

Nick Carter		Chief Executive Officer (CEO)				Q3 2018/19	RED
Indicator Ref: CEO3		Redevelop London Road Industrial Estate (LRIER) with St. Modwen Plc Business plan created and approved (Milestone 1)				Type: text	
Executive	2016/17 Year End	2017/18 Year End	2018/19			Target	Polarity
			Q1	Q2	Q3		
RAG	■	■	◆	◆	■	tbc dependent on court	n/a
Qrtly outturn	-	-	-	-	-		
YTD outturn	Delayed	Delayed	Delayed	Delayed	Project ceased		
<p>REASON FOR RED:</p> <p>Existing contractual arrangements for redeveloping the London Road Industrial Estate are no longer binding and will not be pursued. The time elapsed since these original contract arrangements were put in place has resulted in considerable changes both in terms of the market and Planning. The Council proposes restarting the process (as a new project) to bring forward development on the LRIE by procuring, through competitive tender, consultants to update all historic development information, including a new brief and indicative masterplan, so that it is fully aligned with the present market and the National Planning Policy Framework (NPPF) which was revised in 2018.</p> <p>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS: To restart the LRIE redevelopment process.</p> <p>FINANCIAL IMPLICATIONS: On losing at the Court of Appeal, the Council will need to settle its own costs and that of the other party. It was feared that damages would be awarded to the other party. However, damages of £1 have been awarded.</p> <p>SERVICE PLAN UPDATES REQUIRED: None at this stage.</p> <p>STRATEGIC ACTIONS REQUIRED: None</p>							

Nick Carter / Kevin Griffin		ICT & Support Services				Q3 2018/19		RED	
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 Year End	2018/19				Target	Polarity
				Q1	Q2	Q3	Q4		
RAG	★	★	◆	★	◆	■		72,893 (99.7%) Oct 2019	Higher is better
Qrtly outturn	-	-		-	-	-			
YTD outturn	87.3%	90%	92.7%	68,762 (94.07%)	69,180 (94.13%)	70,337 (96.22%)			
<p>REASON FOR RED: Gigaclear have failed to complete this project by the contracted date of 31 August 2018 due to 'engineering difficulties encountered with the build programme'.</p> <p>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS: Gigaclear are obligated under the contract to issue a Remedial Plan which revises the completion date and clearly addresses the issues that have caused the delays. This Remedial Plan has not yet been issued and the matter has been escalated to Gigaclear Chief Executive. There is a commitment that Superfast Berkshire will receive this plan by the end of January 2019.</p> <p>FINANCIAL IMPLICATIONS: There are no financial penalties for West Berkshire Council for a late delivery under the phase 2 contract with Superfast Berkshire. However, Gigaclear are only paid once they can demonstrate that they have completed the build (and properties have been tested and available to take up the service). Superfast Berkshire will seek compensation from Gigaclear for extended project management office cost incurred due to this delay. The contractual Long Stop date is 31 Mar 2019 which is 6 months from the original contracted build completion date whereby the Authority may terminate without penalty.</p> <p>SERVICE PLAN UPDATES REQUIRED: None STRATEGIC ACTIONS REQUIRED: None</p>									

Tandra Forster			Adult Social Care				Q3 2018/19	RED
Indicator Ref: PS1asc2			% of WBC provider services inspected by Care Quality Commission (CQC) that are rated good or better by CQC in the area of "safe"				Type: %snap	
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	★	■	■	■		100%	Higher is better
Qrtly outturn	-	-	-	-				
YTD outturn	4/5 80%	5/5 100%	5/6 83.3%	5/6 83.3%	5/6 83.3%			
REASON FOR RED:								
<p>Birchwood Nursing has been re-inspected and achieved an overall rating of Requires Improvement. This was in line with expectations following CQC direction and guidance. The Home is likely to be re-inspected within 12 months, however a new Inspector has been allocated to the Home following an exercise of reallocation, as a result of a number of retirements and new appointments within the area Inspectorate. A new Inspector may wish to inspect the Home earlier.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:								
<p>A substantive action plan remains in place, which details the improvement requirements within the domain of 'Safe' as well as the other four domains. This plan is a living document and therefore is subject to change on a regular basis.</p> <p>Actions achieved include the delivery of safeguarding training at relevant levels to all staff, improvements to care plans, risk assessments and the processes that inform these, plus changes to medication controls and administration processes.</p> <p>In Q2 we saw further improvements; the number of permanent staff employed has increased; a review of equipment and refurbishment to support dementia enabled environment has been completed.</p> <p>In Q3 we continue to work through actions identified. We are not expecting to be re-inspected until May 2019.</p>								
FINANCIAL IMPLICATIONS:								
<p>The embargo on placing at Birchwood has now been lifted. A phased admissions approach, to ensure safety levels are not unbalanced will</p>								

reduce the number of void beds.

A measured intake continues to ensure safe admissions.

Respite is the last element of the service to be reinstated, as it poses the greatest risks. It is anticipated that respite should be available in the Spring of 2019.

SERVICE PLAN UPDATES REQUIRED:

None, as this is already incorporated in the ASC Service Plan and monitored through the Council Delivery Plan.

STRATEGIC ACTIONS REQUIRED:

We have already informed Members and senior management. The service is providing regular updates to Overview and Scrutiny Committee.

Andy Walker			Finance & Property - Benefits				Q3 2018/19	AMBER
Indicator: CBdF&P8			Average number of day taken to make a full decision on new Benefit claims				Type: Snapshot	
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	★	◆	◆	◆		=<20	Lower is better
Qrtly outturn	-	-	-	-	-			
YTD outturn	22.75 days	19.54 days	20.83 days	20.47 days	20.24 days			
REASONS FOR AMBER:								
Our processing times are higher because;								
<ul style="list-style-type: none"> Attempts to fulfil our statutory duties in ensuring that a particular landlord acts in a fit and proper manner has caused some new claims to take substantially longer to process than usual. We continue to have 1 member of staff on long term sick and the number of staff within Benefits has reduced over quarters 2 & 3. 								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN:								
Although the relevant information from the landlord has now been provided and claims have been paid, this leaves a legacy of having a higher average number of days for these cases being included in the total calculation.								
The member of staff who has been off long term, is going through formal stages of managing sickness absence and staffing levels will continue to be monitored and evaluated.								
STRATEGIC ACTIONS REQUIRED: None								

Tandra Forster			Adult Social Care				Q3 2018/19	RED
Indicator Ref: Cbfasc10			% of clients with Long Term Service (LTS) receiving a review in the past 12 months				Type: %snap	
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	■	■	◆	■	■		70%	Higher is better
Qrtly outturn	-	-	-	-	-			
YTD outturn	841/1,219 69.0%	(842/1231) 68.4%	872/1,263 69.0%	778/1,275 61.0%	795/1281 62.1%			
<p>REASON FOR RED: The team had a number of vacancies earlier in the year; these have been recruited to and new staff started but it takes time for them to get up to speed. In addition, staff both within the Review team and in the Localities, have been undertaking targeted reviews to ensure any care and support commissioned is appropriate and focused on people's strengths.</p> <p>To clarify, performance against this target does not reflect ALL review activity. The denominator of this target only relates to those individuals that have had a Long Term Support (LTS) for more than 12 months. It should be noted that there will be some reviews that take place in a timely way, but because the LTS ends (client choice/move/circumstances change, client dies etc) the review activity would not be captured in this indicator.</p> <p>In 2017/18, we undertook 1,370 reviews and finished the year at 68.4%. Our expectation is that we will finish the year having undertaken roughly the same volume of reviews, but we may not hit the same proportion of reviews completed, as per this KPI, due to this more targeted approach.</p> <p>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS: We planned to re-deploy staff from our locality teams to provide increased capacity in this area, but were unable to do this due to planned leave and sickness. Weekly reports continue to provide detail of reviews required and is being actively used to focus work. We are committed to fulfilling our</p>								

responsibility in all people having a timely review of their care and support plan. Staff are focussed on ensuring the safety of the individual at point of review, but we continue to look at how we can use the flexibilities within the Care Act to develop a proportional approach, for example telephone and provider reviews are being explored, but this is not without risk.

There are a number of reviews that are 'in progress' and awaiting outcomes to be confirmed and recorded. Only when review documents are closed can we capture the review outcome.

As at the end of Q3, 174 overdue reviews were allocated to workers - therefore indicating review work underway
In Q4 we will be sending lists out to teams to encourage timely closure, to ensure that activity can be captured for the year.

FINANCIAL IMPLICATIONS: None

SERVICE PLAN UPDATES REQUIRED:

We are currently reviewing our service plan for 2019/20 and considering how we broaden measures relating to reviews to reflect the overall number of reviews completed (MoV) and this more targeted approach (New KPIS to be baselined) – for example, by reporting on the outcomes of specific reviews and measures of volume to show the totality of work undertaken.

STRATEGIC ACTIONS REQUIRED: The LGA (Local Government Association) is invited to conduct a focused peer review to identify further actions to manage performance in this area.

Tandra Forster			Adult Social Care				Q3 2018/19	AMBER
Indicator Ref: PS1asc2			Decrease the number of bed days delayed due to a Delayed Transfer of Care (DToC).				Type: snapshot	
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	
			Q1	Q2	Q3	Q4		
RAG	■	■	★	★	■		508	Variable target based on number of days in month. Less is better
Qrtly outturn	808	636	349	363	532 (P)			
YTD outturn	-	-	-	-	-			

REASON FOR AMBER:

DToC has been a key measure in the Better Care Fund programme of work. Targets are set nationally by the Department of Health (DH). Published data to finalise month end figures will not available until mid-February.

We have made significant progress in reducing the DToC numbers this year.

Overall days delayed, year to date are 3,500 (provisional), compared to 6,484 in the same time period last year this is a 46% decrease.

