

TITLE	Quarter 4 2019/20 Performance Monitoring Report
FOR CONSIDERATION BY	Overview and Scrutiny Management Committee on 15 July 2020
WARD	(All Wards);
LEAD OFFICER	Director of Communities, Insight & Change - Keeley Clements

OUTCOME / BENEFITS TO THE COMMUNITY

This report provides accountability and transparency against the Council’s Key Performance Indicators (KPI’s) for service areas and provision of these to our Customers.

RECOMMENDATION

To endorse the Council’s Q4 year-end performance report, for the period covering Jan-Mar 2019/20 performance.

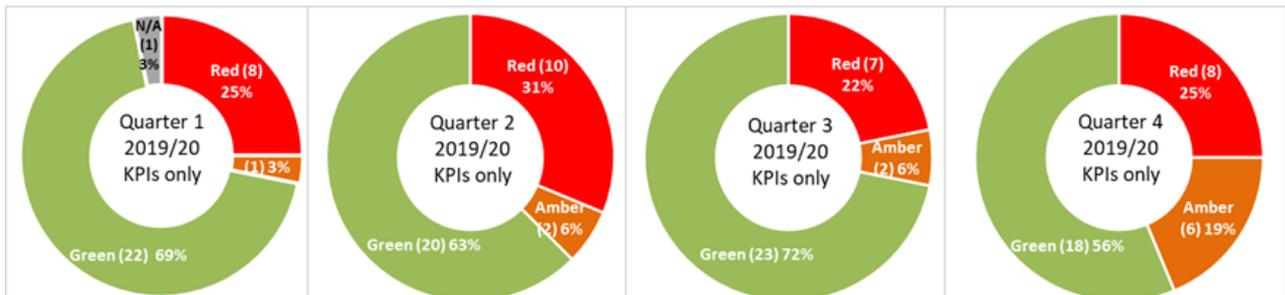
SUMMARY OF REPORT

The Council has continued to play a significant role in supporting individuals and businesses by providing additional services, whilst continuing to maintain essential services throughout this quarter, despite Covid-19 becoming evident in March.

The Council mobilised its Emergency Planning Group, and as social distancing measures became more extensive, these impacted upon Council operations; increasing the scale of response. This required significant re-deployment of staff from their substantive roles into areas of greatest need, in particular our Children and Adult Services.

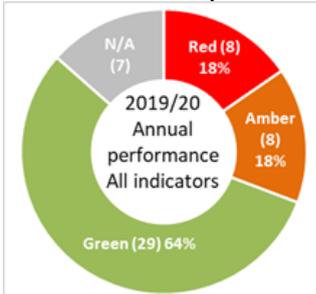
Q4 performance across the 34 KPI’s (Appendix A), saw 3 previously Green indicators deteriorate to Amber. The total volume of Red KPIs have remained constant despite notable progress made towards these operational goals, as evidenced by an additional 2 KPIs improving from Red to Amber in Adult Services.

Of the indicators that have seen a deterioration from Q3, detailed reasons for the movement have been identified and, where necessary, actions have been established to address in the ‘Analysis of Performance’ section below.



Key: ● Target not achieved ● Close to target ● Target achieved ● Not available

From a full year perspective, at year end 19/20, of the 45 metrics (out of 51) that have data available for 19/20 (*Appendix A & B* combined) show marginal impact on performance as a result of this pandemic in this reporting period. We anticipate that pandemic impact may become more prevalent in the next reporting quarter.



Please note for 7 indicators data is unavailable, Library data is not available due to library closures resulting from Covid-19 but can be reported once libraries re-open, Health Visiting data (indicators EA7, EA8, EA9) will not be reported again until next quarter and ASCOF measures KPI VP5 and AS7 are not yet available.

For clarity, it is important to note that between YE18/19 and this reporting period, the Council worked hard to become more filtered and focussed against its reported KPIs. Executive feedback in 18/19 highlighted there were too many measures, with a request to reduce these as part of becoming more focused and granular in our reporting against the right metrics in YE19/20. Consequently Year on Year comparison is not possible as it has become skewed due to this baseline drop in the total number of metrics reported.

