



West Berkshire Council Performance Report

Key accountable measures and activities 2015/16

Update: Quarter three

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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 three 2015/16.

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;
 -  indicates that data can only be reported at a single point of the year and progress cannot be tracked – e.g. GCSE results or the road condition survey, whilst;
 -  indicates that quarterly data is unavailable when this report was published
 -  indicates that a measure is not targeted and results are being recorded as a baseline for future monitoring.
- (E) indicates that an outturn is an estimate and will be confirmed during the year.

Where measures / activities are reported as 'red' or 'amber', 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 (e) if any actions is required from Strategy Board.

In total, there are 27 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 1*: a reference code
- *Column 2*: the title of the measures
- *Column 3-7* previous years' outturns and comparative performance

- *Column 8:* the current year's target.
- *Columns 9-11:* quarterly outturns and RAG ratings.
- *Column 12:* 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, 27 key accountable measures and activities are captured in total.

Education operates on an academic year basis and their service plan covers the academic year ending September 2015. A suite of key accountable measures, relating to attainment in this period, are included in this basket of measures.

Highways and Transport report on the percentage of work orders of permanent pothole repairs a quarter in arrears and are currently reporting 'green' for quarter 2.

Of the 27 reported measures, outturns are available for 24. Those not reported are comprised of, 2 which are reported once a year and 1 which was unavailable at the time of publication of this report. Therefore, of the measures reported:

19 (79%) are reported as 'green' – or are on track to be delivered / achieved by year end.

4 (17%) are reported as 'amber'- behind schedule, but still expect to achieve or complete the measure / activity by year end.

1 (4%) is reported as 'red' - not achieved, or do not expect to achieve, the activity or target within the year;

In quarter 3 in 2014/15 36 out of 45 (80%) measures were reported as 'green', 7 (16%) as 'amber' and 2 (4%) as 'red'.

The summary table below shows year end outturns by directorate.

Overview of performance outturns	2012/13	2013/14	2014/15	2015/16 (Quarter three)			
	YE	YE	YE	Overall	Comm	Env	Res
Green	45	36	40	19	14	3	2
Amber	0	1	0	4	4	0	0
Red	3	9	11	1	1	0	0
<i>Annual (yet to be reported)</i>	0	1	0	2	1	1	0
<i>Baseline (yet to be targeted)</i>	-	-		0	0	0	0
<i>Unavailable at time of publication</i>	1	0	1	1	0	1	0
Total	49	47	52	27	20	5	2

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



★ On track / achieved
 ◆ Behind schedule
 ■ Unachievable
 🎯 Annual
 🕒 Data not available
 🌊 Baseline

The 4 measures reported as 'amber', and 1 reported as 'red', 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:

List of reported 'amber' measures / activities	Target	Q1 outturn	Q2 outturn	Q3 outturn
Priority 5. Good at Safeguarding children and vulnerable adults				
1. % of Leaving Care Clients with Pathway Plans	100%	◆ 79.9%	◆ 89.0%	◆ 99.0%
2. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	92%	★ 92.9%	◆ 90.4%	◆ 88.7%
Core Business				
3. Proportion of clients with Long Term Support (LTS) receiving a review in the past 12 months	90%	◆ 61.6%	◆ 63.9%	◆ 74.0%
4. Decrease the level of delayed transfers of care (DLOC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	4	★ 3.3	◆ 4.7	◆ 4.8

List of reported 'red' measures / activities	Target	Q1 outturn	Q2 outturn	Q3 outturn
Priority 5. Good at Safeguarding children and vulnerable adults				
1. To maintain a high percentage of (single) assessments being completed within 45 working day	>=90%	◆ 71.2%	◆ 79.7%	■ 79.1%

Quarterly service requests for amendments to measures / targets

In 2015/16, a new performance framework was introduced that gave Corporate Board the option to amend service plans on a quarterly basis in order to ensure they remain fit for purpose and will be approved/signed off by the same decision makers (that agreed them at the beginning of the year) as part of the quarterly performance reporting.

Requests for amendments - measures / activities	Target	
Priority 2. Close the educational attainment gap		
1. To reduce the GCSE educational attainment gap to 22 percentage points	22ppt Annual Academic year 2014/15	<p>*Request to amend measure, as current measure is a mixture of KS2 outturn and GCSE measures. Request change to include :</p> <p>“Reduce the attainment gap at KS2 (level 4+ Reading Writing Maths combined) between disadvantaged and other pupils.”</p> <p>Target 14/15 - 22 percentage points (22ppt) Outturn for 14/15 is 18ppt Outturn for 13/14 is 24ppt</p> <p>And</p> <p>“Reduce the attainment gap at GCSE (5A*-C including English and Maths) between disadvantaged and other pupils.”</p> <p>Target 14/15 - 30ppt Outturn for 14/15 is 34.7ppt Outturn for 13/14 is 33.4ppt</p>

Narratives by Council Strategy Priorities (key achievements, key challenges, demand management)

This section highlights only key achievements, key challenges or significant evolution of the levels of demand.