We have reviewed the reasons why delays have increased for December, there are a number of reasons:

- The overall volumes of referrals through Joint Care Pathway (JCP) remains high particularly noticeable for Royal Berkshire Hospital (RBH). This is consistent with what RBH are reporting, in that attendance is really high.
- Referrals through JCP increased in November (131) and December (128), this is 15% higher than the average number of referrals year to date (111), an indication of winter pressures.
- The number of Mental Health delays has impacted significantly on Berkshire Healthcare Foundation Trust (BHFT) delays.
- There have been some delays in decision making by Clinical Commissioning Group (CCG) partners which has been escalated at the Directors of Adult Social Care and Health Partners (RBH, BHFT and CCG) across the West of Berkshire (Wokingham, Reading and West Berkshire) meeting.
- A number of Health delays from RBH relate to Neuro-rehabilitation; the CCG is commissioning additional beds from Circle Hospital to assist with capacity.

- Most of the additional social care/joint delays are due to:
 - Sourcing appropriate residential/nursing placements for complex individuals. (5 individuals sourcing residential/nursing that are social care responsibility and equates to 39 days)
 - Sourcing care at home through JCP – 82 days, relates to 16 people (many only 1 or 2 days delayed).

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

As above

FINANCIAL IMPLICATIONS:

Managing Transfers of Care is a statutory responsibility of Local Authorities. We continue to use BCF and some ASC funds to support this. Use of BCF funding is agreed at integration board.

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 2018/19 (including targets set) was defined by DH. We have asked for earlier clarity.

STRATEGIC ACTIONS REQUIRED:

We have already informed Members and senior management.

The service is providing regular updates to Overview and Scrutiny Committee.

John Ashworth/Gary Lugg		Development and Planning				Q3 2018/19	RED	
Indicator Ref: CBO1dp04 and CBO1dp05		% of 'major' planning applications determined within 13 weeks or the agreed extended time % of 'minor' planning applications determined within 8 weeks or the agreed extended time				Type: %+		
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	★ (lower targets)	★ (lower targets)	◆	■	■			
Major planning applications								
Qrtly outturn	-	-	(16/20) 80%	(14/22) 63.6%	(19/24) 79.2% (E)			
YTD outturn	(65/68) 75.6%	(81/103) 78.6%	(16/20) 80%	(30/42) 71.4%	(49/66) 74.2% (E)		88% 85% Higher is better	
Minor planning applications								
Qrtly outturn	-	-	(65/91) 71.4%	(55/78) 70.5%	(78/106) 73.6% (E)			
YTD outturn	(329/437) 75.3%	(323/433) 74.6%	(65/91) 71.4%	(120/169) 71%	(198/275) 72% (E)			
REASON FOR RED:								
<p>Development Control (DC) have historically achieved the targets for Major, Minor and Other planning applications. The targets were set at a level agreed with the Planning Service Customer Panel, the Development Industry Forum (DIF) that allowed time for negotiation and amendment with a view to gaining approval rather than face a refusal and the need to re-submit an application. As part of the New Ways of Working review it was noted that the local performance targets were below other similar Local Planning Authorities. It was therefore agreed to increase the targets to the national average. The DC Team are confident that the targets can be achieved but as they have been introduced in quarter 2 it is likely it will be difficult to achieve the new higher target for the full year.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:								
The team has been advised of the change and procedures updated. Performance will be monitored and is on track to achieve the new higher performance targets in Q4.								
FINANCIAL IMPLICATIONS: None								
SERVICE PLAN UPDATES REQUIRED: None								
STRATEGIC ACTIONS REQUIRED: None								

John Ashworth / Gary Lugg			Development and Planning				Q3 2018/19	RED
Indicator Ref: CBO5dp14			% of people presenting as homeless where the homelessness has been relieved or prevented				Type: %+	
Executive	2016/17 Year End	2017/18 Year End	2018/19				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG	-	-	◆	◆	■			
Qrtly outturn	-	-	54/70 (77.1%) 35/59 (59.3%) Total – 89/129 (68.9%)	33/71 (46.5%) 42/64 (65.6%) Total – 75/135 (55.6%)	14/75 (18%) 21/49 (42%) Total – 35/124 (28.2%)		75%	Higher is better
YTD outturn	-	-	54/70 (77.1%) 35/59 (59.3%) Total – 89/129 (68.9%)	87/141 (61.7%) 77/123 (62.6%) Total – 164/264 (62.1%)	101/216 (46.8%) 98/172 (57%) Total – 199/388 (51.3%)			
REASON FOR RED:								
<p>The Homelessness Reduction Act (HRA) came into force on 3 April 2018 and significantly changed the council's obligations towards households approaching for housing advice. This has meant that the volume of people coming into the office to receive Personal Housing Plans has increased. The data reflects the prevention duty of 56 days and relief duty of 56 days. It may not have been possible to prevent homelessness in the first quarter if someone approaches towards the end of the quarter, so those cases will roll over to the next quarter. The results for Quarter 3 are lower than anticipated and this is being investigated.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:								
Further research to understand why numbers are lower for this quarter.								
FINANCIAL IMPLICATIONS:								
If homelessness is not prevented, there could be financial costs due to placing more people in Bed and Breakfast.								
SERVICE PLAN UPDATES REQUIRED: None								
STRATEGIC ACTIONS REQUIRED: None								