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| 26 June 2012 | ITEM 5 |
| Corporate Overview and Scrutiny Committee | |
| Corporate Scorecard Performance Report – Month 12/ Quarter 4 (up to end March 2012) | |
| Portfolio Holder: Councillor P Smith, Portfolio Holder for Central Services | |
| Wards and communities affected: N/A | Key Decision: N/A |
| Accountable Head of Service: Chris Stephenson, Corporate Performance Manager | |
| Accountable Director: Richard Waterhouse, Director of Transformation | |
| This report is Public | |
| Purpose of Report: To advise Corporate Overview and Scrutiny Committee of key performance issues arising from the delivery of the Corporate Scorecard 2011-12 | |

EXECUTIVE SUMMARY

This report provides Corporate Overview and Scrutiny Committee with a summary of performance against the Corporate Scorecard 2011-12, a basket of key performance indicators, as at Month 12 ie end of March 2012. These indicators are used to monitor the performance of key priorities set out in the Corporate Plan and enables Members, Directors and other leaders to form an opinion as to the delivery of these priorities.

At the end of Month 12, 27 (60%) of these indicators are meeting their target and 65.38% have improved their performance over last year.

NB. Due to the additional quality assurance, auditing and consolidation of data which takes place following year end all data included in this report is provisional at this stage and may be subject to change. Final data will be confirmed in the Annual Performance Report which will be presented to Cabinet and Corporate Overview and Scrutiny Committee later in the year.

1. RECOMMENDATIONS:

That Corporate Overview and Scrutiny Committee:

- 1.1 Acknowledges and commends services where there is good delivery against priorities in particular processing of planning applications.**
- 1.2 Notes the performance in areas of concern and identifies, where it feels necessary, any further areas of concern on which to focus.**
- 1.3 Recommends the areas IN FOCUS to be circulated to other relevant Overview and Scrutiny Committee Chairs.**

2.0 INTRODUCTION AND BACKGROUND:

2.1 This is the Month 12/Quarter 4 [March] performance report for the Corporate Scorecard 2011/12.




3.0 Performance Report Headlines

3.1 The headline messages for this report are:

3.2 **Performance against target** - of the 45 indicators that are comparable, at the end of March 2012 (*NB KPIs = Key Performance Indicators*)

| | KPIs at end of March | KPIs at end of February |
|-----------------------------------|----------------------|-------------------------|
| GREEN Met their target | 60.00% | 55.56% |
| AMBER Within tolerance | 8.89% | 13.33% |
| RED Did not meet target | 31.11% | 31.11% |

3.3 **Direction of Travel (DOT)** - of the 26 indicators that are comparable, at the end of March 2012 (based on the previous year's outturn or position at the same time last year whichever is most appropriate for the indicator):

| | DOT at end of March | DOT at end of February |
|--|---------------------|------------------------|
|  IMPROVED | 65.38% | 61.54% |
|  STATIC | 3.85% | 7.69% |
|  DECLINED | 30.77% | 30.77% |

4.0 KPIs identified by the Performance Board

4.1.1 As part of the council's performance management process, the Performance Board - a council wide group of performance leads – reviews the progress of the Corporate Scorecard on a monthly basis to provide assurance to the Directors' Board, Cabinet and Scrutiny Committees of delivery.

Where the Performance Board identifies issues that it considers to be of concern or indeed merits the highlighting of good performance it recommends these to the Directors' Board and Cabinet for their consideration.

As this is the final report for the 2011-12 Corporate Scorecard, this report focuses on some of the very good performance, plus some of the "Red" indicators which have not already been a focus for Cabinet/Scrutiny in recent months.

4.2 KPIs IN FOCUS

There have been some significant areas of good performance highlighted throughout the year, for example, planning performance; carers service; the turnaround of spending of the Section 106 monies. The following KPIs are examples which have become particularly significant at year end.

4.2.1 Educational Attainment at 19 years old

| | | |
|----------------------------|--|---------------|
| Definition | <p>NI79 - This PI measures the attainment of Level 2 qualifications (eg A*-C GCSE) by young people in Thurrock by the age of 19. Achieving Level 2 by the age of 19 represents an important platform for employability, further learning and adulthood.</p> <p>NI80 - This PI measures the attainment of Level 3 qualifications (eg A Level, BTEC) by young people in Thurrock by the age of 19. Achieving Level 3 by the age of 19 increases the skills levels of the economy and allows participation into Higher Education and higher skilled employment.</p> | |
| Reason for IN FOCUS | These have both exceeded their target | |
| KPI | Actual | Target |
| NI79 | 77% | 74.3% |
| NI80 | 45.8% | 42.7% |

