



Committee and Date  
Cabinet 16 November 2011  
12.00pm

Item  
**13**  
Public

## Quarter 2 Performance Report

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### 1. Summary

This is the first performance report to Cabinet for 2011/12. During the first six months of the year, the Council's approach to service performance management has been revised, with a greater emphasis on what matters for local people in Shropshire, rather than on meeting national targets. This shift in focus has involved the creation and adoption of the Council's new Outcomes Framework and the development of the Organisational Health Scorecard, to present a more comprehensive view of performance at the Council. Measuring what matters in this way will ensure a focus on those aspects of service quality and delivery where there is greatest risk and challenge to achieving high levels of performance.

The aim of the report is to give assurance to Members about the overall performance of the Council. 71% of our outcomes measures were above or within 10% of the set standards. This represents strong service performance, but emphasises the challenges being faced in a small number of service areas. Progress is also reported to be on schedule for active services transformation projects.

### 2. Recommendations

Cabinet are asked to:

- A) Note that its Performance and Finance Sub-group are reviewing current performance in Planning Services and Customer Access.
- B) Identify any further areas for action to improve performance or where there is risk of poor performance.

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

- 3.1 The measures on the Organisational Health Scorecard include reporting the risk rating of the Council's ten strategic risks, which the identified transformational and operational risks across the authority feed into. Each strategic risk is owned by a member of the Senior Management Board (SMB).

Quarter 2 has seen an additional risk move above our risk tolerance level – ‘Failure to Deliver Countywide Broadband’.

- 3.2 Given the current scale and pace of reductions in our Government funding there are two high corporate risks; ‘Failure to meet the savings and income targets’ and ‘Failure to adequately fund or deliver the Council’s capital programme.’ These risks are being carefully monitored and control and performance measures mitigating these risks are discussed in this report. We are currently on track to achieve our agreed savings targets.

#### 4. **Financial Implications**

- 4.1 This report does not have any direct financial implications, but presents service and financial information to support decision making. Accountable officers and SMB may use the information to inform actions or interventions for improving service performance and the prioritisation and use of resources.

- 4.2 Full financial details are set out in the Period 6 Financial Monitoring Reports.

#### 5. **Background**

- 5.1 Shropshire Council has developed an outcomes framework with an emphasis on measuring what matters most for local people, in terms of their Quality of Life and Well-being. This has enabled a better focus on those services and measures where risks and challenges exist to achieving acceptable levels of performance.

- 5.2 The Outcomes Framework is underpinned by monitoring and reporting of progress against key measures. This is undertaken on a monthly basis, using the Organisational Health Scorecard which is the focus of this report.

- 5.3 In order to present a comprehensive view of all the Council’s activities the Organisational Health Scorecard is structured to take account of service performance; the Council’s transformation programme and strategic risks; measures relating to staffing; and high-level financial information.

- 5.4 There is an extended range of measures that cover the five Council Plan Priorities, and the nine Outcomes for Shropshire. Issues emerging from this extended range of measures can be identified by the Organisational Health Scorecard on a quarterly basis.

#### 6. **Service users and outcomes (Service Performance)**

- 6.1 There are 20 prioritised measures of service performance in the Organisational Health Scorecard. These have been identified to give an outcome focus and reflect priority service areas, including adult social care, children’s safeguarding, waste management and planning. 12 measures (71%) are on or within 10% of standard, and 5 measures (29%) are below standard, three of which are from one service area (Planning Services). Three measures are new, with a baseline position currently being established.

- 6.4 There are a number of service areas and measures that are performing at a high level, and are achieving challenging performance standards, despite the

turbulence of the current environment in which local services are working. For example, 98% of adult protection cases result in a successful reduction of risk, which is in line with 2010/11 performance. This positive picture is also reflected in broader performance monitoring, e.g. 71% (15 of 21) of Shropshire secondary schools are good or outstanding, which is above the Ofsted national threshold of having at least 65% of schools outstanding or good.

