

SOCIAL SERVICES & WELL-BEING DASHBOARD – PERFORMANCE Q2

The Social Services and Well-being Directorate has focussed on working to ensure that there is a clear focus across the Directorate on continuous improvement of quality and performance against a context of significantly increasing need and demand in children's social care, challenges in workforce in adult and children's social care, challenges in meeting care and support needs in a timely way in adult services and the continued recovery of the leisure and culture sector. Whilst there is significant operational challenge, progress is being made in delivering the strategic priorities in relation to practice improvement, workforce, provision of services, hearing and acting on the voice of people and effective partnership.

In children's social care, we have worked with our Regional Safeguarding Board partners to prepare, understand and act on learning from the recent child practice review. In advance of the review publication, the Council had undertaken an internal review and the Regional Safeguarding Board had progressed a rapid review into safeguarding arrangements. Our focus is ensuring learning is embedded and impacts. Following the Performance Evaluation Inspection of children's social care undertaken by Care Inspectorate Wales, published in May 2022, the Improving Outcomes for Children Board, chaired by the Chief Executive and informed by an independent advisor, is focussed on delivering the actions in the 3-year strategic plan approved by Cabinet in February 2022 which align with the actions in the Care Inspectorate Wales (CIW) Performance Evaluation Inspection.

The most significant operational pressures are currently in placement and provider services. Bridgend, as many other authorities, is experiencing difficulties in securing accommodation, care and support for care experienced children in a timely way. There have been more occasions in the last period when children have been supported for a time in unregistered provision which is notified to Care Inspectorate Wales as 'operating without registration'. The new children's assessment hub provides an opportunity to build capacity within the County Borough. This should be operational later in 2023. In advance, we are progressing a root and branch review of the Council's residential provision and have strengthened leadership through the appointment of a dedicated Responsible Individual.

Children's Services is delivering timely and focussed improvement plans with 6 week and 6 month plans for all parts of children's social care and continued with gold, silver and bronze governance structures in view of the significant operational pressures which include a 31.9% increase in contacts to the IAA service, a 161% increase in the number of assessments being undertaken and an increase in the number of children on the child protection register from 174 in March 2022 to 272 in September 2022. There has been a focus on strengthening management oversight and quality assurance systems as well rapid identification and addressing 'hot spots' in performance. The workforce are being supported to undertake 'back to basics' safeguarding training, which is introducing concepts from Signs of Safety, the strength-based model of social work practice which will be a key priority as the service moves forward.

Retention and recruitment of the social care workforce continues to have the highest priority in adults and children's social care. A continued key focus is workforce wellbeing and there is close working with colleagues in human resources to ensure that in addition to the wellbeing support available to all parts of the Council, that where needed, specialist support is available in a timely way. This support has made a significant difference for those members of the workforce who have accessed it. There are challenges in workforce retention and recruitment across the whole of the directorate, but the most acute challenges are experienced in the care worker workforce (care and support at home and children's residential) and children's social work. Workforce plans are being progressed to ensure there are short-, medium- and long-term actions to sustainably improve the workforce position. In children's social work, the short-term actions have included long term strategic engagement of the agency workforce to ensure that statutory duties are being met. Social worker support officer roles have been implemented in case management teams. Market supplements have been applied in the teams where the criteria has been met. A social worker charter has been developed for all Bridgend social workers and will be formally launched on World Social Workday. In the medium-term international recruitment is being progressed. In the longer term, social worker trainees and secondees are being supported and will be key to the Council securing a professional social worker workforce. A dedicated marketing resource is being recruited for social care to promote the opportunities in all social care roles. In addition, a number of actions are being progressed to address the challenges in care worker recruitment. A trial group has been identified for implementation of electric vehicles. Joint recruitment processes with the Cwm Taf Morgannwg Health Board are underway for Band 2 workers to increase capacity. Research is progressing to understand working practices in other local authorities ahead of a move away from split shift working. In the short term an agency provider is continuing to provide up to 450hrs support, although there remain delays in people having their care and support needs met in a timely way due to the ongoing challenges. Independent domiciliary care providers continue to be offered support and one provider has progressed international recruitment.

Strategic improvements continue to progress in adult services. Deep dives are being undertaken in every adult social work team and a new operating model will be approved in early 2023. Where changes have been required more quickly, the common access point and the hospital social work team, these have been progressed. There is a major transformation project to transfer the Council's telecare service from analogue to digital and opportunities are being progressed to enable even better use of assistive technology to improve outcomes for people. A significant review of the operating model in learning disability direct services is being progressed to ensure there is a sustainable day opportunities and supported living model in the county borough. There continues to be a focus on strength based social work practice and quality assurance and management oversight is being strengthened. The whole system pressures in meeting the needs of older people in the County Borough is a high priority at a local, regional and national level. 'Discharge to Recover and Assess' pathways are being implemented to improve hospital discharge processes, although capacity in community care services remains a very significant challenge.

Prevention and wellbeing services continue to perform well as they recover from the pandemic with a focus on supporting the most vulnerable and preventing escalation of need. There has been significant engagement with carers – adult carers and young carers – as identification and services for carers have been reviewed. The implementation of the carers ID card, and the review of the adult carer's wellbeing service have been significant priorities. There has also been extensive engagement with children and young people in the development of the play sufficiency assessment which will be considered by Cabinet in January 2023. There is steady recovery in participation in leisure and cultural activities post pandemic. In common with other services with high energy consumption, leisure venues are experiencing significant cost pressures.

Budgets in the Social Services and Wellbeing directorate are driven by the statutory requirements to meet the assessed care needs of individuals in a way which supports people to be safe and achieve the outcomes that matter to them. Social work practice is strength based, and significant savings have been made since the introduction of the Social Services and Wellbeing (Wales) Act 2014 as practice focuses on the resources of individuals and family networks with services commissioned or provided by the Council only forming part of the care plan if people's needs cannot be met in any other way. Local community co-ordinators prevent people's needs escalating at the edge of care and support in part of the County Borough. Despite all the prevention and wellbeing service, the needs of children and families and adults with care and support needs has increased following the pandemic. As at quarter 2 there were significant budget pressures evident in children's and adult's services as a consequence of the cost and quantum of services and workforce pressures including the costs and number of agency workers engaged to meet statutory services. Sustainable service and financial plans will be critical to the confidence of regulators and the Council that the right resourcing and operating models are in place. Sustainability requires a rebalancing of the model of care to prevent escalation of need and to achieve best outcomes for people. This requires a whole Council and partnership leadership to meet the needs of the most vulnerable in the most effective and cost-effective way.

