Communities Committee

Report title:	Performance management
Date of meeting:	10 October 2018
Responsible Chief Officer:	Tom McCabe – Executive Director, Community and Environmental Services

Strategic impact

Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.

Executive summary

This management report to Committee is based upon the revised Performance Management System, which was implemented as of 1 April 2016. Additionally, this is the second report to provide data against the new 2018/19 Vital Signs list derived from measures contained within the 'plans on a page' previously presented to and agreed by Committee.

There are currently 13 Vital Signs indicators under the remit of this Committee.

Performance is reported on an exception basis using a Report Card format, meaning that only those Vital Signs that are performing poorly or where performance is deteriorating are presented to Committee. To enable Members to have oversight of performance across all Vital Signs, all Report Cards (which is where more detailed information about performance is recorded) will be made available to view upon request.

Of the 13 Vital Signs indicators that fall within the remit of this Committee, four indicators have met the exception criteria:

- Number of people killed and seriously injured on Norfolk's roads
- Performance against NFRS Emergency Response Standards
- On call (retained) fire station availability
- Successful completion of substance misuse treatment % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not represent to treatment within 6 months

Recommendations:

Review and comment on the performance data, information and analysis presented in the body of the report and determine whether any recommended actions identified are appropriate or whether another course of action is required - refer to the list of possible actions at Appendix 1.

In support of this, Appendix 1 provides:

- A set of prompts for performance discussions.
- Suggested options for further actions where Committee requires additional information or work to be undertaken.

1. Introduction

- 1.1. This management report to Committee is based upon the revised Performance Management System, which was implemented as of 1 April 2016. Additionally, this is the second report to provide data against the new 2018/19 Vital Signs list derived from measures contained within the 'plans on a page' previously presented to and agreed by Committee.
- 1.2. There are currently 13 Vital Signs indicators under the remit of this Committee.
- 1.3. Work continues to see what other data may be available to report to Committee on a more frequent basis and these will in turn be considered for inclusion as Vital Signs indicators.
- 1.4. Of the 13 Vital Signs indicators that fall within the remit of this Committee, four indicators have met the exception criteria.

2. Performance dashboard

- 2.1. The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all Vital Signs. This then complements the exception reporting process and enables Committee members to check that key performance issues are not being missed.
- 2.2. The Vital Signs indicators are monitored during the year and are subject to review when processes are amended to improve performance, to ensure that the indicator correctly captures future performance. A list of all Vital Signs indicators currently under the remit of the Committee is available at Appendix 2.
- 2.3. Vital Signs are reported to Committee on an exceptions basis. The exception reporting criteria are as follows:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has two consecutive months/quarters/years of Amber RAG rating (Amber RAG rating within 5% worse than the target)
 - Performance is adversely affecting the County Council's ability to achieve its budget
 - Performance is adversely affecting one of the County Council's corporate risks.
- 2.4. Where cells have been greyed out on the performance dashboard, this indicates that data is not available due either to the frequency of reporting or the Vital Sign being under development. In this case, under development can mean that the Vital Sign has yet to be fully defined or that baseline data is being gathered.

Key to services on the performance dashboard:

- CIL Community, Information and Learning
- CH Culture and Heritage
- NFRS Norfolk Fire and Rescue Service
- PH Public Health
- 2.5. The performance dashboard for the Communities Committee is as follows:

Communities Committee - Vital Signs Dashboard

Norfolk County Council

NOTES:

In most cases the RAG colours are set as: Green being equal to or better than the target; Amber being within 5% (not percentage points) worse than the target; Red being more than 5% worse than the target. White' spaces denote that data will become available; 'grey' spaces denote that no data is currently expected, typically because the indicator is being finalised. The target value is that which relates to the latest measure period result in order to allow comparison against the RAG colours. A target may also exist for the current and/or future periods.

