Communities Committee

Report title:	Performance management
Date of meeting:	16 January 2019
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 third 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, two indicators have met the exception criteria:

- Number of people killed and seriously injured on Norfolk's roads
- On call (retained) fire station availability

Recommendations:

1. 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 third 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, two 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:

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 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.

# Monthly Bigger or Smaller is belter 17 17 17 18 18 18 18 18		The to	arget value is	triat writer re	nates to the	latest meas	ure periou i	esuit in orde	to allow co	imparison aş	amst the ro	AG COlours.	A target ma	also exist i	or the currer	it and/or lut	are perious.
Seriously injured on Norfolk's roads Smaller 407 410 421 425 435 430 440 450 440	#	Monthly	Smaller is														Target
313	301		Smaller	407	419	421	425	434	430	446	466	454	442	438			341
315 school visits shool visits	313	transactional level metadata available and being accessed - (Norfolk Record Office)	Bigger	5.3k	6.3k	7.5k	8.7k	10.0k	24.0k	0.5k	1.3k	1.7k	2.5k	3.4k	3.6k	12.1k	5.3k
Emergency Response Standards Figure Figure	315		Bigger	40.0k	25.0k	18.5k	21.7k	26.7k	27.6k	35.4k	34.2k	30.5k	36.9k	50.6k	45.3k		36.0k
NFRS On call (retained) fire station availability Bigger B	316		Bigger														80.0%
a valiability Bigger S3.2% S6.4% S2.9% S6.6% S6.6% S6.6% S6.6% S6.6% S6.6% S6.8% S6.2% S6.2% S6.8% S6.2% S6.2			-	298 / 381	277 / 359	389 / 491	320 / 439	267 / 339	308 / 403	271 / 345	305 / 398	320 / 411	423 / 642	357 / 501	329 / 425	318 / 421	
318 {CIL} % of businesses that are compliant with Trading Standards			Bigger	83.2%	86.4%	82.9%	86.6%	86.1%	86.0%	86.8%	85.2%	83.3%	85.7%	82.4%	82.3%	83.8%	90.0%
319 {PH} Status of Norfolk Resilience Forum plans to where NCC is the lead agency Plans to Plans to White P				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	72.9m / 88.4m	70.4m / 85.5m	74.0m / 88.4m	1
319 {PH} Status of Norfolk Resilience Forum plans to where NCC is the lead agency	318		Bigger														95.0%
325 {CIL) Customer satisfaction (with Council services)			-	861/906	834 / 878	840 / 882	861 / 901	860 / 906	891/941	901 / 929	938 / 965	871 / 907	879 / 919	859 / 901	867 / 919	873 / 914	
325 {CIL} Customer satisfaction (with Council services)	319		Bigger	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	95.8%	96.0%	96.0%	96.0%	96.0%	90.9%	90.9%	85%
Council services) Solid				23/24	23/24	23/24	23/24	23/24	23/24	23 / 24	24/25	24/25	24/25	24/25	24/25	20 / 22	1
369 (PH) Percentage of new-borns that received a 6-8 week assessment from the Health Visitor Bigger the Health Visitor 98.4% 97.2% 97.0% 98.1% 97.1% 95.7% 96.3% 97.2% 94.8% 93.1% 91.3% 91.0%	325		Bigger	86.2%	87.4%	87.8%	86.7%	84.6%	78.9%	92.5%	92.9%	91.9%	92.9%	92.6%	93.6%	92.8%	90.0%
369 received a 6-8 week assessment from Bigger 98.4% 97.2% 97.0% 98.1% 97.1% 95.7% 96.3% 97.2% 94.8% 93.1% 91.3% 91.0% the Health Visitor			-	2577 / 2990	3023 / 3457	2257 / 2572	4361 / 5029	3452 / 4082	4135 / 5240	2691 / 2908	2681 / 2687	2648 / 2882	2838 / 3055	2637 / 2848	2482 / 2652	1493 / 1609	_
508 / 618 880 / 600 854 / 670 853 / 672 852 / 888 ARI / 700 ARI / 750	369	received a 6-8 week assessment from	Bigger	98.4%	97.2%	97.0%	98.1%	97.1%	95.7%	96.3%	97.2%	94.8%	93.1%	91.3%			91.0%
NEW LATER ADMITTED AND LATE AND LATE AND LATER AND ADMITTED								598 / 618	660 / 690	654 / 679	653 / 672	652 / 688	660 / 709	693 / 759			

#	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	Mar 18	Jun 18	Sep 18	Target
342	{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%	2.1%		2%
			59 11 / 264.19	85 Ok / 264 1k	72.1k/264.1k	78.6k/264.1k	88.9k/264.1k	89.5k/284.1k	95.6k/264.1k	101.2k / 264.1k	106 Sk / 264.1k	111.5k / 264.1k	117.9k/284.1k	5.7k/2645k		25
368	{PH} New STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000 population aged 15 to 64	Smaller		582				536				576	583	600		794
#	Annual (financial / academic)	Bigger or Smaller is better	2005/06	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
365	{Culture} Proportion (%) of participants engaged who were inactive	Bigger													37.80%	26.60%
															2010 / 5317	

