

Nick Carter			Chief Executive Officer (CEO)				Q3 2017	RED
Indicator Ref:		Redevelop London Road Industrial Estate (LRIER) with St. Modwen Plc Business plan created and approved (Milestone 1)					Type: text	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	-	■	■	■	■		tbc dependent on court	
Qrtly outturn	-	-	-	-	-			
YTD outturn	-	Delayed	Delayed	Delayed	Delayed			
REASON FOR AMBER:								
Continued delay due to ongoing court action. The case brought against the Council by Faraday Developments Ltd (FDL) was won in the High Court, however, the appellant sought leave to appeal. In October 2017 the Court of Appeal granted FDL leave to appeal and the Council will be defending its case. As a result the legal process continues.								
The case will go before a judge at the Court of Appeal 12-13 June 2018. However, the final judgement date is unknown and could take at least 6 months. Position will be updated in Q4.								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS: None								
FINANCIAL IMPLICATIONS: None								
SERVICE PLAN UPDATES REQUIRED: None								
STRATEGIC ACTIONS REQUIRED: None								

Nick Carter / Kevin Griffin		ICT & Support Services				Q3 2017/18		AMBER	
Indicator Ref: SLE2ict02		Increase number of West Berkshire premises able to receive Superfast Broadband services 24Mb/s or above							
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	★	★	◆	◆	◆		96.6% March 2018	Higher is better	
Qrtly outturn	-	-	-	-	-				
YTD outturn	57,340 (82.8%)	60,519 (87.3%)	62,557 (85.6%)	64,124 (87.7%)	66,224 (90.6%)				
REASON FOR AMBER:									
The programme remains behind forecast schedule and for this reason this report is Amber for the current target date of March 2018.									
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:									
Superfast Berkshire and Gigaclear recognise that the original target baseline target to upgrade 11,748 premises to superfast broadband by December 2017 cannot be met. However, BDUK has confirmed this delay does not impact their target KPI for the UK.									
There remain only 3 West Berkshire communities to be built and all remaining highways permits have been applied and agreed in principle with West Berkshire Highways Agency (WBC HA).									
Broadband Delivery UK (BDUK) and Gigaclear are in discussions concerning the revision of BDUK funded premise numbers, the subsequent change request and remedial plan will commit to a completion of this phase of the project in Q3 2018. It is therefore requested in this report that the target date be changed to December 2018 for future reporting.									
It is also worth noting that many of the initial engineering challenges associated with this project have now been resolved and that the built infrastructure, initially isolated from the network, is now accessible. This should result in a rapid increase in the rate of premises upgrades from now on.									
Gigaclear have identified improvements in build process and design approach that are already being incorporated in Phase 3 projects that will expedite future build programmes.									

FINANCIAL IMPLICATIONS:

There are no financial implications for Superfast Berkshire, West Berkshire Council or local communities. Superfast Berkshire project resources are co coordinating the Phase 3 East Berkshire roll out, so there is no increase or additional project revenue cost.

The risk is with Gigaclear's cash flow as payment milestones are deferred through to project completion and an increase in programme cost for additional contractor resources.

SERVICE PLAN UPDATES REQUIRED:

The service have requested to update the KPIs for 2017/18 and beyond to reflect the more realistic completion date set out above.

STRATEGIC ACTIONS REQUIRED: None

Rachael Wardell / Tandra Forster		Adult Social Care				Q3 2017		RED	
Indicator Ref: PS1asc2		% of adult social care safeguarding concerns responded to within 24 hours					Type: Snapshot		
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	★	★	◆	■	■		=>92%	Higher is better	
Qrtly outturn	135/143 94.4%	151/157 96.2%	120/139	90/113 79.6%	95/103 92.2%				
YTD outturn	718/768 93.5%	573/614 93.3%	86.3%	210/252 83.3%	305/355 85.9%				
REASON FOR RED:									
YTD 50 out of 355 (85.9%) concerns were not responded to within 24 hours.									
Performance relating to a 24 hour response to ‘concerns that meet the safeguarding threshold’, dropped to 83.3% for Q2. In Q3, this has improved to 86% but remains below target. YTD this relates to 355 concerns, where 50 concerns were not responded to within 24 hours.									
If Q3 data alone is considered, this provides clear evidence of improvement and that the 92% target would be met. Of the 103 reported concerns in Q3, only 8 concerns were not be responded to within 24 hrs (92.3%). Clear evidence that we have improved but as the target is calculated ytd we are not able to improve significantly enough to take into account past performance in the year.									
Discussion and review of practice in safeguarding in Q2 has indicated a shift in practice to ensure all concerns have been recorded on the same day in a timely way and that the recording of these concerns is on the system. Previously the safeguarding team has managed any presenting risk however recording has been delayed and on occasion completed in retrospect which is not in line with national minimum standards. However we are confident that the risk to the individual was managed.									
On occasion, concerns can be received where there is not enough necessary information to inform decision making sometimes this requires waiting one or two additional working days to receive required information from the original referrer. In this period Safeguarding ensure that arrangements are made to ensure the safety of the individual concerned.									
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:									
With the implementation of care director we have a number of mechanisms by which we can monitor concerns and S42s more closely through the use of									