- 6.5 Many Council services have also recently implemented or are in the process of implementing changes to the way that they are provided, delivering substantial improvement in their service performance. A good example is the Children's Safeguarding service, which has achieved dramatic improvements in the timeliness of core assessment completed within the required target of 35 days (94.4% in quarter 2), which places Shropshire 4<sup>th</sup> best nationally, based on the 2010/11 results. Performance has also significantly increased for the completion of initial assessments within 10 working days, rising from 75.6% in 2010/11 to 95% in September 2011. This shows that our services respond quickly when a child is thought to be at risk of serious harm. In addition, over the past 12 months, the number of children with a child protection plan has almost halved, through timely and safe deregistration, with a focus on those children who have been in the Child Protection System the longest. This has reduced the proportion of children having a plan for more than 2 years from 15% to 6.2% in the last 6 months, against the trends both nationally and regionally where such numbers are increasing.
- 6.6 A more detailed exception focus is being applied to measures that are showing performance that is more than 10% below the set standard. Emphasis has been placed on the following:
- Customer satisfaction and complaints
  - Planning Services
  - [Family] Carers' Services
- These areas and measures are reported in more detail in appendix 2.
- 6.7 The Group Manager Customer Care and Involvement and Group Manager Environment have been asked to attend the December meeting of the Performance and Finance Cabinet Sub-group for more detailed discussions on the actions they intend to take to rapidly improve current performance in these areas. Following this more in depth discussion, a recommendation may be made to Cabinet for a Scrutiny review of that service to be requested. There is an action plan in place for Carers' Services. Progress with this service will be reviewed at quarter 3.

## **7. Internal Processes**

### **7.1 Transformation Programme**

- 7.1.1 Five out of our seven portfolios include projects that have been initiated. Work is underway to scope, plan and baseline programmes and projects under the 'Greater Public Confidence' and 'Economic Growth and Prosperity' portfolios, but none had milestones to report against for quarter 2. All the projects are reported as being on schedule, as this major change programme moves quickly from its design phase into implementation over the next six months.

## 7.2 Opportunity Risks

- 7.2.1 There are now 7 strategic risks above our risk tolerance level, compared with 6 in the previous report. Risk no. 10 - Failure to deliver County wide broadband - has moved from a low score (2 x 4 = 8) to a medium score (4 x 3 = 12). The reason being that there is a risk that the private sector contribution may be lower than the BDUK modelled 50% of total cost. Options to manage this and deliver the programme are being evaluated and will be reported separately to Members shortly.

## 8. Staff and Learning

- 8.1 The number of staff employed by the Council (Full Time Equivalent) has continued to decrease as we seek to quickly reduce our costs by 30% overall. The recently completed Senior Manager and PO Manager reviews have contributed to this reduction in numbers and cost.
- 8.2 The Recruitment Team has processed more vacancies in quarter 2. A significant contributing factor to this is the increased levels of recruitment taking place in Shire Services in preparation for the September term start in schools buying these services from us - this is a normal trend. Alongside this, the quarter 2 reduction in % employee turnover related to the exceptionally high figures arising from the quarter 1 reduction in the number of contracted casual posts in Culture and Leisure services.
- 8.3 Average days lost for sickness has increased slightly by 0.43 days per FTE staff member compared to quarter 1. This is also reflected in the direct cost of sickness which increased by £58,000 from quarter 1. However, the overall trend here is downward and new measures to reinforce this have been introduced from October this year, as part of changes in staff and conditions.
- 8.4 The reduction in the number of learning and development days from quarter 1 is due to a large number of courses being put on hold while training provision has been reviewed to prepare for the September 2011 launch of the Council's new 'Core Skills' programme.

## 9. Finance

- 9.1 Full details are set out in the Period 6 Financial Monitoring reports.

## 11. Conclusion

- 11.1 Set against our present challenging financial situation, and the major changes the Council is going through, quarter 2 marks strong performance, with 71% of service performance measures being within 10% of standards.
- 11.2 The on-going financial pressures, and the actions taken to manage them, have the potential to impact on service performance over the coming 6 months. Close monitoring of performance for key services and measures will identify where pressure points are emerging, and will inform prioritisation for action and intervention to reduce risk.
- 11.3 All projects within the Transformation Programme are on schedule against currently identified milestones. The next phase of developing Programme

Management will result in a sharper focus on benefits identification and measurement, and the development of further milestones to support robust monitoring and management. These developments are expected to give confidence and assurance that the Transformation Programme will meet expectations and targets for both service improvement and cost reduction.

- 11.4 The development of our performance measures is expected to continue to ensure that they properly reflect emerging priorities and changes resulting from the Transformation Programme. In order to ensure that the measures used are current and reflect changes taking place, an annual review of our Outcomes Framework is proposed, to take place in the final quarter of each year, ready for the start of the new financial year.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

- Transformation Programme Report (Cabinet 14 September 2011)
- Period 6 Financial Monitoring Report
- Strategic Risk Register

