

13 March 2024		ITEM: 12
Cabinet		
Quarter 3 (April to December 2023) Interim Corporate Performance Report		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Sarah Welton, Strategy Manager		
Accountable Assistant Director: n/a		
Accountable Director: Alex Powell, Assistant Chief Executive		
This report is Public		
Version: Cabinet / Final		

Executive Summary

This report provides an in-year Quarter 3 position (as at the end of December 2023) in relation to the performance of a suite of service delivery, demand management and organisational health indicators.

The report shows that

- 58% of indicators (with targets) are currently achieving target
- 83% are better than or the same as the previous quarter
- 65% are better than or the same as the previous year

This approach to corporate performance reporting is the first phase deliverable of the wider Performance Management and Assurance Framework (PMAF) project which was agreed at Improvement and Recovery Board in November 2023 and is designed as an interim framework for the remainder of 2023/24.

From 2024/25, later phases of the PMAF project will provide a robust, aligned and cohesive framework which will incorporate other disciplines of good governance and monitoring such as risk, project delivery, budget monitoring, service planning, contract management, procurement, business intelligence and data analytics. This will be developed in parallel with the Corporate Plan and will be used as the primary monitoring and reporting mechanism to show progress against the corporate priorities, objectives and intended outcomes of the council.

The report also includes drilled down analysis and lessons learned for corporate complaints and enquiries at Appendix 1.

Commissioner Comment:

Commissioners have been consulted on the content of this report and agree with the recommendations made.

1. Recommendation(s)

1.1 To note and comment upon the performance of the key corporate performance indicators

1.2 To identify any areas for additional consideration in future corporate performance reports for 2023/24

2. Introduction and Background

- 2.1 Corporate performance reporting to directors and members paused in September 2022 following the intervention announcement. Since then, service level performance reporting has continued within directorates and to member committees and is well-established and strong in places (eg adult social care, health, housing, children's services), albeit fragmented and in silos. Therefore, there has not been an overarching, comprehensive, consistently adopted performance framework.
- 2.2 In June 2023, the Improvement and Recovery Board (IRB) agreed the principles, objectives, scope and deliverables associated with a project to develop a Performance Management and Assurance Framework (PMAF).
- 2.3 The challenge of developing a comprehensive corporate framework and leap from the council's current position and practice is not being underestimated. A project plan has been developed, broken down into phases to reflect the scale of the change required, the variety and number of interdependencies which need to be aligned and the associated capacity and capability.
- 2.4 In November 2023, IRB agreed the approach being taken to develop the PMAF. The first two phases - which will take place over the rest of this municipal year - will address the immediate gap in corporate level oversight of key performance information and intelligence by establishing an interim approach and secondly, the development of a new framework ready to go live in stages from 2024/25.
- 2.5 The PMAF Steering Group is undertaking a maturity assessment exercise focussed on performance data monitoring and reporting, business intelligence and data analytics practices within the organisation. The outcomes of this assessment will support the development and delivery of the framework and help structure and design the training and development requirements required to ensure the framework can be embedded.
- 2.6 This interim Corporate Scorecard and the list of indicators it contains is the first phase and is designed to ensure Senior Leadership Team (SLT), Members and Commissioners have corporate oversight of and assurance that business critical service delivery, demand and general organisational health issues are identified and resolved/mitigated at the earliest opportunity.

3. Issues, Options and Analysis of Options

3.1 This report is a monitoring and update report.

3.2 Summary of Corporate KPI Performance

There is a smaller percentage of indicators in this interim scorecard which have targets set compared to previous corporate scorecards. This is because this has a much broader range of demand management indicators.

As not all of the indicators have targets set some cannot be shown as MET (GREEN) or NOT MET (RED), therefore, the Direction of Travel is shown as an alternative indication of performance/progress.

Of the indicators with data and targets available this quarter:

Performance against target		Direction of Travel (DOT)			DOT compared to:		
		..of which	Previous quarter	Previous year		Previous quarter	Previous year
MET	14 (58%)	↑ BETTER	12	11	↑ BETTER	18 (75%)	15 (65%)
		→ SAME	2	0			
		↓ WORSE	0	2	→ SAME	2 (8%)	0 (0%)
NOT MET	10 (42%)	↑ BETTER	6	4			
		→ SAME	0	0			
		↓ WORSE	4	6	↓ WORSE	4 (17%)	8 (35%)

