

CORPORATE IMPROVEMENT BOARD

**Venue: Town Hall, Moorgate
Street, Rotherham.**

Date: Monday, 23 November 2009

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Minutes of the previous meeting held on 14th September, 2009 (herewith) (Pages 1 - 2)
4. Update on Children's Services (report herewith as submitted to Cabinet Member for CYPS on 18th November, 2009) (Pages 3 - 19)
5. Review of Approach to Performance Clinics and Revised Draft Guidance (report herewith) (Pages 20 - 34)
6. Comprehensive Area Assessment Update (Matt Gladstone to report)

CORPORATE IMPROVEMENT BOARD
14th September, 2009

Present:- Councillor Sharman (in the Chair); Councillors Austen, S. Wright and Wyatt.

Apologies for absence were received from Councillors Sangster and Whelbourn.

7. MINUTES

Resolved:- That the minutes of the meeting held on 6th July, 2009 be approved as a correct record.

8. ANNUAL UNANNOUNCED INSPECTION OF CONTACT, REFERRAL AND ASSESSMENT ARRANGEMENTS WITHIN LOCAL AUTHORITY CHILDREN'S SERVICES

Deborah Johnson, Performance Manager, presented the submitted correspondence from Ofsted and document relating to the above. The inspection, carried out under Section 138 of the Education and Inspections Act 2006, sampled the quality and effectiveness of contact, referral and assessment arrangements and their impact on minimising the incidence of child abuse and neglect.

The inspection contributed to Ofsted's annual review of the performance of the Authority's children's services, for which they would award a rating later in the year and feed into Rotherham's CAA organisational score.

The inspection identified three areas for priority action and a number of areas for development. A draft action plan was submitted.

Discussion and a question and answer session ensued and the following issues were covered:-

- timeframes in relation to areas for priority action and areas for development
- utilisation of social work time
- budget issues
- use of agency staff
- increased demand on services
- recruitment and retention of social workers
- development of locality boards
- identifiable problems

Resolved:- (1) That the information be noted.

(2) That a comprehensive progress report, incorporating financial and staffing issues, be submitted in two months.

9. USE OF RESOURCES UPDATE

Stuart Booth, Director of Central Finance, updated the meeting on the latest position, regarding the Use of Resources scores, indicating that the final outcomes had not yet been received.

Indicative scores had been moderated and resubmitted by the Audit Commission.

The difficulties of achieving level 4 scores were highlighted.

Resolved:- That the information be noted.

10. COMPREHENSIVE AREA ASSESSMENT UPDATE

Matt Gladstone, Assistant Chief Executive, presented the submitted report which gave a brief overview of the work undertaken to date and highlighted further key timescales for the assessment process in accordance with national timescales.

The Comprehensive Area Assessment (CAA) Framework officially became effective from 1st April, 2009.

The report covered:-

- What has been done?
- Update Area Assessment
- Area Assessment Issues
- Update Organisational Assessment
- CAA Timescales

Discussion and a question and answer session ensued and the following issues were covered:-

- Assessment timescales
- CAA lead : feedback issues
- financial implications

Resolved:- That the information be noted.

11. NEXT MEETING

Resolved:- That the next meeting be held on Monday, 23rd November, 2009 at 10.00 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Children and Young People's Services Cabinet Member and Advisers
2.	Date:	18 th November 2009
3.	Title:	CYPS Improvement Plan – October Highlight Report
4.	Directorate:	Children & Young People's Service

5. Summary:

The CYPS Improvement Plan summary is attached at Appendix A. Detailed regular monitoring takes place against a number of actions across several themes.

The full improvement plan has been formatted to ensure accuracy in tracking the achievements made in the monitoring period and the calculation of actions completed.

Also attached, at Appendix B, is the highlight report for October. This details the items achieved during that month, overdue items and the items planned for the forthcoming month. Risks and Issues of concerns are also illustrated.

6. Recommendations:

- (a) That the Cabinet Member receives this report.**
- (b) That the Cabinet Member notes the progress being made in the Improvement Plan.**
- (c) That the Cabinet Member approves that the report and improvement plan are submitted to the Children's Board on 9th December 2009.**
- (d) That the Cabinet Member approves that this report and the improvement plan are referred to a future meeting of the CYPS Scrutiny Panel.**

7. Proposals and Details:

The CYPS Improvement Plan summary is attached at Appendix A. Detailed regular monitoring takes place against a number of actions across several themes.