**Cabinet Member:** All

**Local Member:** All

**Appendices:**

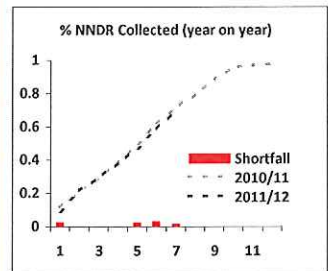
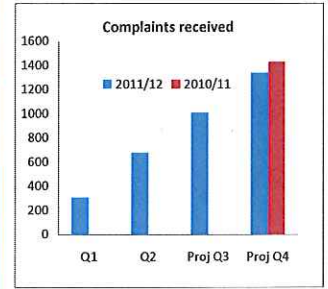
Appendix 1 – Organisational Health Scorecard

Appendix 2 – Exception Flash Cards – Customer Satisfaction, Planning, and [Family] Carers

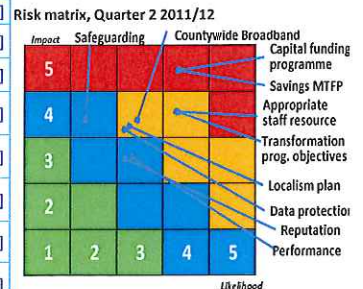


# Organisational Health Scorecard

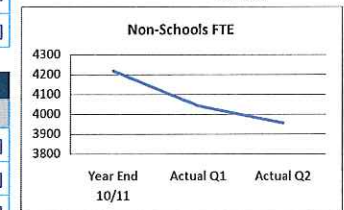
1.0 Service Users and Outcomes						
Status	Indicator	Year End 10/11	Actual Q1	Actual Q2	Standard Q2	Notes
n/a	004 Number of complaints (cumulative)	1431	310	681	baselining	[OH01]
n/a	043 Number of complaints upheld or partially upheld (cumulative)	new ind	99	201	baselining	[OH02]
n/a	044 % of complaints with learning action points adopted (cumulative)	new ind	43	45	baselining	[OH03]
▲	% Customers satisfied with customer enquiry handling	86	80	79	90	[P2.1]
★	% active cases of 2+ year duration with a CPP (i.e. not at deregistration)	15.0	4.2	6.2	7.5 (tbc)	[OH04]
●	% of children with second or subsequent CPP	9.9	12.5	15.1	10-15	[OH05]
●	% of Level I Adult Protection interviews completed within 1 working day of referral (ASC01)	97	100	100	97 (2011/12)	[OH06]
●	% of Adult Protection cases where assessed level of risk reduces (ASC04)	98.70	92.30	98.36	97	[OH07]
●	% of people receiving Self Directed Support (NI130)	25.1	14.8	18.2	18.0	[OH08]
?	NI135 Carers' Services (Carers receiving needs assessment or review and a specific carers service, or advice and information)	28.9	6.5	14.9	37 (2011/12)	[OH09]
●	039 % Primary Schools Rated Good/Outstanding	61	58	59	65	[OH10]
▲	041 % Post-16 Settings Rated Good/Outstanding	40	40	40	65	[OH11]
●	025a Overall rating of the Children's Services	Good	n/a	Expected end Nov	Good	[OH12]
●	NI192 % of household waste recycled and composted	52.4	54.2	53	52.0	[OH13]
●	NI158a % non-decent council homes	20.50	18.80	18.75	18.00	[OH14]
▲	% of Major Planning Applications Determined within 13 weeks (NI157a) (cumulative)	51.61	36.36	38.98	70	[P5.1]
▲	% of Minor Planning Applications Determined within 8 weeks (NI157b) (cumulative)	67.79	53.01	52.79	70	[P5.2]
●	% of Other Planning Applications Determined within 8 weeks (NI157c) (cumulative)	81.37	72.35	68.73	75	[P5.3]
●	BV009 % Council Tax collected	97.9	29.6	57.5	57.0	[OH15]
●	BV010 % NNDR (national non-domestic rates) collected	97.1	30.5	59.4	63.0	[OH16]



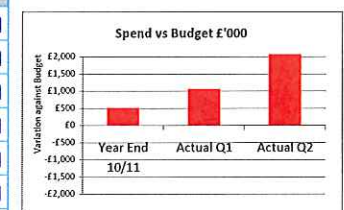
2.0 Internal Processes						
Status	Indicator	Actual Q1	Actual Q2	Standard Q2	Notes	
●	% strategic programmes on schedule	n/a	100%	100	[OH18]	
●	Flourishing Shropshire Communities - % progr on target	n/a	100%	100	[OH18]	
●	Better Health and Well Being - % progr on target	n/a	100%	100	[OH18]	
●	Better Education Attainment and Work Placed Skills - % progr on target	n/a	100%	100	[OH18]	
●	Infrastructure and Different Ways of Working - % progr on target	n/a	100%	100	[OH18]	
●	Organisational Development and Behaviour Change - % progr on target	n/a	100%	100	[OH18]	
n/a	Economic Growth and Prosperity - % progr on target	n/a	Baselining	100	[OH18]	
n/a	Greater Public Confidence - % progr on target	n/a	Baselining	100	[OH18]	
▲	% of strategic risks above tolerance level - % progr on target	60	70	60	[OH19]	



