

Performance Reporting - Quarter Four 2012/13

SUMMARY

- 1.1 This report presents the quarter four performance results for the Council Scorecard. This includes a dashboard summary of performance in **Appendix 2** and an improvement report in **Appendix 3** for those measures that have missed the year end target.
- 1.2 The Council scorecard, which contains 63 priority measures, will be presented at the Part 1 Cabinet Meeting on 10 July.
- 1.3 The quarter four position for all relevant performance measures and departmental business plan objectives are available on the DORIS performance system.

RECOMMENDATIONS

- 2.1 To note the quarter four 2012/13 performance results.
- 2.2 To review areas which are under-performing to ensure appropriate actions are in place to support improvement.

REASON FOR RECOMMENDATION

3. Performance monitoring underpins the Council's planning framework in terms of reviewing progress regularly in achieving our priorities and delivering value for money. Early investigation of variances enables remedial action to be taken where appropriate.

SUPPORTING INFORMATION

- 4.1 The performance measures shown in the dashboard summary in **Appendix 2** are identified as part of the Council Scorecard. Measures relevant to the portfolio are shaded in grey. Performance at quarter four is assessed using traffic light criteria, according to their performance against improvement targets.

- 4.2 Areas for improvement are shown in **Appendix 3**, this includes measures that have missed the quarter four target. Accountable officers have provided commentary to put performance into context and identify actions that they are taking to address poor performance.
- 4.3 The traffic light system used within the performance tables is as follows...
- Blue – performance above 2% of target / Completed.
 - Green – performance meets target / On track.
 - Amber – performance within 5% of target / Some slippage.
 - Red – performance more than 5% adverse of target / Major slippage.
- 4.4 All performance measures and objectives within business plans are monitored through DORIS on a quarterly and monthly basis. Latest performance reports for the Council Scorecard and departmental business plans are available on the DORIS performance system (available through iDerby).

OTHER OPTIONS CONSIDERED

5. None.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Head of Performance and Improvement
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For more information contact: Background papers: List of appendices:	Name: Natalie Tuckwell 01332 643462 e-mail natalie.tuckwell@derby.gov.uk None Appendix 1 - Implications Appendix 2 – Council Scorecard Dashboard Q4 2012/13 Appendix 3 – Improvement Report Q4 2012/13
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IMPLICATIONS

Financial and Value for Money

1. The report shows how the Council is delivering value for money against its Council Plan objectives, customer standards and performance measures.

Legal

2. None directly arising.

Personnel

3. The performance framework includes indicators which monitor aspects of the workforce, for example, sickness absence.

Equalities Impact

4. The performance framework includes indicators which monitor the impact of Council initiatives on diverse groups.

Health and Safety

5. None directly arising.

Environmental Sustainability

6. None directly arising.

Asset Management

7. None directly arising.

Property and Risk Management

8. Commentary within performance tables demonstrate the progress being made towards measures that have missed target.

Corporate objectives and priorities for change



9. The performance tables demonstrate progress made towards achieving the Council's priority outcomes as published in the Council Plan.

Council Scorecard – at a glance

Appendix 2

Notes : The measures shaded in grey are included in the Cabinet Portfolio.