The full improvement plan has been formatted to ensure accuracy in tracking the achievements made in the monitoring period and the calculation of actions completed.

Also attached, at Appendix B, is the highlight report for October. This details the items achieved during that month, together with the items planned for the forthcoming month. Issues of concerns are also illustrated.

The highlight report demonstrates the key achievements during the last month, provides an illustration of the actions nearing completion, and demonstrates that of the 181 actions 58.56% are now completed.

Total Actions	Completed	Not Yet Completed	Partially Completed	Completion Status Not Known
181	106	29	46	0
100%	58.56%	16.02%	25.41%	0.00%

8. Finance:

A number of actions contained within the Improvement Plan have significant financial implications and these are subject to separate reports. There are a small number of actions that refer to value for money reviews which are currently taking place. The outcomes of these will also be reported separately and will feed into the annual budget setting priorities.

9. Risks and Uncertainties:

There are a number of risks associated with the Improvement Plan. Where these are significant, they are being fed into the CYPS risk register. Mitigating actions include developing and monitoring a Programme Plan which includes a series of Projects associated with the change management process. The actions identified in the improvement plan will be incorporated into the relevant project.

10. Policy and Performance Agenda Implications:

The Annual Performance Assessment 2008 result was the trigger for the CYPS Review, which was commissioned jointly by the Council and NHS Rotherham. A number of recommendations arose from this review.

On 4th and 5th August, CYPS received an unannounced inspection of its Contact, Referral and Assessment service. The inspection confirmed many issues related to performance, caseload and capacity, quality assurance and described staff as being overwhelmed. Ofsted's recommendation was that we should take immediate action to address the issues raised in order to prevent further decline in service performance, quality and capacity. Failure to address the issues would render the service unsafe and would trigger a full Safeguarding Inspection, which in turn would impact on the CYPS Comprehensive Area Assessment (CAA), the Council's CAA and could lead to external intervention.

11. Background Papers and Consultation:

- APA 2008 – Ofsted December 2008
- Ofsted Inspection - Contact, Referral and Assessment, 4th and 5th August 2009
- Children First Review and Resource Benchmarking – January to June 2009
- CYPS Review Improvement Plan
- Comprehensive Area Assessment

Contact Name :

Julie Westwood, Director of Resources, Planning and Performance; Children and Young People's Service. Telephone 01709 822572, email:
julie.westwood@rotherham.gov.uk

Children & Young People's Services Improvement Panel – Action Plan
Overall Completion Status **2nd November 2009**

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
181	106	29	46	0
	58.56%	16.02%	25.41%	0.00%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	117	91	6	20	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	44	12	12	20	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	20	3	11	6	0

1. Management arrangements in terms of structure, leadership, capacity and decision making throughout the service

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
20	7	1	12	0
	35%	5%	60%	0%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	16	7	0	9	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	4	0	1	3	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	0	0	0	0	0

2. Resource management in terms of workforce, financial and asset utilisation/management.

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
46	29	6	11	0
	63%	13%	24%	0%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	31	28	0	3	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	4	1	1	2	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	11	0	5	6	0

3. Safeguarding arrangements to ensure that sound and safe practices are in place to protect vulnerable children and young people.

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
44	31	6	7	0
	70%	14%	16%	0%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	32	28	2	2	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	11	3	3	5	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	1	0	1	0	0

4. Performance management arrangements and a review of actual performance compared to other authorities

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
43	19	9	15	0
	44%	21%	35%	0%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	23	17	1	5	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	18	2	6	10	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	2	0	2	0	0

5. Future direction of the service and the quality of existing and proposed partnership arrangements for integrating services

TOTAL ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
28	20	7	1	0
	71%	25%	4%	0%

Actions as at October 2009	ACTIONS	COMPLETED	NOT COMPLETED	PARTIALLY COMPLETED	COMPLETION STATUS NOT KNOWN
Priority 1 Actions to be completed by October 2009	15	11	3	1	0
Priority 2 Actions to be completed between 1st November and 31st December 2009	7	6	1	0	0
Priority 3 Actions to be completed between 1st January and 31st March 2010	6	3	3	0	0