views and dashboards, this will allow the safeguarding team and operational manager to be aware of any concerns on the system and ensure they are responded to in a timely way. We will spot check and audit these records to ensure that practice is being consistently applied.

The implemented system changes in Q3 ensuring timely and robust recording of all concerns can now be monitored effectively by the safeguarding adult lead. Where there are exceptional circumstances that are over and beyond 24hrs (this is often in relation to contact with the original referrer being required) we can monitor these closely. The changes in process have been confirmed with the ASC management team to ensure clarity of process.

FINANCIAL IMPLICATIONS:

Remedial actions will be completed within existing resources.

SERVICE PLAN UPDATES REQUIRED:

No changes required, remedial actions should address performance.

STRATEGIC ACTIONS REQUIRED: None

Nick Carter / Nick Carter		Better Communities Team					Q3 2017	AMBER
Indicator Ref: HQL1kt9bct4		% of identified communities that have agreed what actions will be undertaken to address locally identified issues					Type: %snap	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG			★	◆	◆		100%	Higher is better
Qrtly outturn	-	-	0/0	4/6	7/11			
YTD outturn	-	-	0%	66.7%	63.6%			
REASON FOR AMBER: <p>The number of community conversations held have increased during 2017/18 with the BCT Team supporting their instigation.</p> <p>Qtr 2 – Conversation held in Hungerford, Calcot, Newbury, Burghfield, Aldermaston and Thatcham. 4 identified potential actions (Hungerford, Calcot, Newbury and Burghfield) but no timescales were set.</p> <p>Qtr 3 – the 6 above plus Conversations with a Peer Mentors Event, Rough Sleepers, and in the communities of Hermitage, Lambourn and Bucklebury. 7 identified potential actions. Topics raised at the Peer Mentors Event were shared with colleagues across Education; outcomes from the meeting with some Rough Sleepers informed the development of the Making Every Adult Matter project.</p> <p>The activity of convening community conversations is being achieved but, it is important to note that the whole purpose of having community led conversations is for each community to decide what actions, if any, will arise and are taken forward and in what format. It is not within the gift of the Building Communities Together Team to decide on the action planning.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN: <p>As explained above. The BCT Team cannot take management action to ensure that all identified issues are progressed into actions. This is down to the community to decide. However the BCT has been very proactive in actually ensuring that Community Conversations have taken place i.e. Hermitage Parish Council asked for a public meeting which was held as a community conversation and was chaired by the BCT Team Manager. BCT Team members have supported police colleagues when they have organised a community conversation in Aldermaston and Beansheaf.</p> <p>Importantly whilst there may not have Actions arising from each Conversation there have been new and innovative ways of identifying</p>								

community issues and for potentially empowering communities in finding ways of addressing them.

On reflection it may not have been a good idea to set a target of 100% for a measure that is not within the control of the BCT Team and for a way of working that is still relatively new within the district. Community Conversations appear to have a great potential in supporting community engagement and building community resilience so whilst the target measure may not be achieved at year end it has been valuable work.

STRATEGIC ACTIONS REQUIRED: None

Rachael Wardell		Children and Family Service					Q3 2017	RED
Indicator Ref: CBaCFS11		Number of weeks taken to conclude care proceedings (Children Social Care)					Type: snapshot	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★	■	■	■	■		<=26	Lower is better
Qrtly outturn	-	-	-	-				
YTD outturn	23	28	35	35	32			

REASON FOR RED:

This indicator measures the average number of weeks taken to conclude care proceedings for those concluded ytd. The target of 26 weeks is a national one. The National Average is some way adrift from this at 30 weeks (2013-2016).