Measure Description	Good is	2012/13 Result	Year End Target	Year End Status	Direction of Travel
Business Processes					
CP 07e More services showing an improvement	High	57%	50%	Blue	
DH Local 32 (BVPI 212) Average time taken to re-let local authority housing (days)	Low	20.3 days	22.5 days	Blue	
SP PM09e Missed bins as a percentage of all household bins	Low	0.11%	0.14%	Blue	
CM PM13 80% of new claims and changes processed within 5 days of customer contact and receiving all information	High	96%	80%	Blue	N/A
SP PM13b Percentage of fly-tipping removed from roads/pavements /highways in 1 working day of it being reported	High	99%	93%	Blue	N/A
SP PM13d Percentage of offensive graffiti removed from roads/pavements /highways in 1 working day of it being identified or reported	High	100%	91%	Blue	N/A
SP PM13f Percentage of Street Cleansing incidents dealt with in service standard timescales	High	99%	92.2%	Blue	N/A
CP 08e Percentage of staff able to work flexibly	High	75% (estimate)	75%	Green	N/A
CM PM09a The percentage of council tax collected within 36 months of it becoming due	High	98.1%	98.4%	Amber	N/A
CM PM14 60% of existing claims and changes processed within 14 days of receiving all the information	High	59%	60%	Amber	N/A
DH Local 27 (NI 160) Tenant satisfaction with Landlord (All - Status Survey)	High	83%	88%	Red	
LPI 52b Percentage of CYP complaints responded to within the statutory timescale	High	83%	100%	Red	
LPI 52d Percentage of Neighbourhood complaints responded to within 10 days	High	63%	70%	Red	
LPI 52c Percentage of Adult Services complaints responded to within the statutory timescale	High	68%	100%	Red	
LPI 52e Percentage of Resources complaints responded to within 10 days	High	75%	80%	Red	
L&I PM22 (NI 103a) Special Educational Needs - statements issued within 26 weeks	High	77%	90%	Red	
CM PM05 Percentage of in year collection of Sundry Debt	High	Not available	92.5%	Not available	N/A
CM PM11a Contacts managed by channel: Customer Self Service	High	Not available	35%	Not available	N/A

Measure Description	Good is	2012/13 Result	Year End Target	Year End Status	Direction of Travel
CMPM11b Contacts managed by channel: Assisted	Low	Not available	20%	Not available	N/A
CM PM11c Contacts managed by channel: Personal Customer Contact	Low	Not available	45%	Not available	N/A
LPI 52f Percentage of CEO complaints responded to within 10 days	High	Not available	80%	Not available	N/A
LPI52g Percentage of housing complaints responded to within timescale	High	Not available	80%	Not available	N/A
Community and Service User					
AHH 01C (NI 130) Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	High	63%	60%	Blue	
EIIS PM04 (SS PM04) Children who became the subject of a child protection plan per 10,000 population aged under 18 (Snapshot)	Low	39.50 per 10,000 popn	46.40 per 10,000 popn	Blue	
EIIS PM16 (NI 117) 16 to 18 year olds who are not in education, training or employment (NEET)	Low	7.6%	8.2%	Blue	
EaRS PM18 Percentage of premises compliant with alcohol licensing conditions	High	96%	83%	Blue	
L&C PM06a Increase in gym memberships	High	3,237	3,000	Blue	
L&C PM06b Increase in pay as you go gym attendances	High	43,698	24,000	Blue	
L&C PM11 Increase in young people aged 11 to 16 joining the movement	High	5,589	3,019	Blue	
SS PM07 Children looked after - Children in Care per 10,000 population aged under 18 (EIIS PM05)	Low	81.6 per 10,000 popn	90.4 per 10,000 popn	Blue	
SS PM14 (NI 101) Children in care achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths) (previously L&I PM10)	High	24%	18%	Blue	
L&I PM02 (NI 73) (CP02b) Achievement at level 4 or above in both English and Maths at Key Stage 2 (Threshold)	High	76% (revised results)	72%	Blue	
YA&H PM03 (NI 156) Number of households living in Temporary Accommodation	Low	26	30	Blue	
L&I PM21 The number of qualifications, up to and including Level 2, achieved by Adult Learning Service learners in each academic year	High	1,098 (2012 data)	500	Blue	
YA&H PM10 No of private sector vacant dwellings that are returned into occupation or demolished.	High	143	135	Blue	