Commitments 2022-23		BRAG – progress against commitment				
Q2 Directorate Commitments to delivering Wellbeing objectives	Total	Blue	Red	Amber	Green	
Wellbeing Objective One – Supporting a successful sustainable economy	0					
Wellbeing Objective Two – Helping people and communities to be more healthy and resilient	5			5		
Wellbeing Objective Three – Smarter use of resources	2			1	1	

All Indicators (incl. Finance and sickness PIs)		Corporate Plan Indicators	
Performance vs Target	Trend vs Q2 2021-22	Performance vs Target	Trend vs Q2 2021-22 (Excluding finance)

Finance		
Revenue Budget		
<ul style="list-style-type: none"> The net revenue budget for the Directorate for 2022-23 is £82.327m. The current year-end projected outturn is £89.826m with a projected overspend of £7.499 million. 		
Capital Budget		
<ul style="list-style-type: none"> At Q2 the capital budget for the Directorate for 2021-22 is £3.939m with total expenditure of £541,000 and no foreseen under or overspend to planned budget. 		
Efficiency Savings		
Savings (£000)	2022-23	% 2022-23
Savings Target	£365	100%
Likely to be achieved	£284	78%
Variance	£81	22%

Additional financial information is provided in the Budget Monitoring 2022-23–Quarter 2 Revenue Forecast report presented to Cabinet on 18 October 2022.

High Corporate Risks	
<p>Oversight of corporate risks are collectively undertaken and managed by the Corporate Management Board (CMB). The Corporate risk register can be found as Appendix E and should be viewed in the overall context of the performance of this dashboard to understand the risks. Some are Council wide whilst others focus on specific directorates.</p>	
Directorate Risks	
<p>As noted, in the introductory remarks the Directorate continues to manage a number of inter-related risks. In children’s social care there has been a significant increase in demand across all parts of the service. and it is noted that without adequate budgets and sufficient experienced workforce there is a risk that the Council’s safeguarding arrangements will not be effective, and that children and adults at risk will not be kept safe. The numbers of children on the child protection register is at a higher level that at any time in the history of the Council. There are also unprecedented numbers of adults waiting.</p> <p>The Council has carried out a number of actions to mitigate this risk, instigating gold, silver and bronze critical incident arrangements to address operational risks and issues and an Improving Outcomes for Children Improvement Board to progress strategic actions. In adult services, a fortnightly pressures meeting, equivalent to the silver command in children’s social care, is chaired by the Corporate Director. Staff teams have been strengthened in some areas to meet demand and includes the use of agency staff (in both social work and home care staff). However, there is a further risk that with the worsening financial position not all of the investment required will be available on a sustainable basis and therefore significant budget pressures have been identified for consideration through the Council’s Medium Term Financial Strategy.</p> <p>Workforce is a highly significant risk. There is an overreliance on agency workforce in children’s social work and increasing agency hours in in-house care and support services for adults. Agency is used to mitigate the risk of not meeting statutory duties. The risk to impact on quality is mitigated by treating agency workforce as if they were permanent in respect of supervision, oversight and access to mandatory training. There is a mantra that underpins this approach ‘whilst you are with us you are one of us.’ There are significant financial risks as a consequence of the scale of agency engagement. It is difficult to address this issue until there is a sustainable improvement in the position in respect of permanent workforce which requires the medium- and longer-term actions from the workforce plan to impact.</p> <p>Social services case management requires a case management IT system which supports effective practice. The WCCIS case management system requires development for it to be utilised optimally in Bridgend. There is learning from other local authorities.</p> <p>There are also significant issues in respect of the adequacy of budget to meet need for social care services in Bridgend. There are significant overspends linked to the service and workforce required to meet statutory requirements to safeguard, protect and improve outcomes for the most vulnerable. The Council faces an exponential challenge in meeting the statutory social services requirements and setting and delivering a balanced budget.</p>	

Consultation, Engagement & Involvement

Within Adult Social Care consultation and engagement is facilitated through a number of mediums. Within older persons residential services feedback is captured in quarterly care reviews by the Provider Service Manager and Registered Individual (RI) visits. Within Domiciliary Care Services, community meetings are facilitated by management teams and are accessible to all individuals; subject areas include health and wellbeing, Health and Safety, community and 'at home' activities. In Learning Disability services, a number of individuals are active participants and members of People's First Bridgend, an independent advocacy group for people with learning disabilities and autism. Participants attend regular meetings and actively contribute on the development of services. The views of people entering a number of services are also sought from social workers / care co-ordinators, families, social care workers and other relevant professionals with further feedback captured in quarterly assurance meetings by the Provider Service Manager and RI visits.

Across adults and children's social care a review of direct payments has progressed which has been co-produced with carers, using expert independent advice to ensure the revised strategy and policy very genuinely addresses the what matters to carers in care and support arrangements.

Within Children's Social Care a number of consultation events have been held with care experienced children and young people and care leavers. These have included; a consultation on what makes a good parent, a consultation on what it is like to be in care or a care leaver and an event to identify the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners. The service has also successfully commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and also a Care Leavers Forum that will both meet monthly and inform the work of the advocacy service.

The Prevention and Wellbeing service undertook a survey of 4300 secondary school children/young people, which included data on 350 young people with additional needs to better understand lifestyles and wellbeing challenges as part of the play sufficiency assessment. The Service also supported the national school sport survey with primary and secondary schools across the borough. As part of the young carers network the service undertook engagement with 190 young carers and held an engagement session with unpaid carers to inform the carers wellbeing service design specification.

Implications of Financial Reductions on Service Performance and other Key Issues/challenges

Implications of financial reductions on Service Performance

The Directorate's net budget for 2022-23 is £82.327 million. Current projections indicate an over- spend of £7.499 million at year end. This is a significant shift compared to the 2021-22 Outturn position of a £5.931 million under spend. The underspend from 2021/22 enabled the creation of ear marked reserves in a number of key areas and it is clear that the directorate overspend would be even higher if it were not for the investment of this reserve funding much of which will no longer be available in 2022/23.

The reason for the 2021/22 underspend was the significant grant income received in 2021-22, including one-off grants such as the Social Care Recovery Fund (£2.916 million). There are significant risks across many parts of the social services budget. The budget has been dependent for many years on short term grant funding to meet statutory duties with underlying deficits and these has been highlighted in financial monitoring reports. The reliance on grants over many years mean the base budgets for social care in Bridgend are comparatively low when benchmarked with other local authorities and there is disproportionate impact when the grants are no longer available.

A contributory factor for the projected overspend in 2022-23 is due to challenges in recruiting to permanent vacancies in some key teams. In order to meet the Authority's statutory safeguarding responsibilities— in children's social care where the numbers of workers engaged to meet statutory duties and keep caseloads at safe levels due to increased levels of need are above the agreed establishment. Independent experts are supporting the development of a business case to set out what is needed going forward for there to be sustainable ability to meet need within budget.

