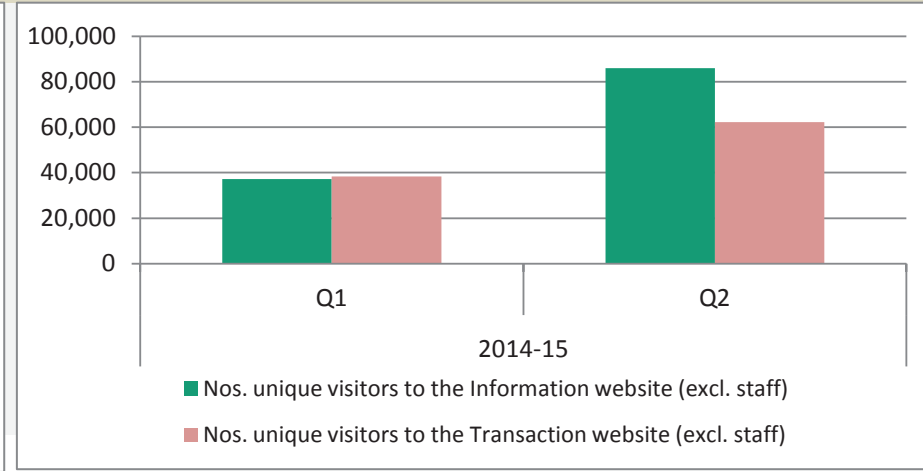


Encourage customers to 'Choose Digital'

Customer services



Visits to new WBC website - live on 19 May 2014.



Key accountable measures and activities 2014/15

Quarter 2

Exception reports

June Graves / Mel Brain		Care Commissioning, Housing and Safeguarding			17 October 2014		Amber
Maintain the proportion of homeless applications determined within 33 working days							
	Q1	Q2	Q3	Q4	Target	Polarity	Signific
RAG	★	◆			80%	Higher is better	High
Qrtly outturn	80% (39/49)	63% (29/46)					
YTD outturn		72% (68 / 95)					
Executive							
REASON FOR RED:							
<p>The Homelessness Code of Guidance suggests that homelessness applications should be determined within 33 days. This is a best practice target and not an absolute. Unfortunately, homelessness is not just about process; it involves real people in complex situations and completing enquiries to determine the outcome of an application is never straight forward. In Q2 there were a number of cases where enquiries were complex and the outcome of which may have a material implication on the intentionality of the case; and awaiting assessments of client’s health needs, which has material implications for both priority need, and, in some cases, intentionality. In other cases, the Council may need to obtain information, for example, bank accounts or income/expenditure from a client, who may not be forthcoming with the information. The Housing Service is heavily reliant on other Services and external parties in concluding enquiries into homelessness and it can be difficult to extract the information required in the 33 day timescale. The Housing Service takes the view that it is better to ensure that we do complete all enquiries in order to make a correct decision that will stand up to robust scrutiny, than to make a decision that is based on partial information.</p> <p>In addition, there has been a change in staffing in relation to homelessness applications and inevitably, the process of determining applications is slower whilst the officer is trained and gains experience.</p>							
CONSEQUENCES OF NOT ACHIEVING THIS MEASURE:							
<p>Where the Council has reason to believe that a household is eligible, homeless and in priority need, it has a duty to provide interim temporary accommodation pending enquiries. Homeless applicants are therefore not disadvantaged by the length of time that is taken to determine a homeless application. There can be a cost to the Council in terms of providing interim accommodation, particularly where this is in Bed & Breakfast accommodation but no decisions are intentionally delayed and this cost is outweighed by the potential costs of court action or Judicial Review should the decision be deemed to be unsound because it was made on partial information.</p>							

June Graves / Mel Brain		Care Commissioning, Housing and Safeguarding			17 October 2014		Amber	
Maintain the proportion of homeless applications determined within 33 working days								
	Q1	Q2	Q3	Q4	Target	Polarity	Signific	
RAG	★	◆			80%	Higher is better	High	
Qrtly outturn	80% (39/49)	63% (29/46)						
YTD outturn		72% (68 / 95)						
<i>Cont / ...</i>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
Homeless applications are monitored on a weekly basis. Support is being provided to the officer now responsible for determining applications and there are no further actions that could be taken.								
IMPACT OF REMEDIAL ACTION/ESTIMATED YEAR END OUTTURN:								
It is expected that this measure will be achieved at year end.								