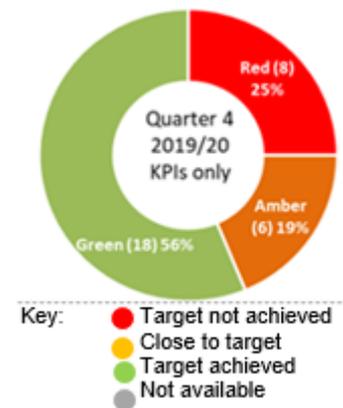
Additionally, in some instances more challenging targets were set such as Percentage of Household Waste Recycled (KPI SC7) where our target was purposely stretched from 42% in 17/18 to 52% 19/20.

This shift to a distilled set of metrics coincided with the Council forming its Strategic Plan which was endorsed in February 2020. Work is now underway to agree the KPIs for 2020/21 to align with the now agreed Community Vision and Corporate Delivery Plan 2020-2024 and will be reported to O&S in due course.

Against our refined metric set throughout YE19/20, we have seen sustained improvements made against indicators that have remained red throughout the performance year 19/20; particularly in our Adult Services Directorate, which have been improved from a very low starting base.

Background/Context

- The Council's Key Performance Indicators (KPI's) measure how well each service is delivering against its current objectives.
- This performance report and appendices covers **Q4 and end of year 2019/2020**.
- There are 34 KPI's in *Appendix A*, (2 of these are annual indicators and are therefore not reported quarterly). There are 18 Supplementary Indicators in *Appendix B*.
- Detail of the KPI's in *Appendix A* include year on year trends where available.
- *Appendix B* provides supplementary performance measures to give further detail or insight into the relevant service area.
- Each KPI is a SMART target (Specific, Measurable, Achievable, Realistic and Timely), which takes into account historic trend information and benchmarking to compare Wokingham Borough performance with national trends.
- KPIs are assigned a RAG status (**Red**, **Amber**, **Green**) to indicate whether performance is on target (**Green**), close to target (**Amber**) or missing the target (**Red**).
- Indicators are assigned to a Director and lead Executive Member. The commentary provides further information related to that indicator and aims to explain the data, any variances against target and actions being taken to address.



Analysis of Performance

3 **Green** KPI's slipped to **Amber** in Q4. 2 indicators have slipped due to the impacts of Covid-19 however 1 of the indicators, Percentage of Children Attending an Early Years Setting of Good or Better (KPI EA3), does not yet have full year data and is showing **Amber** due to there being no change from last quarter.

Despite being marginally off target at year end, significant improvements have been seen for adult safeguarding timeliness (KPI AS4a and 4b) since the introduction of the Adult Safeguarding Hub (ASH) which has enabled more consistent and timely responses. The number of initial carers assessments completed has also improved over Q2, Q3 and Q4 well above target and has improved overall on the past 2 reporting years.

Significant improvements can be seen in the Percentage of Education, Health and Care Plan Assessments completed within 20 weeks of referral (KPI CH2) in Q4 as a direct result of the interventions put in place and also significant improvements can be seen in Q4 in the Percentage of Children who Became Subject to a Child Protection Plan for a Second or Subsequent Time Within 24 Months KPI (VP6i), although the year end total remains marginally off target and is reported as **Amber**.

Remaining on track throughout all 4 quarters; Council Tax and Business Rates collections (KPI CE1 and CE2), Revenue and Capital Budget Monitoring Forecast positions (KPI CE2) and Return on Investment in Commercial Properties (KPI R4). The overall Percentage of Planning Applications Determined within Timescales KPI SC3) and Percentage of Community Infrastructure Levy and Planning Contributions Received and Allocated to Schemes (KPI R4/R5) also remained on track. The Percentage of Housing Stock meeting the Decent Homes Standard (KPI VP10), and

the number of affordable dwellings completed (KPI VP14) also remained on target throughout the year.