Commentary

NI79 - Level 2 qualified (eg A*-C GCSE) in Thurrock by 19 years old

The number of Thurrock residents achieving level 2 qualifications by age 19 (equivalent to GCSE grades A*-C) has increased by 4% on the previous year. The gap between achievements in Thurrock and the national average has now reduced significantly and is now 4% below the national average of 81%. Thurrock has also reduced the gap with similar authorities and with the East of England regional average. The figures reflect achievements gained in 2010/11. Thurrock has improved its ranking from 132/150 to 123/150 and is on track to reach the national average and build on the good achievements now being seen at age 16 in schools.

There was also a significant improvement of 7% in the number of learners achieving level 2 qualifications who were eligible for Free School Meals. Although this remains below the average for the East of England, the gap has narrowed. The average performance for pupils who don't receive Free school Meals is just below the national average for the region and again closing the gap. (Thurrock 82%, East of England 84% in 2011)

NI80 - Level 3 qualified (eg A Level, BTEC) in Thurrock by 19 years old

The number of Thurrock residents achieving a level 3 qualification by 19 years is 45.8% which is 8.7% below the national average. This shows a 4.9% improvement on 2009/10 and improves Thurrock's ranking from 140/152 to 134/152. An ambitious target of 58% has been set for the academic year 2011/12, which would bring Thurrock's performance above last year's national average.

This is an area which the borough's newly formed 11-19 partnership board is addressing, with representatives from the council, schools and local colleges working together.

[Commentary agreed by Carmel Littleton]

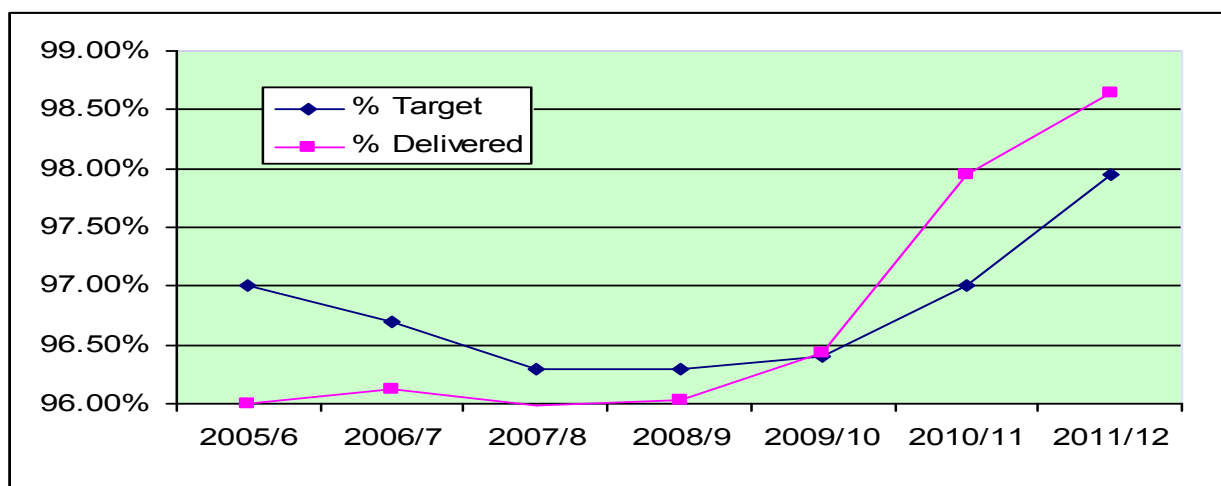
4.2.2 Council Tax collection

| | | |
|----------------------------|---|------------------------|
| Definition | BV09 - This PI measures the percentage of Council Tax owed that has been collected by the council. | |
| Reason for IN FOCUS | This has exceeded its end of year target | |
| | Actual March 2012 | Year End Target |
| | 98.64% | 97.9% |

At the end of the year a delivery of 98.64% was achieved against a target of 97.9% - this equates to approximately £400K more than the target. This is a 2.34% improvement against that of 2008/09. This is equivalent to an additional income within the year 1 of £1.3m, despite a net decrease in council tax.

The council billed residents a total of £57.2 million in 2011-12 for Council Tax. Therefore every 1% equates to approximately £572K.

Of 14 councils sharing data with Thurrock, there were only two showing an improvement month on month for the year 2011/12 in comparison to the performance of the same time last year. These being Thurrock and Uttlesford. Preliminary results show Thurrock moving from 11 out of 14 in 2010/11 to 3rd position in 2011/12.