3.3 On target performance for indicators with targets set

As at the end of Quarter 3 (Q3) of the 24 KPIs within this basket which have targets, 14 (58%) have met their targets.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
Percentage of Thurrock residential & nursing care homes rated as Good or Excellent via Local Authority contract compliance visits (as at quarter end)	Adult Social Care	92%	92%	96%				96%	MET	Same	Better	75%
% of residents offered an NHS Health Check who have one completed (YTD)	Public Health	49%	56%	50%				51%	MET	Better	Better	50%
% patients who are at a higher risk of a cardiovascular disease event who received an additional holistic health check (YTD)	Public Health	N/A	N/A	33%				46%	MET	Better	n/a	37.5%
% tenant satisfaction with the overall service provided by Housing	Housing	71.5%	68.9%	69.8%	78.7%	72.0%	72.4%	71.3%	MET	Better	Worse	70%
% of responsive housing repairs completed within target	Housing	94.3%	94.3%	95.8%	97.7%	97.4%	96.9%	95.9%	MET	Better	Better	95%
% Rent collected	Housing	97.0%	85.78%	92.19%	93.93%	94.38%	95.49%	95.49%	MET	Better	Better	95%
% timeliness of response to all complaints	Complaints / Enquiries	83%	88%	85% (YTD)				86% (YTD)	MET	Better	Better	83%
% of all complaints upheld (based on closed complaints)	Complaints / Enquiries	47%	56%	49% (YTD)				46% (YTD)	MET	Better	Better	47%
% MPs responded to within timeframe	Complaints / Enquiries	86%	90%	86% (YTD)				88% (YTD)	MET	Better	Better	86%
% Freedom of Information (FOI) responded to within timeframe (20 working days)	Complaints / Enquiries	96%	98%	98% (YTD)				98% (YTD)	MET	Same	Better	96%
% staff turnover (number of employees who leave the council voluntarily as a % of total workforce) - rolling year average	Staffing	14.29%	12.79% (end of June)	11.33% (end of Sept)	11.05%	10.17%	10.10%	10.44%	MET	Better	Better	12%

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
% of Major planning applications processed within agreed deadline	Planning	96.8%	100%	50% (88% YTD)	100%	100%	100%	100% (90% YTD)	MET	Better	Worse	90%
% of Minor planning applications processed within agreed deadline	Planning	98.8%	100%	98.2% (99% YTD)	100%	100%	100%	100% (99.3% YTD)	MET	Better	Better	90%
% of potholes repaired within policy and agreed timeframe	Highways	98.40%	98.48%	97.79%	100%	98.75%	100%	99.58	MET	Better	Better	98

3.4 Off target indicators for those indicators with targets set

At the end of Quarter 3 (Q3), 10 (42%) of the available indicators did not meet their target.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
Proportion of people using social care who receive direct payments (as at quarter end)	Adult Social Care	33.1%	30.9%	30.4%	30.1%	NOT MET	Worse	Worse	32%

Although under target, Thurrock is still performing 3.9% above the latest national average (26.2% 2022/23) and 5.8% above the latest regional average (24.3% 2022/23). Out of 1,497 long term community services in place at month end, 451 were direct payments. The take-up of direct payments is largely based on the personal choice of the individual and for some individuals requiring support, this is not always a suitable option due to the need for the individual or their family to manage the direct payment and source their own care.

ROUTE TO GREEN IN 2023/24

Direct payments are always explored as an option by social workers during the assessment and support planning process. Manager's authorising the commissioning of new services also ensure that the option of direct payments has been explored with individuals before a commissioned service is authorised. There is a contract in place with an external provider to provide support to individuals to manage their direct payments. This includes supporting with the physical management of the money, and the sourcing of care. There is also in operation a Direct Payment Engagement Group (DPEG), which promotes the take-up of direct payments and is a forum where any concerns or issues regarding direct payments can be resolved. Work continues to increase the diversity of the market and the range of services available, for example micro-enterprises, which can be utilised using direct payments.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
% tenant satisfaction with the landlord's approach to the complaints handling process	Housing	27.5%	22.2%	25.3%	24.0%	40.0%	20.8%	26.2%	NOT MET	Better	Worse	31%

Targets have been set in line with the median satisfaction score for Thurrock's comparable, geographical peer group as defined by Housemark. The latest benchmarking statistics show, across the social housing sector, perception with complaints handling is low, which suggests that generally across the sector, tenants are not satisfied with the way their complaints are handled. This measure includes a control question which is intended to ensure that only tenants who said they have made a complaint in the last 12 months provide their feedback. However, analysis by the service suggests of the tenants who have provided feedback relating to this measure, less than 20% have made a complaint in the last 12 month period. This suggests this question is slightly ambiguous due to differing interpretations of the word "complaint" and feedback is likely to relate to occasions where tenants have expressed a level of dissatisfaction during an interaction with a member of staff instead of a formal complaint.

ROUTE TO GREEN IN 2023/24

In order to improve tenants' perceptions and customer experience with the complaints handling process, the housing service has enacted a new process for the handling of stage 1 complaints. The new process involves a number of mandatory touch points with tenants during the complaints handling process in order to keep them updated on the progress of their complaint as well as telephone contact when the complaint is concluded to discuss the outcome. The outcomes from the new process are being recorded in a new data repository which will provide insight from the process. Due to the nature of this survey (perception), any interventions taken to improve performance will take time to improve tenants' perception of complaints handling.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
Average time to turnaround/re-let voids (in days)	Housing	30.8 days	33.5 days	30.7 days	29.3 days	31.7 days	21 days	30.3 days	NOT MET	Better	Better	28 days

There is a clear difference in re-let times between general needs and sheltered voids. At the end of Q3 in 2023/24, sheltered voids (22% of voids let) have been let in an average of 24.3 days and general needs voids (78% of voids let) have been let in an average of 32.5 days. The number of days taken to complete void works is significantly longer for general needs voids than it is for sheltered voids due to the higher level of works generally required at void stage to bring a general needs property up to a lettable standard. Another reason this KPI did not hit the target is due to the length of time being taken to complete a tenancy sign up which has taken an average of 4.2 days during the year to date. This metric is targeted at 3 days for both general needs and sheltered voids.