Across the Council, 8 indicators have deteriorated between Q3 and Q4. The split is as follows;

- 2 indicators have moved from **Green** to **Red**
- 1 indicator has moved from **Amber** to **Red**
- 4 indicators have remained **Red**
- 3 indicators have moved from **Green** to **Amber**
- 2 indicators have moved from **Red** to **Amber**
- 0 indicators have moved from **Amber** to **Green**

The 2 indicators that have deteriorated from **Green** to **Red** are:

1.	<p>KPI EA2 – Percentage of children who attend a Wokingham Borough state-funded school (Primary, Secondary or Special) which is Ofsted rated Good or Outstanding.</p> <p><u>Rationale:</u> Of those schools inspected in Q4: 4 schools maintained 'Good' status 2 schools became 'Outstanding' 1 school shifted to 'Requires Improvement'</p> <p><u>Action to resolve:</u> The Schools improvement service is providing support to schools where improvement is required.</p>	<p>Target 100%</p> <p>Q4 87.7% Red</p> <p>Q3 89.6% Green</p> <p>Q2 89.6% Green</p> <p>Q1 89.7% Green</p>
2.	<p>KPI VP2a – Delayed transfers of care (delayed days) Social Care</p> <p><u>Rationale:</u> Social care delays were higher in Q4 due to the winter pressures caused the norovirus at the Royal Berkshire Hospital. There were a handful of patients with significant complexities, which greatly contributed to the increased delays in this quarter. Performance remains above average compared to neighbouring local authority areas.</p> <p><u>Action to resolve:</u> There is intense focus on delayed transfers of care and the service continues to prioritise keeping them to a minimum.</p>	<p>Target < 270</p> <p>Q4 398 Red</p> <p>Q3 194 Green</p> <p>Q2 290 Red</p> <p>Q1 146 Green</p>

The 1 Indicator that has deteriorated from **Amber** to **Red** is:

1.	<p>KPI SC7 Percentage of household waste reused, recycled and composted (based on quarterly estimates)</p> <p><u>Rationale:</u> There is an annual trend of a deterioration of this indicator in Q4 due to the impact of seasons on vegetation growth and maintenance and as such reduction of garden waste collected in Q4.</p> <p>In addition, due to the changing global market for reprocessing paper and cardboard, this can now only be recycled if the moisture content</p>	<p>Target 52%</p> <p>Q4 40.7% Red</p> <p>Q3 50.9% Amber</p> <p>Q2 55.3% Green</p> <p>Q1 55.7% Green</p>
----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------

<p>is below 10%. This change came into effect part way through Q3. Currently waste paper and cardboard collected from households contains moisture content of around 40% due to rainfall on open recycling boxes which has impacted the overall rate by approximately 5% and has resulted in both the Q4 and annual target being missed.</p> <p><u>Action to resolve:</u> A communications campaign to encourage residents to keep paper and card dry has been issued and the Re3 partnership are exploring options to resolve this challenge and to continue to improve our recycling rate.</p>	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

The 4 Indicators that have remained **Red** are:

1.	<p>KPI AS4b - Safeguarding timeliness – enquiries completed within 28 days</p> <p><u>Rationale:</u> Q4 data shows improvement of 33.6% over the previous quarter. A significant part of this will be due to the introduction of initial enquiries undertaken by the Adult Safeguarding Hub, which will have enabled many enquiries to be finished within a tighter timescale.</p> <p><u>Action to resolve:</u> The ASH team is now in place and operational so the indicator will resolve over time, because there is a time lag in the way the indicator is captured, which the new team is resolving.</p>	<p>Target 85%</p> <p>Q4 47.4% Red</p> <p>Q3 13.8% Red</p> <p>Q2 20% Red</p> <p>Q1 14.9% Red</p>
2.	<p>KPI AS6 - Proportion of people receiving long term care who were subject to a review in the last 12 months</p> <p><u>Rationale:</u> Performance has slightly improved over the last quarter but it is still not where we expected it to be due to capacity issues resulting from impact of Covid-19.</p> <p><u>Action to resolve:</u> An action plan is being produced, and we would expect performance to have improved by Q3 2020/21 and the target to be met by Q4 2020/21.</p>	<p>Target 85%</p> <p>Q4 68% Red</p> <p>Q3 65% Red</p> <p>Q2 70% Red</p> <p>Q1 69% Red</p>
3.	<p>KPI Ch2 Percentage of Education, Health and Care Plan Assessments completed within 20 weeks of referral</p> <p><u>Rationale:</u> Recruitment into the SEND team has led to improvement in the last two quarters for this indicator. This continues to be priority focus and in recent months performance has further improved with 44% of plans completed within 20 weeks during February 2020 and nearly 67% during March 2020. The backlog of EHCPs was cleared in Q4, meaning that a number of plans issued were already beyond the 20-week timescales affecting performance. In April 2020, following the clearing of the backlog in Quarter 4, 18 of the 19 EHCPs (95%) were issued within timescales.</p> <p><u>Action to resolve:</u> A full staffing complement has enabled the backlog of EHCP plans to be cleared, a weekly tracker tool has been introduced to ensure draft plans are within timescales. Early signs for Q1 2020-21 are encouraging with 95% of EHCP's issued within timescales.</p>	<p>Target 85%</p> <p>Q4 35.1% Red</p> <p>Q3 14% Red</p> <p>Q2 12.9% Red</p> <p>Q1 0% Red</p>