In West Berkshire, a small number of case proceedings have gone over the required 26 weeks because of the complexity of the cases concerned and this is accepted by the courts as legitimate delay.

It is accepted that Court capacity has also contributed to our proceeding timescales.

We are in discussion with the judiciary and the Local Family Justice Board about the delays which relate to court capacity and are avoidable.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

As above – we’re in continued discussion with the judiciary and Local Family Justice Board about these delays.

FINANCIAL IMPLICATIONS: None

SERVICE PLAN UPDATES REQUIRED: None

STRATEGIC ACTIONS REQUIRED: None

Rachael Wardell / Tandra Forster		Adult Social Care				Q3 2017		RED	
Indicator Ref:		% of clients with Long Term Service (LTS) receiving a review in the past 12 months					Type: snapshot		
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	★	■	◆	◆	■		75%	Higher is better	
Qrtly outturn	1,129/1,187	826/1,240	806/1,239	903/1,264	895/1,229				
YTD outturn	95.1%	66%	65%	71.4%	72.8%				
REASON FOR RED:									
<p>During Q1 of 2017/18 we completed analysis of the cases that were overdue a review, this identified that a high proportion (43%/88 people) had a primary support reason (PSR) of Learning Disabilities or Mental Health. Care reviews for individuals with these types of need tend to be more complex which means they take longer. Whilst the team had been established as multi-disciplinary a skills analysis identified the need to increase the number of staff with expertise in learning disabilities and mental health.</p> <p>This was addressed by recruiting two full time staff with the relevant skills, which has had a positive increase in our performance in Q2. In addition the Care Act allows us to take a proportionate approach to reviews; this means we can use a range of different methods including telephone</p> <p>We still have a number of reviews that are currently overdue, 125 have an allocated worker, which is indication that their review is in progress.</p> <p>In Q3 performance continues to improve, however the additional resource that was put in place has now been removed as part of in year changes to address over spend, this could impact on our ability to achieve this target.</p>									
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:									
<p>Weekly reports provides detail of reviews required and is being actively used to focus work.</p> <p>During Q1, review of the data and skill set within the team took place to understand support needed to meet year end targets Increased team FTE temporarily to focus on overdue reviews where the primary support reason is Learning Disability and Mental Health (the main proportion of</p>									

overdue reviews) which will allow us to meet target. Work continues to focus on these areas.

Care Director supports a proportional approach to reviews and minimises paperwork to be completed; looking to fully apply this approach where appropriate and safe to do so.

FINANCIAL IMPLICATIONS:

Remedial actions will need to be completed within existing resources.

SERVICE PLAN UPDATES REQUIRED:

No changes required.

STRATEGIC ACTIONS REQUIRED: None

John Ashworth / Gary Lugg			Development and Planning				Q3 2017/18		RED
Indicator Ref: CBO6dp14		% of people presenting as homeless where the homelessness has been relieved or prevented					Type: %+		
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	★	★	◆	◆	■		75%	Higher is better	
Qrtly outturn	-	-	39/61 63.9%	42/52 80.8%	60/83 72.3%				
YTD outturn	- 79%	269/349 77%	39/61 63.9%	81/113 71.7%	141/196 71.9%				

REASON FOR RED:

The drop in performance related primarily to two members of staff being on long term sick leave. Both have now returned and so performance has improved. Also it is not always possible to prevent homelessness and increasingly the clients approaching the council have more complex needs and circumstances.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

The situation will continue to be closely monitored to identify the reasons why prevention is unsuccessful to establish if there is more work that can be carried out in certain areas e.g. with landlords, parents (parental eviction) or other. The new Homelessness Reduction Act will assist with this monitoring, as the legislation is focussed around prevention.

FINANCIAL IMPLICATIONS:

There could be an increase in the cost of Bed and Breakfast if households are not prevented from becoming homeless.

SERVICE PLAN UPDATES REQUIRED:

None

STRATEGIC ACTIONS REQUIRED:

Preparation is underway for the implementation of the Homelessness Reduction Act 2017. This will require the council to take all reasonable prevention actions for households, which includes a Personal Housing Plan for the council and household, to enable that household to remain in their accommodation rather than become homeless. It will take a while for the new processes and procedures to settle down. There will be increased reporting returns to be completed for submission to the Government which will measure and monitor the prevention activity introduced by the legislation.