Completed in October	Planned for November
<ul style="list-style-type: none"> • Directors have clearly defined targets • Value for Money Panel • Analysis of School Improvement Budget • Analysis of Schools Budget • Resource strategy for TRL presented to Schools Forum • Review strategic management of Early Years and Childcare • Recruit an SE Advisor for KS1 • Focus on CLL for KS1 • Focus on barriers to learning fore lowest achieving 20% • Improved KS1 points score by 6.4% • Narrowed the gap between the lowest 20% FSP by 8.7% • Improved reading & writing at KS1 L2 • Secured funding for Inspire Rotherham literacy and language project • Sharpened the focus on More Able and Underachieving schools • Reduced proportion of schools performing under floor targets • 1.5% reduction in Persistent Absence in Secondary • EWOs linked to Localities • Random samples of supervisions and PDRs in localities • Implement locality P&Q Framework 	<ul style="list-style-type: none"> • Completion of ICHIS Project for CYPS Directory • 2nd Value for Money Panel • Report of school improvement support budget and standards agenda • Produce review report of decisions to place children in a residential home outside the registration criteria • Refresher awareness raising with managers and staff related to their performance and accountabilities • Reports to DLT on outcomes of supervision and PDR Audits of Directors and Locality Services • Revise the schedule of Joint Commissioning activity
Overdue Actions	Risks and Issues
<ul style="list-style-type: none"> • Review of funding for Court Cases • Audit of current interpretation services and their effectiveness • Audits of supervision and caseloads • Review of all NFA cases since April 2009 • Review of thresholds being applied • Address capacity issues due to high caseloads* • Report on findings from audit of application of the locality P&Q Framework • Ensure timely and accurate data input 	<ul style="list-style-type: none"> • KS2 L4 Maths and Science deteriorated by 0.2% • Narrowing the boys/girls gap at KS2 L4 in English and Maths – performance declined but gap narrowed by 0.1% • 0.6% deterioration in performance in relation to reducing absence in Secondary schools • Teenage conception remains 19.8 % higher than target rate • Inability to address caseloads without additional financial resource • Delays in overdue quality assurance activity

* Dependent upon outcomes of the Value for Money Review

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
				Baseline	Targets			
1. Key Outcomes								
Significantly improve key indicators in line with Statistical Neighbours and top band performers to evidence outcomes in relation to social care	NI 59 - Increase the % of initial assessments for children's social care carried out within 7 working days of referral from the 2008/09 baseline in line with current statistical neighbour average/top band performance (high is good performance)	1	Outturn available March 2010	77.8% (2008/09) (1767/2270)	80%	Lyn Burns	Current performance on Pplus 73% (26.10.09) (826/1128)	
	NI 60 - Increase the % of core assessments for children's social care carried out within 35 working days of their commencement from the 2008/09 baseline in line with the current statistical neighbour average/top band performance (high is good performance)	1	Outturn available March 2010	84.9% (2008/09) (276/325)	86.5%	Lyn Burns	Current performance on Pplus 64% (26.10.09) (96/149)	
	NI 68 - Increase the % of referrals of children in need to children's social care going onto initial assessment in line with the current statistical neighbour average/top band performance (mid range is good performance)	1	Outturn available March 2010	57% (2008/09) (2270/3940)	65%	Lyn Burns	Current performance on Pplus 58.7% (26.10.09) (1128/1921)	
	NI 65 - Reduce the number of children becoming the subject of a Child Protection Plan for a second or subsequent time to ensure performance is not in the bottom quartile/top band performance (low is good performance)	1	Outturn available March 2010	10.6% (2008/09) (34/322)	7% (Good performance 10-15%)	Lyn Burns	Current performance on Pplus - 6.8% (26.10.09) (12/176)	