A further area of pressure is due to the volume and complexity of need for statutory social care services from the vulnerable population of the county borough. Bridgend has a growing population and there are more people with statutory care and support needs post Covid pandemic. Practice continues to be strength based and eligibility criteria rigorously applied. The most cost overspends are evident in learning disability services, mental health services and services for older people. There are increasing numbers of children who require residential accommodation, care and support which is resulting in a significant budget pressure in that area.

Finally, the escalating costs for commissioned care providers (domiciliary, residential and nursing) linked to inflation (food and fuel are particularly impactful) and the need to increase the pay of staff to compete with retail and hospitality and the increased reliance on agency staff (particularly registrant nurses) have meant that some councils have reported having to look at applying across the board increases in their fees during the past year. However, providers are continuing to get into financial difficulty and there is market exit probability in both adult and children's services which will place more pressure on Council budgets as the Council will always be a safety net provider in such circumstances.

The position in Bridgend is not unique; the Welsh Local Government Association has written to Welsh Ministers to advise that there is an estimated total cumulative pressure for social services of £407.8m for 2023-24 and 2024-25 across Wales. Within this overall Social Services total the estimated total commissioning cost and demand pressures are £288.4m. Pay inflation pressure totals £75.8m for the two years. The position in Bridgend is particularly acute as increases in demand in children's social care have been particularly acute due to the particular circumstances of the current operating context. Independent analysis advises these increased pressures will remain for at least a 2-year period.

Sustainable and aligned service and financial plans, which maximise the impact of all services – statutory and non-statutory – to preventing escalation of care needs is critical and a whole Council approach to systematically progressing service reviews and understanding in detail the budgets required is essential.

Workforce issues impacting on Service Performance

The Directorate continues to focus on the retention and recruitment of the social care workforce and provide interventions that support workforce recovery, promote and enhance self-care and compassion, and putting wellbeing as a priority for staff.

During the reporting period, the Directorate has seen an 18% increase in days lost to sickness per FTE when compared to the same period last year and a 20% increase in cumulative days lost per FTE. The breakdown in days lost to sickness per FTE when compared to the same time last year is as follows:

- 6% increase in Adult Social Care
- 77% increase in Children's Social Care
- 56% increase in Business Support

However, it is important to note that although there has been a significant rise in the percentage increase in days lost to sickness per FTE, within Children's Social Care the total number of absences rose by 4 and remained the same in Business Support. Conversely within Adult Social Care, although days lost rose by 6% there was an increase in the number of absences of 36. This would suggest that absences in Children's Social Care and Business Support are long term whereas in Adult Social Care they are more short term, reflecting the particular nature of the workforce and indicating the need for bespoke solutions.

Failure to attract, develop and retain workforce remains a key risk for the Directorate. However, the Directorate continues to mitigate this risk via 'workforce' projects particularly focussing on children's social work and care workers as set out in the director's introduction.

The Directorate has also used agency staff across a number of services within Adult and Children's Social Care and Business Support and has progressed development of social work support officer roles to reduce the 'non social worker' tasks that professional social workers are required to undertake.

Recruitment of international social workers is progressing and is anticipated to be a medium-long term plan to reduce vacancy levels in Children's social work teams. Following the procurement of an international social work provider, recruitment processes have begun and successful applicants are due to commence employment in 2023. A project group has been set up to identify and address areas of work that are required to support the arrival and induction of the recruited international workers. This includes colleagues from Children's Services, HR, Housing and Education and Family support.

In the long term, for the last 2 years there has been a significant increase in the number of social work degree places supported by BCBC through the 'grow our own' social worker programme. There were 7 secondees who commenced the degree course in 2021/22 and 8 trainees and secondees who commenced the degree in 2022/23. The continued support to the grow our own scheme is crucial over the longer term to addressing social worker recruitment issues.

Procurement issues impacting on Service Performance

Close and regular provider engagement and contract monitoring activity, and additional financial support has been provided. The recommissioning of services provides the basis for providers to grow their businesses. During quarter 1 and 2 of 2022/23 we continue to progress a number of key actions put in place to build resilience. The Directorate has:

- Established an Improving Outcomes for Children Board to strategically address the improvements identified in the Council's own 3-year improvement plan and the CIW Performance Evaluation Inspection (May 2022).
- Established a corporate transformation programme – Improving Outcomes for the Joneses – to lead the remodelling of social care in Bridgend.
- Operated gold, silver and bronze management arrangements to oversee the operational focussed improvements required in children's social care and a pressures (silver) group to address the challenges in meeting statutory duties in adults social care.
- Reviewed the directorates performance framework, quality assurance framework and supervision policy to strengthen performance, quality and management oversight.
- Developed an implementation plan for a strength-based model of practice in children's social care (signs of safety) and undertaken deep dive reviews in adult social care with a view to implementing a new operating model in 2023.
- Developed a commissioning plan to grow services to ensure that reablement services are at pre-pandemic levels of activity.
- Published Market Stability Reports for regulated services in-line with Welsh Government Requirements.
- Developed service planning groups for key population areas, with a view to developing commissioning plans based on identified population needs and priority areas; which will develop joint commissioning strategies between Housing and Social Care following independent analysis for key population groups including care experienced children and older people.

Asset Management implications on Service Performance (not for all directorates)

All assets are managed by the Corporate landlord or via partners through management fees

Regulatory Tracker

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Action in Q1 & Q2 2022-23	RAG (at end Q2)	Open / Closed
May 2022	CIW, Report of Performance Evaluation Inspection of Children's Services	PE1 - Opportunities for children's views to be consistently sought and appropriately recorded need to be strengthened	<p>Consultation and engagement activity with Care Experienced Children and Care Leavers has involved focus groups and a specific event including:</p> <p>Consultation on what makes a good parent with the outcome of producing media clips used in member induction training.</p> <p>Consultation on what it is like to be 'in care' or 'a care leaver'.</p> <p>Consultation on identifying the most important issues for care experienced children, young people and care leavers when being supported by statutory agencies and partners with the outcome to inform the priorities of the Bridgend Corporate Parenting Board</p> <p>Young People Interview Panels supporting recruitment</p> <p>Our young people volunteering to be Young Ambassadors with Voices from Care to discuss the future of the Care System in Wales at the Senedd with Ministers and the Children Commissioner for Wales</p> <p>Commissioned a new Specialist Participation Service contracted to run a Care Experienced Forum and a Care Leavers Forum that will both meet monthly from November 22</p> <p>Outcome focused case recording policy and guidance is at final revision stage. Aim to launch by December 2022.</p> <p>Audit activity will take place 3 months after launch.</p>	GREEN	Open
		PE2 - Limited Evidence of Direct Work	Practice guidance has been reviewed. There is guidance on listening to and recording the voice of the child, and tools for practitioners to use when undertaking direct work with children and young people available on the children's social care web pages. This area will be strengthened further by the development of 'lived experience of the child' practice guidance.	GREEN	Open
		PE3 - Inconsistent use of chronologies and genograms	Completed	BLUE	Closed
		PE4 - Strengthen business support for practitioners	<p>New SWSO structure will be implemented in case management teams from 1st December 2022</p> <p>Training plan in place for staff to commence Dec 22 – March 23</p> <p>Proposed changes to the fostering service business support team have been prepared with job descriptions and capacity reviewed with an aim of commencing consultation in December 2022</p>	GREEN	Open
		PE5 - Variable evidence of management oversight/Quality of supervision	<p>Review completed and revised policy is with SSWB SMT for approval w/c 21/11/22</p> <p>An external provider has been commissioned who will deliver a programme of training for supervisors and supervisees from Jan 23 onwards</p> <p>Programme is underway</p> <p>The new Q A framework makes clear roles and responsibilities in Q A and the role of QA in driving change and improvement through reflective action learning, training and development and practice guidance.</p> <p>Training on facilitating action learning sets is available and teams are encouraged to use action learning sets to share and reflect on practice.</p>	GREEN	Open
		PE6 - Practice model – implementation of Signs of Safety	<p>Back to basics training is being delivered to teams to introduce the concept of Signs of Safety in readiness for formal implementation of the full model.</p> <p>Principal Officer appointed start date tbc</p> <p>Implementation plan for first phase has been agreed with an appointed signs of safety consultant facilitating sessions with the leadership team to prepare for a service launch in February 23</p>	GREEN	Open

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		PE7 - Review of direct payments scheme	Draft policy and strategy document is out for engagement with staff and key stakeholders. A face-to-face engagement event with those individuals/carers in receipt of Direct Payments is due to be held on 12 th December 22	GREEN	Open
		PE8 - Consistent offer of a carers assessment	Following conclusion of the Direct Payments engagement, further engagement with carers will take place before the end of the financial year with a view to co-producing a carers strategy. As an interim measure the managers of the Disabled children team has reviewed paperwork to ensure that the meaningful offer of a carers assessment at the point of contact is captured and recorded within our systems	GREEN	Open
		PR1 - Opportunities to prevent escalation of need continues to be a challenge for the local authority given the persistently high volume of referrals together with the complexity of needs of children and families, and workforce challenges	<p>Edge of Care / IFSS</p> <p>Increase of 4.5 posts to support increased demand and prevent escalation</p> <p>Further work has been undertaken to understand specific needs within BCBC, including one programme offering emotional regulation and distress tolerance for parents who are struggling to manage the demands of parenting, another called Family Connections which focuses on conflict resolution skills for whole families</p> <p>A case tracker has been developed within edge of care services / IFSS to monitor timescales and length of support offered to a family to ensure there is no drift in support offered, this is used as a tool in supervision to support staff in developing appropriate exit strategies to alternative services.</p> <p>Commissioning further staff to be trained in 'train the trainer' evidence-based parenting programmes so numerous groups can run simultaneously to offer support to parents.</p> <p>Family Group Conferencing</p> <p>Since October 2022 the LA has committed to funding FGC's for all families who are open to statutory services for at least 3 months</p> <p>The development of a conflict resolution programme for families who have gone through the FGC process and will require a whole family approach plan to embedded for the longer term.</p> <p>The terms of reference for the children and young people area planning groups have been finalised and meetings have been set up starting December. A priority focus of the planning group is family support services and intervention</p> <p>Growing our own Social Work Programme - 4 staff have been seconded on the BSc Social Work Cardiff Met/Bridgend college programme commenced academic year 2022/23. 4 social work trainees have been recruited and have commenced the BSc social work programme (as above). Trainees are super- numery staff, each trainee has an individual programme of learning and development alongside their academic study and practice learning placements they will gain practical experience across Adults and Childrens teams</p> <p>A project group has been set up to oversee international recruitment and to date 8 social workers have been offered posts with prospective start dates in January 2023.</p> <p>The social work charter is in draft and workshops have taken place with practitioners and managers to finalise a draft for launch on world social workday 2023.</p>	AMBER	Open
		PR2 - Missed opportunities to thoroughly explore and mitigate risk and a lack of professional curiosity	Ongoing programme of Back-to-Basics Training is in place with dates scheduled through to March 2023. Back to Basics Training is mandatory. 8 Professional curiosity training courses have taken place this year with two further courses scheduled for Nov and Dec 22. Signs of Safety training to commence from Jan 23.	GREEN	Open

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			Training activity is evaluated initially at engagement with and reaction to an individual event. How learning has been transferred by an individual into their role and how new skills and knowledge have been used are less tangible and harder to measure. Discussion within supervision and performance data are mechanisms used to gauge the wider impact of learning on the individual and the organisation		
		PR3 - Placement sufficiency and support	<p>Prior to opening a root and branch review of the existing service delivery model will be completed to ensure the operating model in the new home is fit for purpose</p> <p>Building work has commenced on the new Home based in Brynmenyn.</p> <p>A Bid has been submitted to Welsh Government to support the review and development of the right multi-agency therapeutic model which will include access to psychological assessments where required and we are currently awaiting the outcome to find out if we have been successful.</p> <p>Hillsboro Residential Home for Children and Young People looked after and in crisis has been registered and provides a solo placement to a young Person.</p> <p>Regional Development of Accommodation Options for UASC in Treforest.</p> <p>Foster Wales Bridgend Recruitment and Retention Strategy has been completed and is awaiting sign off from CSC SMT.</p> <p>Meeting arranged in November 2022 for Regional Leads to discuss Regional Fostering arrangements in respect of Parent and Child Placements, Family Link Placements and Supported Lodgings Providers</p> <p>Bid submitted to Welsh Government to support the development of the MYST approach in BCBC. In the interim scoping has begun in readiness to take the work forward.</p>	AMBER	Open
		PR4 - Accessibility of information, advice and assistance	<p>Draft review document produced for consideration and presented to CMB. Final report to be produced on options and resource implications by Dec 22.</p> <p>IAA focused plan implemented and continues to be reviewed</p>	GREEN	Open
		PR5 - Strengthening of Quality Assurance (QA) framework and alignment of performance and quality assurance systems	<p>Further independent audits have been carried out in relation to case management and supervision and findings/recommendations reported to the Improvement Board</p> <p>Review completed and new framework is on agenda for Directorate management team sign off w/c 21/11/22. It will then be launched with teams in December 22 – Jan 23</p> <p>Q and A activity will be reported to the monthly Directorate performance meeting chaired by the statutory Director</p> <p>Internal audit and review of the framework and its impact will be carried out 12 months after implementation</p>	GREEN	Open
		PI1 - Inconsistent thresholds and standards of practice	<p>A programme of core and specialist training is on-going covering Back to Basics and subject specific courses as listed above.</p> <p>Ref Pe 6</p> <p>Practice development plans completed and are reviewed in silver meetings on a weekly basis</p>	AMBER	Open
		PI2 - The local authority will need to ensure its communication strategy is sufficiently robust to effectively communicate to staff and partners the vision for children's services and the many developments taking place/planned to take place	Partnership working has been strengthened through the Regional Safeguarding Board Executive Steering Group and the Bridgend Joint Operational Group. A summit is being held to explore a vision and priorities for integrated working for children and families in Bridgend. Consideration will be given to partner involvement in the improving outcomes for children board.	GREEN	Open

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		PI3 - Share learning from audits and reviews with staff and partners	Learning from Child Practice Reviews is incorporated into relevant training courses. Bespoke briefing sessions for staff to take place in relation to the Bridgend Child Practice Reviews when reviews the reviews are completed, and reports published. Three practice learning events in relation to Child T are arranged for Dec 22	GREEN	Open
		W1 - Further work is required to improve the timeliness of meeting statutory responsibilities	A performance management framework has been implemented across the Directorate which provides management oversight of key performance management data. The Children's Social Care monthly performance management report includes key national metrics as well as local operational information, such as assessments and reviews. The report follows a child / young person's pathway. To further strengthen these arrangements the dashboard presented to silver meeting has been further developed and provides management oversight of key performance information on a weekly basis. Operational service area dashboards continue to be developed to provide management oversight at weekly bronze meetings. Next steps are to prioritise the list of statutory requirements and work with the WCCIS team to build on the suite of data/performance reports to enhance automated reporting and streamline data validation arrangements	GREEN	Open
		W2 - Facilitation of supervised contact	A review will be undertaken by our improvement partner as part of their work to review the operating model, this review will be completed by March 23. In the interim there is has been a rapid review of the current arrangements that are in place, and a report on the findings and interim recommendations will be presented to CMB in Nov 22	GREEN	Open
		W3 - Consistent high quality written records	Cross reference to Pe 1 The guidance on the use of chronologies has been included in the revised recording policy. Review of foster carer handbook which includes guidance in relation to recording for foster carers, and further training will be undertaken to support the guidance. Policy Officer appointed start date 7/11/22	AMBER	Open
		W4 - CSE and CCE – strengthen interventions and mapping	The regional subgroup is established, and the Group Manager for Development and Improvement is engaged in this area of work. The pathway document and underpinning toolkit is finalised, and a phased implementation plan is under development. This has been presented to CSC EMT on 16/11/22 and implementation plan is being developed.	GREEN	Open
		W5 - First year of practice – ensure competence and confidence of staff and provide consistent supervision and oversight	The programme has been reviewed and revised. 14 NQSW's (including agency workers) commenced the programme in October 22. All NQSW's are required to complete a mandatory training pathway and an additional development programme. This includes reflective learning on areas relevant to social workers in both Adult and Childrens Social Care NQSW's will have: Support from a mentor based within their team Reflective professional supervision by a qualified social worker. Weekly for the first four weeks then every 4 weeks for the remainder of their first year in practice.	GREEN	Open
June 2023	Ty Cwm Ogwr Residential Home	Regulation 80 - The responsible individual must prepare a report to the service provider including and assessment of the standards of care and support and recommendations for improvement at the service.	Q1 - A position statement has been completed on all areas of improvement to meet Reg 80 Q2 - A new Group Manager and Responsible Individual position for Direct Care Provider Services has been created and the person appointed commenced in post on 14/11/22.	BLUE	Closed

Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Action in Q1 & Q2 2022-23	RAG (at end Q2)	Open / Closed
	Priority Action Notices	Regulation 60 - The Service Provider must notify CIW of events specified under Part 1 Schedule 3	Q2 - Management team submitting Regulation 60 notifications in line with regulatory standards .	BLUE	Closed
		Regulation 12 - The Service Provider must ensure appropriate policies and procedures are in place and that these are kept up to date.	Q2 – Action plan in progress for Adult Services co-ordinated by Policy Officer for the Social Care Workforce Development Team.	AMBER	Open
		Regulation 19 - The service Provider must ensure the written guide is dated, reviewed and updated as needed. It also needs to include information about how to make a complaint and availability of advocacy support.	Q2 – The written guide has been reviewed, updated and is available in English and Welsh format.	BLUE	Closed
June 2022	Maple Tree House Children Residential Home Priority Action Notices	Regulation 69 - The service provider has made arrangements for the manager to manage a second service without discussing or agreeing this with CIW	The MTH Residential Manager will not be responsible for a second service (Hillsboro) as a Residential Manager is being recruited specifically for that home.	BLUE	Closed
		Regulation 18 - The service has not ensured the provider assessments are routinely reviewed and updated.	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual.	BLUE	Closed
		Regulation 80 - The responsible individual has not put suitable arrangements in place to monitor, review and improve the quality of care of care provided in the home.	A new Responsible Individual for Children’s Residential Homes Post has been created and the person appointed commenced in post on 14/11/22. The new post holder will undertake monthly Quality Assurance Visits to all homes. The Quality Assurance Framework across children’s residential care homes to be reviewed and updated.	GREEN	Open (Framework to be developed)
		Regulation 8 - The responsible individual has not established and maintained suitable performance and quality assurance systems, completed a review of the quality of care at the required intervals and has not consulted with individuals as part of the quality-of-care arrangements.	The Quality-of-Care Report has been completed. The Quality Assurance Framework across children’s residential care homes to be reviewed and updated.	BLUE	Closed
		Regulation 36 - The service provider has not ensured care staff receive adequate training to be able to provide care and support for children.	All staff employed at MTH are registered with Social Care Wales or in line with regulatory requirements completing the All-Wales Induction Framework or AWIF (to enable them to Register). All Casual and Agency staff being used are either registered with Social Care Wales or in line with regulatory requirements completing the AWIF. A new training matrix was established including a number of mandatory/core training for staff to attend. Staff have completed the training, but a large proportion have now left the role. This core training will be delivered as part of a two week “induction” for all current and new staff prior to MTH being re-opened. Core Training has been reviewed and mapped against the Statement of Purpose. All staff continue to receive regular supervision despite having been re-deployed across the other children’s homes (with MTH in Dormancy).	GREEN	Open (Training will need to be delivered to the ned staff team prior to re-opening).





Report Issued	Name of Audit / Regulator	Recommendation/Proposal for Improvement	Action in Q1 & Q2 2022-23	RAG (at end Q2)	Open / Closed
			A daily/weekly structure has been developed to support consistency for staff and young people including opportunity for staff to receive skills training and support from the Behaviour Analyst.		
		Regulation 35 - The service provider has not conducted a safe or robust recruitment process	The BCBC recruitment process is sufficiently robust. Prior to engaging any Agency staff, the Agency is required to provide the individuals profile, copy of references and relevant training certificates and the manager will check SCW Registration.	GREEN	Open as on-going
		Regulation 34 - The service has not provided a sufficient or suitably qualified team of care staff to meet the assessed care and support needs of children.	All staff employed at MTH are registered with Social Care Wales or in line with regulatory requirements completing the All-Wales Induction Framework or AWIF (to enable them to Register). All remaining staff hold the qualification relevant to their post. When MTH re-opens there will need to be regular consideration within Supervision to ensure that staff have the necessary knowledge and skills to meet the young people's needs.	GREEN	Open (new staff team being recruited)
		Regulation 43 - The service provider does not ensure the premises and facilities are safe, suitable and well maintained.	All identified work within MTH has now been completed. A site visit that includes the new RI, Group Manager and GM Corporate Landlord needs to be undertaken to compile a "snagging" list to ensure work completed is of a high standard. The construction of the new home to replace MTH continues and is currently within timescale.	GREEN	Open as site visit not yet undertaken
		Regulation 21 - The service provider does not ensure care and support is provided to promote and maintain the safety and wellbeing of children.	An independent audit was undertaken and gaps on the children's records were addressed. All updated documents were disseminated amongst the staff team. Systems to monitor this were reviewed and updated to support on-going oversight. Daily structures have been developed to ensure a consistent routine is delivered within MTH when it emerges from dormancy. These will form part of the two week "Induction". Regular unannounced visits were undertaken to monitor staff interaction with young people outside of normal office hours.	GREEN	Open – will be addressed as part of Development Plan
		Regulation 6 - The service does not have clear arrangements for the oversight and governance of the service.	Additional Management Capacity has been established with the implementation of a new Responsible Individual role. The Post Holder will have direct line management of all Residential Managers and have the capacity to provide robust oversight and governance.	BLUE	Closed
		Regulation 7 - The service provider does not ensure a service is provided in accordance with their statement of Purpose.	The Statement of Purpose was reviewed and updated in September 2022. Completion of all Priority Action Notices alongside Delivery of a Development Plan prior to recommencing service delivery at MTH will ensure compliance in this area.	GREEN	Open
		Regulation 26 - The service provider has failed to ensure children living in the home have been safeguarded from harm.	All outstanding Safeguarding Matters pertaining to MTH have been actioned as required and there are no outstanding issues. Safeguarding training has been delivered to staff at MTH. However, given the turnover of staff this will need to be delivered as part of the two week "induction" prior to re-opening.	GREEN	Open
		Regulation 14 - The service has not ensured provider assessments are regularly updated and reviewed and risks to others suitably mitigated.	All Provider Assessments updated. Staff training delivered in respect of Provider Assessments including regulatory requirements. 3 monthly checks of Provider Assessment to be undertaken by the Responsible Individual.	BLUE	Closed
		Regulation 15 - The service has not created personal plans that promote positive outcomes, capture all necessary information and do not consult with children about their views, wishes and feelings.	The personal plans of Young People were reviewed as part of an independent audit and all gaps addressed. Training has been undertaken with the staff team and will be re-visited prior to re-opening of MTH.	GREEN	Open

KEY:

Overall performance judgement	
Status	Descriptor
EXCELLENT	Very strong, sustained performance and practice
GOOD	Strong features, although minor aspects may require improvement
ADEQUATE and needs improvement	Strengths outweigh weaknesses, but important aspects require improvement
UNSATISFACTORY and needs urgent improvement	Important weaknesses outweigh strengths

Performance indicators	
Status	Definition
GREEN	On target or better AND Performance has improved compared to last year (or performance is at maximum and cannot be improved on)
YELLOW	On target
AMBER	Target is within 10%
RED	Target is missed by 10% or more

Commitments		
Status	Meaning	Descriptor
BLUE	Complete	Project (or task within a project/plan) is completed and is no longer a priority.
GREEN	Progressing as planned and according to designated time, budget and desired outcomes.	Actions completed within timescales, on budget and evidence of achieving desired outcomes
AMBER	Issues that could delay progress	Task/action looks liable to go over budget Task/action agreed deadlines show slippage Task/action within 2 weeks of deadline - not started Risk or issue score increases (review required)
RED	Significant issues	Task/action over budget Task/action agreed deadline breached Risk or issue score increases to critical or catastrophic

Performance Indicators (Trend)		Performance Indicator types	
	Performance has improved compared to last year.	CP	Corporate Plan indicator
	Performance has maintained (this includes those at maximum)		
	Performance has declined BUT within 10% of the last year		
	Performance has declined by 10% or more compared to previous year		

WBO2: Helping people and communities to be more healthy and resilient

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.1	Develop a sustainable operating model for social care services, as we understand the short-, medium- and long-term impact of the Covid-19 pandemic, ensuring that the Authority is able to meet needs for care and support through effective assessment, care planning, commissioning and service development. (SSWB)	Amber	<p>Within Adult Social Care work is progressing on the review of social work services, the social work arrangements for transition services and the Adult Services Operational Group which has a focus on D2RA.</p> <p>Within Children's Services the implementation plan for the IAA Operational model is being finalised and the implementation plan for sign of safety is being progressed and a principal officer social work transformation has been appointed to lead on this.</p>	<p>Within Adult Social Care work will progress on the social work review.</p> <p>The service will also commence with the implementation of the D2RA pathways</p> <p>In quarter 3 the leadership team in Children's Social Care will be finalising the signs of safety implementation goals. In quarter 4 the commitment statement and workforce pledge will be finalised and Signs of safety launched at a whole service event .</p>