Environment:

John Ashworth / Mark Edwards	Highways and Transport				22 October 2014	RED	
Work with the Environment Agency and other partners to deliver flood alleviation scheme in Purley							
	Q1	Q2	Q3	Q4	Target	Polarity	Signific
RAG	◆	■			Aug '14		Medium
Qrtly outturn	On track	Complete					
YTD outturn							
Executive							
REASON FOR RED:							
<p>Complete in September 2014.</p> <p>As part of the Purley Flood Alleviation scheme the EA were responsible for gaining planning permission for the delivery of a flood alleviation bund to the rear of Wintringham Way. Following submission of the application, further clarification was required from WBC Planning due to inconsistencies in the documentation and drawings submitted. This caused a delay in the approval of the application and a subsequent delay in the construction start. Due to the intervention of the Highways and Transport Projects Team, working closely with WBC Planners the inconsistencies were ironed out and the drawings/design amended to gain planning approval. This resulted in only a 4 week delay to the programme which meant the scheme has been completed prior to the winter months.</p>							

Key accountable measures and activities 2014/15

Quarter 2

Performance outturns by strategic priority

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Caring for and protecting the vulnerable											
Children and young people											
To maintain a high percentage of (single) assessments being completed within 45 working days	Y	Medium	New measure	New measure	New measure	70%	★	91%	★	73%	YTD: 277 / 378
Looked after children cases which were reviewed within required timescales	Y	High	-	99%	-	99%	◆	98%	★	99%	Q2: 157 / 158 YTD: 311 / 315
Child Protection cases which were reviewed within required timescales	Y	High	1st	93%	TBC	99%	◆	84%	◆	91%	YTD: 84 / 92 There are ongoing recording issues in relation to CP Reviews, and lower performance is likely to be at least in part a reflection of this.
To maintain a low percentage of children receiving a child protection plan for a second or subsequent time within a 2 year period.	Y	High	4th	3%	TBC	<15%	★	9%	★	6%	YTD: 5 / 83
Maintain 85% of benefits assessments within 3 weeks of referral from Children's Services	Y	High	Local	95%	Local	90%	★	94%	★	96%	Q2: 124 / 128 YTD: 183 / 191
Older people and vulnerable adults											
Maintain overall satisfaction of people who use services with their care and support. (ASCOF 3A)	Y	High	104 / 149 3rd	58%	TBC	60%	⊙	Annual - Q4	⊙	Annual - Q4	
Increase proportion of service users with an eligible service receiving a SDS or direct payment (ASCOF1C, part 1)	Y	High	147 / 150 4th	42%	TBC	70%	⌘	data not available	⌘	data not available	The data required for Q2 is available in the RAISE data warehouse, however the reports to extract the data are being developed under the new Adult Social Care reporting framework SALT (Short and Long Term Services). Data cleansing work will be required as data quality issues are being identified. This data should be available in Q3.
Maintain the proportion of adults with a learning disability who live in their own home or with their family (ASCOF 1G)	Y	High	57 / 151 2nd	76%	TBC	77%	◆	76%	★	77%	
Maintain % of safeguarding alerts responded to within 24 hours.	Y	High	-	87%	-	90%	★	92%	★	93%	YTD: 240 / 257 Improvements in recording information delivered through focused work with staff.
Reduce the proportion of repeat safeguarding referrals through the monitoring and review of protection plans	Y	Medium	Local	10%	Local	<8%	◆	10%	◆	9%	YTD: 16 / 169 Concerns about vulnerable adults that resulted in a referral to safeguarding in Q2, were previously referred between Q3 13/14 and Q2 2014/15. This relates to 16 people over the course of the last 12 months. The Safeguarding Team will continue to monitor repeat referrals and ensure initial action to any safeguarding concerns is robust .