Column24														
Monthly	Bigger or Smaller is better	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Маг 18	Арг 18	May 18	Jun 18	Jul 18	Target
{PH} Number of people killed and seriously injured on Norfolk's roads	Smaller	423	421	407	419	421	425	434	430	446	466			344
{CH} Increase in the amount of transactional level metadata available and being accessed - (Norfolk Record Office)	Bigger	2.3k	4.5k	5.3k	6.3k	7.5k	8.7k	10.0k	24.0k	0.5k	1.3k	1.7k		1.0k
{CH} Museums visits – total visitors and school visits	Bigger	64.5k	49.0k	40.0k	25.0k	18.5k	21.7k	26.7k	27.6k	35.4 k	34.2k	30.5k	36.6 k	33.8k
{NFRS} Performance against NFRS Emergency Response Standards	Bigger	80.3%	76.4%	77.7%	77.2%	79.2%	72.9%	78.8%	76.4%	78.6%	77.0%	77.9%	65.9%	80.0%
{NFRS} On call (retained) fire station availability	Bigger	417 / 519 79.6%	331/433 82.7%	^{296 / 381} 83.2%	277 / 359 86.4%	389 / 491 82.9%	320 / 439 86.6%	267 / 339 86.1%	308 / 403 86.0%	271 / 345 86.8%	305 / 396 85.2%	320 / 411 83.3%	423/642 85. 7%	90.0%
	10	70.4m / 88.4m	70.8m / 85.5m	73.5m / 88.4m	73.9m / 85.5m	73.3m / 88.4m	76.6m / 88.4m	68.7m / 79.8m	76.0m / 88.4m	74.2m / 85.5m	75.3m / 88.4m	71.3m / 85.5m	75.8m / 88.4m	·
{CIL} % of businesses that are compliant with Trading Standards	Bigger	94.7%	94.9%	95.0%	94.99%	95.2%	95.6%	94.92%	94.7%	97.0%	97.0%	96.0%	95.6%	95.0%
	102	894 / 944	888 / 936	861/906	834 / 878	840 / 882	861/901	860 / 906	891/941	901 / 929	936 / 965	871 / 907	879 / 919	
{PH} Status of Norfolk Resilience Forum plans to where NCC is the lead agency	Bigger	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	96.0%	96.0%	96.0%	85%
	14.5	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	23 / 24	24 / 25	24 / 25	24 / 25	
(CIL) Customer satisfaction (with Council services)	Bigger	84.7%	86.4%	86.2%	87.4%	87.8%	86.7%	84.6%	78.9%	92.5%	92.9%	91.9%	92.9%	90.0%
	142	2559 / 3021	2891 / 3345	2577 / 2990	3023 / 3457	2257 / 2572	4361 / 5029	3452 / 4082	4135 / 5240	2691 / 2908	2681 / 2887	2648 / 2882	2838 / 3055	
{PH} Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non- opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months	Bigger	18.9%	19.6%	18.8%	18.7%	18.6%	18.4%	18.5%	18.3%					21.5%
		733 / 3875	748 / 3826	706 / 3758	693 / 3713	680 / 3663	659 / 3589	659 / 3561	650 / 3550	658 / 3532	645 / 3523			
{PH} Percentage of new-borns that received a 6-8 week assessment from the Health Visitor	Bigger	91.3%	96.7%	98.4%	97.2%	97.0%	98.1%	97.1%	95.7%	96.3%	97.2%			91.0%
								598 / 616	660 / 690	654 / 679	653 / 672			
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Quarterly / Termly	Bigger or Smaller is better	Sep 15	Dec 15	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Маг 18	Jun 18	Target
{PH} NHS Health Checks received by the eligible population	Bigger	22.4%	24.6%	27.3%	29.8%	31.8%	33.9%	36.2%	38.3%	40.5%	42.4%	44.4%		44%
	10	59.1k / 264.1k	65.0k / 264.1k	72.1k / 264.1k	78.6k / 264.1k	83.9k / 264.1k	89.5k / 264.1k	95.6k / 264.1k	101.2k / 264.1k	106.9k / 264.1k	111.9k / 264.1k	117.3k / 264.1k		
{PH} New STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000 population aged 15 to 64	Smaller		582				536				576			794
Annual (financial / academic)	Bigger or Smaller is better	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	Target
{Culture} Proportion (%) of participants engaged who were inactive	Bigger												37.80%	26.60%
													2010 / 5317	

3. Report Cards

- 3.1. A Report Card has been produced for each Vital Sign. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The Report Card follows a standard format that is common to all committees.
- 3.2. Each Vital Sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are specified on the Report Cards.
- 3.3. Vital Signs are reported to Committee on an exceptions basis. The Report Cards for those Vital Signs that do not meet the exception criteria on this occasion, and so are not formally reported, are also collected and are available to view if requested.
- 3.4. Provided at Appendix 1 is a set of prompts for performance discussions that Members may wish to refer to as they review the Report Cards. There is also a list of suggested options for further actions where Committee requires additional information or work to be undertaken.
- 3.5. The Report Cards for the indicators that meet the exception criteria are shown below, which include contextual information for the indicator, along with information about current and historical performance:
 - Number of people killed and seriously injured on Norfolk's roads (Performance is off-target (Red RAG rating or variance of 5% or more) for May 2018 Red 466 against a target of 344)

The member task and finish group on road safety has formulated some recommendations, which will be submitted to Communities Committee to consider in November 2018. This will include a basket of potential performance measures, a communications framework and the strategic approach. Next steps include discussions with partners, and agreeing actions, all of which will inform the new road safety partnership strategy.

