

Nick Carter		Chief Executive Officer (CEO)				Q4 2017/18	RED	
Indicator Ref: CEO3	Redevelop London Road Industrial Estate (LRIER) with St. Modwen Plc Business plan created and approved (Milestone 1)						Type: text	
<b>Executive</b>	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	-	■	■	■	■	■	tbc dependent on court	n/a
Qrtly outturn	-	-	-	-	-	-		
YTD outturn	-	Delayed	Delayed	Delayed	Delayed	Delayed		
<b>REASON FOR AMBER:</b>								
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 has not changed during Q4.								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b> None								
<b>FINANCIAL IMPLICATIONS:</b> None								
<b>SERVICE PLAN UPDATES REQUIRED:</b> None								
<b>STRATEGIC ACTIONS REQUIRED:</b> None								

Rachael Wardell / Tandra Forster		Adult Social Care				Q4 2017/18	RED	
Indicator Ref: PS1asc2		% of adult social care safeguarding concerns responded to within 24 hours						
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Type: Snapshot
	RAG	★	Q1	Q2	Q3	Q4		
	135/143 94.4%	151/157 96.2%	120/139 86.3%	90/113 79.6%	95/103 92.2%	126/134 94%	=>92%	Higher is better
	718/768 93.5%	573/614 93.3%	210/252 83.3%	305/355 85.9%	429/489 88%			
<b>REASON FOR RED:</b>								
YTD 58 out of 483 (88%) concerns were not responded to within 24 hours.								
If Q3 & Q4 data alone is considered, the 92% target would be met. Of the 134 reported concerns in Q4, only 8 concerns were not be responded to within 24 hrs (94%). Clear evidence that since Q3 we have continued to improve 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.								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b>								
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 allows 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 and Q4 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				Q4 2017/18	RED	
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			★	◆	◆	■		
Qtrly outturn	-	-	0/0	4/6	7/11	10/15	100%	Higher is better
YTD outturn	-	-	0%	66.7%	63.6%	66.7%		
<b>REASON FOR AMBER:</b>								
<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>Qtr 4 – <i>The outcomes from the two conversations at the primary school have been taken forward by the Health and Wellbeing Schools officer. Thatcham, Hungerford, Calcot, Hermitage, Independent Advisory Group (IAG), Community Alcohol Project (CAP) in Thatcham, Aldermaston and Holybrook are all progressing the issues. Hermitage is looking into youth provision; Calcot a community cafe, Thatcham is looking at speeding and have had 7 members come forward to do the Speed Indicator Device training. The Hungerford Professional Lens Meeting influences what the community hub may offer.</i></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>								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:</b>								
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.

Importantly whilst there may not have Actions arising from each Conversation there have been new and innovative ways of identifying 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				Q4 2017/8	RED
Indicator Ref: CBaCFS11		Number of weeks taken to conclude care proceedings (Children Social Care)					Type: snapshot
Executive	2015/16 Year End	2017/18				Target	Polarity
	2016/17 Year End	Q1	Q2	Q3	Q4		
RAG	★	■	■	■	■		
Qrtly outturn	-	-	-			<=26	Lower is better
YTD outturn	23	28	35	32	32		
<b>REASON FOR RED:</b>							
<p>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).</p> <p>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.</p> <p>It is accepted that Court capacity has also contributed to our proceeding timescales.</p> <p>We are in discussion with the judiciary and the Local Family Justice Board about the delays which relate to court capacity and are avoidable.</p> <p><b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b></p> <p>As above – we’re in continued discussion with the judiciary and Local Family Justice Board about these delays.</p> <p><b>FINANCIAL IMPLICATIONS:</b> None</p> <p><b>SERVICE PLAN UPDATES REQUIRED:</b> None</p> <p><b>STRATEGIC ACTIONS REQUIRED:</b> None</p>							

