

## **FLINTSHIRE COUNTY COUNCIL**

**REPORT TO:**           **CABINET**

**DATE:**               **TUESDAY, 16 JUNE 2015**

**REPORT BY:**       **CHIEF EXECUTIVE**

**SUBJECT:**           **YEAR END CHIEF OFFICER REPORTS 2014/15**

### **1.00 PURPOSE OF REPORT**

1.01 To receive the 2014/15 year end Chief Officer performance reports. The reports cover the period October 2014 to March 2015.

1.02 To note the following: -

- areas of positive performance;
- areas of concern;
- the progress updates for the Council Improvement Priorities that are not set as an in-year priority;
- progress updates for key projects and collaborative areas of work;
- the risks highlighted (including operational, project and collaborative risks);
- the assessment of any regulatory reports; and
- performance against National Strategic Indicators (NSIs) and Public Accountability Measures (PAMs).

### **2.00 BACKGROUND**

2.01 Twice annually (at quarters 2 and 4) performance highlight reports (referred to as the Reports herein) are presented from Chief Officers. These are similar to those previously produced for Head of Service reporting, with a focus on performance exceptions, both good and poor. This ensures that the 'business as usual' is still being monitored and reported against.

2.02 The contents of the Reports include:

- areas of positive performance;
- areas of concern;
- the Council Improvement Priorities that are not set as an in-

year priority;

- progress for key projects and collaborative areas of work;
- risk summaries;
- reporting against findings from internal and external regulatory bodies e.g. Wales Audit Office, Care and Social Services Inspectorate Wales or Estyn; and
- performance against the statutory national performance indicators (NSIs and PAMs).

### **3.00 CONSIDERATIONS**

3.01 The Reports have been prepared by the 9 Chief Officers.

3.02 Copies of the detailed Reports are available in the Members' Library and on request. Members will receive respective reports when circulated with the Overview & Scrutiny Committee agendas.

3.03 Appendix 1 of this report contains a schedule of all the quarterly and annually reported performance measures (NSIs and PAMs).

3.04 Analysis of performance against target for the performance indicators is undertaken using the RAG (Red, Amber, Green) status. This is defined as follows: -

- RED equates to a position of unacceptable performance.
- AMBER equates to a mid-position where the performance has not achieved target but is within an acceptable level.
- GREEN equates to meeting or exceeding target.

Target analysis can only be performed where data is available and a target has been set.

3.05 Of the 35 indicators that could be analysed: -

- 21 (60%) were assessed as Green;
- 13 (37%) were assessed as Amber; and
- 1 (3%) was assessed as Red.

3.06 Trend analysis to compare current outturn with the 2013/14 year end performance was undertaken for 39 indicators: -

- 25 (64%) had improved;
- 11 (28%) had downturned; and
- 3 (8%) maintained the same level of performance (two at 100%).

3.07 The indicator assessed as red is the national measure for sickness absence.

**The number of working days/shifts per full time equivalent (FTE) local authority employee lost due to sickness absence.**

The target for 2014/15 was an average of 9.6 days/shifts however the outturn for year end was an average of 10.66 days / shifts per employee.

Managing attendance at work remains a priority and continued measures are in place to keep absences to a minimum wherever possible. These include reporting and action planning across each Portfolio. Absences reporting including trigger reports are produced on a monthly basis and issued to managers. With the support of the HR team focus is made on frequent, short term absences, long term absences and return to work interviews, with employees, to understand any underlying issues affecting attendance at work.

3.08 Appendix 2 of this report contains a schedule of all the risks highlighted within the Reports. Analysis of the current (net) risk levels identified: -

- 3 (7%) are high (red);
- 30 (71%) are medium (amber); and
- 9 (21%) are low (green).

3.09 The 3 high (red) risks are: -

3.09a **Portfolio – Social Services**

***Operational Risk – Resilience of the independent sector***

This risk is particularly concerned with care home capacity for residential care and the recruitment and retention of high quality nursing staff for residential care. Actions being taken to help mitigate the risk include: -

- development of training and support programmes for the care home market to ensure there is high quality and robust leadership;
- establishment of a strategic joint inter-agency monitoring panel to share intelligence about the market and influence improvement and sustainability; and
- delivery of the action plan prepared in response to the Older People's Commissioners report 'A place called home'.

In addition, the Care Council for Wales are reviewing the qualifications for Regional Managers in Wales and are investing through their practice development team in ensuring the competency of nurses in the care home sector.

3.09b **Portfolio – Organisational Change (2)**  
***Operational Risk – Reduction of future workloads resulting in the need to review service team structures and resource levels***

This fee income generating service is likely to see significant reduction in future funding made available for schemes and as a direct result a reduction in fee generation. Consideration is therefore being given to the future direction and structure of these Architectural & Design Consultancy Service. This includes consideration of alternative delivery models.

3.09c **Portfolio – Governance**  
***Operational Risk – Council's failure to comply with the statutory timescale for responding to FOI Act requests***

82.99% of requests received during the year were determined within the statutory time frame. This is slightly below the 85% target expected by the Information Commissioner's Office. Compliance with response timescales dropped whilst the resource to monitor progress was reduced, however work is ongoing to raise awareness with services to increase priority and comply with the statutory timescale.

#### **4.00 RECOMMENDATIONS**

4.01 That Cabinet consider the mid year Chief Officer performance reports and recommend any specific issues which may require management action and / or referral to the appropriate Overview and Scrutiny Committees for consideration.

4.02 To note the following: -

- areas of positive performance;
- areas of concern;
- the progress updates for the Council Improvement Priorities that are not set as an in-year priority;
- progress updates for key projects and collaborative areas of work;
- the risks highlighted (including operational, project and collaborative risks);
- the assessment of any regulatory reports; and
- performance against the NSIs and PAMs.

#### **5.00 FINANCIAL IMPLICATIONS**

5.01 There are no specific financial implications within this report.

#### **6.00 ANTI POVERTY IMPACT**

6.01 There are no specific anti-poverty implications within this report.

**7.00 ENVIRONMENTAL IMPACT**

7.01 There are no specific environmental implications within this report.

**8.00 EQUALITIES IMPACT**

8.01 There are no specific equality implications within this report.

**9.00 PERSONNEL IMPLICATIONS**

9.01 There are no specific personnel implications within this report.

**10.00 CONSULTATION REQUIRED**

10.01 Overview and Scrutiny Committees will receive the Reports relevant to their areas of work as part of their forward work programme alongside the appropriate Improvement Plan monitoring reports.

**11.00 CONSULTATION UNDERTAKEN**

11.01 The Reports are being shared with Portfolio holders prior to being presented to Overview and Scrutiny Committees.

**12.00 APPENDICES**

**Appendix 1** - Schedule of NSIs and PAMs

**Appendix 2** - Summary of the operational, project and collaborative risks identified within the Reports

**LOCAL GOVERNMENT (ACCESS TO INFORMATION ACT) 1985  
BACKGROUND DOCUMENTS**

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