 Performance against NFRS Emergency Response Standards (Performance is off-target (Red RAG rating or variance of 5% or more) for July 2018 Red 65.9% against a target of 80%)

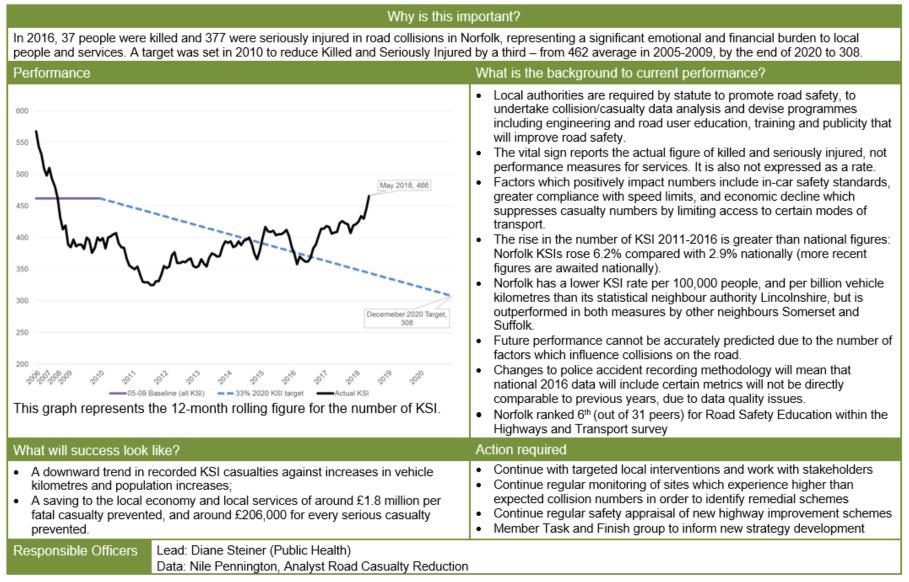
ERS performance declined in July because of the extraordinary increase in the number of ERS qualifying incidents. For example, forestry and large fires in the open went from 11 in June to 287 in July. Comparing June to July - July saw a 54% increase in Combined ERS incidents; an 84% increase in Life Risk Fire incidents; and an 11% increase in non-fire Life Risk incidents. NFRS attended 671 incidents in June and 1,162 incidents in July. The number of appliances per incident increased on average from 1.8 appliances to 2.2 appliances per incident and the time spent per incident increased on average from 1.8 hours to 2.8 hours. Together with many appliances operating outside of their Station Grounds, ERS performance inevitably suffered in July.

 On call (retained) fire station availability (Performance has two consecutive months/quarters/years of Amber or Red RAG rating) for July 2018 Amber 85.7% against a target of 90.0%; for June 2018 Red 83.3%; and for May 2018 Amber 85.2%)

Challenges for RDS availability include recruitment and retention - finding people who are prepared to be firefighters and stay within five minutes of station and primary employment pressures. Efforts put into addressing these issues through a task and finish project are showing positive early signs with the overall establishment increasing. Successful completion of substance misuse treatment - % of adult substance misuse users (opiate, non-opiate and alcohol) that left treatment successfully and did not re-present to treatment within 6 months (Performance is off-target (Red RAG rating or variance of 5% or more) for March 2018 Red 18.3% against a target of 21.5%)

It has been agreed at Committee that this measure will not be reported up for a period of 12 months (will be reported next to the March 2019 Communities Committee) while the new provider processes are embedded. Therefore, no Report Card is included.