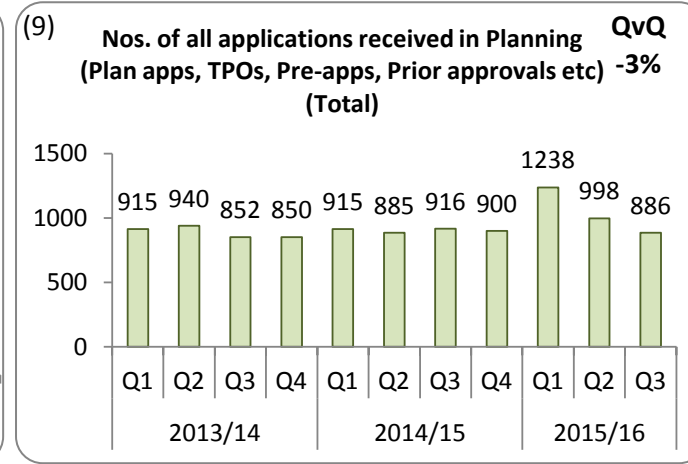
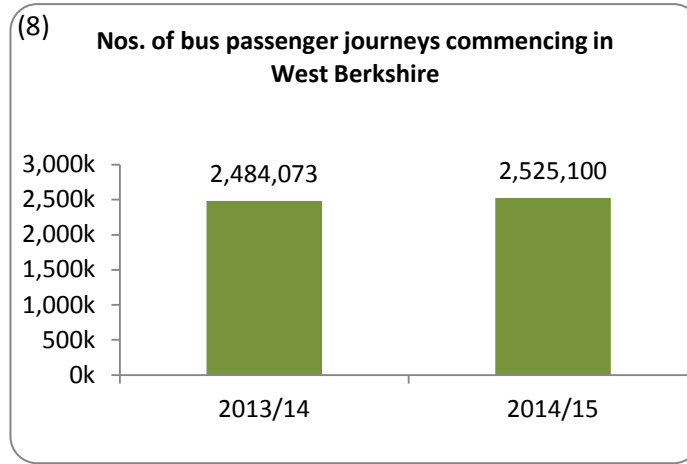
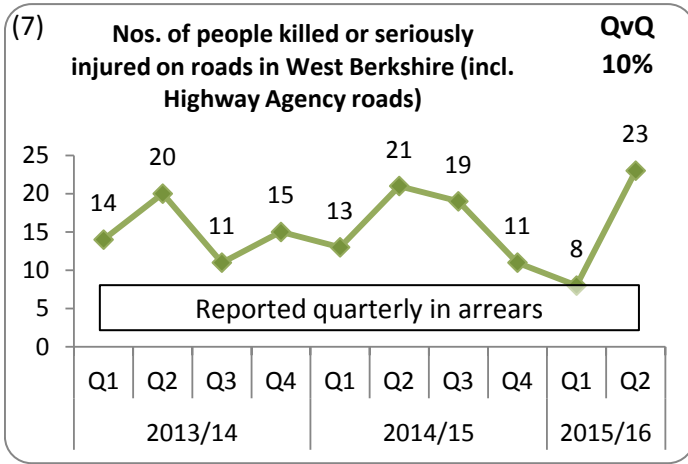
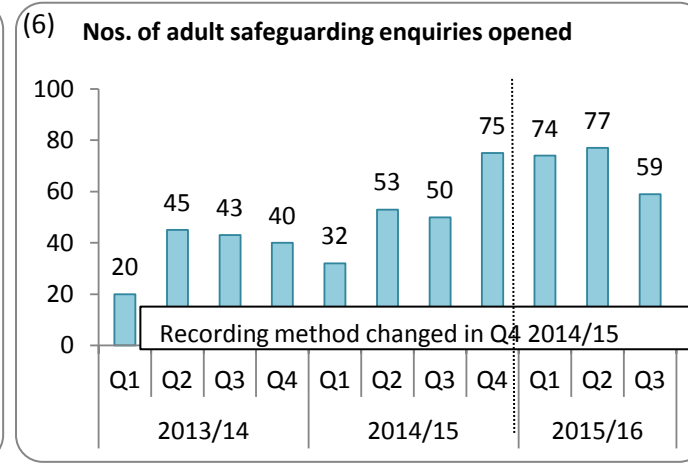
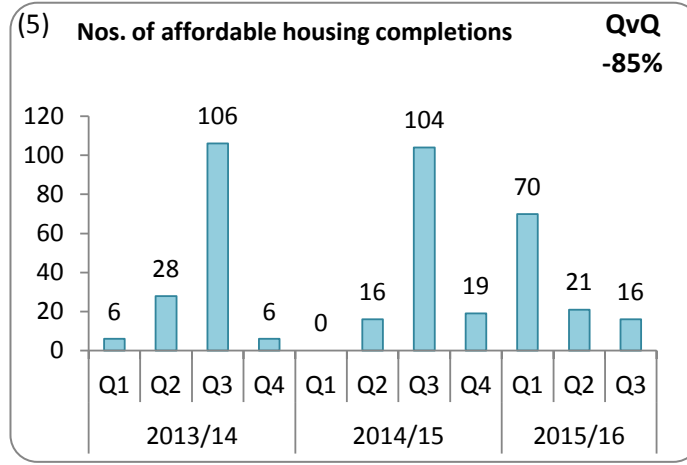
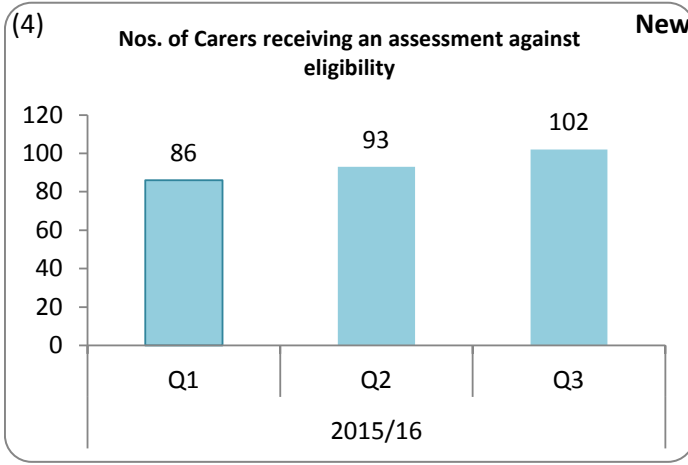
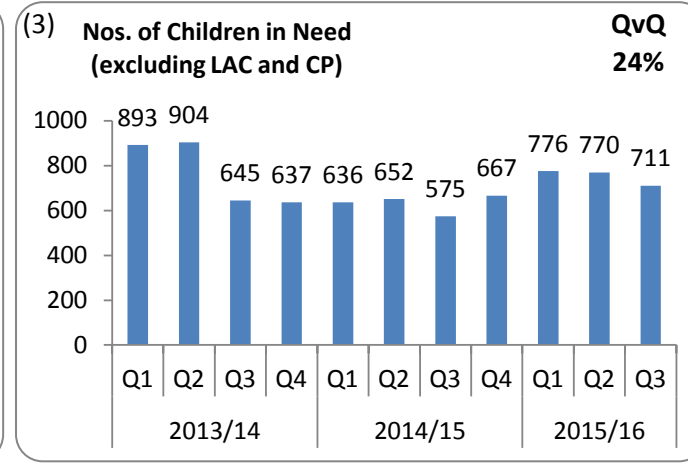
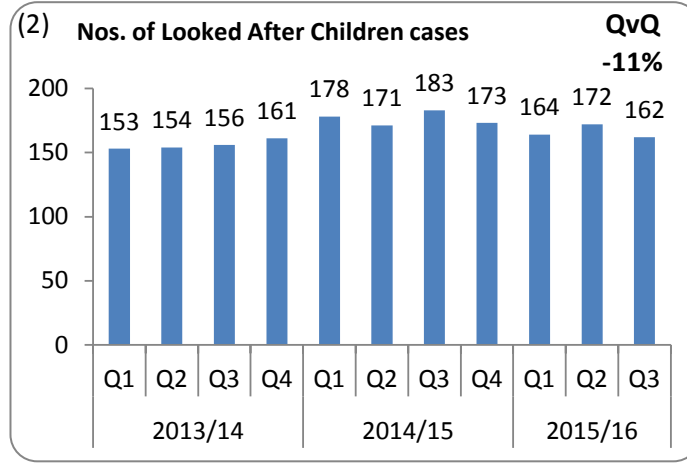
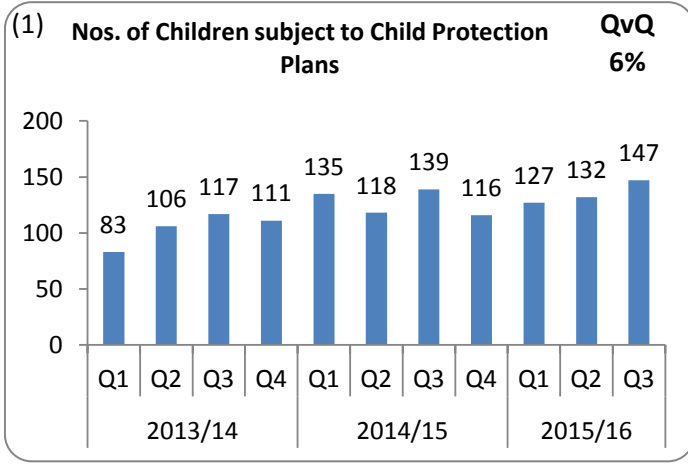
Contextual intelligence/demand on services

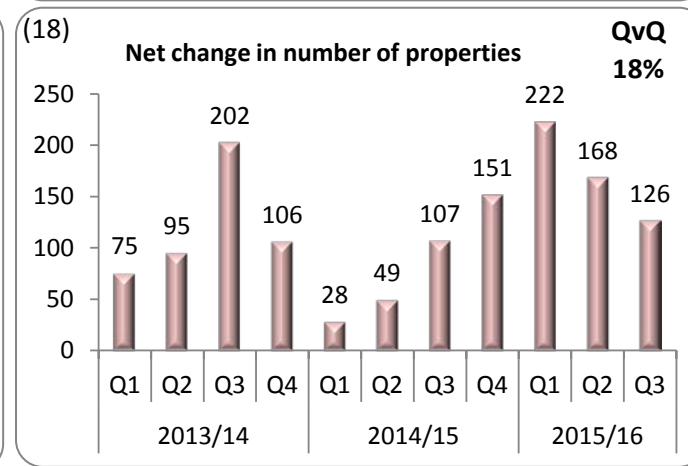
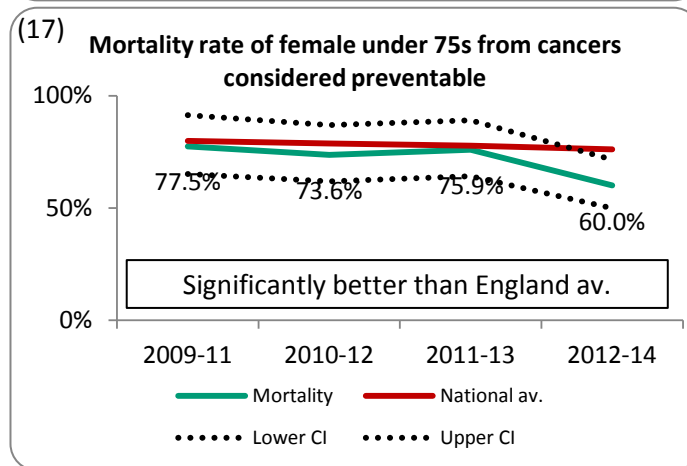
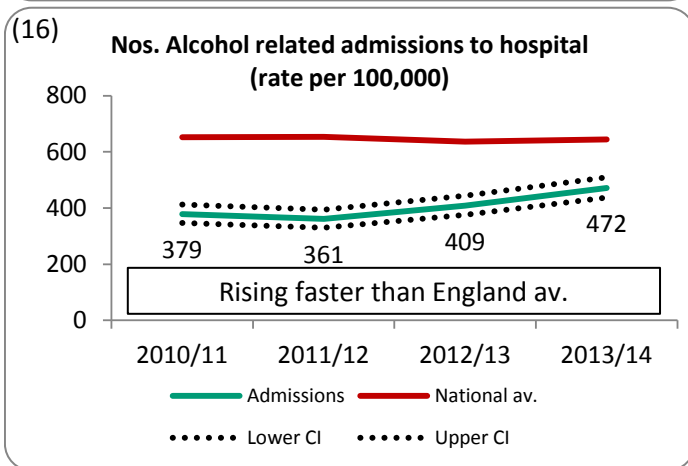
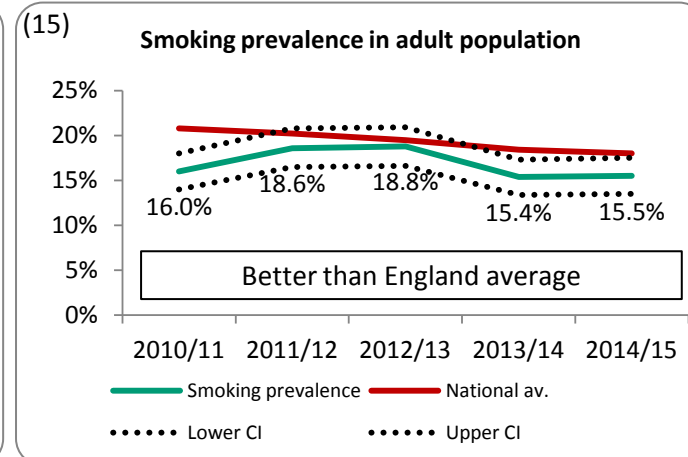
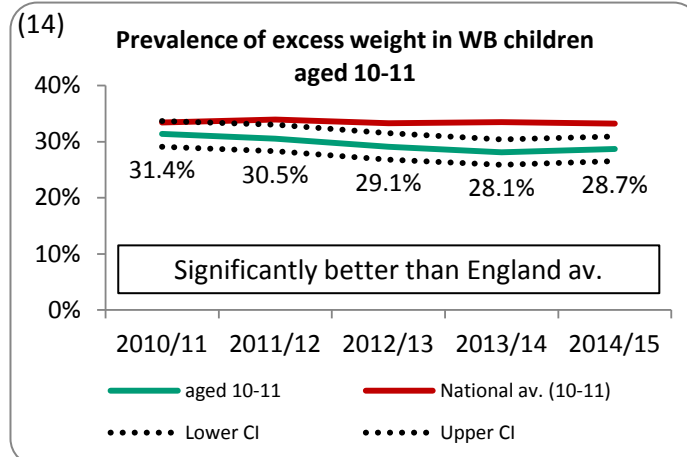
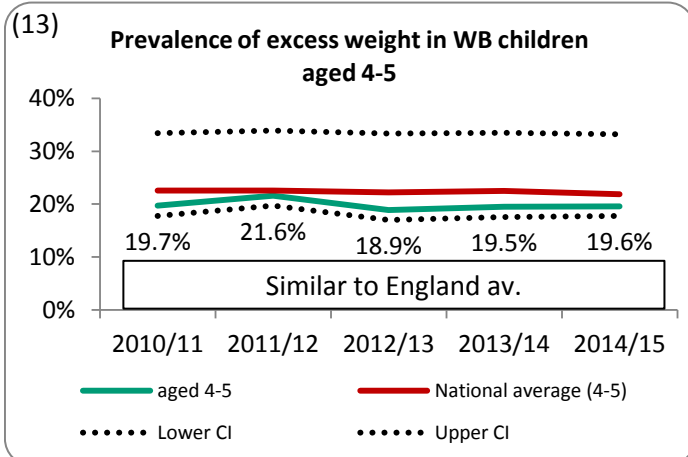
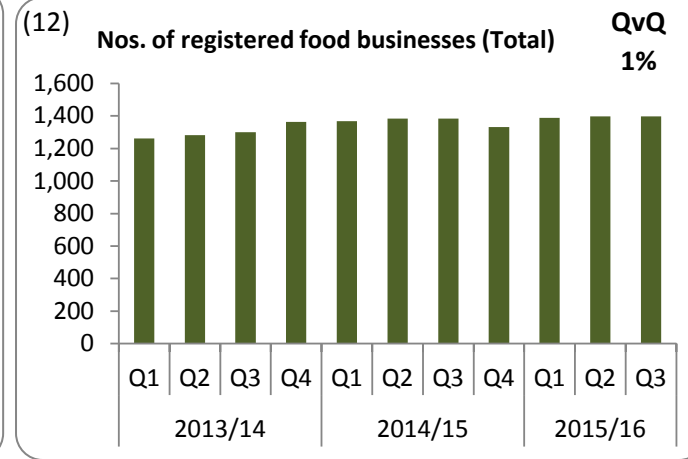
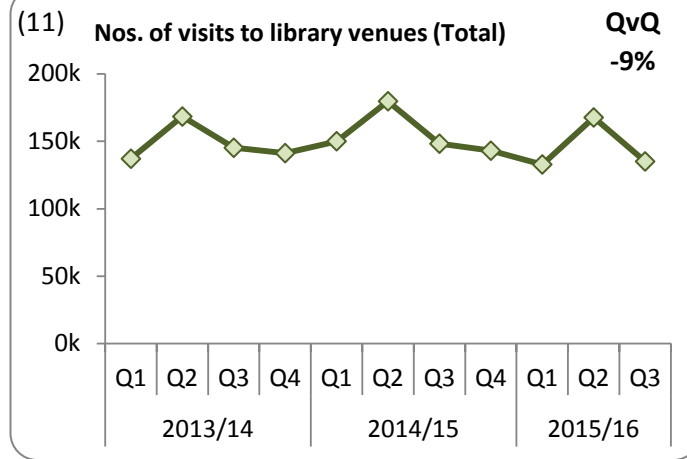
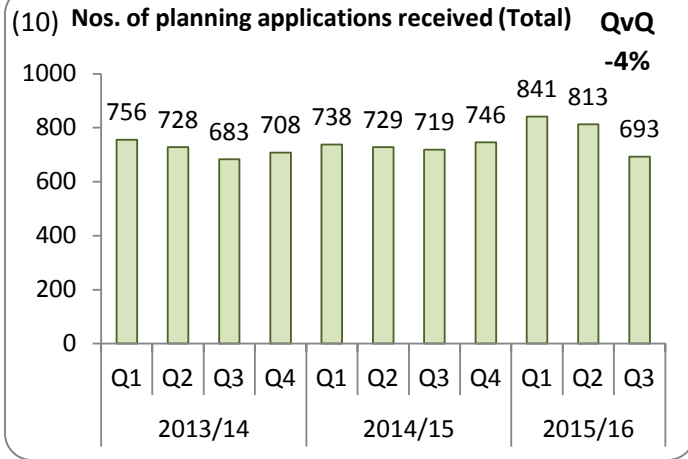
Due to additional capacity required in the services to identify additional savings proposals for a second phase of consultations, no Service Performance Intelligence is available for quarter three.