Measure Description	Good is	2012/13 Result	Year End Target	Year End Status	Direction of Travel
L&C PM12 Number of people referred onto the b-you programme	High	818	744	Blue	N/A
Regen PM14 Number of jobs created through projects where the Council has directly intervened	High	615	450	Blue	N/A
AHH S1 Repeat referrals as a percentage of all referrals	Low	22%	22%	Green	
GOV PM02 Percentage of FOIs dealt within 20 working days (missing deadline could mean enforcement notice)	High	100%	100%	Green	
L&I PM01 (NI 72) Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	High	56%	56%	Green	
L&I PM03 (NI 75) Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Threshold)	High	57% (revised results)	57%	Green	
YA&H PM08 (NI 155) Number of affordable homes provided (gross)	High	172	170	Green	
CM PM02 Payment of invoices to small businesses within 10 days	High	87%	87%	Green	
EIIS PM17 (NI 148) Care leavers in employment, education or training	High	64%	67%	Amber	
NI 147 Care leavers in suitable accommodation	High	87%	91%	Amber	
SS PM13 Percentage of looked after children with a current PEP	High	87%	90%	Amber	
SS PM15 (NI 61) Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption	High	44%	60%	Red	
YA&H PM05 Number of homelessness preventions	High	1,538	1,700	Red	
L&I PM05 (NI 78) Reduction in the number of schools where fewer than 35% of pupils achieve 5 or more A* - C grades at GCSE and equivalent including GCSEs in English and Maths (amended from 30% in 2012/13)	Low	1	0	Red	
SS PM01 Percentage of looked after children that were adopted	High	11%	12%	Red	

Measure Description	Good is	2012/13 Result	Year End Target	Year End Status	Direction of Travel
CP 07a Better levels of satisfaction with Council services	High	Bi-annual survey – to be reported next in 2013/14 (target is 65%)		N/A	N/A
CP 07d More people who feel involved in Council decision-making	High	Bi-annual survey – to be reported next in 2013/14 (target is 65%)		N/A	N/A
L&I PM23 Percentage of inspected services settings and institutions that are judged as ‘good’ or ‘outstanding’	High	62%	New measure	N/A	N/A
People					
CP 08c All managers successfully completing leadership development programmes	High	100%	100%	Green	➡
CP 08b (HRprim5/BV12) - Average working days per employee (full time equivalents) per year lost through sickness absence	Low	7.6 days	7 days	Red	⬇
CP 08a Raised levels of engagement among employees	High	56% baseline (based on employee survey results)		N/A	N/A
CP 08d All employees participating in Managing Individual Performance	High	64% baseline (based on employee survey results)		N/A	N/A
Value for Money					
CP 07c Achieving planned savings through our 'one Derby, one Council' programme	High	100%	100%	Green	➡
F&P PM04 A legally balanced budget approved by Full Council	High	Approved		Green	N/A
F&P PM21 Unqualified Audit opinion	N/A	Approved		Green	N/A
DH Local 1 (old bop 66b) Rent arrears of current tenants as a percentage of rent roll	Low	2.1%	2%	Amber	⬆
DH Local 7 (BVPI66a) Rent collected as a % of rent due (includes arrears brought forward)	High	98%	99%	Amber	➡
CP 07g Percentage of residents who agree that the Council provides value for money	High	Bi-annual survey – to be reported next in 2013/14 (target is 55%)		N/A	N/A

Quarter Four Improvement Report
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NB: Criteria for inclusion in Improvement Report is that the measure is Red or Amber at Quarter Four.