ROUTE TO GREEN IN 2023/24

Performance is improving. Since 2020/21, when the average re-let time was 47.5 days, performance has improved year-on-year. As a result of improving performance, the target was enhanced from 30 days in 2022/23 to 28 days for 2023/24. Performance in key parts of the void process is monitored and reported using the Housing performance scorecard and Power BI dashboards have been developed in order to monitor performance and is available to all relevant staff. The cumulative average latest performance has improved by 0.4 days in comparison the previous quarter. This performance improvement is a result of reductions in re-let time for both general needs and sheltered voids of 1.8 days and 0.3 days respectively. In addition, the length of time to complete a tenancy sign up has also improved to 4.2 days during quarter 3, improving the latest cumulative average year to date time to complete a tenancy sign up by 0.3 days in comparison to last quarter. Tenancy sign ups took 3.4 days on average during quarter three.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
% tenant satisfaction that the home is safe	Housing	74.2%	73.1%	74.4%	74.5%	70.8%	79.2%	74.5%	NOT MET	Better	Better	77.4%

Targets have been set in line with the median satisfaction score for Thurrock's comparable, geographical peer group, as defined by Housemark. No qualitative feedback is collected to accompany dissatisfied ratings for this particular measure and this makes it difficult to determine the primary reasons for dissatisfaction. However, qualitative feedback has been collected against a very similar satisfaction metric previously and the analysis of this feedback suggests that this measure may be slightly ambiguous and may result in dissatisfied ratings based on a multitude of reasons which span different service areas and business activities, eg anti-social behaviour, security of a building or block of flats, the neighbourhood, damp and mould and repairs to windows and doors.

ROUTE TO GREEN IN 2023/24

Analysis suggests this satisfaction measure, and all of the other "home" measures, are closely correlated with the presence of damp and mould (D&M) in the home. As part of the satisfaction survey, tenants are asked whether D&M is present in their home. The tenants who said they had D&M in their home during 2023/24 so far have a combined satisfaction rate of 53.8% whereas the tenants who said they did not have D&M in their home have a combined satisfaction rate of 83.5%. Of the tenants who said they had D&M in their home, 84.5% said they hadn't reported it. If tenants indicate they have D&M in their home, haven't reported the repair or have issues with an ongoing repair and would like contact to be arranged to fix the problem – an immediate, automatic alert is issued to our responsive repairs contractor by e-mail for a repair to be raised. So far in 2023/24, 304 D&M repairs have been issued as a result of this process accounting for 23.4% of all D&M repair demand during the period. It is anticipated that over time, this proactive approach to detecting and resolving unreported D&M occurrences will improve satisfaction with all "home" measures, including home safety.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
% Member Enquiries responded to within timeframe	Complaints/Enquiries	94%	93%	92% (YTD)	93% (YTD)	NOT MET	Better	Worse	94%
% Subject Access Requests responded to within timeframe	Complaints/Enquiries	91%	84%	87% (YTD)	90% (YTD)	NOT MET	Better	Worse	91%

2846 member enquiries from 3054 were responded to within timeframe. As at Q3, the Council received 100 Subject Access Requests and 90 were processed within the legal timeframe. Of the 10 missed deadlines, 8 phased disclosures were provided due to large volumes of data in scope of the request and 2 were missed due to late return of information from the service area. See Appendix 1 for further breakdown of all information management related enquiries.

ROUTE TO GREEN IN 2023/24

The Complaints Team are responsible for tracking the learning from complaints. Service areas are individually responsible for ensuring measures are put in place to learn from complaints and to ensure responses to complaints and enquiries are responded to within timeframes. For Subject Access Requests, the route to green will always be subject to the type of request received. Some requests are very complex and as such require significant resource to complete and are subsequently more likely to result in deadlines not being met. However, the council will ensure that staged disclosures are provided to requestors at all times.

The high-level learning and/or outcomes from individual upheld complaints is included in Appendix 1.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
% of exit interviews completed (and registered on Oracle)	Staffing	13.23%	12.30%	13.40%	7.79%	NOT MET	Worse	Worse	60%

The completion of exit questionnaires being registered continues to be extremely low. It is unclear currently to what extent this is because not all managers/leavers are correctly updating the Oracle system as opposed to exit interviews just not being done. Anecdotally, both scenarios have a part to play in the low outturn.

ROUTE TO GREEN IN 2023/24

HR Business Partners regularly remind directorate management teams of the need to complete exit interviews. This has also been flagged at SLT. The team are looking to make the process slicker and integrated with the wider exit process. