

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 14 th June, 2018
Report Subject	Year-end Council Plan Monitoring Report 2017/18
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2017/23 was adopted by the Council in September 2017. This report presents the monitoring of progress at the end of 2017/18 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

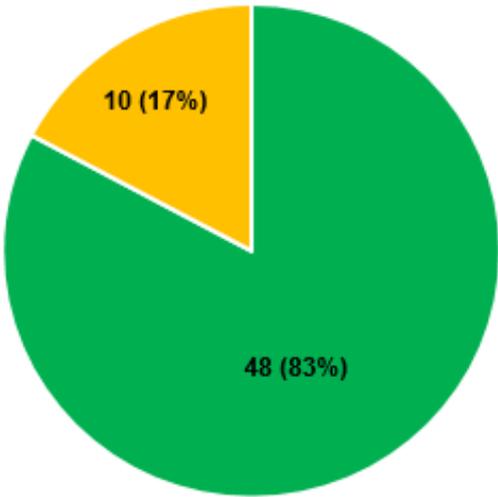
Flintshire is a high performing Council as evidenced in previous Council Plan monitoring reports as well as in the Annual Performance Reports. This monitoring report for the 2017/18 Council Plan is a positive report, with 83% of activities being assessed as having made good progress, and 74% having achieved the desired outcome. Performance indicators show good progress with 56% meeting or near to period target. Risks are also being successfully managed with the majority being assessed as moderate (63%), minor (8%) or insignificant (6%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

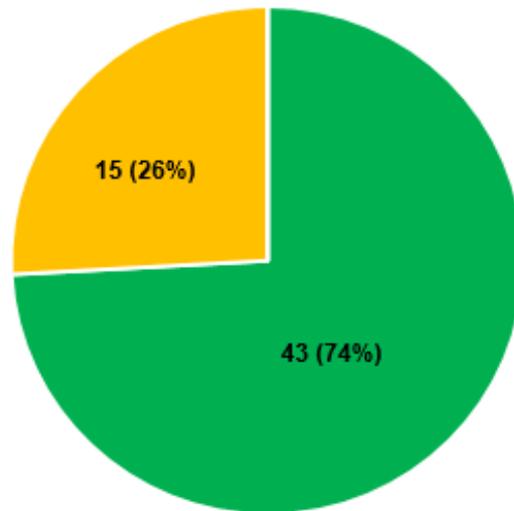
RECOMMENDATIONS

1	That the Committee consider the Year-end Council Plan Monitoring Report 2017/18 to monitor under performance and request further information as appropriate.
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REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2017/18 MONITORING REPORT									
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2017/18 Council Plan. The narrative is supported by performance indicators and / or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.									
1.02	This is an exception based report and detail therefore focuses on the areas of under-performance.									
1.03	<p>Monitoring our Activities</p> <p>Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: -</p> <ul style="list-style-type: none">• RED: Limited Progress – delay in scheduled activity; not on track• AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track• GREEN: Good Progress – activities completed on schedule, on track <p>A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: -</p> <ul style="list-style-type: none">• RED: Low – lower level of confidence in the achievement of the outcome(s)• AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s)• GREEN: High – full confidence in the achievement of the outcome(s)									
1.04	<p>In summary our overall progress against the high level activities is: -</p> <p>ACTIVITIES PROGRESS:</p>  <p>A pie chart illustrating the overall progress of activities. The chart is divided into two segments: a large green segment representing 48 activities (83%) and a smaller yellow segment representing 10 activities (17%).</p> <table border="1"><thead><tr><th>Category</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Green</td><td>48</td><td>83%</td></tr><tr><td>Yellow</td><td>10</td><td>17%</td></tr></tbody></table>	Category	Count	Percentage	Green	48	83%	Yellow	10	17%
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ACTIVITIES OUTCOME:



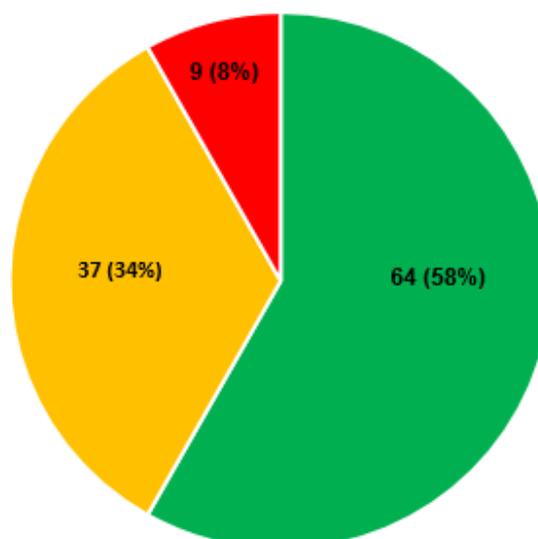
No activities are currently assessed as 'red' for progress or outcome.

1.05 **Monitoring our Performance**

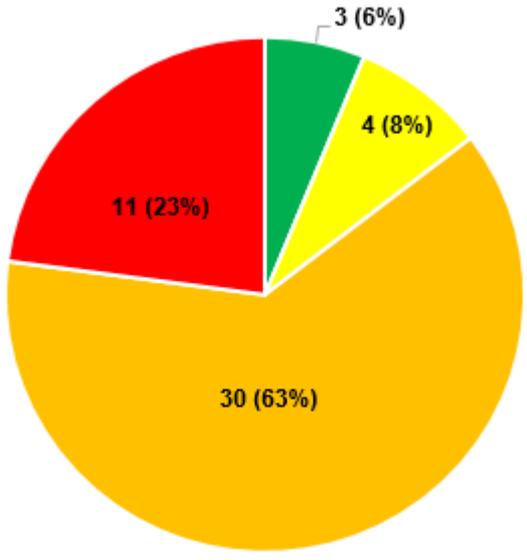
Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is defined as follows: -

- RED equates to a position of under-performance against target.
- AMBER equates to a mid-position where improvement may have been made but performance has missed the target.
- GREEN equates to a position of positive performance against target.

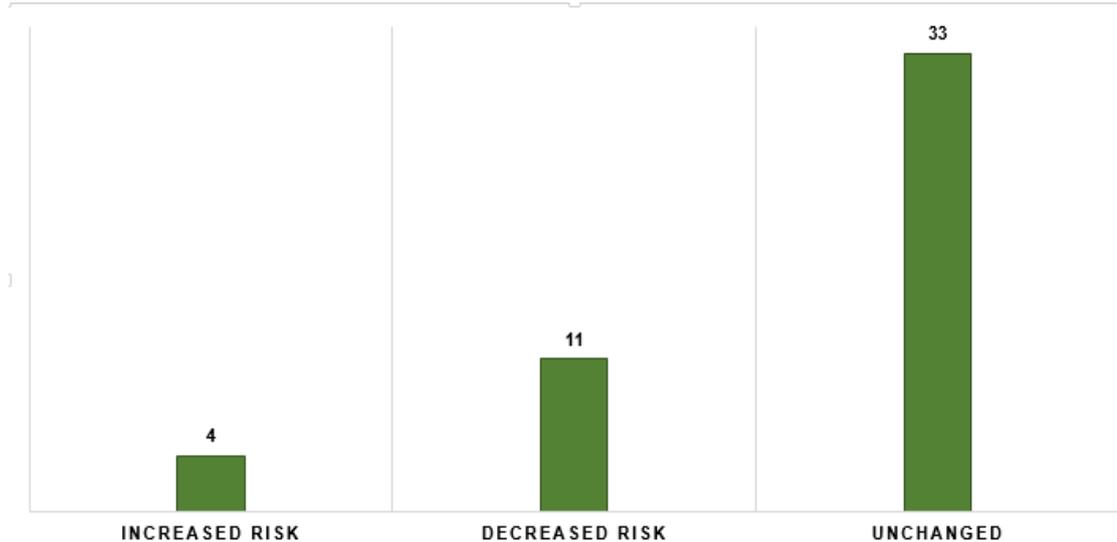
1.06 Analysis of current levels of performance against period target shows the following: -



The above figures are correct with the 4 KPIs for which no data is available removed from the calculation