People Killed or Seriously Injured (KSI) on Norfolk's Roads



Emergency Response Standards for NFRS

Why is this important?								
Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.								
Performance	What is the background to current performance?							
Image: Construction of the construc	 The combined ERS had been in steady decline from 2013/14 to 2015/16 (1.3%). From 2015/16 to 2017/18 we have seen a relative improvement in performance (1.3% back to the 2013/14 rate of 78.8%) however data for year to date 2018/19 shows a significant decline (12.9%). This decline is substantially the result of the abnormal temperature and periods of sunshine throughout June and July: 2013/14 78.8% 2014/15 78.7% 2015/16 77.5% 2016/17 78.4% 2017/18 78.8% 2018/19 65.9% (FYTD) The nature and location of calls we attend is changing. The number of AFA's has increased in the last 2 years however we have successfully reduced the number of false fire alarms (classified as Fires where life may be at risk) we attend. This has resulted in fewer calls in urban areas (which are quicker to get to). ERS performance declined in July because of the extraordinary increase in the number of ERS qualifying incidents. For example forestry and large fires in the open went from 11 in June to 287 in July. Comparing June to July, July saw a 54% increase in Combined ERS incidents; an 84% increase in Life Risk Fire incidents; and an 11% increase in non-fire Life Risk incidents. NFRS attended 671 incidents in June and 1,162 incidents in July. The number of appliances per incident increased on average from 1.8 appliances to 2.2 appliances per incident and the time spent per incident increased on average from 1.8 hours to 2.8 hours. Together with many appliances operating outside of their Station Grounds ERS inevitably suffered in July. 							
What will success look like?	Action required							
 We will consistently reach life risk calls within our emergency response standards (above the 80% of life risk calls) across Norfolk The economic cost of fire in Norfolk will reduce as we will get to emergencies quickly, reducing the impact of the fire/emergency in terms of damage caused and fewer casualties and fatalities. 	 We are currently reviewing the calls we classify as "life may be a risk" to make sure we are recording the right information. We are working to improve the availability of our retained firefighter resources to ensure we are available to respond quickly when needed. 							
Responsible Officers Lead: David Ashworth, Chief Fire Officer Data: Step	hen Maxwell Intelligence and Performance Analyst							

On Call (Retained) Fire Station Availability

erformance	What is the background to current performance?
Ist On Call Fire Station Availability	 On call (retained) firefighters are employed on a contract to provide a set number of hours "availability". They must be located within 5 mins of their station and are paid to respond to emergencies. They often have alterative primary employment. Retained availability has been in decline so the service is taking action to improve this. 2013/14 88.0%; 2014/15 85.4%; 2015/16 86.1% 2016/17 82.1%; 2017/18 83.1%; 2018/19 85.3% (Financial Year to Date). If Outwell were excluded the YTD becomes 85.8% and July availability improves by 1% to 86.7% Challenges for RDS availability include recruitment and retention (finding people who are prepared to be firefighters and stay within 5 minutes of station and primary employment pressures). Efforts put into addressing these issues through a task and finish project are showing positive early signs with the overall establishment increasing.
	Action required
Consistent performance improvement to achieve the 90% target The first fire engine responds to an emergency when they are needed (avoiding the need to send the next closest available fire engine). Wholetime (full-time) firefighting resources are almost always available so they have not been included in this data. They provide a level of resilience and support for surrounding RDS stations.	 Currently recruiting on-call firefighters at a number of stations, a media campaign has recently been run with significant interest Outwell as an example has had significant issues with availability. As a result of publicity and efforts by local managers their performance has increased significantly from a low of less than 10%. Managers regularly review the availability provided by on call firefighters to ensure they comply with their contracted arrangements and performance manage this where required.

4. Recommendations

4.1. Committee Members are asked to:

Review and comment on the performance data, information and analysis presented in the body of the report and determine whether any recommended actions identified are appropriate or whether another course of action is required – refer to the list of possible actions at Appendix 1.

In support of this, Appendix 1 provides:

- A set of prompts for performance discussions.
- Suggested options for further actions where Committee requires additional information or work to be undertaken.

5. Financial Implications

5.1. There are no significant financial implications arising from the performance management report.

6. Issues, risks and innovation

6.1. There are no significant issues, risks and innovations arising from the performance management report.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix 1 – Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the Vital Signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

- 1. Why are we not meeting our target?
- 2. What is the impact of not meeting our target?
- 3. What performance is predicted?
- 4. How can performance be improved?
- 5. When will performance be back on track?
- 6. What can we learn for the future?

In doing so, Committee members are asked to consider the actions that have been identified by the Vital Sign lead officer.

Performance improvement – suggested actions

A standard list of suggested actions has been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

	Action	Description
1	Approve actions	Approve actions identified in the Report Card and set a date for reporting back to Committee.
2	Identify alternative or additional actions	Identify alternative/additional actions to those in the Report Card and set a date for reporting back to Committee.
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at Committee meeting and develop an action plan for improvement and report back to Committee.
4	Refer to Committee Task and Finish Group	Member-led task and finish group to work through the performance issues identified at Committee meeting and develop an action plan for improvement and report back to Committee.
5	Refer to County Leadership Team	Identify key actions for performance improvement and refer to CLT for action.
6	Refer to Policy and Resources Committee	Identify key actions for performance improvement that have 'whole Council' performance implications and refer them to the Policy and Resources Committee for action.

Appendix 2 – Communities Committee Vital Signs Indicators

A Vital Sign is a key indicator from one of the County Council's services which provides Members, officers and the public with a clear measure to assure that the service is performing as it should and contributing to the County Council's priorities. It is, therefore, focused on the results experienced by the community. It is important to choose enough Vital Signs to enable a good picture of performance to be deduced, but not so many that strategic discussions are distracted by detail.

There are currently 13 Vital Signs performance indicators that relate to the Communities Committee. The indicators in bold (on the Table below) are Vital Signs indicators deemed to have corporate significance and therefore will also be reported to the Policy and Resources Committee.

Key to services:

- CIL Community, Information and Learning
- CH Culture and Heritage
- NFRS Norfolk Fire and Rescue Service
- PH Public Health

Service	Vital Signs Indicator	What it measures	Why it is important	Data
PH	Road safety	Number of people killed and seriously injured on Norfolk's roads	Road casualties are a significant contributor to the levels of mortality and morbidity of Norfolk people, and the risks of involvement in KSI injuries are raised for both deprived and vulnerable groups in the Norfolk population.	Rolling twelve months
СН	Norfolk Record Office – Increase in Metadata on NRO Catalogue	Increase in the amount of transactional level metadata available and being accessed (Norfolk Record Office)	The most significant means of access to the Record Office Collection is via metadata provided in its catalogue. The better the metadata, the better the outcomes from the use of the Record Office.	Monthly
СН	Museum use	Museum visits – total visitors and school visits	Demonstrates contribution to Excellence sub outcomes and improvement curve.	Cumulative monthly
NFRS	Response to emergencies	Emergency Response Standards	Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get to a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.	Monthly

Service	Vital Signs Indicator	What it measures	Why it is important	Data
NFRS	Response to emergencies	On call fire station availability	Responding quickly to an emergency can reduce the impact of the incident. To do this the service needs its response resources to be available. This measure records the combined availability of the first on call fire engine from each station. The aim is to have these available 90% of the time.	Monthly
CIL	Business compliance with trading standards	% of businesses that are broadly compliant with trading standards	Helps ensure that poor business practice is corrected and consumers and legitimate businesses are protected.	Monthly
PH	Response to emergencies	Status of Norfolk Resilience Forum plans where NCC is the lead agency	Ensure that plans and procedures are in place to prepare, respond and recover from emergencies.	Monthly
CIL	Customer satisfaction	Customer satisfaction with council services	Helps to improve the service that we provide to our customers.	Monthly
PH	Engagement and retention of adult substance misuse clients	% of adult substance misuse users that left substance misuse treatment successfully and who do not re- present to treatment within 6 months.	Poor parental mental health, exposure to domestic abuse and alcohol/drug abuse by parents strongly affect children's outcomes.	Monthly

Service	Vital Signs Indicator	What it measures	Why it is important	Data
PH	New born babies 6-8- week assessment	% of new-borns that received a 6-8- week assessment from the Health Visitor	It supports early identification of families needing further health and social support, empowering parents to develop effective strategies that build resilience, support and information on feeding, healthy weight and nutrition.	Monthly
PH	NHS Health checks received by the eligible population	% of eligible population aged 40-74 who received an NHS Health Check	To measure Norfolk's delivery against that of England's % of NHS Health Checks received by the eligible population.	Quarterly
PH	Sexually Transmitted Infection (STI) diagnoses	New STI diagnoses per 100,000 population aged 15 to 64	Reducing the transmission of HIV and STIs results in a healthier population.	Quarterly
СН	Active Norfolk participants engaged who were inactive	% of participants engaging in Active Norfolk commissioned activities (for the purpose of reducing inactivity) who report a total of 30 minutes or less of at least moderate intensity activity a week	Demonstrates whether services are reaching those who need them most with regards to physical activity.	Annually