

	REPORT TO CABINET TO BE HELD ON 14 March 2017
This report contains exempt or confidential information in Appendix 3 which is excluded from this publication	Key Decision No Forward Plan Ref No
Corporate Priority All	Cabinet Portfolio Cllr. S Turner Holder

REPORT OF THE DIRECTOR (LD) – 17/62

WARDS AFFECTED: ALL

**SUBJECT: PERFORMANCE MANAGEMENT FRAMEWORK -
QUARTER 3 REPORT 2016/17**

RECOMMENDATIONS:

Members are recommended to note the contents of this report and in particular the good/satisfactory levels of performance being achieved by services at the current time and consequently not refer any areas of performance to the Overview and Scrutiny Board at the current time

REASON FOR RECOMMENDATIONS:

To provide information relating to Council performance for a rolling 12 month period to the end of the third quarter of 2016/17, including monitoring of Performance Indicators, Critical Success Factors and the Council’s Significant Partnerships.

To ensure that the Council’s Corporate Service and Business planning processes are effective.

In accordance with Government guidelines, details on the performance of the Council and its services must be made available through as many mechanisms as possible.

HIGHLIGHTED RISKS: There are risks in respect of performance matters, primarily in respect of poor performance. Through the monitoring procedures that are in place throughout the Council, these risks are mitigated. The publication of performance information meets with the Government's public data transparency agenda and non-publication could lead to an external challenge.

1. INTRODUCTION

- 1.1 The Council is committed to a performance management culture that underpins our focus on continuous improvement. Regular monitoring of the Council's top level performance is a key component of the performance management framework (PMF) and the Corporate Planning Process overall.
- 1.2 Quarterly reports on performance are presented to Cabinet, following which performance information is referred to the Overview and Scrutiny Board for their consideration if deemed appropriate. This allows the Board to focus on any areas where performance is shown to be downward and challenge the Services concerned with a view to identifying where performance can be improved. The process is about more than the monitoring of performance, it ensures that Members are involved in the management of the Council's performance.
- 1.3 With the exception of a small number of performance indicators, data is assessed over a rolling 12-month period. This is felt to be a more accurate means of assessing performance by removing elements of seasonality, smoothing out short-term fluctuations and highlighting longer-term trends or cycles.

2. CORPORATE AIMS/PRIORITIES

- 2.1 Performance Management is key in delivering and monitoring all the Council's aims and priorities.

3. BACKGROUND AND ISSUES

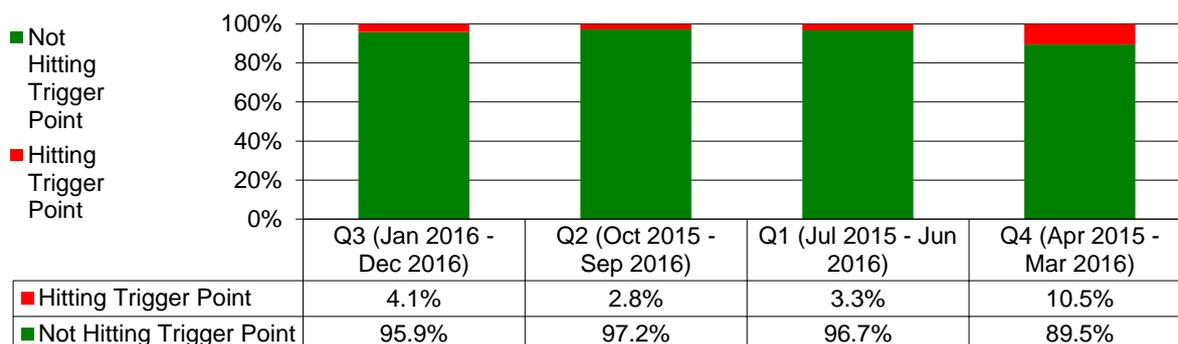
- 3.1 As stated previously, the Council operates a Performance Management Framework (PMF) which is used to monitor the performance of its services.
- 3.2 A wide range of Performance Indicators are currently monitored and reported on, to assist in managing the efficient and effective delivery of Council services and evidence how the Council is delivering against its priorities. This report sets out the results for the Performance Indicators for the period to the end of the third quarter for the 2016/17 financial year. As stated previously in this report, with the exception of a small number of performance indicators, data is assessed over a rolling 12-month period. This means that data for the end of quarter 3 2016/17 covers the period from January 2016 to December 2016 inclusive.

3.3 The Council's approach is based on exception reporting, and detailed information is only provided for those indicators which are deemed to be 'at risk', ie., where targets are not being achieved and performance is in a downward direction of travel. Tolerance limits have also been set for all indicators; these have been established so that minor fluctuations in performance and achievement of targets can be disregarded. This ensures that the focus is firmly on areas of concern.

3.4 It is pleasing to note that the results of the exception reporting for the third quarter of 2016/17 have identified only a small number of PIs that meet the criteria for 'at risk', with good or satisfactory performance being achieved in most areas.

3.5 Direction of Travel - % of Performance Indicators hitting exception reporting trigger point

3.6 The Chart below compares the position re number of indicators where performance is hitting the exception reporting trigger point. There has been a slight increase in the number of indicators hitting the exception reporting trigger since the last quarter.



3.7 A small number of Key performance indicators are highlighted as 'at risk' at quarter three of the 2016/17 Financial Year and these are as follows:

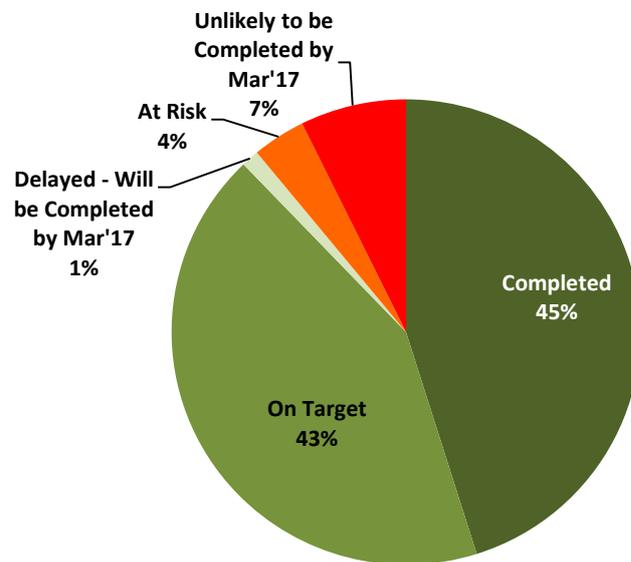
Number	Performance Indicator	Referred previously
	Customer Services	
CS1	Percent of calls answered within 20 seconds	No
CS2	Percent of abandoned calls	Yes
	Housing	
C4E4b	Number of switchers to the Collective Switching Scheme	No
	Leisure Centres	
LS3	Number of indoor leisure visits/admissions	No
	Tourism	
MT3	The number of museums visits that were in person per 1,000 population	Yes
SIV5	Spa complex – Number of conference delegates	No

- 3.8 A proforma is completed for indicators which are identified as 'at risk', to provide further information concerned as to reasons for the current levels of performance. Comparisons to the previous year's data for the same period are shown where information is available. The proforma also includes a trend chart which shows details of performance for each indicator on a monthly or quarterly basis. Services are also required to complete an action plan which will be monitored and progress reported to Cabinet. Proforma for the Performance Indicators listed above are attached at appendix 1. It should be noted that there were in addition a small number of other Performance Indicators found to meet the criteria of 'at risk', however, these were found to be within acceptable tolerance levels.
- 3.9 Both the Indoor Leisure Service, and the Museums and Gallery Service are provided through contracts with external providers. These contracts are closely monitored by Council Officers and regular meetings held to discuss performance issues. The decrease in the number of indoor Leisure admissions and numbers of museums visits will be addressed through contract monitoring procedures and therefore no performance risk proforma have been completed for these indicators.
- 3.10 The concern over the decline in conference delegates at the Spa Complex has been raised at the monthly and Members' contract monitoring meetings. Last year, there were two large conferences were held at the Spa, however, as conferences usually run on a three year cycle, these were not repeated this year. Officers are working with SIV to develop a plan to attract more conferences, seminars and business events to the Spa and Whitby Pavilion. The issue in relation to attracting conferences is also related to the need for more four star accommodation provision in the Borough. This is a key criteria for conference organisers in a HQ hotel, together with a cost effective price.
- 3.11 There are a number of services where their overall performance is identified as good. The Benefits Service currently has 100% of their performance indicators performing well and 100% exceeding target. The ICT service has 87.5% of their performance indicators performing well and 75.0% on target and all other PIs within acceptable levels of tolerance. The Environmental Health service has 75% of their performance indicators performing well and 100% on targets. The Regulatory & Governance service has 100% of their performance indicators performing well and 75% on target. The Planning Service is currently meeting targets for 80% of its PIs.

