




# Appendix 1: P&R Performance Update Report on Requested KPIs

**DRAFT**

*Period: Apr-22 - Dec-22*

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
<b>Housing Repairs and Maintenance - % routine repairs completed on time (within 28 calendar days) [Corporate - council]</b>	%	70.00	54.56	 RED <b>Improving</b>

**Position:**

Between April and December 2022, 54.56% of 13,043 routine repairs were completed on time (within 28 calendar days). This figure is greatly impacted by the number of very old non-urgent jobs (over 3000) being completed in this time, from the back log of jobs that have built up through the pandemic. Performance of new incoming jobs are close to target. 69.5% of the 10,007 jobs issued on or after 1 April 2022 were completed within 28 days, very close to the 70% target. The service has completed an average of 7,125 repairs per quarter (4,348 of which are routine repairs) and answered 16,924 phone calls per quarter during 2022/23 to date. Overall, 1745 more (emergency & routine) repairs were completed in Q3 (8,504 jobs) when compared to Q2 (6759 jobs). The average number of repairs per quarter between 2015 and 2020 when Mears held the contract for repairs was 8,102 repairs per quarter.

Standalone performance for Quarter 3 2022/23 for all routine repairs was 59.01%, which is an improvement on the result of 58.47% during the previous quarter. Routine repairs completed between April and December 2022 took an average of 71 calendar days, and satisfaction with the standard of repair work was 98% (based on 1,880 telephone surveys for completed emergency and routine repairs).

There are currently two systems being used to compile this data as a new Housing Management system is incorporated. Therefore, this data should be treated as the best available approximation at this time.

**Trend:**

- Oct to Dec 2022 – 59.01% of 5,014 repairs
- Jul to Sep 2022 – 58.47% of 4,077 repairs
- Apr to Jun 2022 – 44.86% of 3,952 repairs
- Jan to Mar 2022 – 53.77% of 3,861 repairs
- Oct to Dec 2022 – 63.65% of 3,810 repairs
- July to Sep 2021 – 66.58% of 3,950 repairs
- Apr to Jun 2021 - 69.70% of 4,081 repairs
- Jan to Mar 2021 - 65.90% of 3,902 repairs
- Oct to Dec 2020 – 77.00% of 2,874 repairs
- Jul to Sep 2020 – 71.40% of 2,636 repairs

**Previous year's results:**

- 2021/22: 63.53%
- 2020/21: 70.81%
- 2019/20: 85.71%
- 2018/19: 90.88%
- 2017/18: 91.01%

The target of 70% has been set to improve upon performance during 2021/22.

The Amber value is set at 68%, halfway between 2021/22 performance and target.

**Commentary:**

The Housing Repairs & Maintenance service continues post pandemic recovery and improvement. Customer service measures, including satisfaction with repairs, standard of work and satisfaction with overall customer service are above target and customer satisfaction for completed repairs remains high. While there remains a backlog of repairs resulting from the pandemic, progress on reducing the backlog to pre-pandemic levels is in train. There have been increased pressures in this period owing to


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poor weather and significantly higher levels of reported damp and condensation cases following the tragic Rochdale case.

Although recruitment is challenging, additional resources continue to be recruited to the repairs team to address the backlog of repairs that built-up over the pandemic and sub-contractors have been mobilised to increase capacity. 8 of 10 agreed additional posts have been recruited to and the remaining two will recruited to by March.

Actions:

1. Complete remaining recruitment (Head of Repairs Service, Mar 22)
2. Appointment of further sub-contractor (Head of Repairs Service, Feb 22)

<b>Missed refuse collections per 100,000 collections [Corporate - council]</b>	<b>No.</b>	<b>362.00</b>	<b>510.00</b>	 <b>Improving</b>
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Position:

This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000).

This data relates to the period April 2022 to December 2022 - 509.67 per 100,000 missed collections

Target of 362 is based on achieving 2020/21 performance levels. The amber value is set at 434 which is the 20% above the 2020/21 result. No comparator information is available.