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
2. Social Work Process and Practice								
Review the process for referrals to children's social care in line with best practice, so that all partner agencies, including schools are clear when they need to refer and the process for doing so whilst ensuring the targets for initial and core assessments are met and quality is high	Conduct Business Process re-engineering exercise on current practices in relation to Assessments and Referrals in line with best practice to enhance performance	2	December 2009	Work not commenced	Target to be determined	John Dunn, RBT		
	Ensure quality assurance of the recording of work to ensure that all assessments are of a consistently high standard and in compliance with current policy	2	Ongoing	Each Team Manager audits 3 files per month as per guidance. Locality Managers to audit 3 files per month and 5 NFA Audits	100% compliance with the policy	Lyn Burns	How many files audited in October 2009 out of a possible xx check date	
	Conduct a review on all NFA cases to quality assure the high level of 'no further action' decisions being taken	1	November 2009	2515 Contacts 206 Referrals (2008/09) (26.10.09)	Target to be determined	Lyn Burns		
	CAF - Implement recommendations of the position statement presented to DLT in August 2009. Re-establish CAF training and explore delivery of Ecaf, establish CAF Panels in all Localities, develop robust performance management systems to monitor implementation, compliance and review of CAF	1	January 2010			Simon Perry		
	Update Multi Agency Safe & Well Protocol and Practice Guidance and implement high profile re-launch to ensure consistency in Thresholds for intervention across all agencies.	1	December 2009	Original Safe and Well Protocol launched in 2006. Revised and relaunched to address inconsistencies in application of thresholds.		Catherine Hall / Angie Heal	Currently being updated. Draft update to be endorsed by RSCB Policy and Procedure Group on 13th November 2009. To be ratified by RSCB on xx December.	
3. Leadership and Management / Capacity Building / Support								

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
Build capacity and capability to deliver and sustain improvement	Obtain external funding from Regional Improvement Efficiency Programme/DCSF including sector led expertise as required	2	December 2009	No funding agreed	Funding obtained and apportioned	Matthew Gladstone		
	Permanent Safeguarding Manager to be in post	3	February 2010	1 individual working 2 days a week conducting safeguarding manager duties	Safeguarding Manager in post	Joyce Thacker		
	Director of Children's Services holds monthly 1:1 challenge meetings with each Service Director covering all aspects of performance	1	December 2009	Monthly supervisions currently in place	12 challenge meetings per year per director	Joyce Thacker		
	Ensure all staff in CYPS have intensive induction particularly around roles, responsibilities and expectations commensurate with their post.	2	December 2009			Lyn Burns/ Warren Carratt		
4. Performance Management								
Strengthen Performance Management arrangements in line with Corporate Strategy	All case notes to be inputted onto the system within 7 days	2	December 2009	Baseline required	100% of case notes to be inputted within 7 days	Lyn Burns		
	Ensure that accountabilities for each individual are being reinforced through consistently applied PDR's	2	December 2009	Baseline to be determined	90% of PDR's examined which were satisfactory	Julie Westwood/ Warren Carratt		

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
	Conduct robust quality assurance checks on information systems to ensure that contacts, referrals and the status of investigations, assessments and plans are up to date	1	November 2009	Baseline to be determined	% of monthly supervision checks conducted - 100% Number and % of adequate data quality checks conducted - 100%	Lyn Burns		
	Conduct a minimum of 2 mock unannounced inspections, in line with the Ofsted criteria per quarter	2	Ongoing	0	Minimum of 2 mock inspections per quarter to have been conducted	Julie Westwood/Lyn Burns		
Improve Annual Children's Service Scores Profile to Performing well by 2011 through implementation of all outstanding recommendations and improvement of inspection scores to good or better	Assess the current position position in relation to all outstanding external inspection recommendations including all those listed in CAA Blocks A and B	1	November 2009	Number of outstanding recommendations from all inspections not yet determined this work is currently being undertaken	TBD once baseline is established	Julie Westwood		
	Introduce robust monthly monitoring arrangements to ensure implementation of all outstanding inspection recommendations from all inspections in original timescales	2	December 2009	A number of inspection recommendations from key inspections are being monitored	90% of recommendations met in original timescale 12 reports per year	Julie Westwood		
	Improve CYP Performance Profile rating for Block A by increasing % of providers rated "good or better"	2	June 2010	Performing Poorly (bottom band for both PRU and Children's Homes) 54.9%	Performing well (65% - 79% categorised as outstanding or good)	Julie Westwood		
	Improve CYP Performance Profile rating for Block B by: Ensuring majority of inspected scores are rated "good or better"	2	May 2010	Fostering - Satisfactory SCR's 2/4 judged inadequate	Fostering - Good All future SCR rated adequate or better	Julie Westwood		