4.	<p>KPI VP8 Percentage of child protection visits completed on time (within 10 days of the previous visit or start of the Child Protection Plan)</p> <p><u>Rationale:</u> All children subject to a protection plan are being visited regularly in line with their Child Protection Plans. Where there are concerns about being able to access children, appropriate steps are taken via the legal process, as necessary. There has been an improvement in the timely recording of child protection visits since the line-by-line review took place in January 2020.</p> <p><u>Action to resolve:</u> Line by Line review and weekly reports are now highlighting all cases whose next visits are due.</p>	<p>Target 82%</p> <p>Q4 75.9% Red</p> <p>Q3 69.7% Red</p> <p>Q2 73.6% Red</p> <p>Q1 78.9% Amber</p>
----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

The 3 indicators that have deteriorated from **Green** to **Amber** are:

1.	<p>KPI VP1ii Permanent admissions to residential or nursing care homes per 100,000 population (65+ population)</p> <p><u>Rationale:</u> A spike of norovirus in the Royal Berkshire Hospital in January and efforts to free beds during March in advance of Covid-19 have contributed to the increase in admissions.</p> <p><u>Action to resolve:</u> The decision was taken on 21st April 2020 to suspend hospital discharge into care homes unless the patient had been tested for COVID-19 or the care home had the correct infection control procedures in place to confidently isolate the resident. A protocol and task force has been established with health and social care colleagues to work proactively with care homes.</p>	<p>Target 130</p> <p>Q4 137 Amber</p> <p>Q3 105 Green</p> <p>Q2 76 Green</p> <p>Q1 101 Green</p>
2.	<p>KPI EA3 Percentage of early years settings in Wokingham Borough with an ofsted rating of Good or better</p> <p><u>Rationale:</u> The data is reported 3 times per year in arrears and the data for the period up to 31st March 2020 will be released in October 2020. As such, as of 31st December 2019, given no improvement was identified over 2 reporting periods and 3 settings still required improvement, the indicator moves from Green to Amber.</p> <p><u>Action to resolve:</u> TBC once data received.</p>	<p>Target 100%</p> <p><i>Data due Oct 20</i></p> <p>P3(TBC) Amber</p> <p>P2 99% Green</p> <p>P1 99% Green</p>
3.	<p>KPI T1-6 Percentage of Highway Infrastructure Schemes on track for project delivery</p> <p><u>Rationale:</u> 8 phases Green, 4 Amber, 3 Red</p> <p>At the end of Q4, 3 of the projects reported red as follows:</p> <ul style="list-style-type: none"> ▪ South Wokingham Distributor Road – construction on northern side of railway ceased due to Covid-19. Some delay and risk to project. Red ▪ Southern Distributor Road (spine road) – delay to planning applications and delay to project overall. Red ▪ Western Gateway – 24 week delay to key dates. Completion now planned for 2022. Red 	<p>Target All schemes on time and within budget</p> <p>Q4 Amber</p> <p>Q3 Green</p> <p>Q2 Green</p> <p>Q1 Amber</p>

	<p><u>Action to resolve:</u> The rag status given to projects at the end of Q4 reflected the uncertainty and delay resulting from the initial impact of Covid-19 at that time. Since then, the impacted projects are showing an improved picture. The projects are continually managed to ensure the best course of action to mitigate risk and overcome issues. Further updates will be available for next reporting period.</p>	
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

The 2 Indicators that have moved from **Red** to **Amber** are:

