

	<b>REPORT TO CABINET TO BE HELD ON 13 June 2017</b>
<b>This report contains exempt or confidential information in Appendix 4 which is excluded from this publication</b>	<b>Key Decision</b> <b>No</b>  <b>Forward Plan Ref No</b>
<b>Corporate Priority</b>  <b>All</b>	<b>Cabinet Portfolio Holder</b> <b>Cllr. Sandra Turner</b>

**REPORT OF THE DIRECTOR (LD) – 17/136**

**WARDS AFFECTED: ALL**

**SUBJECT: PERFORMANCE MANAGEMENT FRAMEWORK - QUARTER 4 REPORT 2016/17**

**RECOMMENDATIONS:**

- Members are recommended to:
- (i) Note the contents of the report
  - (ii) Approve the Council's Critical Success Factors for 2017/18

**REASON FOR RECOMMENDATIONS:**

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

To seek approval for the Council's Critical Success Factors for 2017/18.

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, and issues may be considered by the Overview and Scrutiny Board if deemed appropriate. This allows the focus to be firmly on any areas where performance is shown to be downward, with a view to challenging the Services concerned to ensure performance is 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**

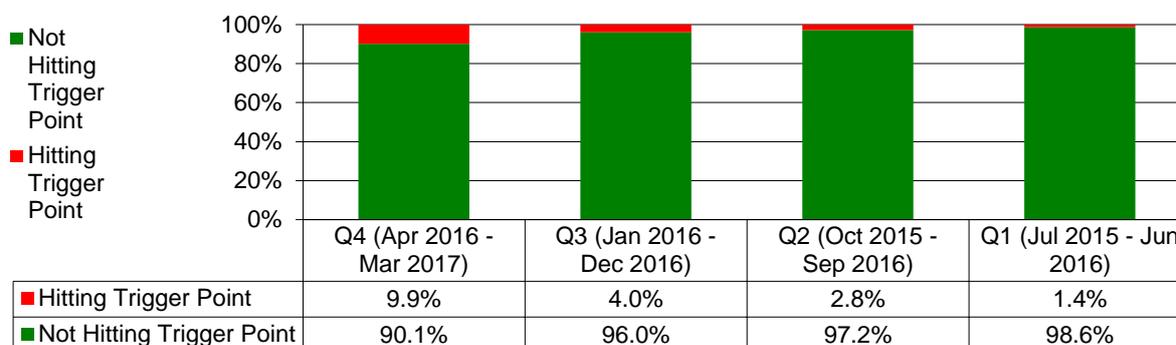
- 3.1 As stated previously, the Council operates a Performance Management Framework (PMF) which is used to monitor the performance of its services.
- 3.2 A wide range of Performance Indicators are currently monitored and reported on, to assist in managing the efficient and effective delivery of Council 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 year end/quarter 4 for the 2016/17 financial year. Data for the year end/quarter 4 2016/17 covers the period from April 2016 to March 2017 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 fourth 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. For information, at the 2015/16 year end 4.3% of Performance Indicators hit trigger point.



3.7 A small number of Key performance indicators are highlighted as 'at risk' at quarter 4/year end of the 2016/17 Financial Year and these are as follows:

Number	Performance Indicator	Referred previously
	<b>Customer Services</b>	
CS1	Percent of calls answered within 20 seconds	Yes
CS2	Percent of abandoned calls	Yes
	<b>Housing</b>	
C4E4b	Number of switchers to the Collective Switching Scheme	Yes
	<b>Markets</b>	
MK1	Total markets repair and maintenance costs per M <sub>2</sub>	No
	<b>Tourism</b>	
MT3	The number of museums visits that were in person per 1,000 population	Yes
SIV5	Spa complex – Number of conference delegates	No
	<b>Human Resources &amp; Payroll</b>	
HR3	Average number of working days lost to sickness absence	No

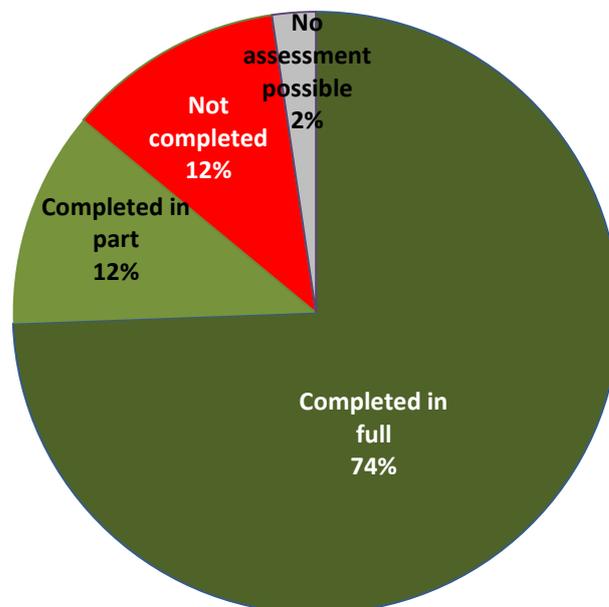
Number	Performance Indicator	Referred previously
ED6	Percent of local authority employees with a disability (DDA 1995)	No

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 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.