3.0 HR, Learning and Development						
Status	Indicator	Year End 10/11	Actual Q1	Actual Q2	Standard Q2	Notes
?	Total number of FTE (non schools)	4219	4044	3956	tbc	[OH20]
?	Total number of vacancies FTE (quarterly)	n/a	247	367	tbc	[OH21]
?	% employee turnover	8.62	16.72	7.16	tbc	[OH22]
?	Sickness absence: average lost days per employee for the quarter	n/a	1.48	1.91	tbc	[OH23]
?	Direct cost of sickness absence (£) (quarterly)	n/a	692k	750k	tbc	[OH25]
?	Employee satisfaction (2010)	68%	n/a	Due Jan 2012	n/a	[OH26]
?	Learning and development days delivered	280	52.00	94	290 (2011/12)	[OH27]





4.0 Finance						
Status	Indicator	Year End 10/11	Actual Q1	Actual Q2	Standard Q2	Notes
n/a	Budget for the year (000s)	£224,019	£224,684	£224,685	n/a	[OH29]
●	Year End Projection (000s)	£221,537	£225,746	£226,778	£224,685	[OH30]
●	Net Variation (000s)	£518	£1,061	£2,093	£0	[OH31]
?	Projected savings 2011/12 (000s)	n/a	£32,303	£32,303	n/a	[OH32]
?	Savings achieved so far 2011/12 (000s)	n/a	£18,523	£18,523	n/a	[OH33]
?	Acheivement of capital receipts (000s)	£2,487	1,095	1,260	Q4 15,000	[OH34]
?	Redundancy costs (000s)	£2,603	n/a	£6,668	n/a	[OH35]
?	Income	£447,744	n/a	£412,907	n/a	[OH36]





## Appendix 2 - Performance Dashboard – Exception Report

Performance Measure: NI135 Carers' Services (Carers receiving needs assessment or review and a specific carers service, or advice and information)		Overall Status
<p><b>Performance Information/ change</b>                      Good progress was made to ensure more carers (14.9%) received a service than in quarter 1, but the end of year standard of 37% will continue to pose a challenge.</p>		
<b>Legend</b>		
performed more than 10% better than Standard		★
performed up to 10% better than Standard		●
performed up to 10% worse than Standard		●
performed more than 10% worse than Standard		▲
Reason for change:	Action Required:	Person responsible
Improvement work is being implemented to reach local family carers and, where appropriate, support them to continue in their key role in enabling people to live at home.	<p>Work is underway to ensure all joint assessments (involving both the client and the carer) are recorded correctly; that carers' information packs are given to carers (as a minimum level of service); and teams are continuing to encourage more carers to have an assessment of their own needs. New contractual arrangements come into operation at the beginning of November and are expected to contribute to the planned service improvement.</p> <p>It is recommended that progress with this measure is reviewed at quarter 3, before a Scrutiny review is considered. Actions are currently being implemented within the service area to improve performance, and these need time to take effect.</p>	Stephen Chandler - Group Manager  Di Beasley - Accountable Officer
<b>Expected change in performance</b>	<b>Expected Outcome:</b>	<b>Group</b>
Performance level to improve to the agreed standards.	A higher proportion of carers receiving appropriate support.	<b>Assessment and Eligibility</b>
		<b>Frequency of report:</b>
		Quarterly
		<b>Next Reported:</b>
		January 2012 