NB Every 1% in 2011-12 equated to approximately £572K

[Commentary agreed by Sean Clark]

4.2.3 Staff Well-Being – sickness absence

Whilst this indicator did not reach target it is being flagged in this section as an example of significant improvement and shows how the focused attention and investment over the last 12 months has impacted on this key issue for the council.

- BV12 Average days sickness absence per employee
- OD12a No of days sickness attributed to long term sickness (20 days or more)
- OD12b % of sickness which is long term (20 days or more)

| | |
|--------------------------|---------------|
| Scorecard Segment | People |
|--------------------------|---------------|

| Reason for IN FOCUS | | Although we did not reach the stretching end of year target, following a number of different initiatives over the last year, data shows a significant reduction in sickness compared to previous year | | | |
|---------------------|--|---|-----------------|-----------------|--|
| Ref | March Actual (Provisional) | YTD (Apr –Mar) (Provisional) | 2010-11 Outturn | 2009-10 Outturn | 2011-12 Year End Target |
| BV12 | 0.9 days | 10.34 days | 11.61 days | 10.52 days | 9 days |
| OD12a | 506.84 days | 6334.88 days | 7624.62 days | 7666.53 days | 5200 days |
| OD12b | 44% | 44% | 44% | 50% | 40% |
| BV12 | Benchmarks (Source: Chartered Institute of Personnel & Development (CIPD)) | Local Government Average (2011) Public Sector Average (2011) Private Sector Average (2011) UK Average (2011) | | | 9.6 days 9.1 days 7.1 days 7.7 days |

BV12 and OD12b will continue to be corporate scorecard indicators into 2012-13

Latest actions:

- Ongoing HR support to “hotspot” teams to reduce/resolve sickness/absence issues
- Stress risk assessments undertaken between January and March 2012 on targeted hotspots
- Ongoing support for managers in using the DHS reporting system to its best effect
- New Occupational Health Nurse recruited on a year contract to ensure as timely and efficient appointments and case management as possible

Commentary

The average sickness absence days per employee increased slightly in month during February and March. This is mainly due to a huge increase in the incidences of seasonal flu/cold and sickness bugs experienced during these months. However, the end of year outturn of 10.34 days is a significant improvement on last years 11.61 days against a target of 9 days. (NB. It is likely that sickness absence in 2010-11 was under-reported and as such the figure of 11.61 was lower than the true picture. This therefore suggests that the rate of improvement is also understated. Reporting processes have since been reviewed).

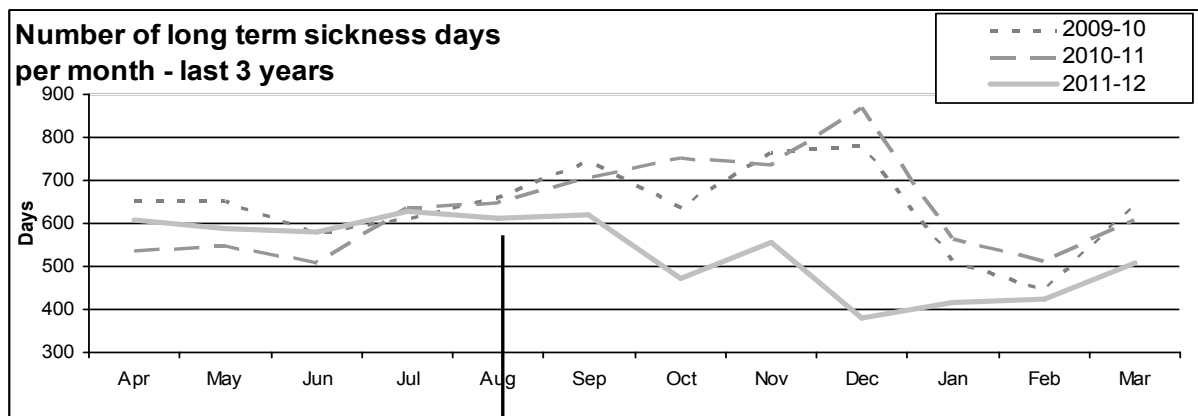
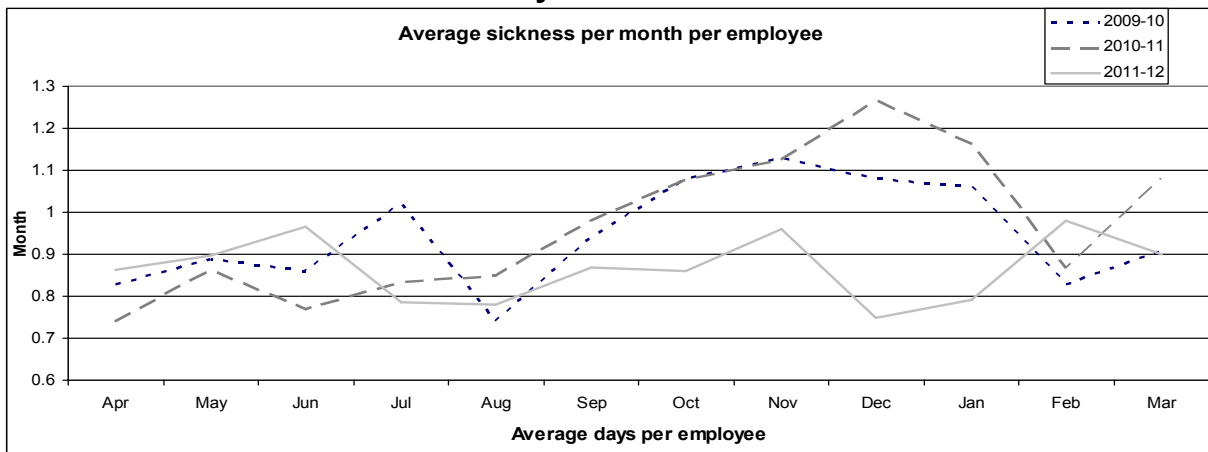
Whilst the number of days attributed to long term sickness (LTS) has dropped significantly from this time last year (6,334.88 days compared to 7624.63 days last year), the percentage LTS remains as last year at 44%. This is above our challenging target of 40% but is the lowest it has been all year. There was a significant improvement in the number of days attributed to long term sickness from August 2011. This coincides with the implementation of the DHS nurse contact centre, which introduces a dedicated nurse contact for each case of long term sickness. (see graph below)