3.12 Critical Success Factors

Performance is also monitored through 'Critical Success Factors' which are the projects and performance measures which each service will deliver in the year ahead, as their contribution to the Council's aims and priorities as set out in the Corporate Plan.

3.13 Monitoring of Critical Success Factors (CSFs) shows that at the current time 11% of CSFs are at risk or unlikely to be completed by the end of the Financial Year.



3.14 The following sets out details of those CSFs designated as 'at risk' and 'unlikely to be completed' at the current time.

Description	Current Position	Comments	Referred previously?
Asset & Risk Management			
Conduct Treasury Management advisory tender	Unlikely to be completed by Mar'17	The tender has been delayed in order to undertake a joint procurement exercise	No
Environmental Health			
Achieve the target number of interventions for food safety in accordance with the Council's Food Safety Service Plan	At Risk	One EHO in this team continues to be on long term sick leave and another on maternity leave.	Yes
To review the Environmental Health Call Out scheme	Unlikely to be completed by Mar'17	This CSF has not been a priority, due to the comprehensive review of the EH service in 2016/17. It is not anticipated It will be a priority in 2017/18.	No
Human Resources			
Implement travel and expenses module 2 of the ne HR & Payroll system as per agreed programme.	At Risk	Currently piloting the module in a Service area with a view to rolling out to the Council from April 2017.	No
ICT			
Deliver public wi-fi to at least one urban area within the Borough	Unlikely to be Completed by Mar'17	Costs are prohibitive. Business case likely not strong enough proceed. Further discussions required.	Yes
Economic Development			
Development of Off Shore Wind Centre in Whitby to be operational by June 2017, with the creation of 40 jobs	At Risk	Site ground conditions require extensive investigation and mitigation before works can proceed.	No
Projects			
Submit planning application for Whitby Piers Coast Protection Project	Unlikely to be completed by Mar'17	Contractor only appointed in January 2017. Planning applications will be submitted in 2017/18.	No
Regulatory and Governance			
Streamline Standards and Audit Committees	Unlikely to be completed by Mar'17	Decision taken by Members not to pursue this at the current time	No

3.15 Significant Partnerships

3.16 The Council classes its significant partnerships as:

'partnerships of major financial consequence and significantly affecting corporate priorities if the partnership were to fail'.

- 3.17 A system is in place to assess the level of significance of all council partnerships, to provide a systematic means of identifying which partnerships are of the greatest significance to the Council and therefore require regular monitoring and scrutiny. Reporting to Scrutiny on individual significant partnerships is by exception only. This ensures that all significant partnerships continue to be monitored but that Scrutiny is focused on areas where there are concerns/risks of failure.
- 3.18 Partnership Score Cards are completed by the Responsible Officer for the Partnership, in conjunction with the Lead Member, on an annual basis. A scoring mechanism is used to provide a RAG (Red, Amber, Green) status for each partnership to facilitate exception reporting. The results of the quarterly Review for Significant Partnerships for 2016/17 is attached at appendix 2 and this shows that one partnership, Welcome to Yorkshire Partnership are showing as 'amber' at the current time.
- 3.19 In relation to the Welcome to Yorkshire Partnership, whilst the RAG status is showing as amber, this relates to confirmation which is awaited in respect of funding, therefore the level of concern is low.