3. Report Cards

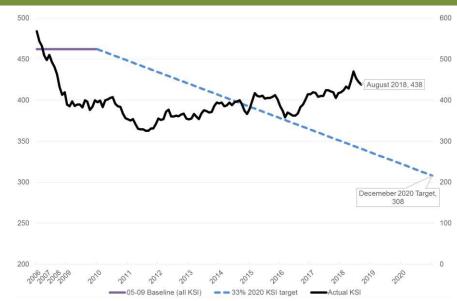
- 3.1. A Report Card has been produced for each Vital Sign. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The Report Card follows a standard format that is common to all committees.
- 3.2. Each Vital Sign has a lead officer, 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 August 2018 Red 438 against a target of 341 – reported to previous Committee meeting as Red 466 against a target of 344) Findings from the member task and finish group on road safety were submitted to committee in November 2018. Recommendations were agreed to: adopt a safe system approach, develop a partnership intelligence and data dashboard and a review of communications and campaigns following an evidence-based review of interventions. Next steps include discussions with partners and agreeing actions all of which will inform the new road safety partnership strategy.
 - On call (retained) fire station availability (Performance is off-target (Red RAG rating or variance of 5% or more) for October 2018 Red 83.8% against a target of 90.0% reported to previous Committee meeting as two consecutive months/quarters/years of Amber RAG rating with July 2018 Amber 85.7%; 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 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. In addition, the Member working group overseeing work to develop a new IRMP for 2020 onwards will be considering whether this is the most appropriate measure and target for retained fire station availability.

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

Why is this important?

In 2017, 30 people were killed and 391 were seriously injured in road collisions in Norfolk, representing a significant emotional and financial burden to local people and services. A target was set in 2010 to reduce Killed and Seriously Injured by a third – from 462 average in 2005-2009, by the end of 2020 to 308.





This graph represents the 12-month rolling figure for the number of KSI.

What will success look like?

- A downward trend in recorded KSI casualties against increases in vehicle kilometres and population increases;
- A saving to the local economy and local services of around £1.8 million per fatal casualty prevented, and around £206,000 for every serious casualty prevented.

What is the background to current performance?

- Local authorities are required by statute to promote road safety, to undertake collision/casualty data analysis and devise programmes including engineering and road user education, training and publicity that will improve road safety.
- The vital sign reports the actual figure of killed and seriously injured, not performance measures for services. It is also not expressed as a rate.
- Factors which positively impact numbers include in-car safety standards, greater compliance with speed limits, and economic decline which suppresses casualty numbers by limiting access to certain modes of transport.
- The rise in the number of KSI 2011-2016 is greater than national figures: Norfolk KSIs rose 6.2% compared with 2.9% nationally (more recent figures are awaited nationally).
- Norfolk has a lower KSI rate per 100,000 people, and per billion vehicle kilometres than its statistical neighbour authority Lincolnshire, but is outperformed in both measures by other neighbours Somerset and Suffolk.
- Future performance cannot be accurately predicted due to the number of factors which influence collisions on the road.
- Changes to police accident recording methodology will mean that national 2016 data will include certain metrics will not be directly comparable to previous years, due to data quality issues.
- Norfolk ranked 6th (out of 31 peers) for Road Safety Education within the Highways and Transport survey

Action required

- Continue with targeted local interventions and work with stakeholders
- Continue regular monitoring of sites which experience higher than expected collision numbers in order to identify remedial schemes
- Continue regular safety appraisal of new highway improvement schemes
- Member Task and Finish group to inform new strategy development

Responsible Officers

Lead: Diane Steiner (Public Health)

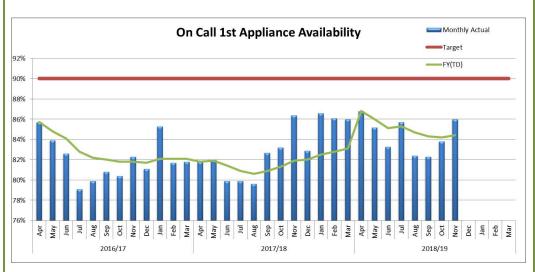
Data: Nile Pennington, Analyst Road Casualty Reduction

On Call (Retained) Fire Station Availability

Why is this important?

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.

Performance



What is the background to current performance?

- On call (retained) firefighters are employed on a contract to provide a set number of hours of "availability". They must be located within 5 mins of their station and are paid to respond to emergencies. They often have alterative primary employment.
- Monthly Retained availability continued to improve from 83.8% in October to 86.0% in November.
- 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.
- Annual Retained availability has been steadily improving over the last three financial years as the service has been taking effective action to see improvements (green trend line):

2013/14 88.0% 2016/17 82.1% 2014/15 85.4% 2017/18 83.1% 2015/16 86.1% **2018/19** 84.4% (FYTD)

Action required

- 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.

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.

Responsible Officers

Lead: David Ashworth, Chief Fire Officer

Data: Stephen Maxwell Intelligence and Performance Analyst

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.

Recommendations:

1. 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.

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:

Officer name: Austin Goreham Tel No.: 01603 223138

Email address: austin.goreham@norfolk.gov.uk



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

Service	Vital Signs Indicator	What it measures	Why it is important	Data
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
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 represent 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
CH	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