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
SSWB37 CP WBO2	Number of people aged 65+ referred to Community Resource Team (CRT) <i>Higher Preferred</i>	1,981	1,981	990	1,023	991	↑	Quarterly Indicator Target Setting: Based on 2021/22 Improved Performance Performance: On target, despite the current difficult situation regarding social care capacity, this may be due to the high numbers of therapy only referrals.
SSWB38a (AD/011a) CP, SSWBPM WBO2	Percentage of reablement packages completed that reduced need for support <i>Higher Preferred</i>	16.81%	33%	33%	7.14%	10%	↓	Quarterly Indicator Target Setting: Maintaining Performance Performance: AD/011c is overperforming, therefore, this metric will underperform.
SSWB38b (AD/011b) CP, SSWBPM WBO2	Percentage of reablement packages completed that maintained same level of support <i>Lower Preferred</i>	4.68%	11%	11%	4.76%	18%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: AD/011c is overperforming, therefore, this metric will underperform
SSWB38c (AD/011c) CP, SSWBPM WBO2	Percentage of reablement packages completed that mitigated need for support <i>Higher Preferred</i>	70.94%	48%	48%	83.33%	64.40%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This target has overachieved due to the high numbers of therapy only referrals accepted, as access to social care is difficult. .
SSWB38d CP WBO2	Percentage of reablement packages completed that increased need for support <i>Lower Preferred</i>	7.88%	8%	8%	4.76%	7.6%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This is on target due to the service accepting more therapy only referrals than is normal due to the difficulty accessing social care.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.1.3	Ensure a sufficiency and high standards of all social care services. (SSWB)	Amber	The directorate has strengthened performance management and quality assurance arrangements and has action plans to address any 'hot spots' in performance and themes arising from quality assurance activity. The directorate also has improvement plans to address issues identified in regulatory inspections – the CIW children's services performance evaluation inspection and the regulatory inspections are set out in the tracker above.	Continue to embed new performance and quality assurance frameworks and progress within set timescales the actions in the inspection improvement plans.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.2.1	Continue the safe reduction of care experienced children, and support care experienced children to achieve the best possible outcomes by • Ensuring care experienced children are supported to live with their families and where this is not possible identify alternative permanence options at the earliest opportunity • Ensuring care experienced children enjoy the same life chances as other children (SSWB)	Amber	There is a continued focus on the LAC reduction strategy and plans for reduction of CLA through the making of alternative orders or discharges of Care Orders, particularly for Placed with Parents.	We will continue to focus on discharges and alternative orders but will need to closely monitor the overall number due to the wider context of significant increases in demand in Children's Social Care and the emerging impact on numbers of children becoming care experienced.

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
PM33 (PAM/029) SSWBPM WBO2	The percentage of looked after children on 31st March who have had three or more placements during the year. <i>Lower Preferred</i>	12.03%	12%	6%	4.77%	3.90%	↓	Quarterly Indicator Target Setting: No Target Performance: Due to increase in this area a Placement Stability Framework is being re-introduced to ensure children and young people's lives are not disrupted.
SSWB39 (CH/039) CP, SSWBPM WBO2	The number of children and young people looked after <i>Lower Preferred</i>	374	374	374	377	385	↑	Quarterly Indicator Target Setting: Improved performance on 21/22 actual outturn Performance: There is a focus on the LAC reduction strategy and plans for reduction of CLA through the making of alternative orders or discharges of Care Orders, particularly for Placed with Parents.
SSWB48a CP WBO2	Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 12 months since leaving care <i>Higher Preferred</i>	64.52%	65%	65%	55.56%	50%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This reflects the number of care leavers that the team are in contact with, so the figure may indeed be higher. There is increased support provided via SDDF to promote engagement with education, training and employment. PA capacity is now being increased which will enable staff to focus and provide additional support.
SSWB48b CP WBO2	Percentage of care leavers who have completed at least 3 consecutive months of employment, education or training in the 13-24 months since leaving care <i>Higher Preferred</i>	54.55%	55%	55%	63.64%	42.86%	↑	Quarterly Indicator Target Setting: Maintaining Performance Performance: This reflects the number of care leavers that the team are in contact with, so the figure may indeed be higher. There is increased support provided via SDDF to promote engagement with education, training and employment. PA capacity is now being increased which will enable staff to focus and provide additional support.
SSWB49 CP WBO2	Percentage of care leavers who have experienced homelessness during the year (new wording) <i>Lower Preferred</i>	20.69%	Establish Baseline	N/A	5.26%	14.29%	↑	Quarterly Indicator Target Setting: Revised Guidance for 2022-23- Establish Baseline Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation, so this is not necessarily indicative of their actual current situation.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.1	Improve the quality of care and support provided to individuals at home through a multidisciplinary team around people in our Community Cluster Networks, ensuring timely and responsive assessments that are people centred and meet need. This will also improve our ability to anticipate future need and ensure contingency plans are in place. (SSWB)	Amber	This modelling is rolled out, focus is on embedding and mainstreaming, and developing the anticipatory care modelling	Work with the Health Board and the Cwm Tat Morgannwg region on progressing this model as part of the Accelerated Cluster Development Programme.

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
SSWB43 CP WBO2	Proportion (%) of individuals in managed care supported in the community <i>Higher Preferred</i>	73.40%	75%	75%	74.56%	75.82%	↘	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: The market for care and support at home remains volatile. It has been impacted by the limitations on the community offer, which has created significant pressure for people and their carers living at home. The impact of the pandemic on our future commissioning projections will have to be considered when projecting all future needs .
SSWB44 CP WBO2	Proportion (%) of individuals in managed care supported in a care home setting <i>Lower Preferred</i>	26.6%	25%	25%	25.44%	24.18%	↘	Quarterly Indicator Target Setting: Improved performance on 2021/22 actual outturn Performance: It is inevitable, lockdown and Covid 19 restrictions have impacted on the flow of people into regulated care home settings. More people have stayed home for longer and others have been placed in care who would have stayed home for longer at an earlier date had care at home been available. The impact of this on our care home bed capacity will need to be carefully monitored going forward.

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO2.3.2	Rebuild participation in leisure and cultural activities by improving accessibility, removing barriers to involvement and supporting individual wellbeing and community Covid recovery. (SSWB)	Amber	There is evidence of a steady rebuilding of usage of leisure and cultural services and also a growth in more targeted approaches to support the more vulnerable not only in terms of rebuilding communities as part of post covid recovery but also to support cost of living pressures. There will be a need to inform council of future pressures as they are identified. Financial pressures anticipated due to increased operating costs and cost of living pressures faced by communities	Service development planning to commence for 23-24 and related reporting to CCMB and advisory boards. Which are now established for both partnerships.

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
SSWB53 CP WBO2	Total library issues, including physical issues, digital issues and books on wheels service to people's homes <i>Higher Preferred</i>	New 22.23	Establish Baseline	N/A	221,361	N/A	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: There were 99,485 issues in quarter 1 (86382 physical, 12,237 digital and 866 via mobile) and a further 121,876 in quarter 2 (107,531 physical, 13,437 digital and 908 mobile) This gives a total of 221,361. .
SSWB54 CP WBO2	Total visits to leisure centres operated by Halo Leisure for all purposes <i>Higher Preferred</i>	New 22.23	Establish Baseline	N/A	597,600	N/A	N/A	Quarterly Indicator Target Setting: New Indicator- Establish Baseline Performance: Halo venues supported 289,535 visits in quarter 1 (of which 220,152 were physical activity based) and 308,065 in quarter 2 (of which 219,836 were physical activity based.).