3.20 Sickness Absence Monitoring

- 3.21 There has been a slight increase in the level of sickness absence since the last quarter, from 7.97 days per FTE to 8.16 days per FTE (rolling 12 month average). A detailed table in relation to sickness absence is provided at appendix 3. This details sickness by service and further information has been provided by each Service Unit Manager where the level of sickness absence meets the exception criteria of not meeting target, and performance is worse than the same time period last year, and there has been no improvement since the previous quarter.

3.22 Complaints, Compliments and Satisfaction

- 3.23 The response times for stage 1 complaints shows that 80.0% of responses are provided within 20 working days across the Council. This is an improvement on the previous quarter of 79.8%, and on 74.1% for the same period last year (12 month rolling average). The average time to respond to complaints across the Council over the last 12 month period was 14.6 working days, significantly less than the target response time of 20 working days. A detailed table in relation to response times to complaints is provided at appendix 4. This details performance in responding to complaints by service.
- 3.24 A total of 79 compliments were recorded for the period January 2016 to December 2016, compared to 89 for the period January 2015 to December 2015. A table providing further details in relation to compliments and service satisfaction is provided in appendix 5.

3.25 Freedom of Information Requests

3.26 The response times for Freedom of Information requests shows that 93.5% of responses are provided within 20 working days across the Council. This represents an improvement on the previous year of 92.3% and the previous quarter of 92.3% (12 month rolling average). The average number of days to respond to a Freedom of Information request across the Council is 10.8 working days. This is significantly less than the target statutory response time of 20 working days. A detailed table in relation to response times is provided at appendix 6. This details performance in responding to Freedom of Information requests by service.

4.0 RECOMMENDATIONS

- 4.1 As stated previously, results of the exception reporting analysis have identified only a small number of performance indicators to be 'at risk'. Overall, the Council's services have been assessed to be performing well or satisfactorily.
- 4.2 In all cases, performance will continue to be monitored and reported to Cabinet as part of the quarterly performance monitoring reports, and if performance does not improve, Cabinet may wish to refer the matter to Scrutiny at a later date.

5. IMPLICATIONS

Policy

5.1 No specific implications

Financial

5.2 There are no direct financial consequences

Legal

5.3 No direct legal implications identified.

Sustainability

5.4 There are no sustainability issues identified at this time

Equalities and Diversity

5.5 No specific implications

Others

- 5.6 I have considered whether there are any Staffing, Planning, Crime and Disorder, Health and Safety, and Environmental implications arising from this report and am satisfied that there is no identified implication that will arise from this decision.

A handwritten signature in black ink, appearing to be 'L Dixon', enclosed within a circular scribble.

Lisa Dixon
Director

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Background Papers:
None

IF YOU HAVE ANY QUERIES ABOUT THIS REPORT OR WISH TO INSPECT ANY OF THE BACKGROUND PAPERS, PLEASE CONTACT PETRA JACKSON 01723 383528, e-mail petra.jackson@scarborough.gov.uk

Glossary of Terms

Risk

An event which may prevent the Council achieving its objectives

Consequences

The outcome if the risk materialised

Mitigation

The processes and procedures that are in place to reduce the risk

Current Risk Score

The likelihood and impact score with the current mitigation measures in place

Corporate Objectives

An assessment of the Corporate Objectives that are affected by the risk identified.

Target Risk Score

The likelihood and impact score that the Council is aiming to achieve

Service Unit Manager

The Service Unit or Officer responsible for managing the risk

Action Plan

The proposed actions to be implemented in order to reduce the risk to the target score

Risk Scoring

Impact	5					
	4					
	3					
	2					
	1					
		A	B	C	D	E
	Likelihood					

Likelihood:

A = Very Low

B = Not Likely

C = Likely

D = Very Likely

E = Almost Certain

Impact

1 = Low

2 = Minor

3 = Medium

4 = Major

5 = Disaster