

**Performance Indicator : D56 – Acceptable waiting times for care packages**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

- Poor recording practices – Lack of admin staff in localities (due to sickness levels) to clean up performance data and budget information
- Priorities in teams has moved from 'front-end' work to 'back-end work', therefore the emphasis has turned to reviewing packages.
- Inconsistent availability of homecare provision in some localities

Corrective actions to be implemented (OP)

- Data needs to be cleansed by admin staff in non-electronic sites. Need to liaise with Transformation team regarding sickness levels of admin staff and resultant cover for Locality teams.
- Duty staff in North and South Locality need to be 'trained' again on the inputting of this information into the system. Liaise with PARIS Team.
- Admin staff in electronic sites to help cleanse back log – liaise with the Transformation Team to ensure appropriate admin cover in Locality Teams.
- Working with Primary Providers to improve capacity
- Engaging in the new re-tender of the domiciliary care contract

**Performance Indicator : C32 – OP helped to live at home**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

- Requirement by CSCI to set target within 3 blob performance – delivery of which depends on the delivery of the modernisation programme of OP services – so if improvement is achieved in this indicator it will not show until the end of the year
- Lack of preventative services in OP services
- Inconsistent monitoring of services provided through SLA's and contracted services (which could be considered as preventative services).

Corrective actions to be implemented

- Work with the newly appointment Preventative Officer within the commissioning section
- Engage with commissioning staff in developing a Preventative Strategy and resultant services
- To develop access criteria/assessment criteria for Preventative Services and a collection system for the above data

**Performance Indicator : C51 – Direct payments**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

- Turn over of usage Direct Payments is considerable.
- Reluctance of staff to offer Direct Payments as an option

Corrective actions to be implemented (OP)

- Work with staff through Practice and Service Development sessions to ensure that they assess need appropriately when using Direct Payments to ensure that the care is cost effective and to improve the confidence of staff in the use of Direct Payments.
- Any care packages that are approved will be carefully considered for direct payments

**Performance Indicator : C28 – Intensive Homecare**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

Performance against this indicator has not improved:

- due to a number of homecare packages being reviewed (mainly in Older Person's services) in line with departmental policy, consequently due to a number of packages being reduced in line with current care needs, these packages can no longer be counted under this indicator (intensive care = more than 10 contact hours and 6 or more visits during a week);
- Lack of appropriate homecare provision in some localities to support service users with intensive homecare needs;
- It is also recognised that there is an inconsistency of counting of people in Extracare housing which could be included in this indicator.

Corrective actions to be implemented

- To report the use of Extracare housing more consistently;
- Engage with commissioning on the re-tender of the domiciliary care.
- Continue to work with primary providers in difficult to cover localities

**Performance Indicator : D40 – Clients receiving a review**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

- Poor recording of reviewing activity/ non inputting of reviewing information – activity can therefore not be counted
- The required number of reviews have not been carried out.
- Reviewing process not sufficiently robust to identify alternative ways of dealing with time consuming issues arising during the review process (YADS)

Corrective actions to be implemented

- MH – Team managers have been instructed to ensure all reviews are scheduled in for the rest of the year – this is further to the monthly report they currently receive detailing reviews outstanding/due.
- Address poor recording of reviews and ensure all data is inputted on to system where performance data is drawn from.
- Implement measures to ensure a larger number of 'lower level care' packages are reviewed (review process less complex and time consuming than more intensive packages of care – thus more can be carried out – although planned reviews of more intensive care packages will not be scaled back because of this).

**Performance Indicator : D55 – Acceptable waiting times for assessments**

**RAG rating: RED**



Commentary e.g. reasons for underperformance/Slippage

- Poor recording practices – Lack of admin staff in localities (due to sickness levels) to clean up performance data and budget information
- Priorities in teams has moved from 'front-end' work to 'back-end work', therefore the emphasis has turned to reviewing packages.

Corrective actions to be implemented (OP)

- Data needs to be cleansed by admin staff in non-electronic sites. Need to liaise with Transformation team regarding sickness levels of admin staff and resultant cover for Locality teams.
- Duty staff in North and South Locality need to be 'trained' again on the inputting of this information into the system. Liaise with PARIS Team.
- Admin staff in electronic sites to help cleanse back log – liaise with the Transformation Team to ensure appropriate admin cover in Locality Teams.

## PERFORMANCE ACTION PLAN

PI INFORMATION AND ACCOUNTABILITY			
<b>PI NUMBER &amp; TITLE</b> Identify type of PI – BV, CPA, PAF, Local, etc.		<b>PI Number LPI 7</b> Title: Average length of time for major adaptations from OT referral to work beginning (non waiting list)	
<b>SERVICE</b>	Housing Standard and Improvement	<b>DIRECTORATE</b>	Strategic Housing
<b>OFFICER</b>	Mark Wade	<b>CABINET MEMBER</b>	Cllr A Paul

PERFORMANCE DATA									
LAST YEAR			THIS YEAR						NEXT YR
Target	Outturn	Quartile	Target	Q1	Q2	Q3	Q4	Est'd outturn	Target
84 weeks	42.10 weeks		40 weeks	37.11	41.35			40 weeks	

### WHY IS CURRENT/PROJECTED PERFORMANCE NOT ON TARGET?

*Briefly explain the reasons. List the most significant reasons first. Be clear and up-front. Mention targets, resources, environment, change, other issues.*

- One technical officer responsible for the processing of grants to provide disabled adaptations was away on long term sick leave for all of quarter 2. This reduced service capacity and impacted on grant processing times for this indicator.

PLEASE COMPLETE PAGE 2

### WHAT ARE YOU DOING TO IMPROVE PERFORMANCE?

*What has already been done? To what extent has it worked? What else is planned? What else needs to happen? Exactly how and why will these actions make a positive difference? When will we see a difference and by how much?*


- A significant amount of grant applications were outsourced to external architects in quarter 2. This will increase technical capacity and speed up grant processing times for quarters 3 and 4.
- The absent officer is expected to return to work in late quarter3 improving performance in quarter 4.

### WHAT ARE THE RISKS AND OPPORTUNITIES?

*What issues/factors may adversely impact on performance and stop you achieving your targets? What are you doing to reduce this risk? What else needs to happen e.g. a change in council*

1. There is a small risk the absent officer may not return. This is being managed through the absence management policy.
2. There is a small risk that the external architects will not perform within the contracted terms and conditions. Regular performance meetings are being held to monitor the risks.

### SIGN OFF

YOUR NAME	Mark Wade	YOUR 	2169
ED's SIGNATURE		DATE	

PLEASE EMAIL THIS FORM TO: Andy Field or Angela Slattery