**Service Report Card 2016-2017**
**Business Strategy - Community Care Services (1.4.16 - 31.12.16)**

| Section 1:<br>Brief description of the service |
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The Business Strategy Community Care Services section is a sub section within Commissioning & Support Services; the section has a number of multi-functional roles within it, but predominantly that of supporting approximately **600** Full Time Equivalent **(FTE)** Social Care & Health Colleagues with key business support tasks**.** The section is located in satellite offices across the County Borough such as the Community Mental Health team in Gelligron, Cimla Hospital and Rhodes House in Port Talbot. Some of the teams we support include the Community Mental Health Teams, the Integrated Community Resource Teams and Social Work Networks as well as the Protection of Vulnerable Adults Team.

The Business Strategy Manager is responsible for ensuring that the service is operating with minimal backlogs, within budget, with a low rate of sickness and with a workforce who are encouraged to develop their skills.

We also have a dedicated Performance Management Team who are responsible for providing strategic management information to Senior Managers and Welsh Government.

Some of the functions provided by the Section include:
- Business Planning
- Case Management Business Support
- Sickness Management
- IT Governance
- Database Management and Re-design
- Data Processing
- Performance Reporting and Statistical analysis

The Section consists of **31.87 FTE** staff. In addition, we are developing a pool of Foundation Apprentices who continue to provide a valuable peripatetic service to our social work teams.

## Section 2:
## Overall Summary of Performance for 2015-16

Performance across the Service during 2015-16 has been good; the Service met service priorities which were formally monitored by the Head of Service through the supervision and appraisal processes of senior officers within the Section. Although no formal performance measures were in place during 2015-16, new measures were considered in preparation for this years' Service Business Plan and the necessary monitoring processes adopted. Performance Measures are monitored on a quarterly basis.

The service has operated to date within its required budget.  Our sickness rates are lower than the Directorate and Council averages.

We are actively working on creating electronic (e-files) files for all Community Care case files.

We have successfully recruited Foundation Apprentices and supported them in the workplace and through academic studies.

## Section 3:
## Service Priorities 2016-17

| Priority | Actions to deliver priority | Officer Responsible | Timescale | What will be different? Measures and/or Outcomes |
|---|---|---|---|---|
| 1. Ensure compliance with the revised performance management framework for the Social Services Well Being Act 2014 | Develop processes, systems and IT reports to capture new suite of performance measures for 16-17. | Mike Potts (MP) | March 2017 | 100% of new Quantitative Performance Indicators & Measures will be reported to Scrutiny and Welsh Government: |
| 2. Ensure robust systems are in place to contribute towards Business Strategy's Forward Financial Plan | Discuss and review staffing structure on a monthly basis. Make business case decisions as and when | Rob Hopkins (RH) | Throughout 2016-17 | The service will operate from within budget. FFP savings achieved. |

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| targets. Community Care Admin contributions comprise of £31,500 "vacancy factor" savings | vacancies arise.<br>Record all activity on a monitoring spreadsheet.<br>Link closely with Budget Officer. | | | |
| 3. Ensure robust systems are in place to reduce the risks of any potential breaches in information security | Established an Information Security working group. (Including Corporate IT colleagues)<br><br>Action Plan devised and monitored on a quarterly basis. | Rob Hopkins (RH) | Throughout 2016-17 | 100% of Action Plan Tasks have been completed.<br><br>Risk of breaches is reduced. |
| 4. The number of working days per full-time equivalent (FTE) lost due to sickness, to be lower than the corporate average | Sickness tracker established to ensure compliance with policy.<br><br>Regular spot checks by manager to ensure all staff receive a timely Return To Work interview.<br><br>Robust application of the Maximising Attendance at work policy. | Rob Hopkins (RH) | Throughout 2016-17 | The number of working days per full-time equivalent (FTE) lost due to sickness, to be lower than the corporate average |
| 5. Ensure all administrative staff supporting Community Care Services have a Performance Development Review (PDR) by 31st March 2017 | Hierarchical approach to deliver reviews to all staff.<br><br>All staff have PDR's booked in by 31st March 2017.<br><br>Tracker established to ensure compliance. | Rob Hopkins (RH) | March 2017 | 100% of staff in receipt of a new style PDR by 31st Mar 2017 |
| 6. To support the Head of Commissioning and Support Services in all contentious matters relating to staffing e.g. Grievances, Disciplinary and Capability, across the Social Services, Health and Housing Directorate | Staff to receive suitable training to undertake the task in hand.<br><br>Staff to have the capacity to complete the task. | Rob Hopkins (RH) | Throughout 2016-17 | Completion of Investigations as and when required.<br><br>Completion of Training.<br><br>Completion of Investigations to an adequate and timely standard. |
| 7. Administrative support to Network and Community Resource Teams – Provide a business support service which is continuously improving | Progression with the conversion of paper based files to electronic.<br><br>We will enhance existing customer questionnaire. | Lucy Jones (LJ) | Throughout 2016-17 | Ongoing Increase of electronic case files that are accessible electronically.<br><br>Annual questionnaire of Practitioners undertaken and findings analysed. |