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Caring for and protecting the vulnerable											
Older people and vulnerable adults											
Decrease the level of delayed transfers of care from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	Y	High	138 / 141 4th	9 *	TBC	4 *	◆	6.4	◆	5.3	Q1 & Q2 figures are confirmed. Performance was 9.0 at year end 2013/14. Significant work to improve performance and focus on getting people out of hospital in a timely way has had an impact to date. * DTOC is a snapshot count of the number of patients (per 100,000 aged 18+) delayed at midnight on the last Thursday of a reporting period (a calendar month). This number is attributable to social care services only (ie. excluding Health services).
Waiting times for Access for All assessments - measure to be confirmed. Proportion of people with a completed assessment within x days	Y	High	New measure	New measure	New measure	TBC	⌘	data not available	⌘	data not available	The data required for Q2 is available in the RAISE data warehouse, however the reports to extract the data are being developed under the new Adult Social Care reporting framework SALT (Short and Long Term Services). Data cleansing work will be required as data quality issues are being identified. This data should be available in Q3.
Maintain the overall satisfaction of carers with social services. (ASCOF3B)	Y	High	56 / 152 2nd	Not available	TBC	46%	⌘	data not available	⌘	data not available	*as above
Increase the number of carers receiving a carers assessment or review	Y	High	-	682	-	700	⌘	data not available	⌘	data not available	The data required for Q2 is available in the RAISE data warehouse, however the reports to extract the data are being developed under the new Adult Social Care reporting framework SALT (Short and Long Term Services). Data cleansing work will be required as data quality issues are being identified. This data should be available in Q3.
Maintain the percentage of vulnerable people maintaining independent living through the provision of a housing related support service	Y	High	Local	97%	Local	98%	★	99% (P)	★	99% (P)	YTD: 998 / 1011 These are provisionals as there are 9 providers who have yet to provide data.
Maintain the proportion of people supported to move on from short term accommodation into independent living in a planned way	Y	Medium	Local	76%	Local	70%	★	86% (P)	★	86% (P)	YTD: 48 / 56 This data is provisional, as there are 9 providers who have yet to provide data.
Maintain the percentage of people accessing a housing related support service who have been assessed as needing support who go on to achieve economic wellbeing by improving debt management skills	Y	Medium	Local	91%	Local	85%	★	86%	◆	84%	YTD: 63 / 75 This outturn relates to a small cohort and will therefore vary each quarter. This information is available via the Supporting People Website
Maintain the percentage of people presenting as homeless where the homelessness has been relieved or prevented	Y	High	Local	81%	Local	78%	◆	77%	★	78%	YTD: 231 / 297
Maintain the proportion of claims for Discretionary Housing Payment are determined within 28 days following receipt of all relevant information	Y	High	Local	84%	Local	80%	★	85%	★	93%	Q2: 130 / 140

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Caring for and protecting the vulnerable											
Older people and vulnerable adults											
Maintain percentage of financial assessments within 3 weeks of referral to the Welfare Benefits Team	Y	High	Local	99%	Local	97%	★	99%	★	99%	Q2: 447 / 450 YTD: 748 / 754
Ensure 95% of claims for Local Welfare Provision are processed within 10 working days	Y	High	-	95%	-	95%	★	100%	★	99%	Q2: 113 / 115 YTD: 229 / 231
The average number of days taken to make a full decision on new Benefit claims	Y	High	-	18.47 days	-	<18.5 days	◆	19	★	18.2	
The average number of days taken to make a full decision on changes in a Benefit claimants circumstances	Y	High	28 / 120 1st	7.58 days	TBC	<8 days	◆	9	★	8.0	