The year to date performance trend is:

Apr to Jun 2019 = 159 per 100,000

Apr to Sep 2019 = 402 per 100,000

Apr to Dec 2019 = 354 per 100,000

Apr to Mar 2020 = 395 per 100,000

Apr to Jun 2020 = 532 per 100,000

Apr to Sep 2020 = 401 per 100,000

Apr to Dec 2020 = 367 per 100,000

Apr to Mar 2021 = 362 per 100,000

Apr to Jun 2021 = 259 per 100,000

Apr to Sep 2021 = 781 per 100,000

Apr to Dec 2021 = 729 per 100,000

Apr to Mar 2022 = 651 per 100,000

Apr to Jun 2022 = 467 per 100,000

Apr to Sep 2022 = 537 per 100,000

Apr to Dec 2022 = 510 per 100,000

(The missed collection statistics do not take account of "lockouts". Lockouts relate to bins that have not been put out or cannot be collected because they are contaminated. Resources are prioritised to deal with service issues, rather than data input. The impact of lockouts on this performance level is not expected to be that large).

Commentary:

A new management structure was implemented in January 2022 to improve performance management and service grip. Whilst new staffing structures take time to embed, there has been an overall reduction in the number of missed collections since the latter end of 2021. Work continues on this.

Additional driver and collection operative posts have also been created. This is another measure to provide greater service resilience.

Cityclean continues to investigate the root cause for addresses that are frequently missed and identify solutions to resolve them. Resolutions include applying for a Traffic Regulation Order for double yellow lines to improve access to a road, a dropped kerb to enable a communal bin to be moved or changes to parking bays. Some roads have been moved to the small collection vehicle where access proves a problem and some roads have been moved to a different collection round.


The collection fleet was expanded in January 2022 to provide a greater pool of spare of vehicles. This is alongside the procurement and upgrades required to deliver the Fleet Strategy.

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Changes to Assisted Collections (AC) are in progress to improve the data relating to ACs and new procedures for how they are managed. A key driver for this activity is to reduce the number of missed ACs.

**Next Steps:**

1. Continue to improve the refuse collections through round audits, changes, reducing sickness absence, ongoing improvement of management grip on the service (Head of Operations, ongoing)
2. Continue to review and find solutions for persistent missed collections. This is done on an ongoing basis – repeated missed collections are logged and analysed in order to find long term solutions (Head of Operations, ongoing)
3. Implement the Fleet Strategy to ensure the efficiency of vehicles and minimise the time that vehicles are off the road (Head of Fleet, ongoing)
4. Deliver the Digital Cityclean Project to enable better communication between the crews, the back-office and residents. Data quality will be improved as will the information provided to residents on their collections (Head of Operations and Head of Strategy & Service Improvement, March 2024)

<b>% of Education, Health &amp; Care Plans (EHCPs) issued within 20 weeks including exceptions [Corporate - council]</b>	<b>%</b>	<b>66.00</b>	<b>50.93</b>	 <b>Improving</b>
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**Position:**

137 of 269 (50.93%) EHC Plans issued between April 2022 and December 2022 met the 20-week timescale when including exceptions. Exceptions are when EHC plan production timescales overlap with school holiday periods, causing delays outside of control within the service.

**Trend**

- Oct to Dec 2022 - 41 of 64 (64.1%)
- July to Sept 2022 – 72 of 123 (58.5%)
- Apr to Jun 2022 - 24 of 82 (29.3%)
- Jan to Mar 2022 – 35 of 51 (68.6%)
- Oct to Dec 2021 - 29 of 45 (64.4%)

2021/22 performance was 192 on time out of 272 (70.6%).  
 2020/21 performance was 159 on time out of 255 (62.4%).

The target is the 2021 calendar year statistical neighbour average of 69.92%. The amber value is set at 55.6%, the 2020 national rate. The national rate result for 2021 was 59.9%.

