Derby City Council

NEIGHBOURHOODS AND STREETPRIDE CABINET MEMBER MEETING
21 February 2013

ITEM 5

Report of the Chief Executive

Performance Reporting - Quarter Three 2012/13

SUMMARY

1.1 This report presents the quarter three 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 forecast not to meet their year end target or have missed the quarter three target.

1.2 The Council scorecard, which contains 63 priority measures, was presented at the Council Cabinet meeting on 20 February.

1.3 The quarter three 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 three 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 three 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 three target or are not forecast to meet their year end 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	Not Applicable
Financial officer	Not Applicable
Human Resources officer	Not Applicable
Estates/Property officer	Not Applicable
Service Director(s)	Not Applicable
Other(s)	Head of Performance and Improvement

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Background papers:	None
List of appendices:	Appendix 1 - Implications Appendix 2 – Council Scorecard Dashboard Q3 2012/13 Appendix 3 – Q3 Improvement Report

Appendix 1

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.

Property and Asset Management

7. None directly arising.

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	Current Target Status	Year End Forecast	Year End Target	Forecast Year End Status	Direction of Travel
Business Processes						
CM PM13 80% of new claims and changes processed within 5 days of customer contact and receiving all information	High	Blue	90%	80%	Blue	N/A
SP PM13b Percentage of fly-tipping removed from roads/pavements /highways in 1 working day of it being reported	High	Blue	97% (Nov. data)	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	Blue	95% (Nov. data)	91%	Blue	N/A
SP PM13f Percentage of Street Cleansing incidents dealt with in service standard timescales	High	Blue	96.% (Nov. data)	92.2%	Blue	N/A
CP 07e More services showing an improvement	High	Blue	60%	50%	Blue	
SP PM09e Missed bins as a percentage of all household bins	Low	Blue	0.14%	0.14%	Green	
DH Local 32 (BVPI 212) Average time taken to re-let local authority housing (days)	Low	Blue	22.5 days	22.5 days	Green	
CP 08e Percentage of staff able to work flexibly	High	No Target	75%	75%	Green	N/A
LPI 52f Percentage of CEO complaints responded to within 10 days	High	N/A	80%	80%	Green	N/A
LPI52g Percentage of housing complaints responded to within timescale	High	N/A	80%	80%	Green	N/A
LPI 52d Percentage of Neighbourhood complaints responded to within 10 days	High	Amber	70%	70%	Green	
LPI 52e Percentage of Resources complaints responded to within 10 days	High	Amber	80%	80%	Green	
CM PM09a The percentage of council tax collected within 36 months of it becoming due	High	Amber	98.4%	98.4%	Green	N/A
CM PM14 60% of existing claims and changes processed within 14 days of receiving all the information	High	Red	60%	60%	Green	N/A
LPI 52b Percentage of CYP complaints responded to within the statutory timescale	High	Red	85%	100%	Red	
LPI 52c Percentage of Adult Services complaints responded to within the statutory timescale	High	Red	80%	100%	Red	

Measure Description	Good is	Current Target Status	Year End Forecast	Year End Target	Forecast Year End Status	Direction of Travel
L&I PM22 (NI 103a) Special Educational Needs - statements issued within 26 weeks	High	Red	83%	90%	Red	
DH Local 27 (NI 160) Tenant satisfaction with Landlord (All - Status Survey)	High	Annual	83%	88%	Red	
CM PM05 Percentage of in year collection of Sundry Debt	High		Data not available	92.5%		
CM PM11a Contacts managed by channel: Customer Self Service	High		Data not available	35%		N/A
CMPM11b Contacts managed by channel: Assisted	Low		Data not available	20%		N/A
CM PM11c Contacts managed by channel: Personal Customer Contact	Low		Data not available	45%		N/A
Community and Service User						
EIISS PM04 (SS PM04) Children who became the subject of a child protection plan per 10,000 population aged under 18 (Snapshot)	Low	Blue	41.20 per 10,000 popn	46.40 per 10,000 popn	Blue	
EaRS PM18 Percentage of premises compliant with alcohol licensing conditions	High	Blue	95%	83%	Blue	
L&C PM06a Increase in gym memberships	High	Blue	3,600	3,000	Blue	
L&C PM06b Increase in pay as you go gym attendances	High	Blue	44,000	24,000	Blue	
L&C PM11 Increase in young people aged 11 to 16 joining the movement	High	Blue	6,000	3,019	Blue	
NI 147 Care leavers in suitable accommodation	High	Blue	93%	91%	Blue	
SS PM07 Children looked after - Children in Care per 10,000 population aged under 18 (EIISS PM05)	Low	Blue	82.5 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	Annual	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	Annual	76% (provisional)	72%	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	Annual	900	500	Blue	
Regen PM14 Number of jobs created through projects where the Council has directly intervened	High	Blue	500	450	Blue	N/A
AHH 01C (NI 130) Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)	High	Blue	60%	60%	Green	