Overall, whilst there are some hotspots of high sickness within the council many services have shown much better levels of sickness and are within their individual targets.

This significant improvement in levels of sickness has been due to a number of initiatives which have been put in place over the last 18 months:

- Following a review the Occupational Health Service was enhanced by commissioning additional resources from Premier Occupational Health Service. This means that employees are seen and reports are delivered more quickly which supports case management/resolution.
- DHS nurse contact centre - Since 1 August 2011 sickness absence has been reported directly to the DHS nurse contact centre. A Nurse Advisor talks to the member of staff to find out the reason for their absence. This is initially a one year pilot with an option of a further 1 year, to contribute to the better management of absence and supporting staff through their illnesses. This project aims to deliver real time absence reporting to a qualified nurse contact; real time management information which will enable managers to manage staff absence better; triggers and reminders to ensure managers follow sickness procedures; health advice.
- Data monitoring highlighted a high level of stress related absence. A review of stress related absence took place and an action plan was approved by DB, including commissioning of stress risk assessments with a report of the outcome to feed into further actions within the plan. The targeted stress risk assessments have taken place for a selection of staff who have been absent with long term (over 20 days) stress-related illness. An initial report of the findings of this initiative was presented to Corporate HR, Equalities and Customer Care Board (CHRECC) in May. For 2012-13 future targeted stress risk assessments will be integrated into the role of the new Occupational Health nurse and a bid for a permanent resource will be submitted during the course of 2012-13.

The trend in sickness for the last 3 years



Key date: August 2011 DHS contract starts offering dedicated nurse contact for each long term sickness case

[Commentary agreed by Jackie Hinchliffe]

4.3 Challenges

4.3.1 Smoking cessation amongst the most deprived wards

| | | |
|----------------------------|---|------------------------|
| Definition | This PI measures the percentage of the total number of "smokers" registered on the NHS Cessation Programme living in the most disadvantaged areas of Thurrock, who have not smoked for at least 4 weeks | |
| Reason for IN FOCUS | This PI is two months in arrears and as such data covers the year to date position up to end of January 2012, however this is not expected to hit target. | |
| | January Actual (two months in arrears) | Year End Target |
| | 28.7% | 45% |

This data is always two months in arrears due to the nature of the indicator and collection and reporting frequencies of the commissioned providers. This information is based on data at the end of January 2012. Final year end data will be available at the end of May.

This figure is based on a total number of quitters from Thurrock in the 10 months up to end of January 2012 of 1139 people. 327 quitters (28.7%) were from the most deprived areas of the borough - a key focus group. This is a slight increase on Quarter 2, although still below target. This target was not contained within the local NHS stop smoking service provider's original contract therefore it has been difficult to implement proactive actions to meet the target during 2011-12. The Local Stop Smoking Service train and support subcontractors (GP practices and pharmacies) to deliver stop smoking services although the contracts are held with the Primary Care Trust resulting in there being multiple providers for this service. The Public Health team are in the process of negotiating contractual targets with the provider for 2012/13 and more frequent reporting which will allow performance issues to be addressed more quickly. Contracts for 2012/13 with GPs and Pharmacists have been offered with increased contractual levers for underperformance. This means that should performance not reach targets during the year, improvement activity can be highlighted and monitored. A web based computer system, QuitManager, is being introduced during quarter one which will allow the Local Stop Smoking Service access to up to date 4 week quitter data from subcontractors in real time making this data available more quickly.







NB. An additional indicator around cessation amongst routine/manual workers is also monitored through the corporate scorecard. 'Routine & Manual' occupations examples include: Electrician, gardener, labourer, bar staff, driver, catering assistant, cleaners, etc and are targeted because of the high prevalence of smoking by people employed in these areas. This is currently above target with 33% of those on the programme successfully stopping smoking.

The council has adopted a new policy which will go live from 1st July which will mean all council offices will be "smoke free". To support staff who are smokers, the council held smoking cessation sessions during April and May in partnership with Vitality, the Health and Wellbeing Service. The funded six week programme offered practical and medical advice by trained professionals to fully support staff who wanted to give up smoking. Further sessions are going to be offered during June. There was also support offered via the Vitality mobile unit which was based at Curzon Drive every Wednesday for 6 weeks during April and May. The unit is also outside Morrison's in Grays every Thursday.

[Commentary agreed by Jo Olsson]

5.0 The full summary of performance as at Month 12 is set out below:

NB All data is provisional at this stage and subject to end of year auditing, quality assurance and consolidation processes.

| Scorecard Segment | No. of PIs (not inc. Annual KPIs) | Performance against Target | | | | Direction of Travel | | | |
|----------------------|-----------------------------------|---|--|--|--|--|---|--|--|
| | | No. of KPIs unavailable for comparison (na) | No. of KPIs at Green  | No. of KPIs at Amber  | No. of KPIs at Red  | No. of KPIs unavailable for comparison n/a | No. Improved since 2010-11  | No. Unchanged since 2010-11  | No. Decreased since 2010-11  |
| Community Leadership | 13 | 0 | 10 | 2 | 1 | 9 | 3 | 0 | 1 |
| Customer | 18 | 0 | 10 | 1 | 7 | 4 | 9 | 0 | 5 |
| Business Process | 6 | 2 | 3 | 1 | 0 | 2 | 2 | 0 | 2 |
| People | 5 | 0 | 1 | 0 | 4 | 1 | 3 | 1 | 0 |
| Finance | 5 | 0 | 3 | 0 | 2 | 5 | 0 | 0 | 0 |
| TOTAL | 47 | 2 | 27 | 4 | 14 | 21 | 17 | 1 | 8 |
| | | PIs available = 45 | 60.00% | 8.89% | 31.11% | PIs available = 26 | 65.38% | 3.85% | 30.77% |

*Please note it is possible to have a different number of indicators comparable against "Direction of Travel" than "Against Target" because

- 1) For some indicators we only have one year's worth of data and therefore cannot compare Direction of Travel
- 2) Some indicators have not had targets set, but are still being monitored as have strategic importance to the council

6.0 IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 This monitoring report will help decision makers and other interested parties, form a view of the success of the council's actions in meeting its political and community priority ambitions.

7.0 IMPLICATIONS

7.1 Financial

Implications verified by: **Funke Nana**
Telephone and email: **01375 652451 fnana@thurrock.gov.uk**

This is a monitoring report and there are financial indicators included within this for which there is commentary. In addition, any recovery planning commissioned by the council for other indicators may well entail future financial implications.

7.2 Legal

Implications verified by: **Daniel Toohey**
Telephone and email: **01375 652049 dtoohey@thurrock.gov.uk**

This is a monitoring report and there are no direct legal implications arising.

7.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
Telephone and email: **01375 652472 sdealyn@thurrock.gov.uk**

This is a monitoring report and there are direct diversity implications arising. The KPI report provides data and commentary on the diversity profile with regard to smoking cessation, average sickness and long term sickness. It also focuses on the diversity profile of the council workforce and summarises key features and actions.

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

There are no other relevant implications.

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