137 of 245 (55.92%) EHC Plans issued between April and December 2022 met the 20-week timescale when excluding exceptions. This shows slightly better performance than including exceptions and this gives a truer indication of performance as exceptions are outside of the council's control.

Ethnicity: Any Other Mixed Background - 0% on time (0/1); Black - African - 100% on time (2/2); Information Not Yet Obtained (33% on time - 3/9); Kurdish - 0% on time - 0/1); Other Ethnic Group - 100% on time (1/1); Other Mixed Background - 100% on time (1/1); White - British - 67% on time (29/43); White and Black African - 100% on time (2/2); White and Black Caribbean - 67% on time (2/3); White Western European - 100% on time (1/1)  
 Gender: Female - 60% on time (12/20); Male - 66% on time (29/44)

**Commentary:**

While annual performance is still under target it is promising to see that this quarter's performance is recovering and much closer to targeted levels, and above the national average. There has been an unprecedented increase in the number of EHC needs assessments requested this year and this has come at a time when there has been reduced capacity in the SEN support services such as BHISS and Speech and Language Therapy. The SEN team has also had reduced staffing capacity. Other contributing factors included lack of specialist placements available in the city. The service redesign

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outlined below will address capacity issues within the team.

The increased demand is due to a range of circumstances, including the backlog of cases resulting from the pandemic, schools budget pressures and increasing parental awareness of SEN and SEN entitlements. The lack of capacity across support services and within the service is due to a recruitment crisis across the board, including educational psychologists, speech and language therapists, and teaching assistants. The lack of early help and intervention support and SEN support services has meant that cases have been escalated to a statutory level, which is compounding the demand on the SEN services.

There is limited scope to influence changes with the current situation within the service. However, all action that can be taken by the SEN team to drive performance has been agreed and will now implemented. This will directly increase capacity within the teams. Consultation with staff for the staff redesign, which provides added capacity to the team, took place in October and approved to move forward in November, we expect the recruitment to the new structure to be completed by May 2023. Priority 6 of the SEND strategy - SEND sufficiency - is underway which aims to increase the sufficiency of SEND services and provision, which includes opening new facilities and increasing SEND provision in schools. Current and future trend analysis has identified the need to develop additional provision in planning and secondary phases for children and young people who have a primary need relating to a diagnosis of autism or neuro-divergence, including autism and autistic children and young people who have a severe learning difficulty. Schools have been invited to submit an Expression of Interest (EOI) to host a resource provision or satellite provision. A satellite provision is hosted in a mainstream school but staffed and run by a Brighton & Hove maintained special school, with the children on the roll of the special school. A resource provision is run by the mainstream school and staff are employed by the school and the children are on their roll. The EOIs are currently being evaluated by a stakeholder panel that includes parents/carers. We expect to have identified and agreed the schools who will establish the provision by the end of March 2023.

Actions:

1. Implement service redesign and recruit to all required posts (Head of SEN Statutory Service, May 23)
2. Open a 30 place Autism Spectrum Condition (ASC) specialist provision as part of Hill Park (AD HSEND, Sep 23)
3. Award for satellite/resource-based provision reports to be completed and notification letters sent out (AD HSEND, February 2023).
4. Service Level and Partnership Agreements for satellite/resource-based provision set up (AD HSEND, March 2023)

<b>Safeguarding Adults: Percentage of those able to express desired outcomes who Fully or Partially Achieved their desired outcomes [Corporate - council]</b>	%	<b>91.30</b>	<b>81.52</b>	 <b>Improving</b>
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Position:

Between April and December 2022, the percentage of people with concluded safeguarding enquiries (S42 and non-S42) able to express desired outcomes who Fully or Partially Achieved their desired outcome was 81.52% a slight improvement on April to September 2022, which was 81.12%. A total of 503 people from 617 people with concluded safeguarding enquiries where Making Safeguarding Personal (MSP) questions have been asked and outcomes were expressed.