## Appendix 2 - Performance Dashboard – Exception Report

Performance Measure: % Customers satisfied with customer enquiry handling		Overall Status	
<p><b>Performance Information:</b> Performance has declined to 79% from end of 2010/11 level of 86%, and from previous quarter level of 80%, and is below the expected standard for Q2 (90%).</p> <p>This indicator is a composite indicator covering Face to Face, Telephone and Web based service requests and customer enquiries. Satisfaction with the telephone contact has remained stable since the start of 2010/11, but there has been a decline in satisfaction with the web and face to face channels.</p>		▲	
<b>Legend</b>			
performed more than 10% better than Standard		★	
performed up to 10% better than Standard		●	
performed up to 10% worse than Standard		●	
performed more than 10% worse than Standard		▲	
Reason for change:	Action Required:	Person responsible	Group
<p>The delivery model in customer services has changed. The service now provides First Point of Contact (FPoC) for Adult Social Care and Anti Social Behaviour, with no additional resources (due to vacant posts). The length of individual telephone conversations for Adult Social Care FPoC can exceed 40minutes, as the call aims to complete the first stage of the assessment process and signpost people to services in the shortest possible time.</p>	<p>Shift patterns are being adjusted to match, where possible, expected demand.</p> <p>Following the scrutiny of the complaints process earlier in the year, an action plan has been developed which is being implemented, and its effect will be monitored.</p> <p>Work is also underway to implement the new Customer Relationship Management (CRM) system by April 2012. This will see a reduction in duplicate handling, one benefit of which will be to support more efficient and effective enquiry handling.</p>	<p>Steph Jackson – Group Manager</p> <p>Damion Clayton – Accountable Officer</p>	<p>Customer Care and Involvement</p>
Expected change in performance	Expected Outcome:	Frequency of report:	Next Reported:
<p>Improve performance to agreed standards (90%).</p>	<p>Customers accessing the Customer Services Centre with improved satisfaction</p> <p>Methodology and plans in place to identify what information should be collected and reported</p>	<p>Quarterly</p>	<p>Jan 2012</p>



## Appendix 2 - Performance Dashboard – Exception Report

<p><b>Performance Measure:</b> NI157a % of Major Planning Applications Determined within 13 weeks NI157b % of Minor Planning Applications Determined within 8 weeks</p>	<p><b>Overall Status</b></p> 
<p><b>Performance Information/ change</b></p> <ul style="list-style-type: none"> <li>Performance for NI157a for Q2 2011/12 (38.98%) shows a reduction of 35.72% compared with the performance for Q2 in 2010/11 (65.12%); the number of major applications in question for the year to date is 23 out of 59.</li> <li>Performance for NI157b for quarter 2 (52.79%) shows a reduction compared to quarter 2 2010/11(73.76%); the number of minor applications in question for the year to date is 302 out of 572.</li> </ul>	<p><b>Legend</b></p> <ul style="list-style-type: none"> <li>performed more than 10% better than Standard </li> <li>performed up to 10% better than Standard </li> <li>performed up to 10% worse than Standard </li> <li>performed more than 10% worse than Standard </li> </ul>
<p><b>Reason for change:</b></p> <p>Over the past 12 months, the Planning Teams have been restructured and have implemented a process review, to take advantage of developments in technology such as the Planning Portal and agile solutions. Not all of the transformation projects have yet been implemented and this has had an impact on performance. From both a national and local perspective, the focus has moved from purely quantitative measures of time taken to qualitative measures of satisfactory completion of the process.</p> <p>For example, a local performance measure is being introduced to record the percentage of applications that go over the target on time taken, by agreement with the applicant. There is a target of 90% for this measure, which will indicate that only in very few cases would an application be determined in a timescale not agreed with the applicant. This acknowledges the fact that the emphasis is on customer satisfaction and negotiation with applicants to achieve the right outcome. As evidence of this, over 90% of applications are subsequently approved.</p> <p>Notwithstanding this there has been a delay in the validation of applications which impacts on when the planning officers receive the cases. There is a key staff vacancy that has been challenging to recruit to, and additional resources have been deployed to support the team. An action plan to review and simplify the validation process is being written.</p> <p>In contrast with the performance figures, customer satisfaction with the service was surveyed during Feb 2011. Responses were very positive about the quality of service received from the development management team, key messages include: 94% of respondents were satisfied with the service; 92% of respondents were satisfied with being able to contact an officer; 89% of respondents were satisfied that the service met or exceeded their expectations.</p>	<p><b>Action Required:</b></p> <p>To look at the service from the perspective of the customer. Suggested focus:</p> <ul style="list-style-type: none"> <li>What would customers want from the service and what would we want to measure in light of this?</li> <li>Are the national measures relevant locally and what emphasis should we place on them?</li> <li>To identify that, where a target is missed, the applicant is aware and in agreement with this wherever possible.</li> </ul>
<p><b>Expected change in performance</b></p> <p>To identify option to achieve an expected level of service</p>	<p><b>Person responsible</b></p> <p>Steve Price Group Manager  Ian Kilby Accountable Officer</p> <p><b>Group</b></p> <p>Environment</p> <p><b>Frequency of report:</b></p> <p>Quarterly</p> <p><b>Next Reported:</b></p> <p>January 2012</p> 
<p><b>Expected Outcome:</b></p> <p>More applications determined within the agreed timescales ensuring customer satisfaction levels remain high.</p>	<p><b>Frequency of report:</b></p> <p>Quarterly</p> <p><b>Next Reported:</b></p> <p>January 2012</p> 