Other indicators linked to achieving WBO2

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
CH/052 Local WBO2	Percentage of care leavers who have experienced Homelessness during the year <i>Lower Preferred</i>	8.23%	Establish Baseline	N/A	5.26%	N/A	N/A	Quarterly Indicator Target Setting: Revised Guidance- Establishing Baseline Performance: This is the figure of young people that are known to us. We are looking at accommodation for care leavers currently to improve opportunities. A young person often presents as homeless in order to secure accommodation, so this is not necessarily indicative of their actual current situation. Work is to progress with housing as part of the Corporate Parenting Board to consider whether it is necessary for care experienced young people to present and be recorded as homeless in order to secure accommodation.
PM24 (PAM/028) SSWBPM WBO2	The percentage of assessments completed for children within statutory timescales <i>Higher Preferred</i>	67.46%	N/A	85%	70.92%	78.82%	↓	Quarterly Indicator Target Setting: No Target Setting Comments Performance: Performance is still not at the levels that we would want them to be. Significant levels of investment have been put into providing additional staffing capacity within the IAA service. There continues to be a focused improvement action plan in place in relation to IAA that is overseen by the Group Manager IAA & Safeguarding. Performance has improved since the quarter 2 report and there will continue to be detailed oversight to ensure high standards are in place.

WBO3: Smarter use of resources

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.3	Implement the planned budget reductions identified in the MTFS, in particular for the 2022-23 financial year, set annual balanced budgets and establish long term financially sustainable solutions. (SSWB)	Amber	The current MTFS requires further remodelling in the learning disability day services in order to fully achieve the savings identified. Given the overspend in the learning disability budgets an independent review has been commissioned to review the operating model and understand the most cost-effective way of delivering daytime support for people in Bridgend.	Receive and consider the recommendations from the independent review.

Performance Indicators

PI Ref No	PI Description	Annual target 22-23 £'000	Performance as at Q2						Comments
			Red		Amber		Green		
			£'000	%	£'000	%	£'000	%	
DWB6.1.1iii (SSWB12) CP feeder WBO3	Value of planned budget reductions achieved (SS & Wellbeing)	£365	£0	0%	£115	32%	£250	68%	See comment on 'Implications of Financial Reductions on Service Performance'

Commitment

Code	Commitment	Status	Comments	Next Steps
WBO3.2.4	Adapt our ways of working to make better use of our assets and build on the technological progress accelerated by COVID. (SSWB)	Green	Teams in the directorate continue to review their operating arrangements to ensure the most effective model of working in the hybrid environment. The home care workforce has benefited from a call monitoring system and work is progressing to realise the benefits from this investment.	The benefits from investment in technology will continue to be evaluated to improve the efficiency and effectiveness of operational delivery.

Other

Performance Indicators

PI Ref No, PI Type, PAM / Local link to Corp Priority	PI Description and Preferred Outcome	Year End 21-22	Target 22-23	Q2 Target 22-23	Q2 position 22-23 & RYAG	Q2 21-22 (same period last year)	Direction of Travel compared to same period last year	Comments
CHR002iii (SSWB13) Local Other priority	Number of working days per full time equivalent lost due to sickness absence (SS & Wellbeing) <i>Lower Preferred</i>	20 days	No Target	N/A	11.02 days	9.16 days	↓	Quarterly Indicator Target Setting: Improved Performance on 2021/22 outturn Performance: <i>No Performance Comments</i> Deep dives into areas of high sickness in the directorate will be prioritised. Significant wellbeing support is in place and access to physiotherapy or other interventions will be considered if it will support early return to work. Proactive stress risk assessments are promoted and encouraged for all staff and general and bespoke support is available for all staff who are impacted by the harrowing and contested nature of the work they do.
CORPB1a Local Other priority	Percentage of safeguarding e-learning (including workbook) completions (SSWB) <i>Higher Preferred</i>	77.08%	100%	100%	Data unavailable	N/A	N/A	Quarterly Indicator Target Setting: Aspirational target Performance: <i>No Performance Comments</i>

Sickness broken down by Service Area

Unit	FTE 30.09.2022	QTR2 2021-22			QTR2 2022-23			Cumulative Days per FTE 2021-22	Cumulative Days per FTE 2022-23
		Number of FTE days lost	No. of Absences	Days per FTE	Number of FTE days lost	No. of Absences	Days per FTE		
Adult Social Care	586.68	3251.54	243	5.61	3490.81	279	5.95	10.37	11.64
Business Support - SS&W	52.81	77.50	10	1.99	163.50	10	3.10	7.45	4.62
Children's Social Care	181.62	681.03	57	3.64	1169.73	53	6.44	6.74	12.11
Prevention and Wellbeing	21.16	2.00	1	0.10	0.00	0	0.00	0.60	0.38
Social Services and Wellbeing Directorate Total	843.27	4012.07	311	4.85	4824.03	342	5.72	9.17	11.02

Sickness broken down by absence reason

Absence Reason	Social Services & Wellbeing Directorate			
	Q1 Number of FTE days lost	Q2 Number of FTE days lost	Total Number of FTE Days Lost	% of Cumulative days lost
Cancer	335.25	403.33	738.58	7.91%
Chest & Respiratory	292.05	133.45	425.50	4.56%
Coronavirus COVID - 19	220.10	132.11	352.21	3.77%
Eye/Ear/Throat/Nose/Mouth/Dental	59.52	61.15	120.66	1.29%
Genitourinary / Gynaecological	141.98	184.06	326.04	3.49%
Heart / Blood Pressure / Circulation	40.46	100.64	141.10	1.51%
Infections	210.80	234.52	445.32	4.77%
MSD including Back & Neck	712.20	706.89	1419.10	15.21%
Neurological	157.62	93.08	250.70	2.69%
Other / Medical Certificate	113.21	43.62	156.82	1.68%
Pregnancy related	51.85	18.59	70.45	0.75%
Stomach / Liver / Kidney / Digestion	231.76	180.56	412.32	4.42%
Bereavement Related	251.88	432.71	684.59	7.34%
Other Mental illness	15.00	109.57	124.57	1.33%
Stress/Anxiety/Depression not work related	1136.30	1146.42	2282.72	24.46%
Stress/Anxiety/Depression work related	538.41	843.32	1381.73	14.81%
Tests / Treatment / Operation	0.00	0.00	0.00	0.00%
TOTALS	4508.39	4824.03	9332.42	