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
	Ensure implementation of Unannounced inspection recommendations	1	December 2009	TBC by CYPS	100% implemented	Lyn Burns		
	Ensure quarterly reporting on the Children's Services Performance Profile on their release clearly outlining areas of risk and potential impact	2	Ongoing	Report on Quarter 2 profile prepared	4 reports per year and improvement in each service block	Julie Westwood		
Implement all the recommendations arising from the Children's First review undertaken using the DCSF Improvement Framework	Introduce robust monthly monitoring arrangements to ensure implementation of all outstanding review recommendations in original timescales	1	December 2009	Baseline to be determined	100% of recommendations implemented	Julie Westwood		
5. Safeguarding								
Achieve a minimum score of "good" for any forthcoming Safeguarding Inspection	Conduct a self assessment using the Safeguarding Inspection Criteria to identify any areas for development prior to inspection	1	November 2009	Initial work started	Assessment completed and approved	Lyn Burns / All Managers / Performance and Quality		
	Improve quality of serious case reviews to ensure all judged adequate or better	1	Ongoing	Two of Four judged inadequate	All future SCR's to be rated good or better	Lynn Burns		
	Ensure that the regulatory requirements for children's homes are met to reduce number of inadequate judgements	1	December 2009	1 - St Edmunds	No inadequate children's homes	Lyn Burns		
	Introduce monthly safeguarding report card to CYP Directorate Leadership Team, Corporate Management Team, Safeguarding Board and Children and Young People's Board.	1	November 2009	Not in place	12 reports per year	Julie Westwood		

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures	Lead	Update	Comp Y/N
6. Finance							
Strengthen financial management arrangements to ensure they are fit for purpose and financial targets 09/10 are met	Tackle the existing overspend in Directorate (particularly Social Care)	1	March 2010	£4.5m overspend	Corporate Variance on target 2% +/-	Joyce Thacker	
	Address the underfunding issues in Social Care and School Effectiveness Service	2	March 2010	In 2007/08 the gap was £8.3m	Close the gap against statistical neighbours average spend in Social Care	Joyce Thacker	
7. Recruitment and Retention							
Increase the capacity of social carers to ensure effective services to safeguard vulnerable children	Reduce the vacancy rate of qualified social workers from the 2008/09 baseline to meet the statistical neighbour average	3	March 2010	31% (22.3)	Within 10% vacancy of the 76.9 fte social workers	Lyn Burns	
	Increase the number of foster carers by 30	2	December 2009	126 (January 2009)	156	Lyn Burns	
	Reduce the over reliance on agency staff	3	March 2010	2009/10 spend to date = £494,737.55 (6 months)	Target to be determined	Lyn Burns	
	Increase the number of additional administrative resources within the Directorate to free up time of social workers and assess impact to inform future budgets	2	December 2009	7 additional admin staff transferred into the Directorate to provide support	Impact Assessment completed	Julie Westwood	
	Reduce the vacancy rate of team managers from the 2008/09 baseline to meet the statistical neighbour average	3	March 2010	43% (6)	Within 5% vacancy level of the 14 Team Managers	Lyn Burns	
8. ICT							

Children's Improvement Plan - 2009/10: Immediate High Priority Actions

Objective	Key Actions	Priority	Target Date	Measures		Lead	Update	Comp Y/N
Improve information systems to enable social workers/managers to process and access assessments and plans and transfer of case information on vulnerable children in a timely, accurate manner.	Increase email 'in box' capacity for managers	1	November 2009	Establish exact issues to address	Resolve Issues	Julie Westwood	Capacity was affected by large size of performance reports. Reports are now placed on ePortal for managers to access. Inbox capacity is therefore adequate.	Y
	Investigate approach to agile working: ratio of equipment/use of tablets/laptops/home work	2	December 2009			RBT		

ROTHERHAM BOROUGH COUNCIL – REPORT TO CORPORATE IMPROVEMENT BOARD
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1.	Meeting:	Corporate Improvement Board
2.	Date:	23 rd November 2009
3.	Title:	Review of Approach to Performance Clinics & Revised Draft Guidance
4.	Directorate:	All

5. Summary

This report presents the draft guidance in relation to the Council's approach to performance clinics which has recently been reviewed and revised.

6. Recommendations

Corporate Improvement Board is asked to:

- At the request of the Deputy Leader consider the draft revised guidance and agree that it is implemented with effect from December 2009.
- Note that the CMT have been made aware of the proposed changes to the guidance in the Quarter 2 performance report presented on the 16th November 2009.