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
Directorate : Adult Social Care, Health and Housing						
LPI 52c Percentage of Adult Services complaints responded to within the statutory timescale	Red	Red	Quarterly data Target 100.0% Actual 68.0% Forecast data Target 100.0% Actual 68.0% Deteriorating	There are 11 complaints outstanding a response. Those complaints responded to outside the target of 20 days are those more complex cases with multiple agencies involved.	Review the method for setting response targets to include the date agreed with the customer. Continue with the Lagan training programme to ensure investigating officers can update Lagan in a timely manner. The complaints policy and process is also being reviewed.	Performance is closely monitored and a learning report has been developed. The target will be reviewed for 2013/14.
YA&H PM05 Number of homelessness preventions	Red	Red	Quarterly data Target 1,700.0 Actual 1,538.0 Forecast data Target 1,700.0 Actual 1,538.0 Improving	We have not met this target and have struggled especially in the last quarter. In the last few months we have been dealing with the Housing Related Support cuts and housing providers have not been taking new referrals. Housing Advisors have been dealing with those who needed moving on and with lower numbers of hostel placements we haven't been successful in homelessness preventions. This is likely to be an increasing problem for us in the future.	An action plan and turning the curve report will monitor performance in 2013/14. The performance on bed and breakfast, temporary accommodation and homelessness acceptances measures have all been positive. These comparative measures will be tracked alongside preventions to give a rounded picture of the impact of benefit changes.	The targets for this measure are being reviewed. Homelessness acceptances have been proposed as a better measure for the council scorecard. Preventions measure is proposed for performance surgery but would need to be viewed in conjunction with the other three key measures.
Directorate : Children and Young People						
LPI 52b Percentage of CYP complaints	Red	Red	Quarterly data Target 100.0%	80% of complaints within the month were responded to within target	Review the method for setting response targets to include the date	The performance measure was reviewed at a Performance

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
responded to within the statutory timescale			Actual 83.0% Forecast data Target 100.0% Actual 83.0% Improving	timescales. This reflects the complex nature of some complaints involving multiple agencies and people. Of the three outstanding complaints two are at court and cannot therefore be progressed.	agreed with the customer. Continue with the Lagan training programme to ensure investigating officers can update Lagan in a timely manner. The complaints policy and process is also being reviewed.	Surgery in December 2012 (Quarter 2). Performance has improved by 2% between September and March. There is an improvement plan in place. The target will be reviewed for 2013/14.
SS PM15 (NI 61) Timeliness of placements of looked after children for adoption following an agency decision that the child should be placed for adoption	Red	Red	Quarterly data Target 60.0% Actual 44.4% Forecast data Target 60.0% Actual 44.4% Improving	Figures are now FINAL. Of the 36 adoptions recorded during 2012 to 2013 16 were completed within timescales. The year-end target will not have been met although performance has improved significantly from last year at 30% to 44.4% this year.	A number of adoption orders are due to be granted in April and May 2013 as due to the complexity of children's needs they are harder to place and can take longer. Significant work is being undertaken to meet the requirements of the adoption reform agenda supported by the grant which will see a greater focus on increasing the number of carers offering permanence to Derby children and of improving care planning processes across the services in Derby.	This performance measure has been subject to a large amount of scrutiny and challenge over the past 2-years... • December 2011 - Considered at a Performance Surgery • April 2012 - CYP Scrutiny Topic Review • July 2012 - Turning the Curve workshop, including partners to assist in the development of a supporting improvement plan • December 2012 - Considered at a performance surgery. Going forward into 2013/14 this measure will be updated to reflect the adoption scorecard.
L&I PM05 (NI 78) Reduction in the number of schools where fewer than 35% of pupils achieve 5 or more A* - C grades at GCSE and equivalent including GCSEs in	Annual Collection	Red	Quarterly data Target 0 Actual 1 Forecast data Target 0 Actual 1	The national threshold has increased to 40% and there are no LA schools below this level. One sponsored academy (Merrill) academy remained below at 37%.	Derby Winner's Strategy is in place to support an improvement in this measure.	SSIO work closely with schools to support improvements. The CYP Improvement Board has highlighted attainment as a priority for 2013 and as such will be reviewing and challenging work with schools to support