Measure Description	Good is	Current Target Status	Year End Forecast	Year End Target	Forecast Year End Status	Direction of Travel
AHH S1 Repeat referrals as a percentage of all referrals	Low	Blue	22%	22%	Green	
EIISS PM16 (NI 117) 16 to 18 year olds who are not in education, training or employment (NEET)	Low	Blue	8.2%	8.2%	Green	
EIISS PM17 (NI 148) Care leavers in employment, education or training	High	Blue	67%	67%	Green	
YA&H PM03 (NI 156) Number of households living in Temporary Accommodation	Low	Blue	30	30	Green	
L&C PM12 Number of people referred onto the b-you programme	High	Blue	744	744	Green	N/A
SS PM01 Percentage of looked after children that were adopted	High	Blue	12%	12%	Green	
YA&H PM10 No of private sector vacant dwellings that are returned into occupation or demolished.	High	Blue	135	135	Green	
GOV PM02 Percentage of FOIs dealt within 20 working days (missing deadline could mean enforcement notice)	High	Green	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	Annual	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	Annual	57%	57%	Green	
YA&H PM05 Number of homelessness preventions	High	Amber	1,700	1,700	Green	
YA&H PM08 (NI 155) Number of affordable homes provided (gross)	High	Red	170	170	Green	
SS PM13 Percentage of looked after children with a current PEP	High	Red	88%	90%	Amber	
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	Annual	1 (provisional)	0	Red	
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	Red	40%	60%	Red	

Measure Description	Good is	Current Target Status	Year End Forecast	Year End Target	Forecast 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%)				
CP 07d More people who feel involved in Council decision-making	High	Bi-annual survey – to be reported next in 2013/14 (target is 40%)				
L&I PM23 Percentage of inspected services settings and institutions that are judged as 'good' or 'outstanding'	High	No target	68%	New measure	N/A	N/A
CM PM02 Payment of invoices to small businesses within 10 days	High		Data not available	87%		
People						
CP 08c All managers successfully completing leadership development programmes	High	Green	100%	100%	Green	
CP 08b (HRprim5/BV12) - Average working days per employee (full time equivalents) per year lost through sickness absence	Low	Amber	7.3 days	7 days	Amber	
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						
DH Local 1 (old bop 66b) Rent arrears of current tenants as a percentage of rent roll	Low	Blue	2%	2%	Blue	
F&P PM04 A legally balanced budget approved by Full Council	High	Green	On track		Green	N/A
F&P PM21 Unqualified Audit opinion	N/A	Green	Unqualified opinion approved		Green	N/A
DH Local 7 (BVPI66a) Rent collected as a % of rent due (includes arrears brought forward)	High	Amber	98%	99%	Amber	
CP 07c Achieving planned savings through our 'one Derby, one Council' programme	High	Green	100%	100%	Green	
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%)				

Appendix 3

Quarter Three Improvement Report

NB: Criteria for inclusion in Improvement Report is that the measure is Red at end of Quarter Three and/or forecast to be Red or Amber at year end.

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 69.0% Forecast data Target 100.0% Actual 80.0% Improving	50% of complaints during this quarter were responded to within target. Action plan in place.	The new customer feedback process for recording customer complaints in Lagan has been in place since November 2012. Further training has been scheduled for January to ensure officers understand how Lagan escalates complaints that are approaching their target date.	Complaints reports will be taken to DMT meetings for review.
YA&H PM08 (NI 155) Number of affordable homes provided (gross)	**Red**	**Green**	Quarterly data Target 62.0 Actual 56.0 Forecast data Target 170.0 Actual 170.0 Improving	We have completed 3 units this month. We are on track for our target as we are expecting a 98 unit scheme completion shortly.	Apart from the 98 unit completion there are other completions due in Q4 which will help us to achieve our year end target.	Review at end of Q4.
YA&H PM05 Number of homelessness preventions	**Amber**	**Green**	Quarterly data Target 1,275.0 Actual 1,223.0 Forecast data Target 1,700.0 Actual 1,700.0 Improving	There has been a noticeable reduction in the number of preventions completed in December but this is partly due to the Christmas closure of services. We will concentrate on this provision and will endeavour to reach the annual target by the end of March.	The measure has been on target all year and Quarter 3 tends to be our busiest period of the year when numbers begin to pick up. We have a number of actions in place to maximise the number of preventions to meet the target but factors such as the weather may have a bearing on final figures.	Review at Q4.