7. Proposals and Details

Performance clinics have become a fundamental aspect of challenging and improving the performance of the authority over the past few years, however it was felt that the approach should be reviewed and the guidance revised to ensure that it was still fit for purpose.

The review, undertaken during summer and autumn 2009, saw the Corporate Performance and Quality Team consult with the Deputy Leader, the Performance Management Group and representatives from Neighbourhoods and Adult Services on the authority's approach to performance clinics and how this could be revised to ensure a consistent corporate style and a standardised format for corporate performance clinics and to guarantee that they offered the same, if not an enhanced, aspect of challenge and action planning for future improvement.

The consultation highlighted that people found the performance clinic regime extremely beneficial, however it was felt that there was a need to focus on strengthening the following areas within the guidance:

- The need for any type of clinic (Corporate/Directorate/Partnership) to be reported to the Chief Executives Performance & Quality Team
- Clear cancellation process
- The need for pre-clinic preparation
- Clear performance focussed briefings published for Corporate Performance Clinic Chair
- Identify clear reasons for corporate performance clinics

As a result the guidance has been revised and now focuses on the areas outlined below, giving clear direction and instruction on the performance clinic regime in its entirety.

1) Overview

- Aims of Performance Clinics
- Different Types of Performance Clinic
- Reasons Why a Performance Clinic is Called

2) Attending a Performance Clinic

- What Happens at the Clinic?
- What Happens After the Clinic?

3) Cancelling Corporate Performance Clinics

4) Further Information & Supporting Documents

- Planning & Co-ordinating a Corporate Performance Clinic
- Preparing for a Corporate Performance Clinic
- Corporate Performance Clinic Briefing Paper Template
- Corporate Performance Clinic Agenda Template
- Corporate Performance Clinic Timescales

The guidance and supporting documents can be found in Appendix A and supporting documents A - F.

8. Finance

There are no financial implications with regards to changes outlined within this guidance.

9. Risks and Uncertainties

There are no significant risks to RMBC with regards to changes outlined within this guidance.

10. Policy and Performance Agenda Implications

Addressing and challenging poorly performing indicators is a fundamental aspect RMBC's improvement drive..

11. Background Papers and Consultation

Draft revised performance clinic guidance and supporting documents - Appendix A and supporting documents A - F.

Contact Name:

Laura Brown, Corporate Improvement Officer, ext: 54422

Overview

It is vital to regularly review and assess the authority's performance against objectives and targets. Currently this is highlighted through the quarterly performance reporting regime and also at a directorate level through various reporting mechanisms. The Council's Performance Management Framework identifies the use of performance clinics as means of addressing poor performance and developing appropriate action plans to tackle any particular issues which may impede improvement.

Aims of Performance Clinics

Performance clinics aim to:

- enhance the role of managers in driving the improvement and management of key performance indicators;
- reinforce accountability of managers and staff in achieving continuous improvement;
- assess and remedy poor performance;
- provide a vehicle for driving improvement to meet our strategic priorities;
- create ownership and accountability for performance management and service improvement.

It should be noted that performance clinics traditionally focus on poor performance; however they can be used to stretch performance levels of good performance.

Different Types of Performance Clinic

There are three different types of performance clinics, these are highlighted below.

1. Directorate Performance Clinic

These are managed and carried out by Directorates themselves, they focus predominantly on improvement at an operational level, for example:

- Existing action plans and remedial plans
- Directorate actions to enhance performance
- Reallocation of resources
- Business processes i.e. Removing blockages in systems or inefficiencies in systems
- Data quality
- Directorate or operational policies

Outcomes and action plans are fed into and reported via corporate performance report on a quarterly basis.

2. Corporate Performance Clinics

Corporate performance clinics are set up and managed by the Corporate Performance & Quality Team and are called as a result of one of the reasons outlined in the section entitled "Reasons why a performance clinic is called"

Outcomes and action plans are fed into and reported via corporate performance report on a quarterly basis.

3. Partnership Performance Clinics

Partnership clinics are set up at the request of the council or partners or as a result of the Local Strategic Partnership's (LSP's) performance reporting framework. They are particularly useful in exploring the added value that can be obtained through joint working by partners.