1.	<p>KPI AS3 People aged 65 and over who received re-ablement from the START team following a discharge from hospital and remained at home 91 days later</p> <p><u>Rationale:</u> Increase in capacity in re-ablement and home care in response to higher levels of need has helped reverse the decrease in Q3 which was affected by a number of deaths in the period.</p> <p><u>Action to resolve:</u> Line by Line review and weekly reports are now highlighting all cases whose next visits are due.</p>	<p>Target 85%</p> <p>Q4 75.9% Amber Q3 69.7% Red Q2 73.6% Amber Q1 78.9% Green</p>
2.	<p>KPI AS4a Safeguarding timeliness – within 2 working days</p> <p><u>Rationale:</u> Q4 demonstrates significant progress over Q3. All concerns now being managed within the Adult Safeguarding Hub (ASH) has ensured more consistent and timely responses. The focus on applying the CA criteria has refined the work that is required at this stage and more closely aligned it with the legal framework. Performance will have been impacted by turnover in locum staff, which will have impacted no the speed of some Duty workers have worked at. A further two concerns completed in 2 working days would have meant that the target was met for this indicator.</p> <p><u>Action to resolve:</u> A more stable and permanent workforce would further improve this indicator and is what the ASH is aspiring to.</p>	<p>Target 90% or more</p> <p>Q4 47.4% Amber Q3 13.8% Red Q2 20% Red Q1 14.9%% Red</p>

Year on Year Trend

In YE19/20 we reduced the total number of KPIs reported in response to Executive Member feedback in 18/19, which highlighted there were too many measures, with a request to decrease these for YE19/20 to drive greater focus.

When we look at the full year end position for 19/20, in comparison to previous years, our refocusing around only 34 KPI's reduced our reporting number by 50%. This has had a material impact in the like for like comparison percentages; however the number (i.e *volume*) of indicators presenting Red or Amber at year end remains similar to 18/19.

Consequently Year on Year comparison is not possible as it has become skewed due to this baseline drop in the total number of metrics reported.

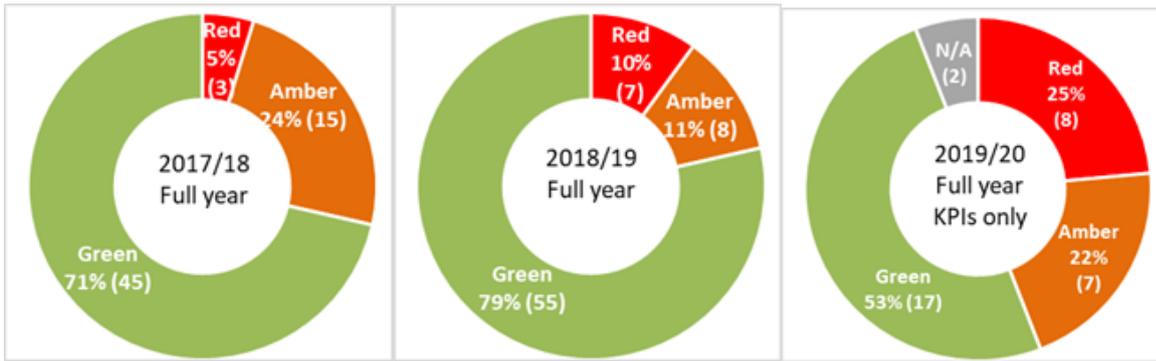


Figure A **Figure B** **Figure C**
Please note, direct comparison with previous years is not possible due to the mix and type of indicators previously used.

When both the 34 KPI's and 18 Supplementary Indicators for 19/20 are combined (as demonstrated in **Figure F** below), a more balanced view of performance across the Council is demonstrated and as such is more comparable to previous years (**Figures A and B** above).