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
Directorate : Chief Executive's Office						
CP 07c Achieving planned savings through our 'one Derby, one Council' programme	**Red**	**Green**	Quarterly data Target 100.0% Actual 82.0% Forecast data Target 100.0% Actual 100.0% Stabilised	82% of savings already achieved. The remaining savings are expected to either be delivered in full by the year end or to be achieved through alternative means.		
Directorate : Children and Young People						
LPI 52b Percentage of CYP complaints responded to within the statutory timescale	**Red**	**Red**	Quarterly data Target 100.0% Actual 84.0% Forecast data Target 100.0% Actual 85.0% Improving	All the complaints received in the month were responded to within the statutory timescales. There are no outstanding complaints at the end of December 2012 other than the four cases that are in court proceedings that cannot be actioned.	The new customer feedback process for recording customer complaints in Lagan has been in place since November 2012. Further training has been scheduled for January to ensure officers understand how Lagan escalates complaints that are approaching their target date.	CYP social care complaints will be discussed at performance surgery on 28 February. A turning the curve report will be prepared for this meeting.
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 46.9% Forecast data Target 60.0% Actual 40.0% Improving	There have been 32 adoptions 15 have been completed within timescales. Although the forecast is below target it has improved from the previous year. Consideration needs to be given as to whether adoption plans for very hard to place children should be reviewed.	Work has been ongoing over the calendar year, has been scrutinised through the recent members topic review and systems reviewed.	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 - Review again at a Performance Surgery. There is an improvement

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
						plan in place for this measure.
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)	Annual Collection	**Red**	Quarterly data Target 0 Actual 3 Forecast data Target 0 Actual 1 Stabilised	The national threshold has increased to 40% and (based on provisional data) two Derby schools and one academy remain below this level. However two schools are expected to report above 40% based on the outcomes of national checking data.	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 have highlighted attainment as a priority for 2013 and as such will be reviewing and challenging work with schools to support 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 78.1% Forecast data Target 90.0% Actual 83.0% Improving	The year end target being met will be dependent on the total number of final statements issued during 2012/13 and the performance during the period 1st September 2012 to 31st March 2013.	Actions taken to improve performance include an electronic reminder system to all agencies to ensure reports are returned within timescale. The introduction of EDRMS has improved communication. Additional admin support has been appointed to improve efficiency.	A local review of this measure has been completed and there is a turning the curve report in place, which is supported by an improvement plan.
SS PM13 Percentage of looked after children with a current PEP	**Red**	**Amber**	Quarterly data Target 90.0% Actual 84.6% Forecast data Target 90.0% Actual 87.5%	Performance has declined slightly from the position of 87.1% reported at the end of November 2012. It does however remain above the comparable point in 2011 when a result of 76.1% was	A new Education Welfare Officer for Children is being inducted into the post and trained to attend and complete future PEPs should the need arise. The Virtual School Head (VSH) continues to attend PEPs when required. The	It is proposed that this measure is referred to the CYP Improvement Board for further scrutiny and challenge. The measure was reviewed at a Performance Surgery

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
			Deteriorating	recorded. The reduction from November to December can be partially accredited to the two weeks Christmas Holiday and reluctance of schools to hold PEPs in the last week of Term due to exams and Christmas events. The PEP completion rate for the first week of January is also likely to be reduced which may impact upon January's figures.	VSH continues to support improvement in the completion rate via regular contact with individual Social Workers, Team Managers and Designated Teachers. Actions •Continued liaison with Social Workers ensures they are aware of the necessity to conduct the PEP meeting within time scale. •Schools have been contacted about the importance of PEP completion via Designated Teacher meetings and individual discussions. •The Virtual School Team is supporting Social Workers to complete PEPs.	in 2011/12 and performance is above the comparable point.
Directorate : External Partners						
DH Local 07 (BVPI66a) Rent collected as a % of rent due (includes arrears brought forward)	**Amber**	**Amber**	Quarterly data Target 98.1% Actual 97.5% Forecast data Target 99.0% Actual 98.3% Improving	The rent free weeks produced the expected increase in income which is well ahead of income collected last year.	The team is being strengthened further during qtr 4 to keep this momentum going and prepare for the challenges ahead posed by welfare reforms and the economic environment facing tenants during 2013. Work continues with credit unions on trying to produce a budget account which will help maintain income stream and initiatives are being planned with Welfare Rights during qtr 4 to make tenants for the under occupancy charge and other welfare	This will be taken to Performance Surgery on Monday 25 February.