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| | Developed tracker to regularly monitor backlogs of key business tasks. | | | Manageable backlogs. |
| 8. Administrative support to all other Community Care Services Teams – Provide a business support service which is continuously improving. | Progression with the conversion of paper based files to electronic.<br><br>We will enhance existing customer questionnaire.<br><br>Developed tracker to regularly monitor backlogs of key business tasks. | Lucy Jones (LJ) | Throughout 2016-17 | Ongoing Increase of electronic case files that are accessible electronically.<br><br>Annual questionnaire of Practitioners undertaken and findings analysed.<br><br>Manageable backlogs |
| 9. Performance Management – provide a performance management function which is continuously improving. | Production of Data Dashboards<br><br>New suite of Performance Measures<br><br>Resurrection of Performance Management Oversight Group | Mike Potts (MP) | Throughout 2016-17 | % of Adult Services Management Group (ASMG) Statistics and Data Dashboards which have been disseminated within agreed timescale<br><br>% of ASMG Statistics and Data Dashboards which have required re-issue.<br><br>Conduct Annual Questionnaire of Social Work Managers |

## Section 4:
## Service Performance Quadrant 2016-17

Overall, we are on target to achieve our service priorities for the financial year 2016-17.

New performance measures have been identified and developed for 2016-17; despite this officers within the service have embraced the new measures, some have been difficult to capture and have required additional work to set up. It is for this reason there will be areas where either data is not available or has only been produced during the year. These are being established and will help towards more meaningful analysis and understanding of performance as they mature and become embedded in practice.

**Service Measure 1** - Good progress has been made in ensuring we are compliant with the requirements of reporting performance of the new Social Services & Wellbeing Act.

**Service Measure 2** - See CM02 below (Budget Expenditure)

**Service Measures 3 & 4 -** A successful pilot of producing electronic case files took place in 3 of our teams during 16-17.  This will be rolled across the service during 17-18.

**Service Measure 5 -** 100% of all data requests were submitted within the prescribed timescale. Of which, none required re-issue due to reporting errors.

| Measure | Comparative Performance | | | 2016-17 Qtr. 1 (cumulative) | 2016-17 Qtr. 2 (cumulative) | 2016-17 Qtr. 3 (cumulative) |
|---|---|---|---|---|---|---|
| | **2014-15 Actual (Full Year)** | **2015-16 Actual (Full Year)** | **2015-16 Qtr. 1-3 (cumulative)** | | | |
| **Service Measure 1 (Priority 1):** The percentage of new Quantitative Performance Indicators that are: a) Able to be reported b) A work in progress c) Unable to be reported | *N/A (New Indicatior)* | | | a) 71% b) 29% c) 0% | a) 93% b) 7% c) 0% | a) 93% b) 7% c) 0% |
| **Service Measure 2 (Priority 1):** The percentage of new Quantitative Performance Measures that are: a) Able to be reported b) A work in progress c) Unable to be reported | *N/A (New Indicatior)* | | | a) 50% b) 50% c) 0% | a) 67% b) 33% c) 0% | a) 67% b) 33% c) 0% |
| **Service Measure 3 (Priority 3):** 100% of Information Security Action Plan Tasks have been completed. | *N/A (New Indicatior)* | | | 0% | 22% | 40% |

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| **Service measure 4 (Priority 7):** The % electronic case files that are accessible electronically in the pilot site (Afan). | *N/A (New Indicatior)* | **11.4%** | **17.7%** | **28.6%** |
| **Service measure 5 (Priority 8):** The % electronic case files that are accessible electronically in the Safeguarding Team. | *N/A (New Indicatior)* | **36.0%** | **51.6%** | **73.2%** |
| **Service Measure 6 (Priority 9):** % of ASMG Statistics and Data Dashboards which have a) been disseminated within agreed timescale b) required re-issue | *N/A (New Indicatior)* | a) **100%** b) **0%** | a) **100%** b) **0%** | a) **100%** b) **0%** |