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
English and Maths (amended from 30% in 2012/13)			Stabilised			improvements (a review of the Improvement Board supporting work-streams will facilitate this).
L&I PM22 (NI 103a) Special Educational Needs - statements issued within 26 weeks	Red	Red	Quarterly data Target 90.0% Actual 76.8% Forecast data Target 90.0% Actual 76.8% Deteriorating	The difficulties experienced with the administrative processes have not been resolved as expected, alongside an increase in the number of statements to be prepared. In 2011/12 155 were prepared compared to 197 in 2012/13 with the same number of staff.	The administrative team are working with the SEN Inclusion and Assessment Team to resolve the ongoing issues to improve efficiency. Reports need to be sent to the team so that Statements can be prepared within the agreed timescale.	A local review of SENs was completed by the CYP Improvement Board in November 2012. The performance measure is also going to be considered at a Performance Surgery in June 2013.
NI 147 Care leavers in suitable accommodation	Amber	Amber	Quarterly data Target 91.0% Actual 87.2% Forecast data Target 91.0% Actual 87.2% Deteriorating	Figures are now FINAL The performance measure is currently based on a very small sample of cases - performance has been impacted in the last quarter by 2 cases which due to the way they are categorised by the Home Office cannot receive support but have been counted as a 'negative'. Without the inclusion of these two cases the target would have been achieved.	No action proposed - the definition of the performance measure is being updated for 2013/14 to reflect a more accurate picture of performance.	Performance measure definition to be updated for 2013/14.
EIIS PM17 (NI 148) Care leavers in employment, education or training	Amber	Amber	Quarterly data Target 67.0% Actual 64.1% Forecast data Target 67.0% Actual 64.1% Improving	Figures are now FINAL. The performance measure is currently based on a very small sample of cases - performance has been impacted in the last quarter by 2 cases which due to the way they are categorised by the Home Office cannot receive support but have been counted as a 'negative'. Without the inclusion of these two cases the target would have been achieved.	No action proposed - the definition of the performance measure is being updated for 2013/14 to reflect a more accurate picture of performance.	Performance measure definition to be updated for 2013/14.
SS PM01 Percentage of looked after children	Red	Red	Quarterly data Target 12.0%	Figures are now FINAL. 36 adoptions and 6 Special	Derby continues to have a high number of children with adoption	The target will be reviewed during the refresh of business plans for

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
that were adopted.			Actual 10.8% Forecast data Target 12.0% Actual 10.8% Deteriorating	Guardianship Orders were granted between 1st April 2012 and 31 March 2013. As planned 7 additional adoptions were granted early April that will be reported in quarter 1 2013.	plans and as of 31 March 2013 there are 48 children placed for adoption. A range of improvements are currently being scoped utilising the adoption reform grant with the aim of increasing the number of carers offering permanence to Derby children.	2013/14. Although performance is adrift of the target Derby still compares well to peers and as such no action is proposed (performance has been consistently over 10% for the last 3-years).
Derby Homes						
DH Local 01 (old bop 66b) Rent arrears of current tenants as a percentage of rent roll	Amber	Amber	Quarterly data Target 2.0% Actual 2.1% Forecast data Target 2.0% Actual 2.1% Improving	Performance on current tenant arrears collection during 2012/13 has been very positive given the overall economic climate. There was an 8.2% increase in average rent levels so achieving a stand still position represents a real terms reduction in arrears.	This measure was reviewed at performance surgery in Q3 of 2012-13 alongside DH Local 07 measure which monitors rent collection. Some of the key actions from the surgery were to agree a new measure to monitor rent collection for current tenants and review amended targets which took into account the impact of welfare reforms. Amended targets were agreed by the joint DCC-DH Strategic meeting. An updated action plan with surgery recommendations is to be presented at Q4 surgery.	Rent collection and rent arrears measures are to be reviewed again at Q4 surgery. The measure will continue to be monitored on a monthly basis as part of the council scorecard.
DH Local 07 (BVPI66a) Rent collected as a % of rent due (includes arrears brought forward)	Amber	Amber	Quarterly data Target 99.0% Actual 98.3% Forecast data Target 99.0%	Performance on current tenant arrears collection during 2012/13 has been very positive given the overall economic climate. There was an 8.2% increase in average	This measure was reviewed at performance surgery in Q3 of 2012-13 alongside DH Local 01 measure which monitors rent collection. Some of the key actions from the	Rent collection and rent arrears measures are to be reviewed again at Q4 surgery. The measure will continue to be monitored on a monthly basis as