The focus on such clinics includes:

- Resources available to deliver against targets
- Inter/intra partner actions to enhance performance
- Removing barriers to enhancing performance at a strategic level
- Local or government policy issues

Partnership clinics are planned by the LSP. Details of all partnership performance clinics, including focus, dates, arrangements, agenda items and outcomes should be reported to the Corporate Performance & Quality Team.

Reasons Why a Performance Clinic is Called

Corporate Performance Clinics are called as a result of one or more of the reasons outlined below.

1. Directorate Concern

2. Corporate Concern

- Position against target
- Quarterly performance report
- High risk indicator – LAA / Corporate Plan / Key aspect of strategy or plan (E.g. Health Strategy)
- Resource Issue
- Inspections
- Complaints

3. Ad-hoc requests from:

- Chief Executive
- Assistant Chief Executive
- Cabinet
- PSOC
- Chief Executives Policy Team

The reason for a clinic along with a detailed rationale will be highlighted to all parties involved when the clinic is being arranged.

Attending a Performance Clinic

What Happens at the Clinic?

At each clinic the Performance Indicator Manager is required to present details of their progress towards key objectives and key performance indicators to the Corporate Performance Clinic Panel and other attendees. They will also be required to present details of the actions they propose to make to address areas for improvement.

The clinic is a two way communication process which enables managers to formally report progress against targets and present details of the actions they propose to take to address any areas for improvements as well as providing an opportunity to discuss issues or problems relating to performance.

Questions that the panel may ask the performance manager include:

- Have targets been met?
- If not why have they not been achieved?
- What can be done to turn this work around?
- Is there another method of completing the work?
- Is the performance problem caused by a lack of capability?
- Is the opportunity to prioritise recovery or shift resources?
- To view the relevant performance indicator evidence file (including guidance / definitions being used)

Where performance is slipping the Clinic will then enforce further action and agree a recovery plan.

What Happens After the Clinic?

Following the performance clinic the minutes and action plan will be finalised and circulated to all attendees. Details of the performance clinic and any associated outcomes will be included in the next performance quarterly report.

The manager will be required to provide update reports on a quarterly basis to inform the panel of progress being against the action plan; this information will be captured through the quarterly performance reporting regime. This will continue until the panel are satisfied with the performance of a particular measure. Where appropriate the Chair can also request a follow up clinic is arranged to review progress made.

All documentation relating to the performance clinic and subsequent updates will be forwarded to the relevant Directorate Performance and Quality Team and the Chief Executive's Performance and Quality Team for audit trail purposes.

Cancelling Corporate Performance Clinics

It should be noted that the cancellation of corporate performance clinics or any follow up clinics has to be approved by both the Deputy Leader, who is responsible for the Council's performance management and quality assurance programmes including performance clinics, and the Assistant Chief Executive. A clear rationale should be provided for consideration, the Cabinet Member for Performance and Quality then has the final say as to whether or not the clinic goes ahead.

Further Information

Further information on the subjects outlined below can be found in the appendices:

- Planning & Co-ordinating a Corporate Performance Clinic – Appendix A
- Preparing for a Corporate Performance Clinic – Appendix B
- Corporate Performance Clinic Briefing Paper Template – Appendix C
- Corporate Performance Clinic Agenda Template – Appendix D
- Corporate Performance Clinic Timescales – Appendix E

Alternatively contact the Corporate Performance & Quality Team on 01709 254422 / 01709 254423.

DRAFT - Performance Clinics Guidance

Appendix A

Planning & Co-ordinating Corporate Performance Clinics

Who arranges corporate performance clinics?

Corporate performance clinics are arranged by the Corporate Performance and Quality Team at as a result of one of reasons outlined in the performance clinic overview and at the request of either Corporate Management Team or Members.

Please note: Directorate and Partnership performance clinics, as previously stated, are planned by Directorates and the LSP themselves.

Who should be in attendance at Corporate Performance Clinics?

It is essential that performance clinics are representative of the people who have ownership and overall responsibility for specific performance measures.