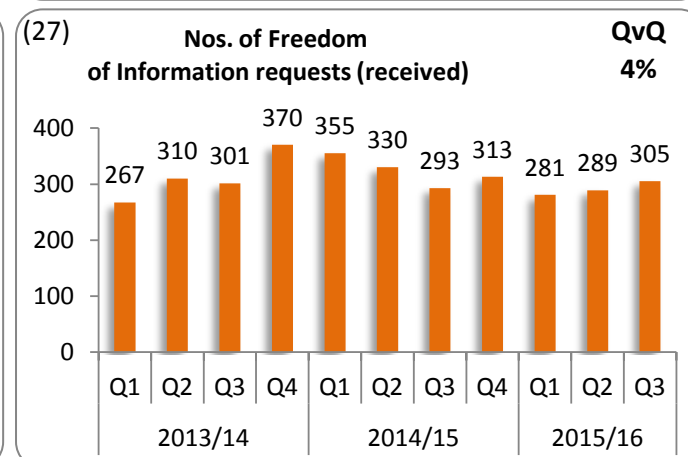
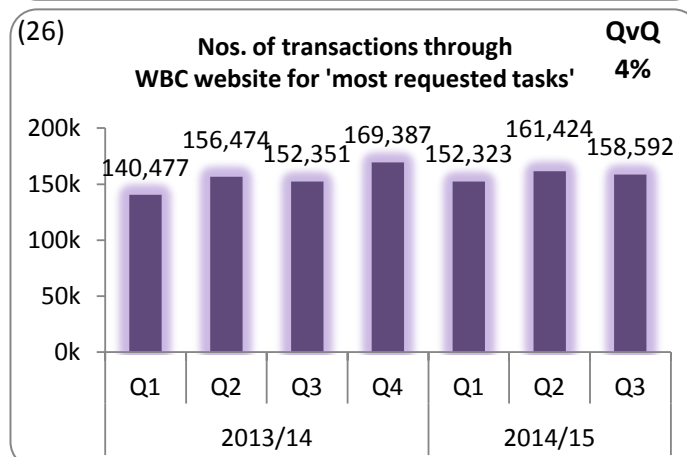
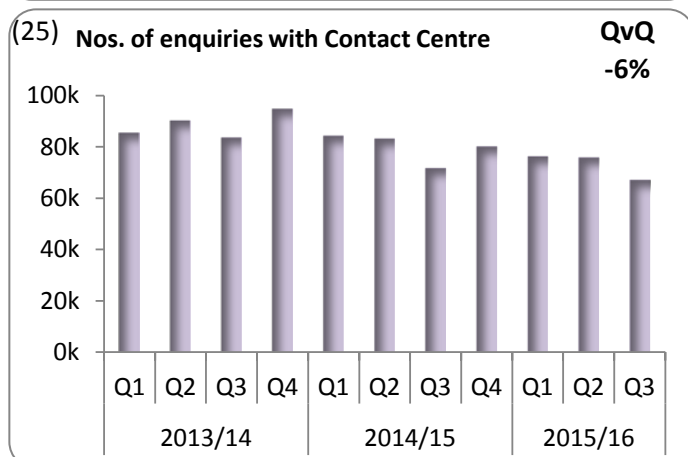
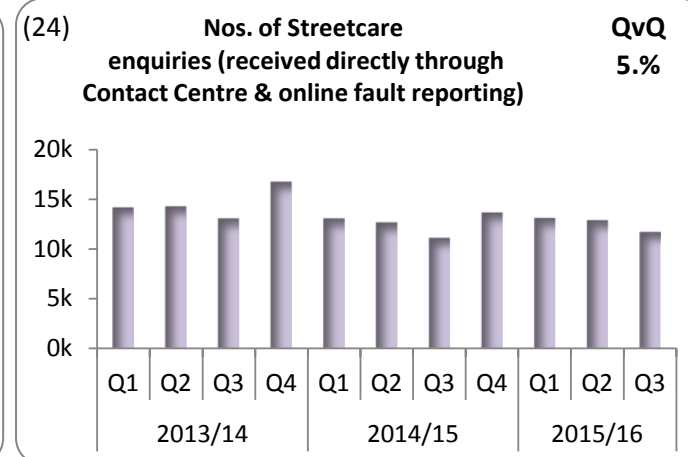
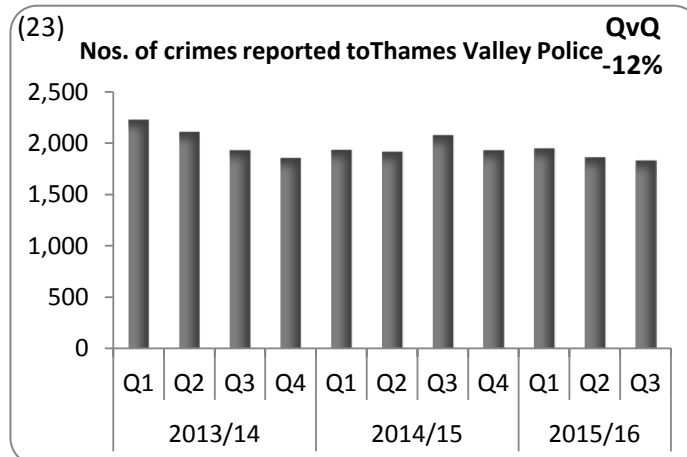
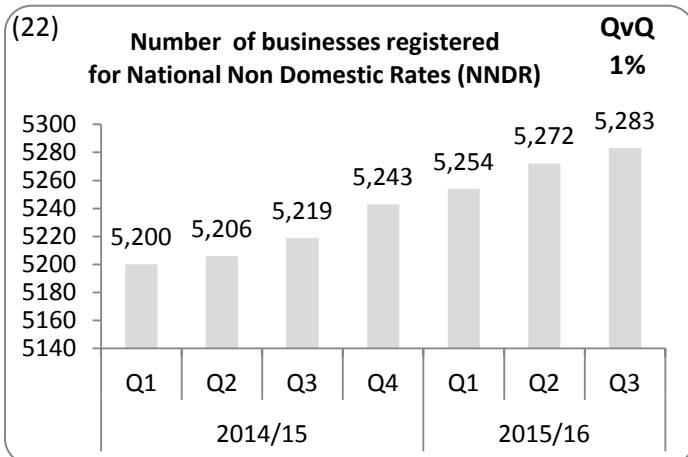
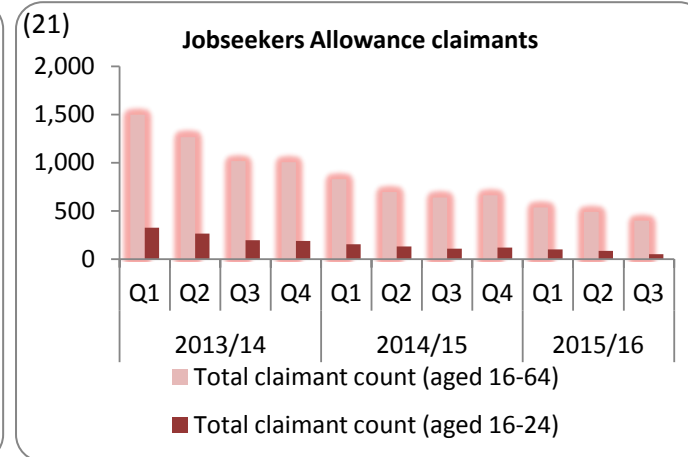
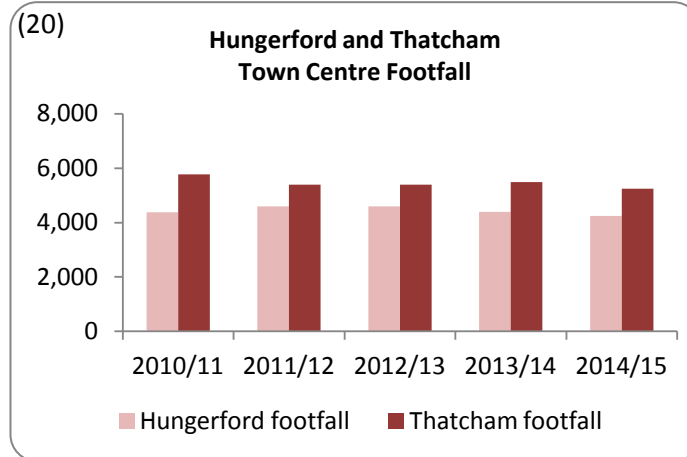
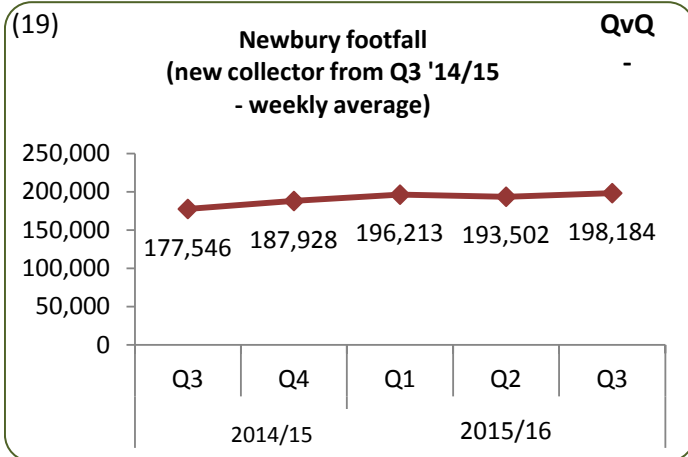
Key accountable measures and activities 2015/16

Quarter Three

Contextual and volume measures







Key accountable measures and activities 2015/16

Quarter Three

Exception reports

Rachael Wardell / Mac Heath	Children and Family Services	28 January 2016	AMBER
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P&S1c&f17		% of Leaving Care Clients with Pathway Plans						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG			♦	♦	♦		100%	Higher is better
Qrtly outturn	-	-	-	-	-			
YTD outturn	Not reported	100%	79 / 100 79.0%	89 / 100 89.0%	96 / 97 99.0%			

REASON FOR AMBER:

The 100% target set for this indicator is very difficult to achieve, as (at any one time) there are usually a few care leavers who are unwilling or difficult to engage with the pathway planning process.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:

This indicator has been discussed at a recent Performance Board and there is concerted effort underway to ensure that young people have a pathway plan wherever possible. There are issues to be resolved in relation to cases that have already transferred to Adult Social Care and how we can ensure that these young people also have a Pathway Plan (or equivalent) in place that ensures all their needs are appropriately being met.

STRATEGIC ACTIONS REQUIRED

None

Rachel Wardell / Tandra Forster		ASC				26 January 2016	AMBER	
OP3asc15		Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG		★	★	★	◆		92%	Higher is better
Qrtly outturn		93 %	65 / 70 92.9%	47 / 52 90.4%	47 / 53 88.7%			
YTD outturn		93%	92.9%	90.4%	88.7%			
REASON FOR AMBER:								
<p>This KPI is monitored by H&W Board on a monthly basis. This KPI is prone to fluctuations throughout the year due to a small cohort, with 47 / 53 clients being reviewed as still at home 91 days after hospital discharge.</p> <p>This quarter, the 6 clients not remaining at home relates to 2 clients going back into hospital and 4 clients now in permanent care home placements.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
<p>Expecting an increase in the cohort due to increased hospital admissions at the end of Q3, and an increase in reablement services provided across the service, which will lead to a stabilisation of the KPI.</p>								
STRATEGIC ACTIONS REQUIRED								
None.								