Rachael Wardell / Tandra Forster		Adult Social Care				Q4 2017/18	RED		
Indicator Ref: CBfasc05		% of clients with Long Term Service (LTS) receiving a review in the past 12 months							
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Type: snapshot	Polarity
			Q1	Q2	Q3	Q4			
RAG	★	■	◆	◆	■	■			
Qrtly outturn	1,129/1,187	826/1,240	806/1,239	903/1,264	895/1,229	841/1,219		75%	Higher is better
YTD outturn	95.1%	66%	65%	71.4%	72.8%	69% (P)			
<b>REASON FOR RED:</b>									
<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>In Q3 performance continued 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. We highlighted this this could impact on our ability to achieve this target and this has become evident in Q4.</p>									
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b>									
<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 overdue reviews) which will allow us to meet target. Work continues to focus on these areas.</p> <p>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.</p>									
<b>FINANCIAL IMPLICATIONS:</b>									

Remedial actions will need to be completed within existing resources.

**SERVICE PLAN UPDATES REQUIRED:**

KPI will remain for 2018/19, but it is clear that significant more resource would be required to meet the target of 75%.

On the basis of reduced capacity we are proposing that we revise and reduce the target to 70% to ensure this is achievable.

**STRATEGIC ACTIONS REQUIRED:** None

Rachael Wardell / Tandra Forster		Adult Social Care				Q4 2017/18	RED	
Indicator Ref: CBFasc06	Decrease the number of bed days due to Delayed transfers of care (DToC) from hospital						Type: Nsnapshot	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	■	◆	◆	★	■	Variable 446 for YE Q	Lower is better
Qrtly outturn		808	733	613	438	573 (P)		
YTD outturn		808	733	613	438	573 (P)		
<b>REASON FOR RED:</b>								
DToC has been a key measure in the BCF programme of work.								
Department of Health set the targets nationally in July 2017, based on snapshot previous performance; these were always considered to be significantly challenging.								
<ul style="list-style-type: none"> <li>Volumes of Referrals through hospital pathways have been high.</li> <li>Capacity in the market for care at home is significantly challenged.</li> <li>MH delays are often long due to finding suitable placements to support complex needs</li> </ul>								
Despite target not being met, a significant improvement can be evidenced from performance in April 2017 to performance in March 2018								
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b>								
A number of work streams through the BCF have been initiated as a system to work towards improving our DToC; these include: Early discharge planning; Systems to monitor patient flow ; Multi-disciplinary/multi-agency discharge teams; Home first/discharge to assess; Seven-day service and Trusted assessors								
LGA peer review into DToC will enable us to review our challenges and consider improvements across Health and Social Care sector that can be delivered in an integrated way. Anticipating further actions to be developed from this to further develop the BCF programme of work, overseen by the H&WB Board								

**FINANCIAL IMPLICATIONS:**

We have invested funding from ASC budgets as well as BCF to support us to improve performance on the target. Spend on short term packages funded from the BCF was £140k. ASC also spent a further £320k specifically on short term packages to move people out of hospital on a more timely basis.

iBCF carried forward from 2017/18 and iBCF from 2018.19 allocation, totalling £467k, has been made available to deliver short term care packages in 2018.19.

**SERVICE PLAN UPDATES REQUIRED:**

Updates to how DToC is reported will be dependent on DH requirements for reporting DToC next reporting year. The methodology in the BCF utilised for 2017/18 (including targets set) was not defined until July 2017. We have asked for earlier clarity.

**STRATEGIC ACTIONS REQUIRED:**

LGA peer review into DTOC will enable us to review our challenges and consider improvements across Health and Social Care sector that can be delivered in an integrated way