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Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Promoting a vibrant district											
Infrastructure											
Ensure that no more than 5% of the principal road network (A roads) is in need of repair	Y	High	2nd	3%	TBC	<5%	⊙	Annual - Q4	⊙	Annual - Q4	
Ensure that no more than 10% of the classified non-principal road network (B and C roads) is in need of repair	Y	High	2nd	7%	TBC	<10%	⊙	Annual - Q4	⊙	Annual - Q4	
Aim to complete at least 75% of all works orders for permanent pothole and edge of road repairs within 28 days of the order date.	Y	High	Local	-	Local	75%	◆	62%	⌘	data not available	Reported one quarter in arrears. Due to the winter flooding in 2013/14 and additional funding from the DfT in June, the demand on this service far exceeded the expected level of service (and resource) and this is reflected in the performance outturn for Q1. It is expected that, with a reasonable winter, the target will be met by year end.
Bring 80 empty homes back into use for by 31/03/15 using the councils framework for engaging with identified empty home owners	N	High	Local	93	Local	80	★	15	★	36	Q2: 21
Approve 95% of high priority Disabled Facilities Grants within 9 weeks of receipt of full grant application	Y	High	Local	92%	Local	95%	★	100%	★	100%	YTD: 13 / 13
Nos of West Berkshire premises able to receive standard broadband services 2Mb/s or above	N	Medium	Local	64,386 (93.6%)	Local	66,241 (96.3%)	★	On track	★	On track	
Nos of West Berkshire premises able to receive Superfast Broadband services 24Mb/s or above	N	Medium	Local	41,287 (60.0%)	Local	51,956 (75.5%)	★	On track	★	On track	

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Promoting a vibrant district											
Planning											
60% of 'major' planning applications determined within 13 weeks.	Y	High	12/152 1st	72%	TBC	60%	◆	38%	◆	51% (P)	YTD: 18 / 35 Q1 data has been confirmed. Q2 data is provisional Reduced level is as a consequence of extensions of time period agreed with individual applicant/developers as now allowed for by Govt guidance.
65% of 'minor' planning applications determined within 8 weeks.	Y	High	42 / 152 2nd	67%	TBC	65%	◆	60%	◆	57% (P)	YTD: 127 / 222 Q1 data has been confirmed. Q2 data is provisional Below target as a temporary consequence of increasing numbers and some impact from preparation of legal agreements and extensions of time agreed with developers.
75% of 'other' planning applications determined within 8 weeks.	Y	High	24 / 152 1st	90%	TBC	75%	★	92%	★	90% (P)	YTD: 675 / 752 Q1 data has been confirmed. Q2 data is provisional
Ensure that the proportion of upheld planning appeals is less than the national average.	Y	Medium	82 / 152 3rd	43%	TBC	<35%	★	33%	★	29% (P)	YTD: 13 / 45 Q1 data has been confirmed. Q2 data is provisional
Community Safety											
Continue working in partnership with Thattham Flood Forum, Cold Ash Community Partnership and the Environment Agency to complete construction of the Cold Ash retention basins	N	Medium	Local	Commenced	Local	Mar-15	★	On track	★	On track	
Complete Winterbourne flood alleviation scheme	Y	Medium	Local	-	Local	Mar-15	★	On track	★	On track	
Complete Oak End Way, Padworth property protection scheme	Y	Medium	Local	-	Local	Mar-15	★	On track	★	On track	
Complete Cromwell Road, Newbury flood alleviation bund	Y	Medium	Local	-	Local	Mar-15	★	On track	★	Complete	Completed July 2014
Work with the Environment Agency and other partners to deliver flood alleviation scheme in Purley	Y	Medium	Local	-	Local	Aug-14	★	On track	■	Complete	Complete in September 2014, one month behind schedule. See exception report for detail.

2014/15 West Berkshire Council Key Accountable Report											
Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn		Q2 (YTD) RAG / outturn		Supporting commentary
Promoting a vibrant district											
Community Safety											
Work with the Environment Agency and other partners to deliver flood alleviation scheme in Eastbury	Y	Medium	Local	-	Local	Mar-15	★	On track	◆	Delayed	Delayed due to EA procurement issues. On target to complete by year end.
Completion of Flooding Scrutiny Review	Y	Medium	Local	-	Local	Mar-15	★	Ongoing	★	Complete	Review completed. Action plan in place and progressing

2014/15 West Berkshire Council Key Accountable Report								
*Please note these outturns are based on academic years								
Measure / activity	Direct control	Impact	2011/12 outturn / qtile	2012/13 outturn / qtile	2013/14 Target	2013/14 RAG / outturn		Supporting commentary
Improving Education								
Vulnerable pupils								
KS2: Proportion of SEN children (without statement) who achieve level 4 or above in Reading, Writing and Maths	Y	High	33%	38% 3rd	13%	⌘	data not available	Data available Dec '14
KS4: Proportion of children eligible for FSM who achieve 5+A*-C grades at GCSE (incl English and Maths)	Y	High	22% 4th	32% 4th	32%	★	32.3% (P)	Provisional data
Working with schools								
KS1-2: Proportion pupils making 2+ levels of progress in Reading	Y	High	New measure	87% 3rd	88%	★	90.4% (P)	Provisional data
KS1-2: Proportion pupils making 2+ levels of progress in Writing	Y	High	New measure	92% 2nd	93%	◆	91.4 (P)	Provisional data. This return is based on teacher assessment. Confirmed results, following moderation will be available in January 2015.
KS1-2: Proportion pupils making 2+ levels of progress in Maths	Y	High	79% 4th	84% 4th	87%	★	86.6% (P)	Provisional data
KS2: Prop'n pupils achieving at least level 4 in Reading, Writing and Maths	Y	High	74% 3rd	77% 2nd	78%	★	81.9% (P)	Provisional data
KS4: Proportion pupils gaining 5+ A*-C at GCSE including English and Maths (all schools)	Y	High	58% Local	66% Local	67%	★	64.6% (P)	Provisional data
The number of schools judged good or better by Ofsted under the new Framework	Y	High	61	62	63	◆	57	The Ofsted inspection timetable means that each quarters return will be a snapshot of progress throughout the year. It is expected that we will achieve our target by year end.

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2011/12 Municipal year outturn	2012/13 Municipal year outturn	2013/14 Municipal year outturn	2014/15 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Supporting commentary
Improving Education									
Further and adult education									
The proportion of people aged 16-18 not in education, employment or training (NEET)	N	High	4.5%	dna	3.4%	<3.4%	★ 3.2%	◆ 4.7%	This figure is for September 2014. Due to the school holidays, this data is unreliable. It is expected that October figures will give a more reliable outturn.
The proportion of YP in jobs with training, including apprenticeships	N	High	30%	dna	58.6%	50%	⌘ data not available	★ 53%	Figure will increase. Accurate data is difficult to obtain in Q2, as students move, are on holiday or finish learning over the summer period.

2014/15 West Berkshire Council Key Accountable Report

Measure / activity	Direct control	Impact	2012/13 qtile	2013/14 Year end outturn	2013/14 qtile	2014/15 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Supporting commentary
Protecting the Environment									
Cleaner and greener									
Maintain the proportion of household waste recycled/composted/reused	Y	Medium	-	49% (P)	-	49%	★ 54%	★ 54% (P)	YTD: 23,633 / 43,915 This quarters result is an estimate based on partial availability of data and will not be finalised until the next quarter. This result is also subject to change once figures are validated and confirmed by DEFRA after quarter 4.
% of household waste landfilled	Y	Medium	-	17% (P)	-	<20%	★ 21%	★ 19% (P)	YTD: 8,151 / 43,915 This quarters result is an estimate based on partial availability of data and will not be finalised until the next quarter. This result is also subject to change once figures are validated and confirmed by DEFRA after quarter 4.

End of report

Agenda Item 14.