1.07	<p>The performance indicators (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee are: -</p> <p>The percentage of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers</p> <p>The target in hindsight was overly ambitious as actually performance has been exemplary, with the council taking forward sector leading progress with the achievement of the bronze award in 10 homes, so much so that the approach has been shortlisted in the biannual Care Accolade awards, taking place in September 18. This will continue to be monitored into the 2018/19 Council Plan.</p> <p>Percentage of employees who have completed the level 1 e-learning training package to meet the requirements of the Domestic Abuse and Sexual Violence National Training Framework</p> <p>Total number of employees who completed the Welsh Government approved training is 676. As 60% of employees do not have access to a P.C. or laptop, alternative delivery methods such as face-to-face sessions, Chrome and possibly Audio book sessions will continue to be offered. We will continue to promote completion of the e-learning module whenever possible.</p>																		
1.08	<p>An Action Plan will be produced for each performance indicator which shows a red RAG status for overall performance against target for the year. This will look in more detail at what steps can be taken to mitigate future underperformance and whether the indicator should be carried over to the 2018/19 Council Plan. This Action Plan will go to Cabinet in June 2018.</p>																		
1.09	<p>Monitoring our Risks</p> <p>Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows:</p>  <table border="1" data-bbox="606 1321 1133 1881"> <thead> <tr> <th>Risk Level</th> <th>Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Insignificant</td> <td>3</td> <td>6%</td> </tr> <tr> <td>Minor</td> <td>4</td> <td>8%</td> </tr> <tr> <td>Moderate</td> <td>30</td> <td>63%</td> </tr> <tr> <td>Major</td> <td>11</td> <td>23%</td> </tr> <tr> <td>Severe</td> <td>0</td> <td>0%</td> </tr> </tbody> </table> <p>Key:</p> <ul style="list-style-type: none"> ■ Insignificant ■ Minor ■ Moderate ■ Major ■ Severe 	Risk Level	Count	Percentage	Insignificant	3	6%	Minor	4	8%	Moderate	30	63%	Major	11	23%	Severe	0	0%
Risk Level	Count	Percentage																	
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Analysis of the current direction of travel for the strategic risks identified in the Council Plan is as follows:



1.10 The major (red) risks identified for the Social & Health Care Overview & Scrutiny Committee are: -

Risk: Demand outstrips supply for residential and nursing home care bed availability.

The expansion of Marleyfield to support the medium term development of the nursing sector is ongoing. The re-phasing of Integrated Care Fund capital to fit in with our capital programme has been agreed by Welsh Government. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews for providers and a Care Conference which was held in February hosted by Business Wales. A ministerial visit is scheduled for May 2018.

Risk: Knowledge and awareness of safeguarding not sufficiently developed in all portfolios

Safeguarding is included within the corporate induction procedures, ensuring new employees can recognise the signs and know how to make a report. Safeguarding awareness workshops were delivered during National Safeguarding Week in November 2017 and further training was delivered in January 2018. A safeguarding page is available on the intranet providing resources to support employees and managers.

Risk: Failure to implement safeguarding training may impact on cases not being recognised at an early stage.

Safeguarding is included in the corporate induction ensuring all new employees have a basic understanding of safeguarding. Safeguarding training is provided regularly ensuring employees have the opportunity to access appropriate training.

1.11 An Action Plan will be produced for each risk which shows a red RAG status. This will look in more detail at what steps can be taken to mitigate the risk and whether the risk should be carried over to the 2018/19 Council Plan. This Action Plan will go to Cabinet in June 2018.

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	RISK MANAGEMENT
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.10 above.

5.00	APPENDICES
5.01	Appendix 1 - Council Plan 2017/18 – Year-end Monitoring Report – Supportive Council.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	<p>Council Plan 2017/18: http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx</p> <p>Contact Officer: Margaret Parry-Jones Telephone: 01352 702324 E-mail: Margaret.parry-jones@flintshire.gov.uk</p>

7.00	GLOSSARY OF TERMS
7.01	Council Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish a Council Plan.
7.02	Risks: These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.

7.03

Risk Likelihood and Impact Matrix

Impact Severity	Catastrophic	Y	A	R	R	B	B
	Critical	Y	A	A	R	R	R
	Marginal	G	Y	A	A	A	R
	Negligible	G	G	Y	Y	A	A
		Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)
Likelihood & Percentage of risk happening							

The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.

7.04

CAMMS – An explanation of the report headings**Actions**

Action – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority.

Lead Officer – The person responsible for updating the data on the action.

Status – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year.

Start date – When the action started (usually the start of the financial year).

End date – When the action is expected to be completed.

% complete - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action.

Progress RAG – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).

Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

Measures (Key Performance Indicators - KPIs)

Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'.

Period Actual – The data for this quarter.

Period Target – The target for this quarter as set at the beginning of the year.

Perf. RAG – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.

Perf. Indicator Trend – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days

to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).

- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.

YTD Target – The target for the year so far including the targets of previous quarters.

Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).

Risks

Risk Title – Gives a description of the risk.

Lead Officer – The person responsible for managing the risk.

Supporting Officer – The person responsible for updating the risk.

Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).

Current Risk Rating – The level of the risk at this quarter.

Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).

Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.