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
			Actual 98.3% Deteriorating	rent levels so achieving a stand still position represents a real terms reduction in arrears.	<p>surgery were to agree a new measure to monitor rent collection for current tenants and review amended targets which took into account the impact of welfare reforms.</p> <p>Amended targets were agreed by the joint DCC-DH Strategic meeting.</p> <p>An updated action plan with surgery recommendations is to be presented at Q4 surgery.</p>	part of the council scorecard.
DH Local 27 (NI 160) Tenant satisfaction with Landlord (All - Status Survey)	Annual Collection	Red	Quarterly data Target 88.0% Actual 83.4% Forecast data Target 88.0% Actual 83.4% Improving	<p>Overall satisfaction with Derby Homes has increased significantly from 72.7% in 2008 (STATUS) to 86% in 2010/11. Although there has been a decrease in satisfaction to 83.4%, this is not a significant drop.</p> <p>Dissatisfaction has also seen a decrease from 12.4% in 2008 to 8.6% in 2012. However when we discount those people who did not express an opinion either way, then those people expressing positive satisfaction is 90.6%.</p>	<p>This measure was discussed at Q3 performance surgery and an updated action plan will be reviewed at Q4 performance surgery.</p> <p>Actions suggested included use of new ways of gathering data and monitoring complaints.</p> <p>A fact finding visit to Solihull by the Scrutiny Commission chair and vice chair was proposed as a means of sharing good practice.</p>	<p>These actions are due to be reviewed at Q4 surgery.</p> <p>The measure will continue to be monitored as part of the council scorecard.</p>
Directorate : Neighbourhoods						
LPI 52d Percentage of Neighbourhood complaints responded to within 10 days	Red	Red	Quarterly data Target 70.0% Actual 63.0% Forecast data Target 70.0%	305 complaints were made to Neighbourhoods in the year, which is significantly higher than other directorates. Unfortunately during January the departmental complaints co-ordinator was unexpectedly off work	Continue with the running of complaints reports on a weekly basis to address any emerging issues. Report is circulated and discussed at SMT/DMT's.	<p>A Complaints update is scheduled for the September 2013 Corporate Scrutiny Board meeting.</p> <p>Action Plan circulated for updates by relevant officers and report will</p>

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
			Actual 63.0% Improving	and performance was affected as some complaints missed their response times. If the complaints during January had been responded to within the timescales then the 70% target would have been achieved.	<p>Training programme rolled out to all staff and a clear process introduced for dealing with complaints in the absence of key personnel.</p> <p>Awareness raising campaign undertaken by Performance and Improvement team at SMT/DMT's.</p> <p>Complaints/feedback now included in relevant officers MIPs.</p> <p>Training has been made available for all officers responsible for logging and responding to complaints.</p> <p>The complaints policy and process is also being reviewed.</p>	be submitted to COG on progress.
Directorate : Resources						
CM PM14 60% of existing claims and changes processed within 14 days of receiving all the information	Amber	Amber	<p>Quarterly data Target 60.0% Actual 58.5%</p> <p>Forecast data Target 60.0% Actual 58.5%</p> <p>N/A</p>	The discreet monthly figure is well above target at 85.4%. This is because in March we receive annual upratings from landlords and the Department of Work and Pensions and are able to process many changes automatically & immediately. As a result the figure is misleading and not representative of a normal month. The outturn performance is marginally below target. Throughout the year the direction of travel has been positive. Unemployment in Derby remains above the national average and demand for	<p>Processes were reviewed and new processes were introduced which have eradicated the backlog.</p> <p>There are plans to embed the changes through the Welfare Reform agenda to staff and customers. Currently the impact of this is still unknown.</p> <p>In 2013/14 we will continue to receive processing support through a new overflow contract and will continue to make improvements to</p>	<p>This measure has been retained and is included in the 2013/14 Business Plan and also recommended for inclusion in the Council Scorecard. This demonstrates that the service area are committed to ensuring that our customers receive their benefits in a timely manner and are transparent and open around their performance on this critically important reputational measure.</p> <p>Due to only narrowly missing the</p>