Title of Report:	Proposed review into Delayed Transfers of Care
Report to be considered by:	Overview and Scrutiny Management Commission
Date of Meeting:	27 January 2015

Purpose of Report: To outline to the Overview and Scrutiny Management Commission proposed Terms of Reference for a review into Delayed Transfers of Care.

Recommended Action: Amend, if necessary, and approve the Terms of Reference for the review.

Overview and Scrutiny Management Commission Chairman	
Name & Telephone No.:	Councillor Brian Bedwell – Tel (0118) 942 0196
E-mail Address:	bbedwell@westberks.gov.uk
Contact Officer Details	
Name:	David Lowe
Job Title:	Scrutiny and Partnerships Manager
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Executive Report

1. Introduction

- 1.1 At its meeting of 20 May 2014, the Overview and Scrutiny Management Commission agreed to conduct a review into Delayed Transfers of Care (DToC) . The form containing the reasons for the subject's suggestion is shown at Appendix A.
- 1.2 This report sets out the proposed Terms of Reference for a task group review of the topic.

2. Proposed Terms of Reference and methodology

- 2.1 It is proposed that the review examines the extent to which Delayed Transfers of Care are occurring in West Berkshire and in particular:
- Current and historic performance
 - The causes of delay
 - Identification of areas for improvement
 - Report to the OSMC thence the Executive with recommendations as appropriate.
- 2.2 The review will be carried out through the establishment of a time-limited task group, comprising 4 members (3 x Conservative members, 1 x Liberal Democrat).

3. Recommendation

- 3.1 It is recommended that Members of the Commission amend, if necessary, and approve the Terms of Reference for the review.