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
					reforms.	
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	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. Dissatisfaction has also seen a decrease from 12.4% in 2008 to 8.6% in 2012.	Results from the mini status survey will be used to target areas for improvements, with a view to increase overall satisfaction. From the main Citywide report there have been a number of sub reports created, these are namely for Repairs and Maintenance, ASB, Planned Maintenance and Resident Involvement. Each of these reports have recommendations attached which are to be discussed with the Manager of each service area to address any weaknesses and trends. The 3 key priorities throughout the City reported in the Mini Status were: repairs and maintenance (64.5%); overall quality of home (45.6%) and value for money of rent (43.4%).	All recommendations will be followed up on by the Performance Team. Any actions taken to improve these areas will be recorded.
Directorate : Neighbourhoods						
LPI 52d Percentage of Neighbourhood complaints responded to within 10 days	**Amber**	**Green**	Quarterly data Target 70.0% Actual 67.0% Forecast data Target 70.0% Actual 70.0% Improving	57% of complaints in the month were responded to within the target and six complaints remain outstanding.	The new customer feedback process for recording customer complaints in Lagan has been in place since November 2012. Further training has been scheduled for January to ensure officers understand how Lagan escalates complaints that are approaching their target date.	Complaints reports will be taken to DMT meetings for review.
Directorate : Resources						

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
CM PM14 60% of existing claims and changes processed within 14 days of receiving all the information	Red	Green	Quarterly data Target 60.0% Actual 55.1% Forecast data Target 60.0% Actual 60.0% N/A	The discreet monthly performance figure is down in December. The main factors for this are the move into the Council house and the Christmas break. Despite this the year to date performance figure continues to rise, albeit only slightly.	We continue to place the resources at our disposal to ensure that we give the best possible end to end Benefits service for our customers.	No intervention planned.
CM PM09a The percentage of council tax collected within 36 months of it becoming due	Amber	Green	Quarterly data Target 98.4% Actual 98.0% Forecast data Target 98.4% Actual 98.4% N/A	Our Council Tax charges are based upon an ultimate collection rate of 98.4%. This indicator tracks whether we achieve this collection rate and how quickly we achieve it. We have collected 97.96% of all Council Tax due since 1st April 2010 and are on track to achieve our target of 98.4% by 31 March 2013 through a robust monthly collection cycle on all debts to maximise collection of both current and previous years Council Tax debts.	None - other than planned work.	No review proposed.
CP 08b (HRprim5/BV12) - Average working days per employee (full time equivalents) per year lost through sickness absence	Amber	Amber	Quarterly data Target 5.1 Actual 5.3 Forecast data Target 7.0 Actual 7.3 Improving	The Quarter 3, 2012/13 actual figure is 1.87 days. This is above the Quarter 2 figure of 1.56 days. The cumulative year to date figure of 5.29 gives a projected year-end forecast of 7.29 days. The target figure is 7.00 days. This	A performance surgery was held on 20 November to look at the upward trend in sickness absence. An action plan has been agreed and will be closely monitored.	Action plan will be monitored.

Measure Details	Quarterly Target Status	Forecast Status	Performance VS Target	Context for Current Performance	Improvement Actions Taken	Intervention / Review
				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 20 November 2012 and continuous action under the Council's existing Managing Attendance Policy, has led to a significantly improved position.		
LPI 52e Percentage of Resources complaints responded to within 10 days	Amber	Green	Quarterly data Target 80.0% Actual 78.0% Forecast data Target 80.0% Actual 80.0% Deteriorating	75% of complaints were responded to within target. Responses to the remaining complaints were delayed as the Housing Benefit service had minimal staff across the three working days between Christmas and New Year.	The new customer feedback process for recording customer complaints in Lagan has been in place since November 2012. Further training has been scheduled for January to ensure officers understand how Lagan escalates complaints that are approaching their target date.	Complaints reports will be taken to DMT meetings for