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
				the Benefit service remains very high.	the service.	target there is no planned intervention at this time.
CM PM09a The percentage of council tax collected within 36 months of it becoming due	Amber	Amber	<p>Quarterly data Target 98.4% Actual 98.1%</p> <p>Forecast data Target 98.4% Actual 98.1%</p> <p>N/A</p>	<p>Outturn performance is marginally below target.</p> <p>With the prevailing economic conditions collecting debt, particularly historic debt, is extremely challenging. To have collected 98.11% of council tax within three years is a significant achievement.</p>	<p>Continue to pursue all outstanding Council Tax following set procedures and processes. This will ensure that we continue to collect more than the 98.4% target.</p> <p>The Council Tax team follow a strict recovery timetable which includes producing daily bills together with monthly reminders/summonses. The team also follow a strict timetable for collection of debts where Magistrates have granted the Council a liability order. This includes making and monitoring arrangements to pay by attaching debtors earnings and certain benefits and where appropriate referring cases to bailiffs. Every effort is taken to identify the 'can pays' from the 'won't pays'. We work closely with third sector partners to maximise the debtors income and therefore increase their ability to pay.</p>	<p>This measure has been retained and included in the 2013/14 Business Plan and recommended for inclusion in the Council Scorecard due to its importance to the Council both in monetary value and reputational risk.</p> <p>It will continue to remain a priority measure for the service area and if performance is adversely affected by national or local policy changes then it can or will be reviewed at that time. Currently there are no reviews or interventions planned due to the pro actives measures already being undertaken by the team.</p>
CP 08b (HRprim5/BV12) - Average working days per employee (full time equivalents) per year lost through sickness absence	Red	Red	<p>Quarterly data Target 7.0 Actual 7.6</p> <p>Forecast data Target 7.0 Actual 7.6</p>	At the end of month 12 the Year to Date is 7.60 with the month's period actual 0.79. This performance measure was subject to a Performance Surgery in Quarter 3 as there was concern that it would not reach its target by the end of the year. A combination of introducing a new action plan following the surgery on	Agreed actions from the Surgery action plan included promotion of the Care First programme, review of Occupational Health service and alignment with health and well-being workplace initiatives across the city. A progress report will be prepared in June 2013.	Performance Surgery Action Plan being monitored closely. No further intervention necessary at this time as performance has stabilised.

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
			Deteriorating	20 November 2012 and continuous action under the Council's existing Managing Attendance Policy, has led to a significantly improved position. The year-end result is 7.60 days which is greater than 5% outside the target of 7 days.		
LPI 52e Percentage of Resources complaints responded to within 10 days	Red	Red	<p>Quarterly data Target 80.0% Actual 75.0%</p> <p>Forecast data Target 80.0% Actual 75.0%</p> <p>Deteriorating</p>	<p>89% of complaints were responded to within target. 105 complaints were made to Resources in the year. The increase in the number of complaints in the last quarter impacted on performance, as at the end of quarter 2 performance was at 80%.</p>	<p>Continue to investigate the issues with automatically notifying investigating officers who are on the GC network and put processes in place to rectify.</p> <p>Alerts, reminders and escalation processes all reviewed.</p> <p>On-going training available for all officers responsible for logging and responding to complaints.</p> <p>Complaints policy and process currently being reviewed.</p> <p>Awareness raising exercise undertaken at all SMT's/DMT's - positively received.</p> <p>SMT/DMT's receive regular reports and future developments will include reports capturing all feedback i.e.comments and compliments.</p>	<p>Complaints continue to be a priority area and are included in the 2013/14 Business Plan. Will review at Quarter 1.</p> <p>Complaints update scheduled for September 2013 Corporate Scrutiny Board.</p> <p>Action Plan circulated for updates by relevant officers and report will be submitted to COG on progress.</p>