Appendices

Appendix A – Scrutiny suggestion form

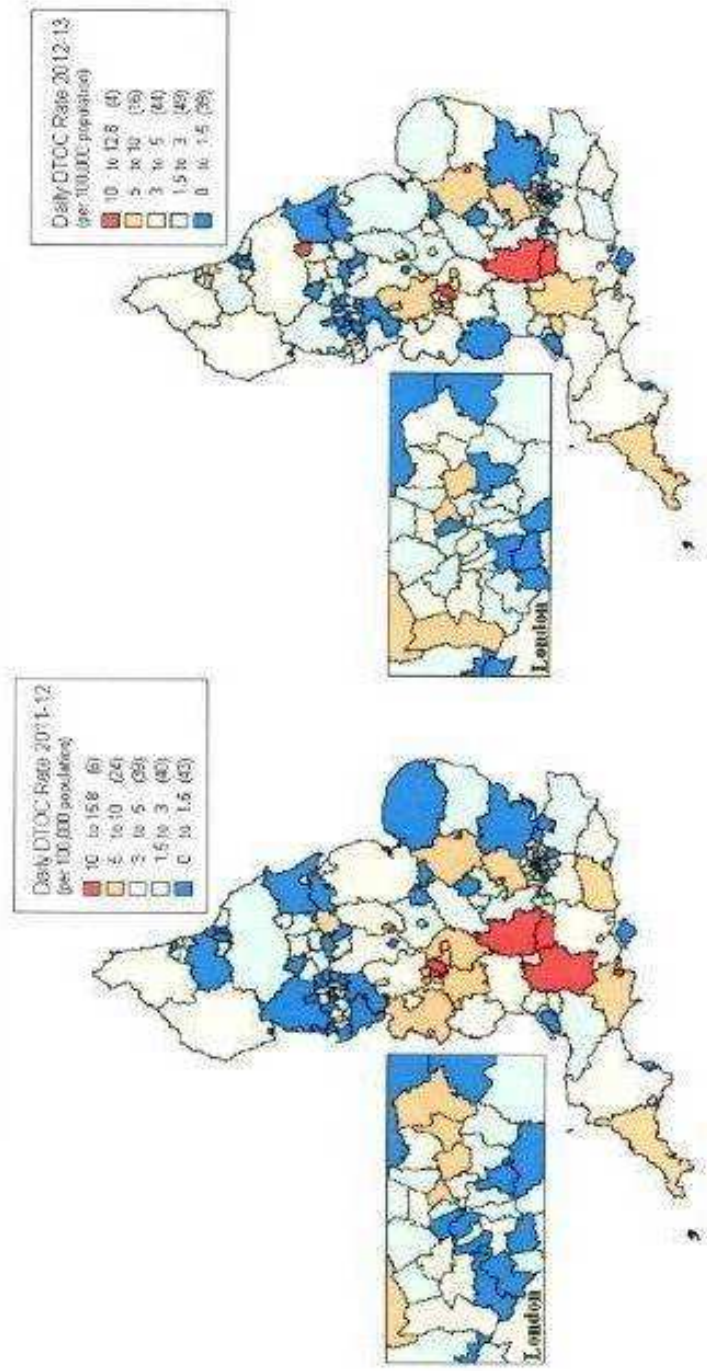
Appendix A – Scrutiny suggestion form

Your suggested topic(s)	
Delayed Transfers of Care (DTCO)	
Your reasons for requesting that this topic be considered: <i>(Please include your reasons for suggesting the topic and include details of any evidence you may have)</i>	
<p>In 2012/13 West Berkshire Council was the worst performing authority in the country for DTCO according to NHS England http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/ , and 4th worst the year before.</p> <p>Delayed Transfers of Care is part of the Adult Social Care Outcomes Framework (ASCOF), which is a tool used to monitor the state of adult social care both locally and nationally. Nationally, ASCOF intends to give an indication of the strengths of social care, which will support the Government in reporting to the public and parliament, and influence policy development. Locally, ASCOF is intended to enable comparisons between different areas such as councils, and for outstanding performers to share learning and best practice.</p> <p>2013/14 figures for West Berksire do not appear to show much, if any, improvement. I would like to investigate the causes for this repeatedly poor performance and see what can be done to significantly improve it.</p> <p>Because this is a complex subject it is important that members fully understand what is going on especially as our officers are not confident that the statistics reflect the reality. I believe this can only be properly scrutinised by a task group.</p> <p>Included: Daily DTCO rates by LA's for 2011/12-2012/13</p>	
Topics suggested for scrutiny need to meet one of the following criteria. Please click the appropriate box(es):	
(1) The issue is an area of key public concern (e.g. as identified through Members surgeries, constituents' concerns, the Annual Satisfaction Survey, raised in the local media, etc).	<input checked="" type="checkbox"/>
(2) There is evidence of poor performance within the activity (i.e. through performance indicator data, experience of Members, internal or external auditor findings, etc).	<input checked="" type="checkbox"/>
(3) It is a budgetary area in need of examination to ensure value for money is being obtained.	<input checked="" type="checkbox"/>
(4) There has been a pattern of budgetary overspends within the area.	<input type="checkbox"/>
(5) It is a corporate priority for the Council as published within the Council Strategy.	<input checked="" type="checkbox"/>
(6) It has an external focus (e.g. scrutiny of the Council's partners, government agencies, utility providers, private sector companies, etc)	<input checked="" type="checkbox"/>

(7) It is a Central Government priority area.	<input checked="" type="checkbox"/>
(8) It is an area of new Government legislation that has significant implications for the Council or its partners.	<input type="checkbox"/>
The outcomes you hope scrutiny of this topic will achieve:	
To speed up the process of moving from hospital people requiring care	
If you have already raised this issue with a Member or Officer of West Berkshire Council, please provide details here:	
Rachel Wardell and Tandra Forster have suggested that the national figures may not accurately reflect the facts.	

4.2.2. There is regional variation between Local Authorities in the daily rate of delayed transfers of care attributable to social care across England. On average, the performance of Local Authorities was better in 2012/13 than in 2011/12 (Chart 10).

Chart 10: Daily DTOC rate attributable to Social Care by Local Authority for 2011/12 and 2012/13



Rates for individual Local Authorities are published here: <http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>

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