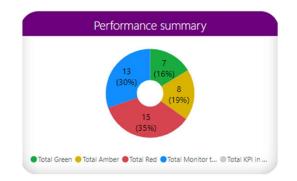
Corporate Performance Report: as at end of Oct-2023 Data and Insight Team

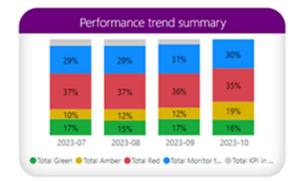
Strategic performance position

The latest position of the Council's key performance indicators at the end of Oct 2023 shows a mixed picture: however, there are key movements within indicator trends. Of the 43 indicators reported:

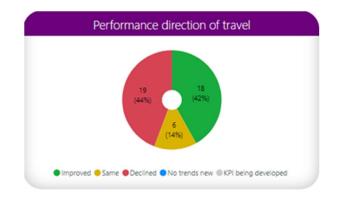
- 16% (7 indicators) rated overall as Green,
- 19% (8 indicators) rated as Amber,
- 35% (15 indicators) rated overall as Red and
- 30% (13 indicators) where the metric monitored for trends (blue).



Mixed overall performance compared to the previous month with changes to RAG status for 6 key performance metrics from priority 1 and corporate health.



Compared to last month or similar period from previous year, performance has improved (\uparrow) for 42% (18) of the 43 KPIs, remained the same ($\rightarrow \leftarrow$) for 14% (6) and declined (\checkmark) for 44% (19).



| | | | | C | Corp | orate Ma | nagement l | nformati | on S | corecard | 1 2023/24 | | | |
|--|---|------------|-----------|--------------------|------|----------------------|---------------------------------------|------------------|------|---------------------|-----------------------------------|---|-------------------------------|--|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous Formance | Performance direction of travel | Latest update | Pe | Latest rformance | Target | Mitigating actions | ED Lead | Comparison |
| | Number of new EHC plans issued | High | Monthly | Sep-23 | R | 27 | ∢€ | Oct-23 | R | 27 | >=35 | Draft EHC plans quality assured within the new assessment framework prior to issuing. Contracts secured for independent Education Psychologists to fill shortage. Training delivered to SEND team in collation of good quality panel submissions. Case Officer training provided to ensure high quality information presented to panel, to streamline panel decisions and allow for recording of more detailed decisions and rational. All newly agreed assessments prioritised for allocation to ensure timeliness going forward. | ED for Children's Services | Slough Mar-22 173 Mar-23 145 |
| | Percentage of new EHC plans issued within 20 weeks including exceptions | High | Monthly | Sep-23 | R | 11.1% (3) | ŕ | Oct-23 | R | 40.7% (11) | >=national average | Live Case Tracker implemented to ensure clarity and consistency of process recording to run concurrently with Capita allowing for clearer accountability and cross validation of data. Phone system and duty rota has been overhauled and improved to ensure lines are available for schools and families and messages are responded to promptly. The response target has been brought in line with the wider education department communication charter response target of 5 working days. EHCP target changed from 50 to 35 based on service learning. | ED for Children's Services | 2022 Slough 11.4% National 47.7% South East 44.8% CIPFA NN 53.6% |
| | Percentage of eligible 2 year olds receiving 15 hours of free early years education or childcare | High | Termly | Spring 2023 | R | 55.9% | ¥ | Summer 2023 | R | 54.5% | >=65% | An Early Years strategy in development with partners and stakeholders to create a clear vision and how we intend to achieve our objectives. There is a specific programme of work which aims to increase the participation work including: Sufficient affordable, quality, and inclusive early years and childcare places for all children in Slough no matter what their needs are. Families understand the services available to them and how they can access these. Targeted marketing and communications using information provided from DWP. Raising awareness of the benefits of early education. Brokerage support for identified families, breaking down barriers to participation. Increasing the market capacity, offering business and workforce development support. A targeted approach to raising awareness of funding entitlements with key partners and stakeholders. | ED for Children's Services | Summer 2023 Slough 54% National 74% Ranking National 138/140 South East 18/19 SN Group 10/10 |
| | Pupil exclusions in Slough schools as a percentage of school population | Low | Termly | Spring 2023 | Mon | 0.06% (22) | ↑ | Summer 2023 | Mon | 0.04% (13) | Metric in place to monitor trends | The rate has been rising in Slough in line with national data following the Covid lockdown. A new Preventing Exclusions Strategy in development to identify pupils at risk and provide early interventions. | ED for Children's Services | 2021/22 Slough 0.08 (25) National 0.08 South East 0.04 SN average 0.06 |
| Priority 1 A borough for childre and young people to | Children Missing from Education (CME) as a percentage of school population | Low | Termly | Autumn 2022 | Mon | 0.20% (66) | ¥ | Spring 2023 | Mon | 0.26% (90) | Metric in place to monitor trends | Implementation of a multi-agency approach to support vulnerable children missing education (CME) and children absent from school/children missing in education (CMIE). Training service partners on attendance procedures. Implementation of multi-agency meeting/forums. Adopting the RBWM toolkit and disseminating the ERSA programme/strategies across Slough schools and LA practitioners including social care, early help, admissions, SEND. Develop a cohesive understanding of behaviour and how it links to persistent absence and safeguarding/CE and SEND. Develop and implement 'Team Around the School' systems for better understanding of blockages/issues to poor attendance. | ED for Children's Services | Spring 2023 Slough 0.26% South East 0.13% Ranking South East 17/18 |

| | Corporate Management Information Scorecard 2023/24 | | | | | | | | | | | | | |
|---------|--|------------|-----------|--------------------|-----|------------------------|---------------------------------------|------------------|-----|---------------------|-----------------------------------|---|--|---|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous erformance | Performance direction of travel | Latest update | Pe | Latest rformance | Target | Mitigating actions | ED Lead | Comparison |
| thrive | Percentage of care leavers in education, employment or training | High | Monthly | Aug-23 | A | 47.2% (42) | Ť | Sep-23 | А | 48.9% (45) | >=52% | Virtual school meet with all young people who are NEET as well as personal advisors. A number of NEET are new to the country (12) and have a September destination for employment which are not yet counted. | ED for Children's Services | 2021/22 Slough 52.0% National 55.0% South East 57.0% SN average 55.9% |
| | Rate per 10,000 of children receiving targeted early help | Low | Monthly | Aug-23 | Mon | 138.1 (603) | ¥ | Sep-23 | Mon | 138.6 (605) | Metric in place to monitor trends | Children open to the service have been reviewed and those that no longer require services have been closed. We expect this to increase as a result of children from the Assessment and Intervention and Safeguarding and Support services to step down which will be identified through the Child in Need Forum. | ED for Children's Services | external benchmarking not available (project starting this year which will hopefully make benchmarking available) |
| | Percentage of children looked after in external foster care placements | Low | Monthly | Aug-23 | R | 37.8% (87) | ¥ | Sep-23 | R | 38.7% (89) | <=34% | External Placement Panel review all children in external placements, targeting those specifically in residential care, identifying those that specifically can be placed in fostering placements. This process takes time as sourcing a suitable home for children will need to be completed and appropriately matched based on their needs. The number of children is relatively stable however the overall number of children in care has been decreasing which is primarily causing the percentage increase. | ED for Children's Services | external benchmarking not available |
| | Percentage of children and young people in external residential placements | Low | Monthly | Aug-23 | R | 10.4% (24) | ŕ | Sep-23 | A | 9.1% (21) | <=9.1% | External Placement Panel review all children in external placements, targeting those specifically in residential care, identifying those that specifically can be placed in fostering placements. This process takes time as sourcing a suitable home for children will need to be completed and appropriately matched based on their needs. | ED for Children's Services | external benchmarking not available |
| | Rate per 10,000 of Children Looked After (CLA) | Low | Monthly | Aug-23 | Mon | 52.7 (230) |) + | Sep-23 | Mon | 52.7 (230) | Metric in place to monitor trends | Due to a recent decrease in CLA numbers we are currently below statistical neighbours. CLT is cited when rate increases especially as a result of the National Transfer Scheme or an increase in Unaccompanied Asylum Seeking Children. | ED for Children's Services | 2021/22 Slough 53.0% National 70.0% South East 56.0% SN average 58.7% |
| | Percentage of referrals to children's social care within 12 months of earlier referral | Low | Monthly | Aug-23 | G | 21.5% (47) | ¥ | Sep-23 | R | 30.6% (86) | <=22.0% | Re-referrals are continually tracked and monitored each month. Previous interventions are reviewed to explore whether the re- referral could have been avoided and to disseminate the learning. This is reviewed by the Head of Service, Team Manager and the Allocated Worker. The front door is the subject of a 'deep dive' at the next Getting to Good Board as requested by the DFE Commissioner. | ED for Children's Services | 2021/22 Slough 21.5% National 21.5% South East 25.9% SN average 21.2% |
| | Percentage of children aged 2.5 years who received a 2-2.5 year child development review | High | Quarterly | Q3 2022-23 | G | 82.8% (452) | Ť | Q4 2022-23 | G | 94.1% (524) | >= national average | An agreement and streamline process in place with Solutions4Health analytical team to submit child development and health visiting metrics to the national portal in line with DHSC guidelines with support from CYP PH team. The next submission for 2023/24 Q1 & Q2 deadline is 24-Nov-23. | ED for Children's Services / Director of Public Health and Public Protection | 2021/22 Slough 85.8% National 74.0% South East 76.9% CIPFA NN 71.6% |
| | Proportion of children obese including severely obese at Year 6 | Low | Annual | 2019/20 | R | 24.9% (595) | ¥ | 2021/22 | R | 28.4% (660) | >= national average | Public Health Team are reviewing current integrated wellness service to move weight management service into upcoming recommissioned Healthy Child Programme (HCP) contract. Arrangements underway for whole school approach and whole system's approach to weight management and healthy eating. | ED for Children's Services / Director of Public Health and Public Protection | 2021/22 Slough 28.4% National 23.4% South East 20.0% |

| | | | | | 1 | | nagement l Performance | | | | - | | | |
|---|---|--|-----------|--------------------|-----|------------------------|---------------------------|------------------|-----|---------------------|--------------------------------------|--|--|--|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous erformance | direction of travel | Latest update | Pe | Latest rformance | Target | Mitigating actions | ED Lead | Comparisor |
| | Percentage of new clients who received short- term services, where no further request was made for ongoing support | High | Annual | 2020 | A | 77.1% | ¢ | 2021 | G | 79.6% | >=national average | 2022/23 performance level will be available from 20-Oct-23. Final quality assurance stage in process. | ED for Adults Services | 2021 Slough 79.69 National 74.9 South East 74. |
| | Percentage of safeguarding referrals that meet section 42 | High | Quarterly | Q1 2023-24 | Mon | 9.7% (31) | ^ | Q2 2023-24 | Mon | 12.0% (37) | Metric in place to monitor trends | Safeguarding data regularly reviewed by Interim Head of Adult Safeguarding and Analyst to identify trends and actions identified. Trends and appropriate actions presented at monthly Adults Leadership Team. Safeguarding trends reviewed at Slough Safeguarding Partnership (sub-group) with accompanying narrative. | ED for Adults Services | Slough 2019/20 11.6% 2020/21 16.4% 2021/22 13.5% 2022/23 12.3% |
| | Percentage of eligible adults managing their care via a direct payment | High | Quarterly | Q1 2023-24 | Mon | 25.2% (317) | Ŷ | Q2 2023-24 | Mon | 26.6% (325) | Metric in place to monitor trends | This metric measures the volume of support provided by the Local Authority to empower local people to self-direct their own care and support. Performance is reviewed monthly at DLT and is also subject to quarterly review at the South-East ADASS user group. This enables ongoing monitoring of our long-term client cohort at the end of each reporting period and benchmarked against the South East ADASS group. | ED for Adults Services | 2023/24 Q2 SE ADASS gro Ranked 6/16 2 2023 ASCO Ranked 36/1 SN Group 3/1 Slough 31 National 26 South East 25 |
| riority 2 town where residents an live healthier, safer | Percentage of care homes in the borough with a Care Quality Commission (CQC) rating of s either good or outstanding | High | Quarterly | Q1 2023-24 | Mon | 64.3% (9) | → ← | Q2 2023-24 | Mon | 64.3% (9) | Metric in place to monitor trends | Quality Assurance team working with safeguarding, health and where appropriate other local authorities to support providers in overseeing quality improvement action plans. | ED for Adults Services | |
| nd more independent ves | | Low | Monthly | Sep-23 | R | 49 | ¥ | Oct-23 | R | 79 | <=36 | All cases are reviewed each month and appropriate action taken. Teams continue to work with Comms and DSO to target hotspots for household fly-tipping and building legal cases for enforcement. Complex cases require investigation and officers to take formal legal action, cases are closed at the completion of formal action. This is not necessarily a negative as it's about reaching the right outcome and as our enforcement teams take a more robust stance, we may see an increase in the number of cases taking longer than 90 days. | Director of Law & Governance | Slough Mar-22 27 Mar-23 3 |
| | Percentage of NHS health checks offered to the total eligible population in the quarter | High | Quarterly | Q4 2022-23 | R | 2.7% (1,100) | Ŷ | Q1 2023-24 | G | 6.6% (2,565) | >= South East region average | 1:1 visits of GP practices delivering NHS health checks in Slough to understand barriers and opportunities to improve delivery. Use of data from performance dashboards to map health checks offered at GP practice level to contribute to improvements and share best practise using universal offer combined with a more targeted approach. Liaising with Solutions4Health to better understand their health check offer and exploring opportunities to supplement GP offer and encourage outreach. | ED for Adults Services / Director of Public Health and Public Protection | 2023/24 Q1 National 5. South East 4. CIPFA NN 5. |
| | Average re-let time in days for standard voids | Initially high before performance starts to improve | Monthly | Sep-23 | R | 191 days (7) | Ŷ | Oct-23 | R | 200 days (6) | <=35 days | Performance regularly reviewed at housing management meetings to address issues and risks. The Housing NEC allocations module requires further adjustments to the selection process to enable a fully automated system approach to lettings. Meeting held on the 22-Nov-23 to clarify final adjustments which are now with the project team for implementation. In the meantime, a new Allocations Manager in post and a work around in place to take account of the further IT work to select applicants. A minimum level of lettings agreed with allocations staff untif fully automated lettings norcess is in place. This will | ED for Regeneration, Housing and Environment | Slough 2021/22 89 d 2022/23 80 d |

staff until fully automated lettings process is in place. This will enable the return to normal levels of operation and void

processes by the end of Dec-23.

| | | | | | Corp | orate Ma | nagement l | nformati | on S | corecard | 2023/24 | | | |
|--|--|------------|-----------|--------------------|------|------------------------|---------------------------------------|------------------|------|---------------------|-----------------|--|---|--|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous erformance | Performance direction of travel | Latest update | Pei | Latest rformance | Target | Mitigating actions | ED Lead | Comparison |
| | Percentage of SBC housing repairs completed within agreed timescale | High | Monthly | Sep-23 | R | 66.7% (1,147) | ↑ | Oct-23 | R | 67.6% (1,431) | >=95% | Regular management meetings scheduled with senior management to discuss critical issues including complaints. Proposals in discussion to introduce a new approach to working smarter to reduce response times. | ED for Regeneration, Housing and Environment | Slough Mar-22 63.1% Mar-23 70.0% |
| Priority 3 A cleaner, healthier and | Percentage of decisions made on major planning application within 13 weeks or timescale agreed with applicant | High | Quarterly | Q4 2022-23 | G | 100% (1) | → ← | Q1 2023-24 | G | 100% (5) | >=65% | Performance trends actively monitored at management meetings focussing on identifying service improvements to | ED for Regeneration, Housing and Environment | 2023/24 Q1 National 89.5% South East 91.4% |
| more prosperous Slough | Percentage of decisions made on non-major planning application within 8 weeks or timescale agreed with applicant | High | Quarterly | Q4 2022-23 | G | 79.3% (111) | ↑ | Q1 2023-24 | G | 81.6% (120) | >=75% | improve service. | ED for Regeneration, Housing and Environment | 2023/24 Q1 National 88.2% South East 91.1% |
| | Percentage of household waste sent for reuse, recycling, or composting | High | Monthly | Sep-22 | R | 27.3% | ¥ | Sep-23 | R | 22.8% | >=40% by Mar-23 | Campaign running to promote the importance of recycling waste and materials. Messages include the need to optimise recycling to conserve space in residents general waste bins. A policy change during-Sept-23 where residents can now recycle nearly all types of loose plastic in the household red recycling bins whereas previously only plastic bottles could be recycled. As a result we are already seeing a reduction in the number of bins rejected at recycling centre. | ED for Regeneration, Housing and Environment | 2021/22 Slough 26.7% National: 42.5% South East: 46.4% CIPFA NN: 38.8% |
| | Missed refuse bin collection per 100,000 | Low | Monthly | Aug-23 | R | 38 | ¥ | Sep-23 | R | 43 | <=30 | Guidance on the council's website on how to prevent a rejected bin collection due to overloading or contamination. Online form to report a missed bin collection. An oversight & variation log created to tackle persistent problems or repeat occurrences. This is shared weekly with team to highlight hotspots and problem areas and for confirmation that the appropriate action has been completed. | ED for Regeneration, Housing and Environment | |

| В | Business rates collection rate | High | Monthly | YTD to Oct-22 | G | 65.30% | → ← | YTD to Oct-23 | А | 65.30% | Oct-23 65.50% End of year 98.85% | The council continues to take appropriate recovery action on those businesses that do not keep their payments up to date. | ED for Finance and Commercial | 2022/23 Slough 98.7% National 96.8 Unitary Authorities 97.1% |
|---|--|------|---------|---------------|---|--------------------|----------------|---------------|---|------------|--|--|----------------------------------|--|
| с | Council tax collection rate | High | Monthly | YTD to Oct-22 | G | Adjusted 63.80% | ¥ | YTD to Oct-23 | A | 63.78% | Adjusted target Oct-23 64.15% End of year 94.60% | Targets for the remainder of this year and collection rates from last year adjusted to remove the impact of the 2.05% effect of the Energy Support Fund payments made in Sept-22. To improve collection rates, the team are implementing additional technology that will automate high volume, low value tasks, to free up resources to focus on collection. Automations including email indexing went live at the beginning of Sep-23 and the programme is due to run until the end of this year. The next automation to go live is Direct Debits, Refunds and Moves-in/Moves out. The newly expanded Council Tax Support scheme to provide additional support to more than 9,000 households currently in receipt and for those making a new application was introduced from Apr-23. | ED for Finance and Commercial | 2022/23 Slough 95.7% National 96.0% Unitary Authorities 96.2% |
| | Average time taken to process new housing senefit claims | Low | Monthly | Sep-23 | R | 30.08 days | ٨ | Oct-23 | R | 28.67 days | <=20 days | The Council has made a significant investment in automation, a detailed improvement plan is in place which will remedy existing issues and help to improve processing times to an acceptable and sustainable level by the end of the financial | ED for Finance and Commercial | 2022/23 Slough 35 days National 20 days South East 21 days |
| с | Average time taken to process change in ircumstances to existing housing benefit laims | Low | Monthly | Sep-23 | G | 8.06 days | ^ | Oct-23 | G | 6.83 days | <=9 days | year. DWP visited in Sept-23 to review and advise on any further improvement steps the council may wish to consider making. | ED for Finance and Commercial | 2022/23 Slough 13 days National 8 days South East 8 days |

| | Corporate Management Information Scorecard 2023/24 | | | | | | | | | | | | | |
|------------------|--|------------|-----------|--------------------|---|-----------------------|---------------------------------------|------------------|----|---------------------|--------------|---|-------------------------------------|---|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous rformance | Performance direction of travel | Latest update | Pe | Latest rformance | Target | Mitigating actions | ED Lead | Comparison |
| | Percentage of high priority audit actions overdue from 2021/22 | Low | Quarterly | Jun-23 | R | 21.8% (12) | ۴ | Sep-23 | R | 16.4% (9) | 0% by Mar-24 | The overdue actions shared with each department for Department Leadership Teams (DLTs) to consider current position and respond. This will improve over time with the interventions in place. | ED for Finance and Commercial | |
| | Percentage of high priority audit actions overdue from 2022/23 | Low | Quarterly | Jun-23 | R | 35.3% (18) | Ť | Sep-23 | R | 20.4% (11) | 0% by Mar-24 | Progress is being made on closing actions on the tracker. Evidence of actions completed is obtained and quality assured by Internal Audit Manager and retained for use in follow up audits. | ED for Finance and Commercial | |
| | Variance between revenue budget and full year forecast | Low | Monthly | Aug-23 | A | 3.4% (£5.1m) | ¥ | Sep-23 | А | 4.1% (£6.1m) | 0% | Risks are actively monitored and reported to Finance Board. The predominant theme emerging is one of unrealisable income targets being reported, some of which date back to previous years. There are service pressures leading to overspends where expenditure is greater than budgeted for. | ED for Finance and Commercial | |
| | Percentage of total savings for 2023/24 on track to be delivered by Mar-24 | High | Monthly | Aug-23 | A | 90.0% (£20.2m) | Ŷ | Sep-23 | A | 91.4% (£20.5m) | 100% | Risks are actively monitored and reported to Finance Board. Services with support from finance are exploring potential mitigations and alternative in-year savings proposals and will report on those through future budget monitoring reports. | ED for Finance and Commercial | |
| | Percentage of contract exemptions RAG rated as Red | Low | Monthly | Sep-23 | G | 0% (nil) | → € | Oct-23 | G | 0% (nil) | 0% | Meetings with Executive Directors and their management teams to review the contract register and procurement pipelines, to ensure there is forward planning to continue to prevent Red and Amber exemptions. Head of Commercial Services is working with the Procurement Officer to streamline reporting for the meetings. | ED for Finance and Commercial | |
| Corporate Health | Percentage of customer service calls answered | High | Monthly | Oct-22 | G | 80.6% (11.2k) | Ų | Oct-23 | А | 71.1% (10.1k) | >=75% | Improvement project team working on the following service improvements: • Telephone Interactive Voice Response (IVR), changes to IVR approved, business case signed off and awaiting on supplier to implement changes to the IVR platform. • IVR messages have been recorded in readiness for the IVR implementation. | ED for Strategy & Transformation | Slough average 2021/22 49.9% 2022/23 69.9% |
| | Average time taken to answer customer services calls | Low | Monthly | Oct-22 | G | 05min 10sec | ¥ | Oct-23 | R | 09min 01sec | <=8 mins | Video development for our website and digital channels in progress with comms team, school admission videos rolled out. Scan Station promotion poster in development which will be displayed at council access points. Bus Pass phase 2 online module explored and developed in readiness for annual renewals during March-24 Templates for emails/e-forms responses reviewed and updated, work stream now closed. | ED for Strategy & Transformation | Slough average 20/21 09min33sec 21/22 12min51sec 22/23 08min32 sec |
| | Percentage of stage 1 complaints partially or fully upheld | Low | Monthly | Aug-23 | G | 58.7% (27) | ¥ | Sep-23 | A | 67.4% (31) | <=67% | Quarterly service quality check meetings continue to take place focussing on identifying service improvements to improve service. The new 2 stage corporate complaints process and improved complaints webpage launched in Aug-23. Revised stage 1 & 2 complaints templates created in line with the new process, including pointers to refer to and learning actions/outcomes resulting in improvements in the quality of responses issued. | ED for Strategy & Transformation | Slough 2021/22 71.5% 2022/23 73.7% |

| | | | | (| Corp | orate Ma | nagement | Informati | on S | Scoreca | d 2023/24 | | | |
|---------|--|---|-----------|---------------------------|------|-----------------------|---------------------------------------|----------------------------|------|---------------------|--------------------------------------|--|-------------------------------------|---|
| Outcome | Performance Measure | Good to be | Frequency | Previous update | | Previous rformance | Performance direction of travel | Latest update | Pe | Latest rformance | Target | Mitigating actions | ED Lead | Comparison |
| | Percentage of IT service desk tickets resolved at first point of contact | High | Monthly | Sep-23 | Mon | 69.3% | Ŷ | Oct-23 | Mon | 66.0% | Metric in place to monitor trends | New service desk processes continue to be reviewed and improved each month. Onboarding further services on Astro including Digital & TDA which is likely have an impact on the number of tickets raised. | ED for Strategy & Transformation | |
| | Percentage of IT service desk tickets resolved within SLA | High | Monthly | Sep-23 | Mon | 94.0% | Ŷ | Oct-23 | Mon | 93.3% | Metric in place to monitor trends | An increase in the usage of the Astro Support Hub which will see less tickets being re-opened. Review of SLA timeframes in the system as these do not reflect the standard operating procedures. | ED for Strategy & Transformation | |
| | Interim staffing costs (£) | Low | Quarterly | Q1 2023-24 | Mon | £5.5m | Ŷ | Q2 2023-24 | Mon | £5.9m | Metric in place to monitor trends | Reporting released one month in arrears. Work underway with Matrix to provide greater insight. We will look to develop this workstream with new enhanced reporting moving into Q4. | ED for Strategy & Transformation | |
| | Percentage of staff equalities data recorded on Agresso | High | Quarterly | Jun-23 | Mon | 67.4% | ¥ | Sep-23 | Mon | 64.3% | Metric in place to monitor trends | HR carrying out critical workstream reviews through the culture change programme. The staff network groups have recently produced a video showing staff how to complete equalities data on Agresso which is available on InSite. All staff user emails sent out alongside staff communication via the intranet to get people engaged with the changes. | ED for Strategy & Transformation | |
| | Staff turnover rate | Low | Quarterly | Rolling year to Jun-23 | Mon | 18.9% | ¥ | Rolling year to Sept-23 | Mon | 19.6% | Metric in place to monitor trends | Refresh of internal communications and engagement e.g., Staff Roadshows. Recruitment redesign workshop held as part of the council's recovery programme. New Applicant Tracking System in testing phase with users. Recruitment of director team and heads of service to stabilise workforce, improve engagement, embedding of culture change. Restructure of teams, job design, workforce planning activities to bring top talent into the organisation. Re-invigoration of exit interviews to understand reasons for leaving. | ED for Strategy & Transformation | Civil Service 2020 10.3% 2021 8.4% 2022 13.6% |
| | Number of working days lost due to sickness absence per FTE employee | Initially high to address under reporting | Quarterly | Rolling year to Jun-23 | Mon | 3.8 | Ť | Rolling year to Sept-23 | Mon | 3.9 | Metric in place to monitor trends | This is likely to be under-reported. HR/OD encouraging timely and accurate reporting by working with management teams and through staff communications. Project underway to improve Agresso capability which is a barrier to under-reporting of absence. Sickness absence policy being re-written with a view to reducing bureaucracy and improving ease of use. This will be accompanied with a roll out plan for managers including robust training highlighting the importance of recording sickness on Agresso. | ED for Strategy & Transformation | Civil Service 2019 7.0 2020 7.4 2021 6.1 2022 7.9 |

Areas that require a continued focus on improvement:

- Increase in the number of void and in the average number of days to re-let standard voids:
 - Performance regularly reviewed at housing management meetings to address issues and risks.
 - The Housing NEC allocations module requires further adjustments to the selection process to enable a fully automated system approach to lettings. Final adjustments are with the project team for implementation.
 - In the meantime, a new Allocations Manager in post and a work around in place. A minimum level of lettings agreed with allocations staff until fully automated lettings process is in place. This will enable the return to normal levels of operation and void processes by the end of Dec-23.
 - Additional temporary Housing Officer resources applied to speed up lettings process and to complete early sign up of tenants. Up until Mar-24, 60% of all new lettings will be allocated to Temporary Accommodation (TA) occupants to reduce the use and costs of TA. This will be reviewed in Apr-24 to set new level of lettings to TA occupants from Ready to Let (RTL) council dwellings.

• An increase in referrals and the percentage of referrals to children's social care within 12 months of earlier referral:

- There was a substantial increase in the number and proportion of children with a repeat referral during Sept-23 (30.6%). We tend to see an increase during in this period due to children returning to schools following the summer holidays.
- During Sept-23 there were 8 large sibling groups (4+ children) and 10 sibling groups of three that returned to us within 12 months of their previous referral starting.
- o Re-referrals continually tracked and monitored each month.
- Previous interventions reviewed to explore whether the re-referral could have been avoided and to disseminate the learning. These are reviewed by the Head of Service, Team Manager, and the Allocated Worker. The front door is the subject of a 'deep dive' at the next Getting to Good Board as requested by the DfE Commissioner.

• There is a relative low level of take-up of free early years education or childcare for eligible 2year-olds:

- Slough's summer 2023 take-up rate was 54.5%, which is below the target of 65%, and well below the national average of 74%. Ranked 138th nationally and the second lowest rate in South-East region and lowest in Statistical Neighbour group.
- An Early Years strategy in development with partners and stakeholders to create a clear vision and how we intend to achieve our objectives. There is a specific programme of work which aims to increase the participation work including:
 - Sufficient affordable, quality, and inclusive early years and childcare places for all children in Slough no matter what their needs are.
 - Families understand the services available to them and how they can access these.
 - Targeted marketing and communications using information provided from DWP.
 - Raising awareness of the benefits of early education.
 - Brokerage support for identified families, breaking down barriers to participation.

- Increasing the market capacity, offering business and workforce development support.
- A targeted approach to raising awareness of funding entitlements with key partners and stakeholders.
- Number of anti-social behaviour and environmental related service requests open for more than 90 days on the increase:
 - All cases reviewed each month and appropriate action taken. Teams continue to work with Communications and Direct Services Operations (DSO) team to target hotspots for household fly-tipping and are building legal cases for enforcement. Noise nuisance cases can take 4 or 5 months to resolve.
 - Complex cases require investigation and officers to take formal legal action, cases closed at the completion of formal action. This is not necessarily a negative as it's about reaching the right outcome and as our enforcement teams take a more robust stance, we may see an increase in the number of cases taking longer than 90 days.

• Compared to similar period last year, a decrease in the percentage of household waste sent for reuse, recycling or composting and remains well below the 40% target:

- Recycling rates cyclically decline during the winter months due to a reduction in green waste, however the rate in Slough remains low in all seasons.
- We recently increased acceptable materials for recycling. The main source of contamination appeared to be the wrong types of plastics. We now accept plastic food trays etc. This should reduce the number of bins rejected due to contamination resulting in an increase in recyclables.
- Green waste recycling volumes are seasonal therefore we see a reduction in tonnages collect. Volumes increase as the weather improves and people start tending to their gardens.

An increase in missed refuse bin collection per 100,000 and remains above target:

- Refuse bin collection rates declined last month from 38 missed per 100,000 to 43 during Oct-23 and remains above target of 30. This is based over a 5-week period compared to 4 from the previous month.
- The waste collection team is being more robust in rejecting bins that are overloaded or are contaminated. Residents have been recording these as missed but should be referred to as rejected as they do not meet criteria for collection.

Areas of improvement although performance below agreed target:

- Continuous improvements in reducing the average time taken to process new housing benefit claims and changes in circumstances, with new claims now taking 29 days (target 20) and changes 7 days (target 9):
 - The Department of Work and Pensions (DWP) Improvement Team have provided their detailed feedback following their visit from 26th to 29th Sept-23. We are working through their recommendations with a view to adding them to our improvement plan. A session with the DWP and the whole team arranged so that they can present their findings, which include many positive comments and strengths in our delivery.
 - Outstanding work volumes continue to remain in a positive position with 960 outstanding at the end of October.
 - \circ $\;$ The oldest item of work is 11-days old for new and changes.
 - The in-month speed of processing for <u>new claims</u> is 28.67 days, a reduction of 1.41 days from the previous month. The year-to-date average processing time for new claims of 45.41 days improved by 2.42 days.
 - The in-month speed of processing for <u>changes</u> is 6.83 days, which remains below the target of 9-days target and a reduction of 1.23 days from the previous month. The year-to-date average processing time for changes of 15.42 days is reduction of 1.31 days from the previous month.
 - The Council has made a significant investment in automation, and a detailed improvement plan is in place to implement this which will remedy existing issues and help to improve processing times to an acceptable and sustainable level by the end of the financial year. The next major milestone in the project is 08-Nov-23, with the next process to be automated live at the end of the month.

• Improvement in the number of Education, Health, and Care (EHC) Plans finalised within timescale at 41.7% although remains below target:

- An improvement in the number of EHC plans completed within timescale, with 27 EHC Plans finalised during Oct-23, of which 40.7% (11) finalised within the statutory 20 weeks' timeframe however rate remains below target.
- $\circ~$ SEN EHCP target changed from 50 to 35 based on service learning.
- SEN Team actively reducing backlog of late running EHC needs assessments.
- o Draft EHC plans quality assured within the new assessment framework prior to issuing.
- Contracts secured for independent Education Psychologists to fill shortage.
- Training delivered to SEND team in collation of good quality panel submissions.
- Case Officer training provided to ensure high quality information presented to panel, to streamline panel decisions and to allow recording of more detailed decisions and rational.
- Business Support Officers (BSO) allocated to maintain clear records of panel decisions and to ensure improved coordination of advice requests and to inform high quality decision letters. Case officers to access decisions from single location to provide improved communication of decisions to stakeholders.
- All newly agreed assessments prioritised for allocation to ensure timeliness going forward.
- SEND BSO allocated to work with PEP to ensure coordination of backlog cases which require EP assessment. Data tracker and Capita system cross checked against pupil files to identify priority order for outstanding EP assessments.
- Live Case Tracker implemented to ensure clarity and consistency of process recording to run concurrently with Capita allowing for clearer accountability and cross validation of data.

- Capita training program completed with all SEND 0-25 officers and Business Support Officers to ensure all fields completed to promote better data output and reporting.
- All SEND 0-25 Officers involved in weekly training developing quality of EHC plan writing, including writing effective and appropriate outcomes.
- Draft standard operating procedures manual for internal staff and professionals in place. This includes clear indication of roles and responsibilities built into Standard Operating Procedures for consistency of process and accountability.
- Phone system and duty rota overhauled and improved to ensure lines are available for schools and families, and messages responded to promptly. The response target brought in line with the wider education department communication charter response target of 5 working days.
- An improvement in the percentage of children and young people in external residential placements:
 - A reduction in the number and proportion of children in external residential placements, with 9.1% (21 children) during Sept-23.
 - This is the lowest rate over the last 12 months, with the rate at its peak during Apr-23 at 12.3% (31 children).
 - \circ $\,$ We have also seen cost reductions for children who continue to be placed in these types of placements.
 - External Placement Panel review all children in external placements, targeting those specifically in residential care, identifying those that specifically can be placed in fostering placements.
 - This process takes time as sourcing a suitable home for children will need to be completed and appropriately matched based on their needs.

• An improvement in housing repairs due for action however the proportion of housing repairs completed on time remains far below the target of 95%:

- An improvement in the number of housing repairs due for action during Oct-23 however there remains over 2,450 responsive repairs to action.
- Housing repairs completed within timescale at 68% (1,431) remains a major issue for responsive repairs service and well below target of 95%. The high number of damp & mould cases continues to impact the service.
- Repairs successfully completed in one visit at 85% (1,431 repairs) remains consistently above target of 75%.
- The number of complaints outstanding is reducing week on week as more cases resolved.
- Regular management meetings scheduled with senior management to discuss critical issues including complaints. Proposals in discussion to introduce a new approach to working smarter to reduce response times.
- An average turnaround of 26 days for void delivered in the month which is higher than last month due to voids requiring more work.
- \circ $\,$ The refurbishment of the first 3 de-designated blocks at Kennedy House and Allington Court have now completed.
- Redwood House has the final external decorations to complete and some guttering works.
- Work has started on the next refurbishment at Apsley House. The door and window replacement programme and door entry system replacement programmes continue to progress well. Most of the re-roofing programme completed with some capacity left for any urgent replacements needed during the winter.

- The large block roof replacements at Church Street Chalvey completed. Darvills Lane is well underway and Maryside and Chichester Court are due to commence soon.
- An improvement in the council tax in-year collection rate, 0.52% ahead of this time last year although 0.37% below the revised in-year target for Oct-23:
 - The council tax in-year collection rate of 63.78% for Oct-23 is 0.52% ahead of the collection rate achieved this time last year however 0.37% below the Oct-23 target of 64.15%.
 - Targets for the remainder of this year and collection rates from last year adjusted to remove the impact of the 2.05% effect of the Energy Support Fund payments made in Sept-22.
 - To improve collection rates, the team are implementing additional technology that will automate high volume, low value tasks, which will free up resources to focus on collection. Automations including email indexing went live at the beginning of Sep-23 and the programme is due to run until the end of this year. The next automation to go live is Direct Debits, Refunds and Moves-in/Moves out is currently being tested.
 - In addition, the service has invested in technology that will automate outbound text messages, emails and phone calls targeted at accounts already in arrears and those that may move to this stage soon.
 - We have started a project to target almost 3,000 council tax accounts owing a total of £2.8m that have not made any payment so far this year. This will help to drive up the in-year collection.
 - \circ The eventual collection rate remains above 99.6% which is a positive position to be in.
 - We are currently reviewing the Council Tax Support scheme for 2024/25.

• A reduction in high priority audit actions overdue, with 16.4% (9) from audits in 2021/22 and 20.4% (11) from audits in 2022/23:

- 37 internal audit reports issued in 2021/22 (29 assurance and 8 advisory). All internal audit reports have now been finalised (including follow up audits). The overdue actions shared with each department for Department Leadership Teams (DLTs) to consider current position and respond. Work will continue with DLT's to reduce these numbers.
- 28 reports have now been finalised for 2022/23. Progress made on closing actions on the tracker. Evidence of actions completed obtained and quality assured by Internal Audit Manager and retained for use in follow up audits.
- 2 reports finalised for 2023/24. A further 5 reports at draft status subject to further discussion and 4 audits currently at fieldwork stage.
- We are expecting to see the number of actions from prior years to continue to reduce over the coming months with the additional focus from our management teams.

• Customer Services: an improvement in the percentage of calls answered and call waiting times although remains above target:

- An increase in customer service calls answered during Oct-23 at 71.1% (10,135) however performance remains below the current target of 75%. There was a decrease in calls received compared to the previous month and similar period last year.
- The average call wait time reduced to 9mins 01 secs, however above target of under 8mins.
- Customer Services Improvement project team have been working on the following service improvements:
 - Telephone Interactive Voice Response (IVR), changes to IVR approved, business case signed off and awaiting on supplier to implement changes to the IVR platform. Once

changes made, UAT testing will be carried before switching over to the live platform on 01-Dec-23.

- IVR messages recorded in readiness for the IVR implementation.
- Video development for our website and digital channels in progress with comms team, school admission videos rolled out.
- Scan Station promotion poster in development to be displayed at all council access points.
- Bus Pass phase 2 online module explored and developed in readiness for annual renewals during March-24
- Templates for emails/e-forms responses reviewed and updated, work stream now closed.

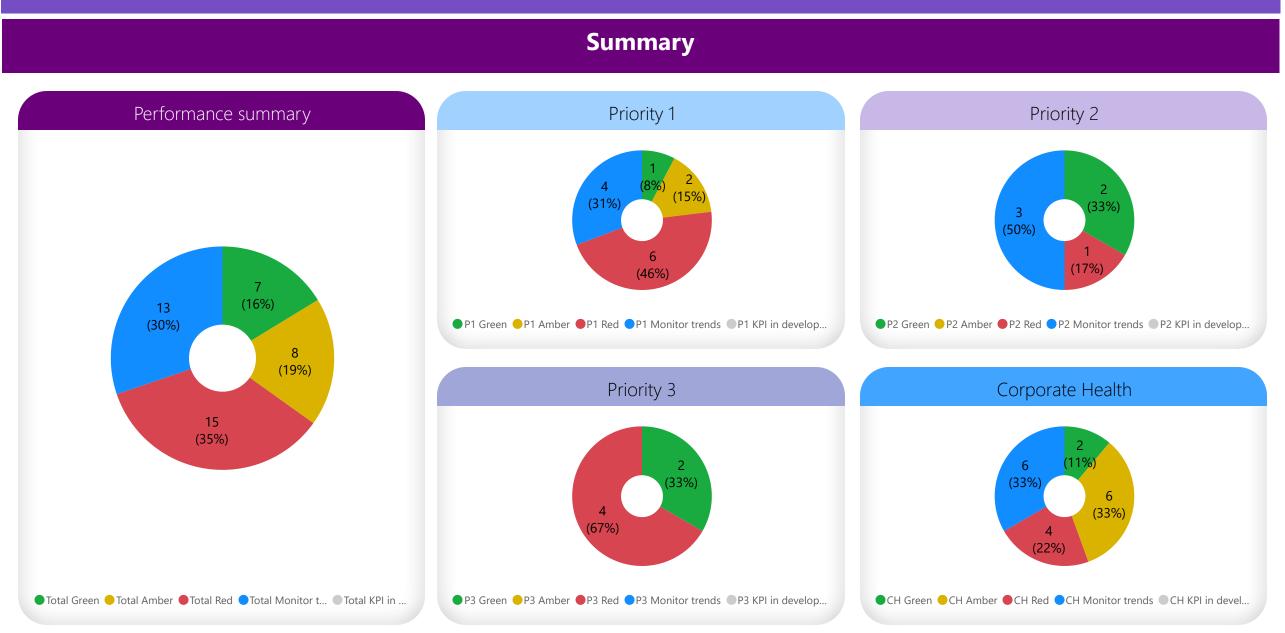
Positive trends:

- An improvement in adults aged between 40-74 offered a health check and higher than regional and national average. 6.6% (2,565) eligible adults offered NHS health checks during Q1 2023/24:
 - During Q1, 6.6% (2,565) eligible population offered an NHS health check in Slough, an improvement from the previous quarter of 2.7% (1,100) and above the national average of 5.6% and South-East average of 4.3%.
 - 1:1 visits of GP practices delivering NHS health checks in Slough to understand barriers and opportunities to improve delivery.
 - Use of data from performance dashboards to map health checks offered at GP practice level to contribute to improvements and share best practise using universal offer combined with a more targeted approach.
 - Liaising with Solutions4Health to better understand their health check offer and exploring opportunities to supplement GP offer and encourage outreach.
- Major and non-major planning applications decisions made within timescale remain high:
 - The number and percentage of major and non-major planning application decisions made within timescales continues to remain high.
 - The percentage of major planning applications decisions made within timescale remains above the national and South-East regional averages.
 - Non-major applications decisions for Q1 improved to 82% and above target however the overall rate remains below the national and South-East regional average.
 - Performance trends actively monitored at management meetings focussing on identifying service improvements to improve service.
- An improvement in the proportion of eligible adults managing their care independently via a direct payment:
 - At the end of Q2 26.6% (325) of eligible adults managing their care independently via a direct payment.
 - Ranked 6th out of 16 LAs in the South-East Association of Directors of Adult Social Services (ADASS) group.
 - \circ This is a result of sustained efforts to promote personal choice and independence for people requiring care in the borough.

• No contract exemptions submitted to procurement review board:

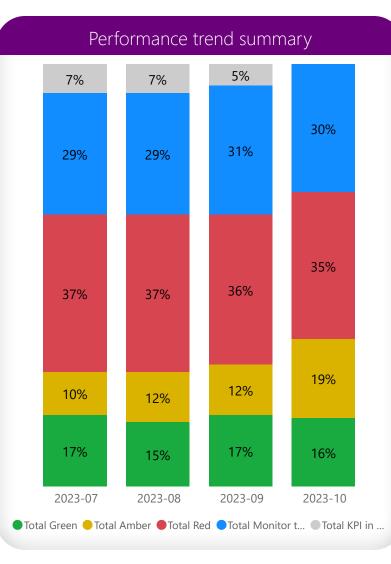
- Exemptions to the council's contract procedure rules shows where good and sufficient reason demonstrated.
 - Red: Whilst the exemption is not in breach of the council's contract procedure rules, better forward planning could have resulted in a competitive process being undertaken. A competitive process must be undertaken before the contract term ends.
 - Amber: Whilst the rationale for the exemption given is good and sufficient, forward planning could have resulted in a competitive process undertaken, and should be undertaken before the contract term ends
 - Green: The rationale for the exemption given is good and sufficient and an exemption is fully justified.
- During Oct-23, no contract exemptions submitted to procurement review board.
- Meetings with Executive Directors and their management teams to review the contract register and procurement pipelines, to ensure there is forward planning to continue to prevent Red and Amber exemptions.
- \circ $\,$ Head of Commercial Services is working with the Procurement Officer to streamline reporting for the meetings.

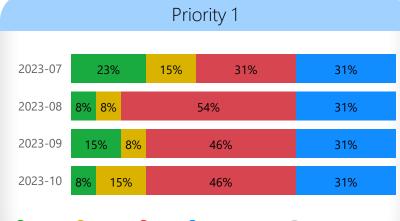




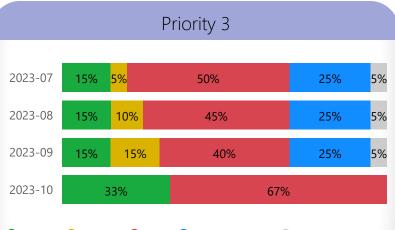


Progress

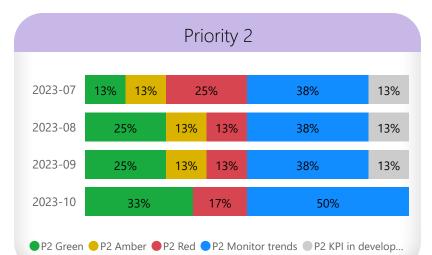




● P1 Green ● P1 Amber ● P1 Red ● P1 Monitor trends ● P1 KPI in develop...



● P3 Green ● P3 Amber ● P3 Red ● P3 Monitor trends ● P3 KPI in develop...



Corporate Health 2023-07 11% 17% 33% 11% 28% 17% 11% 2023-08 17% 28% 28% 2023-09 17% 11% 33% 33% 6% 2023-10 11% 33% 22% 33% ●CH Green ●CH Amber ●CH Red ●CH Monitor trends ●CH KPI in devel...



54.5%

Summer

2023

55.0%

Autumn

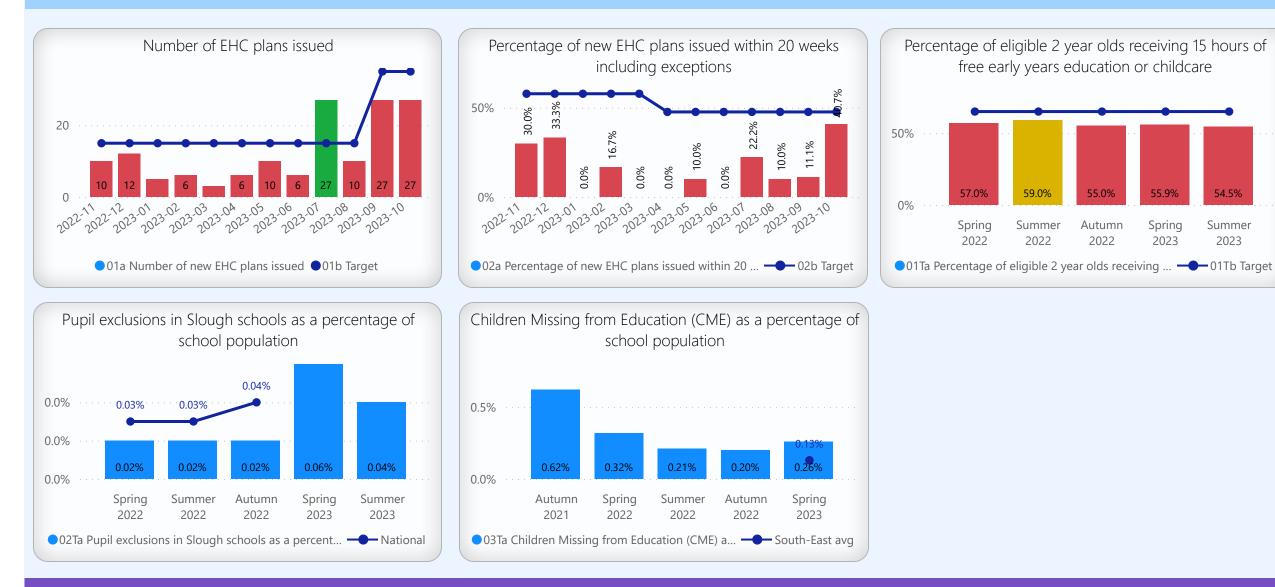
2022

55.9%

Spring

2023

Priority 1: A borough for children and young people to thrive





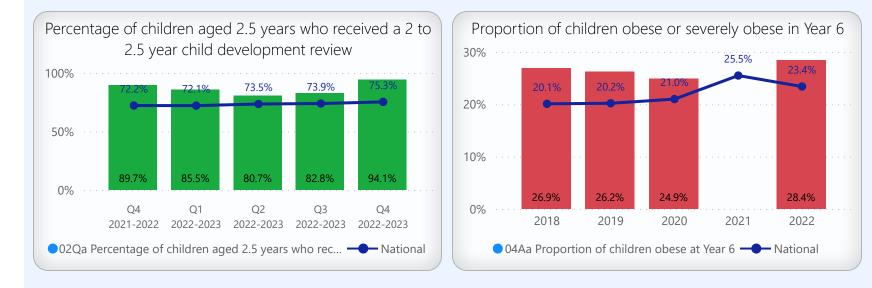


Priority 1: A borough for children and young people to thrive



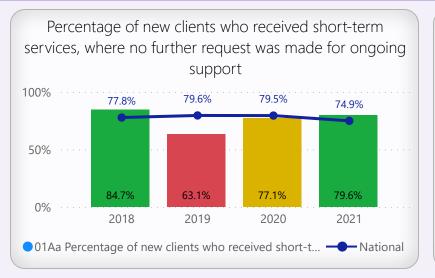


Priority 1: A borough for children and young people to thrive



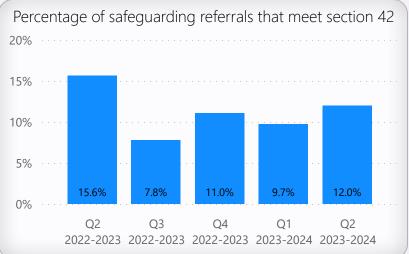


Priority 2: A town where residents can live healthier, safer and more independent lives

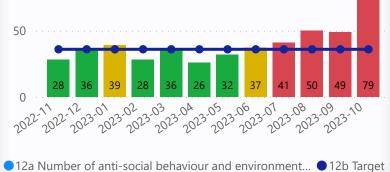


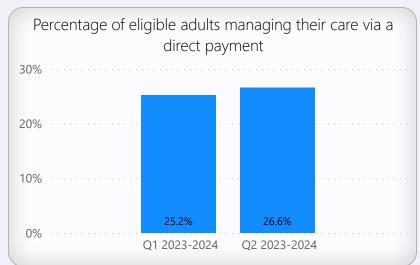
Percentage of care homes in the borough with a Care Quality Commission (CQC) rating of good or outstanding

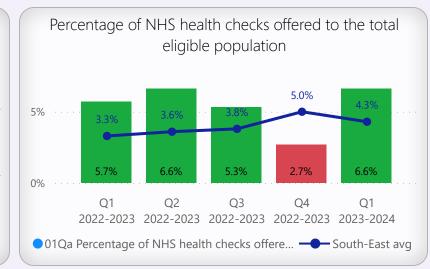




Number of anti-social behaviour and environmental related service requests open for more than 90 days

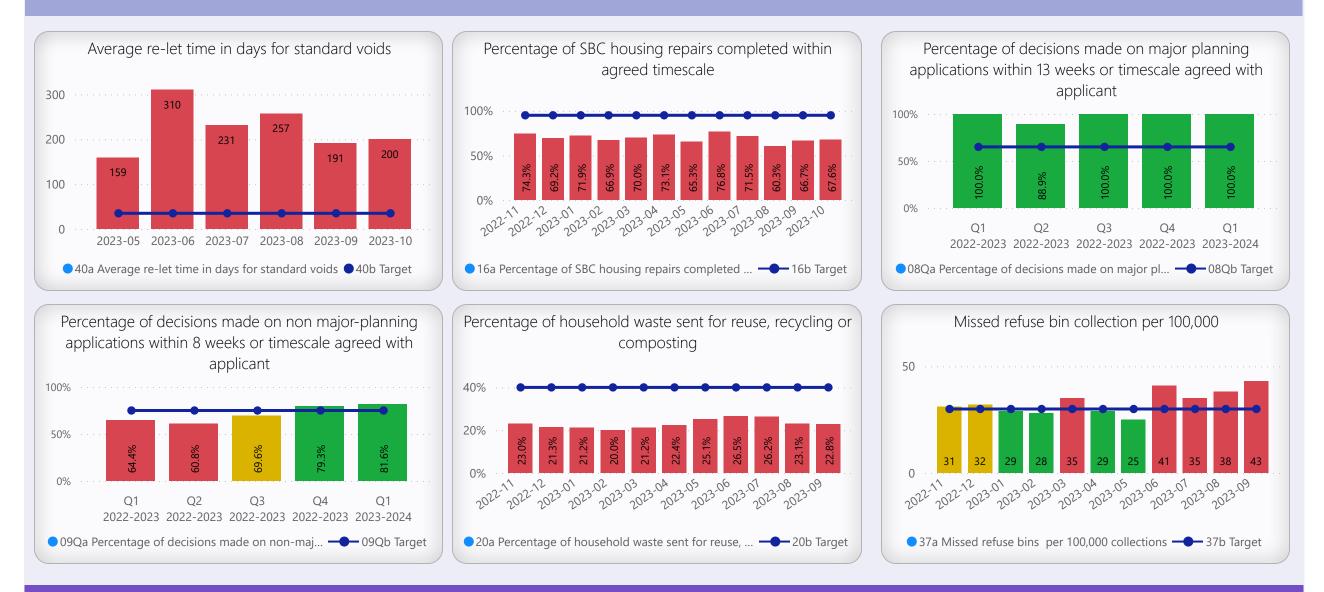








Priority 3: A cleaner, healthier and more prosperous Slough





Corporate Health





0.0%



Corporate Health

2023-09



Corporate Health



Performance Indicator Key

Metric updates this month:

For indicators where the updates are released in the later in the month, these will be reported in the following months report i.e., October figures reported in the November report.

Performance against target:

Where possible the latest monthly performance is compared with an assigned target or a benchmark. Indicators are colour-coded as follows:

| RAG status | Description |
|------------|---|
| Green | Performance is in line with or above in-year target or benchmark |
| Amber | Performance has not been met but is within 10% (unless otherwise stated) of in-year target or benchmark |
| Red | Performance has not been met and is more than 10% (unless otherwise stated) off in- year target or benchmark |
| Blue | Metric in place to monitor trends |
| Grey | Metric is being developed |

Performance indicators are RAG rated as amber if performance is within 10% and red if more than 10% off in-year target or benchmark except for:

- Collection rates for council tax and business rates: these are RAG rated as amber if performance is within 0.5% and red if more than 0.5% off in-year target.
- Total number of homeless households placed in temporary accommodation at the end of the month: RAG rated as amber if performance is within 5% and red if more than 5% off in-year target.
- Children's social care indicators: these are as per agreed with Slough Children's First.

Performance direction of travel:

The *direction* of the arrows shows if performance has improved, declined, or been maintained relative to the previous month, quarter, or year.



performance improved.

performance remained the same.

performance declined.

For example, for overall NEET rate indicator where good performance is low:

- A decline in the NEET rate would have an upwards arrow ↑ as performance has improved in the right direction.
- An increase in the NEET rate would have a downwards arrow Ψ as performance has declined.