Rachel Wardell / Tandra Forster		ASC				26 January 2016	AMBER	
OP2asc13		Proportion of clients with Long Term Support (LTS) receiving a review in the past 12 months						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG		★	◆	◆	◆		90%	Higher is better
Qrtly outturn		62%	769 / 1,292 61.6%	837 / 1,309 63.9%	888 / 1,200 74.0%			
YTD outturn		62%	61.6%	63.9%	74.0%			
REASON FOR AMBER:								
<p>The change in eligibility framework resulting from the Care Act has created a new imperative for this work; all long term clients will have to have had a review under the new framework by 31 March 2016. Additional capacity has been brought in to focus on this area of work, it has taken time to bed in so there was a slow start to work in quarter 1 and 2. Additional capacity has resulted in increased pace; there is a lag in updating the case management system so progress is not accurately reflected. Quarter 3 has shown a significant increase in the KPI, which is expected to continue to rise with ongoing additional capacity in place.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
<p>Continued focus on completing reviews, significant progress has been made on community based support and the team are now dealing with residential placements. In addition staff are working to ensure the case management system is updated so progress is more evident.</p> <p>Now weekly monitoring of number of reviews required between now and 31 March 2016.</p>								
STRATEGIC ACTIONS REQUIRED								
None.								

Rachel Wardell / Tandra Forster		ASC				26 January 2016	AMBER	
OP3asc14		Decrease the level of delayed transfers of care (DTOC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3 (end of Oct)	Q4		
RAG		★	★	◆	◆		4.0	Lower is better
Qrtly outturn	9.0	4.5	3.3	4.7	4.8			
YTD outturn	9.0	4.5	3.3	4.7	4.8			
REASON FOR AMBER:								
<p>The last quarter saw an increased number of attendances in Accidents and Emergency Departments (A&E) resulting in a higher number of admissions. This increase in activity combined with challenges in sourcing external homecare and nursing/residential care placement has hindered our ability to support timely discharge from hospital.</p> <p>Main contribution to the Delayed Transfer of Care figure comes from Hampshire Hospitals NHS Foundation Trust, contributing an average of 2.6 patients (per 100,000 aged 18+) delayed to the total figure of 4.8. The contribution from RBH and Great Western Hospital is below (better than) target levels.</p> <p>November's figures (released mid-January) have resulted in the YTD (year to date) figure dropping to 4.5, due to an average rate of delays due to social care of 3 per 100,000 population, and local monitoring data suggests December's data will continue this trend.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
<p>Working jointly with health partners through the Joint Care Provider project we are engaging earlier with patients to help plan discharges, this work has been focused on the RBH but has now been expanded to Great Western and North Hampshire Hospitals. We are also piloting 7 day working across all hospital pathways to ensure a consistent response across the week. In addition we anticipate increased capacity in external homecare following a recent contract award.</p>								
STRATEGIC ACTIONS REQUIRED								
None.								

Rachel Wardell / Mac Heath		Children and Family				22 January 2016	RED	
P&S1c&f07		To maintain a high percentage of (single) assessments being completed within 45 working days						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	-	■	◆	◆	■		>=90%	Higher is better
Qrtly outturn	-							
YTD outturn	-	70%	227 / 319 71.2%	615 / 772 79.7%	905/1,144 79.1%			
REASON FOR RED:								
Our performance against this indicator has improved since the start of the year (61% at the end of April) and month on month figures are now consistently in the high 80s/90s. However, year to date performance remains below our target because of poorer performance earlier in the year.								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:								
There is day to day close scrutiny of single assessments that are still open and we are monitoring monthly as well as YTD performance. The daily scrutiny of single assessments is having results and should continue to do so over the coming months.								
FINANCIAL IMPLICATIONS:								
This indicator does not have direct financial implications.								
SERVICE PLAN UPDATES REQUIRED:								
No updates are required to the service plan. The indicator will remain in our service plan for next year.								
STRATEGIC ACTIONS REQUIRED: None								

Key accountable measures and activities 2015/16

Quarter Three

Performance outturns by strategic priority

2015/16 West Berkshire Council Key Accountable Measures Performance Report - Quarter three

Ref:	Measure / activity	National Rank / Quartile 2012/13	2013/14 Year end outturn	National Rank / Quartile 2013/14	2014/15 Year end outturn	National Rank / Quartile 2014/15	2015/16 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Q3 (YTD) RAG / outturn	Q3 Supporting commentary
Priority 1. Improve educational attainment											
BEC1ed03	The number of schools judged good or better by Ofsted under the new Framework (harder test)	-	-	-	63	-	63	★ 67	★ 67	★ 67	No Ofsted inspections took place in Q2 or Q3.
BEC1eday08	KS2: Prop'n pupils achieving at least level 4 in Reading, Writing and Maths	3rd	77% 2012/13 AY	2nd	82% 2013/14 AY	-	AY 2014/15 82%	🕒 Annual	🕒 Annual	★ 82%	
BEC1eday09	KS4: Proportion pupils gaining 5+ A*-C at GCSE including English and Maths - First attempt results (maintained and Acad)	2nd	66% 2012/13 AY	1st	64% 2013/14 AY	-	AY 2014/15 61%	🕒 Annual	🕒 Annual	★ 62%	
Priority 2. Close the educational attainment gap											
BEC2eday19	To reduce the GCSE educational attainment gap to 22 percentage points	-	-	-	23.4 pp 2013/14 AY	-	AY 2014/15 22pp	🕒 Annual	🕒 Annual	🕒 Annual	*Request to amend measure. See main report for details.
Priority 3. Enable the completion of more affordable housing											
CBO1cchs11	Maintain % of claims for Discretionary Housing Payment, determined within 28 days following receipt of all relevant information	-	84%	-	86%	-	80%	★ 97.2%	★ 98%	★ 100%	YTD: 73 / 73 Average time taken to process claims was 11 days.
Priority 4. Deliver or enable key infrastructure improvements in relation to roads, rail, flood prevention, regeneration and the digital economy											
SLE2ht03	Ensure that no more than 5% of the principal road network (A roads) is in need of repair	50/143 2nd	3%	-	3%	-	5%	🕒 Annual	🕒 Annual	🕒 Annual	
SLE2ht06	Aim to complete at least 75% of all works orders for permanent pothole (PPR) and permanent carriageway repairs (PCR) within 28 days of the order date.	-	(267/330) 81%	-	(413/610) 68%	-	75%	★ 100%	★ 99.7%	🕒 dna	YTD: 1,245 / 1,249 Q1 & Q2 updated as work orders not captured by this measure had been included in error.
SLE2ht11	Completion of at least 90% of the flood prevention and drainage improvement schemes listed in the capital programme.	-	-	-	(25/25) 100%	-	90%	★ 9.5%	★ 33.3%	★ 85.7%	Q3: 18 / 21 On track for year end.
SLE2ict04	Increase nos of West Berkshire premises able to receive Superfast Broadband services 24Mb/s or above	-	41,287 (60.0%)	-	-	-	83%	★ 79%	★ 85%	★ 83%	12,476 'eligible properties' upgraded to superfast broadband on contractual report - taking district to 83.3% coverage. Target achieved but continuing to extend coverage under Phase 2.
Priority 5. Good at safeguarding children and vulnerable adults											
P&S1c&f07	To maintain a high percentage of (single) assessments being completed within 45 working days	Local	New	Local	70%	-	>=90%	🔺 71.2%	🔺 79.7%	🔴 79.1%	Q3: 905 / 1144 See exception report for details.
P&S1c&f08	ICPCs (Initial Child Protection Conferences) held within 15 days of S47 (child protection) enquiry (year to date)	3rd	81%	dna	77%	-	>=90%	★ 97.4%	★ 97.2%	★ 96.2%	Q3: 179 / 186