# Section 5:

## Financial Quadrant 2016-17:

The service is projecting to underspend for the year end.  This has happened primarily with natural turnover.  Our FFP target of £31.500 is on course to be met.

| Measure | 2015-16 Actual (Full Year) | 2016-17 Qtr. 1 (projected to year end) | 2016-17 Qtr. 2 (projected to year end) | 2016-17 Qtr.3 (projected to year end) |
|---|---|---|---|---|
| **Corporate Measure (CM02):** % revenue expenditure within budget Revenue Budget  £ | -12.12% Underspend £786,400 | +5.69% Overspend £876,888 | -8.27% Underspend £876,888 | -8.01% Underspend £876,888 |
| **Corporate Measure (CM03):** Amount of  FFP savings at risk | N/A | N/A | N/A | N/A |

**Section 6:**
**Employee Quadrant 2016-17**

Sickness performance across the service remain below the council average.  The service did experience some long term sickness during Quarters 2 and 3 but these were managed effectively back to work.

Regular spot checks are undertaken to ensure all staff returning to work following sickness receive a timely back to work interview.  Sickness is also discussed confidentially in the services fortnightly management meetings.

In relation to staff engagement, there is a working group made up of senior officers and trade unions looking at how to progress and measure this; discussions are on-going and a decision has not yet been made about corporately developed or individual surveys, optional or mandatory.

Performance regarding appraisals was slow during Quarters 1 & 2 but has picked up in Quarter 3 with only 11 staff awaiting an appraisal before the year end.  These will be completed by the 31st March 2017.

No staff left the service in an unplanned way.

| Measure | 2015-16 Actual (Full Year) | 2016-17 Qtr. 1 (projected to year end) | 2016-17 Qtr. 2 (projected to year end) | 2016-17 Qtr.3 (projected to year end) |
|---|---|---|---|---|
| **Corporate Measure (CM04):** Average **FTE** (full time equivalent) working days lost due to sickness absence | | | | |
| **Service:** Business Strategy Comm Care<br><br>Total Service FTE days lost in the period | N/A | 1.5<br><br>45 | 4.3<br><br>147 | 4.8<br><br>169 |
| **Directorate:** Social Services Health & Housing | N/A | 3 | 6.7 | 9.8 |
| **Council:** | N/A | 2.4 | 4.6 | 7.3 |

| | 2015-16 Actual (Full Year) | 2016-17 Qtr. 1 (cumulative) | 2016-17 Qtr. 2 (cumulative) | 2016-17 Qtr. 3 (cumulative) |
|---|---|---|---|---|
| **Corporate Measure (CM11):**<br>Staff engagement  Measure | N/A (New Indicator) | <mark>See Note above</mark> | | |
| **Corporate Measure (CM05):**<br><br>% of staff who have received a performance appraisal during 2016-17 (Target 100%) | NA | 8.82% | 11.7% | 67.6% |
| Number of staff who have received a performance appraisal during 2016-17 | NA | 3 | 4 | 23 |
| **Corporate Measure (CM06):**<br><br>Number of employees left due to unplanned departures | NA | 0 | 0 | 0 |

## Section 7: Customer

Two formal Compliments were received about members of the team although anecdotally, compliments are received on a regular basis but not documented. We will work on a formal compliments system during 17-18.

A customer satisfaction survey will take place in the 4th quarter of 16-17 requesting feedback from social work and health professionals on the services they received from us.

| Measure | 2015-16 Actual (Full Year) | 2016-17 Qtr. 1 (cumulative) | 2016-17 Qtr. 2 (cumulative) | 2016-17 Qtr. 3 (cumulative) |
|---|---|---|---|---|
| **Corporate Measure (CM07):** <br> Total number of complaints <br> Internal <br> External (from the public) | 0 <br> 0 | 0 <br> 0 | 0 <br> 0 | 0 <br> 0 |
| **Corporate Measure (CM08):** <br> Total number of compliments <br> Internal <br> External (members of the public) | 0 <br> 0 | 1 <br> 0 | 1 <br> 0 | 1 <br> 0 |
| **Corporate Measure (CM09):** <br><br> customer satisfaction measure/s | N/A | New measure | | |