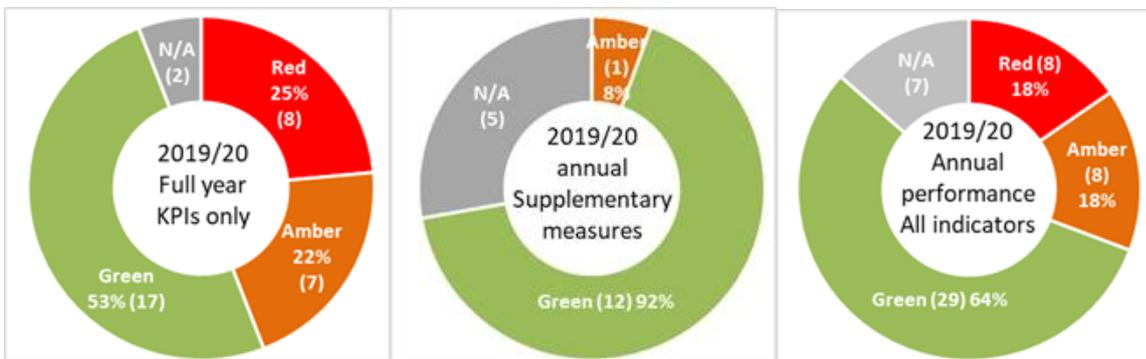


Figure D Appendix A (34 KPI's) **Figure E** Appendix B (18 supplementary indicators) **Figure F** Appendix A 34 KPI's and 18 supplementary indicators combined

When considering the detail of the indicators it can be established that although some indicators are still off target and presenting as **Amber** or **Red** at year end, there are underlying improvements, furthermore some measures have gone from a very low baseline in Q1 to a much improved picture by Q4.

Percentage of calls answered (KPI CE10), whilst presenting **Red** at end of year position which is a deterioration on 18/19, started Q1 from a very low position and significantly improved by Q4 despite seeing an increase in calls in part of Q4 due to Covid-19.

Safeguarding timeliness (Adults – 2 and 28 day targets AS4a&b) presents **Red** at year end, however both measures started from a very low baseline and improved each quarter as a result of the introduction of the Adult Safeguarding Hub (ASH).

The percentage of Education, Health and Care Plans presents **Amber** at year end but started from 0% baseline in Q1. Due to actions to address the backlog, it is expected that Q1 of 20/21 will now meet the target.

Percentage of children who become subject to a Child Protection Plan for a second or subsequent time within 24 months presents as **Amber** at year end, however Q3 and Q4 show significant improvements over Q1 and Q2.

Percentage of Household Waste Recycled (KPI SC7), whilst presenting as **Amber** at year end, has shown improvement over the past 3 reporting years and in 19/20 a more

challenging target was set of 52% (17/18 target was 42%) and this KPI is only marginally off this target.

Also ending the year **Amber** and being only marginally off target are Percentage of Deprivation of Liberty Standards Completed and Authorised within 90 days (KPI AS2) and Percentage of Relevant Care Leavers Not in Employment, Education or Training (KPI Ch3).

Remaining on track throughout the year and presenting as **Green** at year end is (Adults) Social Work Assessments Allocated to a Worker within 7 days and this shows an improvement over both 18/19 and 17/18.

Remaining on track and presenting as **Green** at year end and for the past 3 reporting years are Council Tax and Business Rates collections (KPI CE1 and CE2), Revenue Budget Monitoring Forecast positions (KPI CE2), Percentage of Housing Stock meeting the Decent Homes Standard (KPI VP10), and the number of affordable dwellings completed (KPI VP14). Also remaining on track for the past 3 reporting years are percentage of planning applications determined within timescales (SCiii, iv & v) and Initial Carers Assessments (VP9).

When considering the full year data for 19/20, the 8 **Red** indicators at year end are as follows:

1.	<p>KPI CE10 Percentage of calls answered</p> <p><u>Rationale:</u> The average wait time for Q4 was 95 seconds, against a 90 second Customer Service standard. We are continuing to fix as many enquiries at first point of contact as possible, with the last quarter being 78% against a KPI of 65% for calls. We saw an increase in contact across Customer Delivery service in March from Covid-19 enquiries from residents and businesses looking for support and guidance and a large number of garden waste registrations.</p> <p><u>Action to resolve:</u> In response to the learning from Q1 we have developed a demand diary and seek to engage with services well in advance of service changes to help balance demand with resources. Increased resilience has enabled an improvement during Q3 and Q4. Robust business continuity arrangements have ensured uninterrupted customer delivery services during the COVID lockdown. It is anticipated that the new online garden waste renewal process developed this year will help reduce calls to the contact centre during next year's Q4 Council tax and Election registrations call peaks.</p>	<p>Target 95%</p> <p>Full year 89% Red</p> <p>Q4 92% Amber</p> <p>Q3 91% Amber</p> <p>Q2 89% Red</p> <p>Q1 86% Red</p>
----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

The following KPI's are referenced earlier in report, but are also within this year end **Red** categorisation. Please see earlier reporting detail.

- AS4a –(Adults) Safeguarding timeliness within 2 days
- KPI AS4b – (Adults) Safeguarding timeliness – enquiries completed within 28 days
- KPI AS6 - Proportion of people receiving long term care who were subject to a review in the last 12 months

- KPI Ch2 Percentage of Education, Health and Care Plan Assessments completed within 20 weeks of referral
- KPI VP8 Percentage of child protection visits completed on time (within 10 days of the previous visit or start of the Child Protection Plan)
- KPI EA2 – Percentage of children who attend a Wokingham borough state-funded school (Primary, Secondary or Special) which is Ofsted rated Good or Outstanding
- KPI VP2a – Delayed transfers of care (delayed days)

The 7 **Amber** indicators at year end are:

1.	<p>KPI VP6i Percentage of children who became subject to a child protection plan for a second or subsequent time within 24 months</p> <p><u>Rationale:</u> Overall year end position for this indicator is AMBER although performance has improved over Q3 and Q4.</p> <p><u>Action to resolve:</u> Steps are taken to understand the reasons why children come back onto plans and whether any learning needs to be fed into the quality assurance cycle.</p>	<p>Target 10% or less</p> <p>End of year 11% Amber</p> <p>Q4 9% Green Q3 5% Green Q2 22% Red Q1 13% Amber</p>
2.	<p>KPI AS2 –% of Deprivation Of Liberty Standards completed and authorised within 90 days</p> <p><u>Rationale:</u> Overall year end position for this indicator is AMBER because of low performance in Q1. Throughout Q2, Q3 and Q4 the indicator has remained above target. Improved performance in this area has been achieved in part through the use of the external Best Interest Assessors. Increased focus on this indicator has assisted the team in ensuring they prioritise cases that are nearing 90 days, balancing against other priority applications. We consistently outperform our neighbours in this area.</p>	<p>Target >75%</p> <p>Year End 70% Amber</p>
3.	<p>KPI Ch3 Percentage of relevant Care Leavers Not in Employment, Education or Training</p> <p><u>Rationale:</u> The year-end indicator is below target due to a performance dip in Q2 whilst Q1, Q3 and Q4 all remained Green. The service takes steps to understand the reasons why care leavers are not in education, employment or training – some will be due to disability, parenting young children or maternity leave which means they will remain NEET for a longer period of time.</p> <p><u>Action to resolve:</u> Care leavers are visited regularly and supported to engage as appropriate. Monthly meetings to review NEET Care Leavers are held with strategic oversight to enable managers and practitioners from social care and education to consider possible barriers and solutions to help encourage and support Care Leavers into education, training or employment. Early intervention work with support from the Virtual Head Teacher is being explored to enable the services to identify and intervene with those at risk of future NEET at an earlier age.</p>	<p>Target 40%</p> <p>Year End 37.2% Amber</p>

The following KPI's are referenced earlier in report but are also within this year end **Amber** categorisation. Please see full details earlier in the report.

- KPI AS3 People aged 65 or over who received reablement from the START team following a discharge from hospital and remained at home 91 days later
- KPI EA3 Percentage of children attending an Early Years settings with an Ofsted rating of good or better
- Percentage of children who become subject to a Child Protection Plan for a second or subsequent time within 24 months
- KPI SC7 - % households waste reused, recycled, composted
- KPI T1-6 % Highway Infrastructure Schemes on track for project delivery

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe funding pressures, particularly in the face of the COVID-19 crisis. It is therefore imperative that Council resources are focused on the vulnerable and on its highest priorities.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision
None.

Cross-Council Implications
This report covers the whole of the Council's operations.

Public Sector Equality Duty
The quarterly performance report does not contain recommendations that involve a policy or service change and therefore it would be result in additional impacts upon those with protected characteristics.

List of Background Papers
Appendix A – Key Performance Indicators Q4 2019/20
Appendix B – Supplementary Performance Measures Q4 2019/20

Contact Laura Callan	Service Communities, Insight & Change
Telephone No Ext: 6000	Email laura.callan@wokingham.gov.uk

This page is intentionally left blank