Due to age and health of this cohort there are sadly some people who will have unrelatedly deceased before their expressed outcomes can be met. Excluding those deceased from the figures for the year to date, 84.02% achieved their desired outcome.

Trend (using Eclipse data):

October to December 2022 = 81.00% (226/279 people) - 83.47% with deceased excluded  
 July to September 2022 = 82.16% (152/185 people) - 84.85% with deceased excluded  
 April to June 2022 = 81.70% (125/153 people) - 84.03% with deceased excluded

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Previous trend (using CareFirst data – previous casework management system).

Annual 2021/22: 91.34%

Annual 2020/21: 94.7%

Please note: CareFirst data was recorded slightly differently and excludes some case types which are now included in Eclipse reporting. This means that the results for these periods will appear inflated compared to current levels. The methodology used for calculating the KPI has not changed, but a decision was agreed for this financial year that Eclipse will record ALL safeguarding enquiries as having desired outcomes expressed and, therefore, should be included in the denominator for this KPI. Whereas previously with CareFirst it was possible to record safeguarding enquiries as not having desired outcomes expressed which were excluded from the denominator.

The target of 91.3% is set to maintain 2021/22 performance, as this result was higher than the CIPFA average of 89.4%. The amber threshold was set at 2% below the CIPFA average at 87.4%. However, it is recognised that the CIPFA average is not quite in line with current reporting and the target is likely to have been set higher than can be realistically met by the service. There is not a better target to propose to use currently, but it will be possible to set a more appropriate target next year when a full year of Eclipse based data is available. Further analysis has also shown that the CIPFA average does not compare well to Brighton and Hove performance. The data sets that make up this information are taken from voluntary submissions and are not submitted consistently. Work is currently taking place to calculate a more meaningful benchmark using the local authority data that is available.

Year to date demographic breakdown for safeguarding enquiries made:

- 309 Females (61%), 190 Males (38%)

- 361 White (72%); 130 Unknown Ethnicity (26%); 3 Black (1%); 4 Asian (1%), 3 Mixed (1%), 2 other ethnic group (>1%).

- 35 aged 18-64 (7%), 225 aged 25-64 (45%), 155 aged 65-84 (31%), 86 aged 85+ (17%), 2 unknown (>1%).

Commentary:

Performance is below target, however it is apparent that the target set is not set quite correctly. Changes in recording practice this year have meant that the figures being reported are lower than last year and the target is based on the levels being reported last year. In practice the service is confident that performance is good. There is a solid understanding of individual safeguarding enquiries, and confidence in how they are being reported and recorded. Oversight is in place and most cases where outcomes are not met are not within council control - generally, either cases where individuals that can't or will not engage with social services or people that have passed away before further action can be taken.

The key change in recording practice this year is that a decision was taken that ALL cases should have outcomes expressed. It was felt that all safeguarding enquiries should include outcomes for enquiry subjects determined and therefore the option to record a case where no outcomes has been removed, in line with the implementation of the new casework management system Eclipse. This has had a knock-on effect of making performance look like it is declining, however as outlined above, when reviewing cases performance is much the same in practice and considered to be performing well. In addition to this there is now greater recording capability of the cases where outcomes were not met improving the breadth of information available.

Oversight and governance of this area continues through the Performance Board (quarterly) and feeds into the quarterly social work practice audit and Practice Development and Assurance Board (PDAB). In addition, educational work has been completed with operational teams to raise awareness of the performance indicator and increased recording requirements within the outcomes area of our eclipse database recording, embedding the strengthening of detail available to the service.

Actions:

1. Operational social work teams to continue to records outcomes accurately using Eclipse (Ongoing,

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Safeguarding Adults Lead, Performance Lead)				
2. Cases where outcomes are not met audited each quarter and shared with DMTs and Operational Teams and appropriate performance boards across the directorate (Ongoing, Safeguarding Adults Lead, Performance Lead)				