2015/16 West Berkshire Council Key Accountable Measures Performance Report - Quarter three

Ref:	Measure / activity	National Rank / Quartile 2012/13	2013/14 Year end outturn	National Rank / Quartile 2013/14	2014/15 Year end outturn	National Rank / Quartile 2014/15	2015/16 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Q3 (YTD) RAG / outturn	Q3 Supporting commentary
P&S1c&f10	Child Protection Reviews - held on time (snapshot)	1st	93%	4th	100%	-	>=95%	★ 100.0%	★ 97.6%	★ 98.9%	Q3: 89 / 90
P&S1c&f11	To increase the percentage of children subject to a CP Plan that have received a visit within the past 10 working days	-	-	-	84%	-	>=95%	◆ 84.1%	◆ 84.6%	★ 95.9%	Q3: 141 / 147
P&S1c&f14	The number of weeks taken to conclude care proceedings (children social care)	-	-	-	31	-	<=26 weeks	◆ 27	★ 24	★ 24	
P&S1c&f17	Percentage of LAC with Health Assessments on time	-	-	-	63%	-	>=90%	◆ 50.8%	◆ 72.7%	★ 93.0%	Q3: 119 / 128
P&S1c&f21	% of Leaving Care Clients with Pathway Plans	-	-	-	100%	-	100%	◆ 79.0%	◆ 89.0%	◆ 99.0%	Q3: 96 / 97 See exception report for details.
P&S1asc03	Maintain % of safeguarding concerns responded to within 24 hours.	-	87%	-	91%	-	92%	★ 92.2%	★ 95.1%	★ 92.6%	YTD: 187 / 202
OP3asc15	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	-	-	-	93%	-	92%	★ 92.9%	◆ 90.4%	◆ 88.7%	YTD: 47 / 53 See exception report for details. This measure is monitored by the Health and Wellbeing Board on a monthly basis. Due to a small cohort, it is prone to fluctuations through the year. This quarter, the 6 clients not remaining at home relates to 2 clients going back into hospital and 4 clients now in permanent care home placements.
Priority 6. Support communities to do more to help themselves											
PLACEHOLDER - additional measure to be confirmed for supporting communities approach linked to Health Visiting and School Nurses services											
Become a More effective council											
OP1asc06	Implement first phase of health and social care integration programme under the Better Care Fund framework.	-	-	-	-	-	Completed by March 2016	★ On track	★ On track	★ On track	
OP3asc17	A new way of delivering adult social care (change programme) will be completed by May 2016	-	-	-	-	-	Completed by May 2016	★ On track	★ On track	★ On track	
Core Business											
OP2asc13	Proportion of clients with Long Term Support (LTS) receiving a review in the past 12 months	-	-	-	62%	-	90%	◆ 61.6%	◆ 63.9%	◆ 74.0%	YTD: 888 / 1200 See exception report for details.

2015/16 West Berkshire Council Key Accountable Measures Performance Report - Quarter three

Ref:	Measure / activity	National Rank / Quartile 2012/13	2013/14 Year end outturn	National Rank / Quartile 2013/14	2014/15 Year end outturn	National Rank / Quartile 2014/15	2015/16 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Q3 (YTD) RAG / outturn	Q3 Supporting commentary
OP3asc14	Decrease the level of delayed transfers of care (DTOC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	138 / 141 4th	9	-	5	-	4	★ 3.3	◆ 4.7	◆ 4.8	See exception report for details. * 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). Data is reported a month in arrears
CBO1cchs08	Ensure % of claims for Local Welfare Provision are processed within 10 working days	-	95%	-	97%	-	95%	★ 97%	★ 98%	★ 99%	Q3: 72 / 72 YTD: 203 / 205
CBO1cchs09	Maintain % of benefits assessments within 3 weeks of referral from Children's Services	-	95%	-	96%	-	85%	★ 96.8%	★ 95.5%	★ 97.4%	Q3: 82 / 82 YTD: 187 / 192
CBO1cep13	Maintain the proportion of household waste recycled/composted/reused/recovered (Local Indicator)	-	tbc	-	tbc	-	80%	★ 77%	★ 81.5%	★ 83.5% (E)	Q3: 16460 / 18735 YTD: 51544 / 61760 This result has been amended to include the full quarter's data. It is also subject to change once figures are validated and confirmed by DEFRA after quarter 4.
CBO3cep16	Maintain an acceptable level of litter, detritus and graffiti (as outlined in the Keep Britain Tidy local environmental indicators).	-	Good	-	Satisfactory	-	Good	⌚ dna	★ Good	★ Good	
CEO5	Milestone: confirm plans regarding LGA review	-	-	-	-	-	Mar-16	🎯 Annual	★ Complete	★ Complete	

End of report