3.10 Monitoring of Critical Success Factors (CSFs) shows that at the current time 86% of CSFs have been completed in full or part by the end of the Financial Year.



3.11 The following sets out details of those CSFs designated as 'not completed' at the current time.

Description	Current Position	Comments
<b>Asset &amp; Risk Management</b>		
Conduct Treasury Management advisory tender	Not completed	The tender has been delayed in order to undertake a joint procurement exercise with other District Councils in North Yorkshire.
<b>Environmental Health</b>		
To review the Environmental Health Call Out scheme	Not completed	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.
To finalise a set of agreed protocols and procedures for the handling and investigation of Statutory Nuisances	Not completed	New procedure for dealing with statutory (noise) nuisance complaints in currently being drawn up as part of the transformation process. Once this has been completed the procedure will be updated.
<b>ICT</b>		
Deliver public wi-fi to at least one urban area within the Borough	Not completed	Work not undertaken as costs prohibitive and business case not strong enough at this time. Will be kept under consideration.
<b>Economic Development</b>		
Development of Off Shore Wind Centre in Whitby to be operational by June 2017, with the creation of 40 jobs	Not completed	Proposed start date now September 2017.
<b>Regulatory &amp; Governance</b>		
Streamline Standards & Audit Committees	Not completed	Member decision not to pursue proposals at this time.
<b>Projects</b>		
Submit planning application for Whitby Piers Coast Protection Project	Not completed	Contractor only appointed in January 2017. Planning applications will be submitted in 2017/18.
Submit planning application for Church Street flood alleviation project	Not completed	This has been delayed due to the need to secure the permissions required to undertake investigations on private land.
Commence Runswick Bay Coast Protection works on site	Not completed	The start of the scheme has been delayed at the request of residents to avoid the summer season.
<b>Corporate Finance</b>		
Maintain in year NNDR collection rates in line with the previous 3 year average	Not completed	Actual outturn was 0.2% below target. Business rates collection was more challenging due to the cessation of the discretionary retail relief scheme resulting in many businesses again required to pay business rates for 2016/17

3.12 Details of the proposed CSFs for the 2017/18 Financial Year are set out in appendix 2. These will be incorporated into the Annual Report and Improvement Plan for 2017/18, together with details of progress against CSFs for 2016/17.

### **3.13 Significant Partnerships**

3.14 The Council classes its significant partnerships as:

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

3.15 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.

3.16 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 review of Significant Partnerships for 2016/17 is attached at appendix 3 and this shows that no partnerships are showing to be at risk at the current time.

### **3.17 Sickness Absence Monitoring**

3.18 There has been an increase in the level of sickness absence since the previous year, from 7.79 days per FTE to 9.09 days per FTE. A detailed table in relation to sickness absence is provided at appendix 4. 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.

3.19 All Performance Indicators and targets are reviewed on an annual basis to ensure that they remain relevant and that targets are achievable. Whilst it is accepted that all PI targets need to be challenging, they also need to be realistic. The current targets for sickness absence were established at a time when sickness levels were extremely low and have not been met for the last 2-3 years. A review of sickness targets across the Council has been undertaken for 2017/18 and new targets established, taking into account comparisons with levels of sickness absence at other local authorities.

- 3.20 Analysis has also been undertaken of the reasons for sickness absence during 2016/17 and the results of the analysis are set out in the table below.

<b>Category</b>	<b>Percentage</b>
02 Other musculo-skeletal problems	26.6%
03 Stress, depression, anxiety and related	21.7%
04 Infections	13.8%
08 Stomach, liver, kidney & digestion	12.0%
01 Back & Neck Problems	5.3%
10 Chest & respiratory	5.1%
05 Neurological	4.6%
06 Genito-urinary	4.5%
11 Eye, ear, nose & mouth / dental	3.3%
09 Heart, blood pressure & Circulation	2.8%
07 pregnancy related	0.3%

- 3.21 There were variations across services, as to the main reasons for sickness absence. For example, over 53% of sickness within the Operations, Transport and Countryside Service was related to Musculo-skeletal and back and neck problems.
- 3.22 Analysis shows that 1.4% of sickness absence was recorded as being due to Industrial Injury.
- 3.23 Monitoring of sickness absence shows that 57.7% for 2016/17 of all sickness is long term absence for the Financial Year.

### **3.24 Complaints, Compliments and Satisfaction**

- 3.25 The response times for stage 1 complaints shows that 80.4% of responses are provided within 20 working days across the Council. This is an improvement on the previous year of 77.3%. The average time to respond to complaints across the Council over the last 12 month period was 12.8 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 5. This details performance in responding to complaints by service.
- 3.26 A total of 111 compliments were recorded for the period April 2016 to March 2017, compared to 73 for the period April 2015 to March 2016. A table providing further details in relation to compliments and service satisfaction is provided in appendix 6.

### **3.27 Freedom of Information Requests**

- 3.28 The response times for Freedom of Information requests shows that 95.4% of responses are provided within 20 working days across the Council. This represents an improvement on the previous year of 93.8%. The average number of days to respond to a Freedom of Information request across the Council is 10 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 7. 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.
- 4.3 Cabinet is asked to note the contents of the report and approve the Council's Critical Success Factors for 2017/18.

## **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.



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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](mailto: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