Rachel Wardell / Tandra Forster		Adult Social Care				Q4 2017/18	RED
Indicator Ref: CBFasc08		% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services					
Executive	2015/16 Year End	2017/18				Target	Polarity
		Q1	Q2	Q3	Q4		
RAG	★	★	★	★	■		Higher is better
Qrtly outturn	-	103/111	100/111	70/83	99/123	83 %	
YTD outturn	79.1%	92.8%	90.0%	84.3%	80.5%		
<b>REASON FOR RED: (Briefly describe what has happened):</b>							
This indicator is known to be volatile due to low cohorts. Our target was set in line to be above the England average. Outturn for 2017/18 is 99/123 (80.5%)							
This indicator only measures the last 3 months in the year (reporting period) and as a consequence it remains volatile. Q1, Q2 and Q3 we had achieved the target set. However, in Q4 the number not remaining at Home after 91 days related to 13 individuals that have died and a further 11 that were in permanent care home placements, an indication that we are supporting more vulnerable people to return home. Small cohort means this KPI has been prone to fluctuations in performance.							
Reablement service works with vulnerable people, so this PI is always at risk and with the added pressure from DToC to get people out of hospital in a timely way.							
In relation to national context, the average for England in 2016/17 was 82.1 %, and an average of 80.1 % for the SE region.							
<b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN (What is being done to make the situation better?) AND ALTERNATIVE PLANS:</b>							
LGA peer review into delays will enable us to review our challenges and consider improvements across Health and Social Care sector that can be delivered in an integrated way. This will impact positively on the 91 day indicator.							
<b>FINANCIAL IMPLICATIONS:</b> None.							
<b>SERVICE PLAN UPDATES REQUIRED:</b> None.							
<b>STRATEGIC ACTIONS REQUIRED:</b> None.							

John Ashworth / Gary Lugg		Development and Planning				Q4 2017/18	RED	
Indicator Ref: CBO1dp04		Submit a New Local Plan for examination					Type: Project	
Executive	2015/16 Year End	2016/17 Year End	2017/18				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	★	★	★	★	■	N/A	
YTD outturn	Behind Schedule	On track	On track	On track	On track	Behind Schedule	Dec-19	
<b>REASON FOR RED:</b>								
<p>The programme has slipped six months due to staffing and pressure to do complex planning enquiries to ensure the Council maintains a five year land supply. It has not been helped by Government proposals to change the way in which the housing number for the authority is calculated.</p> <p><b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b></p> <p>The planning policy team has recruited to all current vacancies and has jointly commissioned studies with other Berkshire UAs to ensure that the evidence base is not delayed. Some-time will be made back by this joint working but the biggest single issue is defending the Objectively Assessed Need calculations, the five year land supply and the Councils planning policies at appeal.</p> <p><b>FINANCIAL IMPLICATIONS:</b></p> <p>No direct financial implications.</p> <p><b>SERVICE PLAN UPDATES REQUIRED:</b></p> <p>Proposed new target is April 2020.</p> <p><b>STRATEGIC ACTIONS REQUIRED:</b></p> <p>To agree the new target.</p>								

John Ashworth / Gary Lugg		Development and Planning				Q4 2017/18	RED
Indicator Ref: CBO2dp05	Submit a Minerals and Waste Local Plan for West Berkshire to the Secretary of State for examination						Type: Project
<b>Executive</b>	2015/16 Year End	2016/17 Year End	2017/18				Target
RAG	■	★	Q1	Q2	Q3	Q4	Polarity
YTD outturn	Behind Schedule	On track	On track	On track	On track	Behind Schedule	N/A
<p><b>REASON FOR RED:</b></p> <p>The team leader resigned and the recruitment to that post plus maternity leave resulted in the team being at 50%.</p> <p><b>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</b></p> <p>Recruitment has been successful and the maternity leave has ended meaning that the team is at 100% for the first time in two years. A detailed project plan has been drawn up and is in the process of being implemented. If the project slips again additional resources might need to be considered</p> <p><b>FINANCIAL IMPLICATIONS:</b></p> <p>There will be a budgetary pressure in 2020, as the team was scheduled to be reduced by two posts once the local plan had been produced. However, there is now a statutory duty to keep the plan updated on a rolling five year cycle.</p> <p><b>SERVICE PLAN UPDATES REQUIRED:</b></p> <p>Proposed new target is April 2020.</p> <p><b>STRATEGIC ACTIONS REQUIRED:</b></p> <p>That the proposal is endorsed,</p>							