Corporate Performance Clinic Panel

- Deputy Leader – Cllr Sharman (Chair)
The Deputy Leader has a responsibility for the Council's performance management and quality assurance programmes including performance clinics.
- Cllr Littleboy & Cllr Gosling (Advisors)
- Corporate Performance Officer

Other Attendees

- Relevant Cabinet Member
- PI Manager
- Directorate Performance Officer
- Partners/Stakeholders
- Scribe
(From Corporate Performance & Quality Team)
- Members of Scrutiny Panel & Scrutiny Officers
(Only where PSOC have requested an ad-hoc clinic)

Appendix B

Preparing for a Corporate Performance Clinic

Pre-Work**Briefing Paper**

The Corporate Performance & Quality Team to provide a short briefing paper which will cover the following points:

- Performance clinic rationale
- Current Performance Against Targets
- Benchmarking Information

This briefing paper will provide an overview of the current performance of the indicator, a copy of the template can be found at Appendix C.

It will also provide the basis of the briefing session the Corporate Performance Team will hold with the Chair prior to the Corporate Performance Clinic, however a number of further points will be added once the directorate presentation has been received, including:

- Possible barriers to improvement
- Summary of performance data & potential areas for challenge

Presentation

Directorates are required to provide a concise presentation to inform discussion at the corporate performance clinic:

- Background information on the indicator
- Reporting process
- Issues that are impacting on performance
- Any actions that are in place to try and improve performance (Improvement Plan)

Circulation of Meeting Papers & Supporting Materials

All papers inclusive of the agenda, directorate presentation and any supporting materials will be circulated one week prior to the corporate performance clinic and should be treated as confidential.

A copy of the agenda template can be found at Appendix D. It is a standardised approach and covers the following points:

- Overview of current performance
- Directorate presentation
 - Background information on the indicator
 - Reporting process
 - Issues that are impacting on performance
- Any actions that are in place to try and improve performance (Improvement Plan)
- Questions & challenge
- Summary & key actions

Performance Clinics Guidance - DRAFT

Appendix C

Corporate Performance Clinic Briefing Paper Template

Corporate Performance Clinic - Briefing Paper

Insert Indicator Title

Clinic Rationale: Insert specific reason for clinic and clear rationale

Indicator Title

Indicator Definition

Rationale for Performance Clinic

Current Performance Against Targets

**Rotherham Metropolitan Borough Council
Corporate Performance Clinic
INSERT INDICATOR TITLE**

**INSERT DATE
INSERT TIME**

INSERT VENUE/LOCATION

AGENDA

1. Apologies for Absence
2. Overview of Current Performance Panel
Approx 5 minutes
3. Presentation PI Manager
Approx 20 minutes
Presentation should focus on:
 - *Background information on the indicator*
 - *Reporting process*
 - *Issues that are impacting on performance*
 - *Any actions that are in place to try and improve performance (Improvement Plan)*
4. Questions & Challenge Panel
Approx 45 minutes
5. Summary & Key Actions Panel
Approx 20 minutes

Performance Clinics Guidance - DRAFT

Appendix E

Corporate Performance Clinic Timescales

Task	Associated Timescales
<p>Confirmation of Corporate Performance Clinic rationale, date and time.</p>	<p>Specific dates and times will be highlighted in the Quarterly Performance Report.</p> <p>Relevant Officers contacted by the Corporate Performance & Quality Team following Cabinet approval.</p>
<p>Corporate Performance & Quality Team to provide detailed briefing which includes:</p> <ul style="list-style-type: none"> • Performance clinic rationale • Current performance against targets • Benchmarking information 	<p>Minimum of 2 weeks in advance.</p>
<p>Directorates to provide a presentation which details:</p> <ul style="list-style-type: none"> • Background information on the indicator • Reporting process • Issues that are impacting on performance • Any actions that are in place to try and improve performance (Improvement Plan) 	<p>Minimum of 2 weeks in advance.</p>
<p>Circulation of Meeting Papers & Supporting Materials</p>	<p>Minimum of 1 week prior to the clinic.</p>
<p>Corporate Performance Team to Brief Corporate Performance Clinic Chair</p>	<p>Prior to clinic.</p>

DRAFT - Corporate Performance Clinic - Briefing Paper

Insert Indicator Title

Clinic Trigger: Insert specific clinic trigger

Indicator Title

Indicator Definition

Performance Clinic Rationale

Current Performance Against Targets

Briefing Note Prepared By:

Date:

Benchmarking Information

Possible Barriers to Improvement

Summary of Performance Data & Potential Areas for Challenge

Briefing Note Prepared By:

Date: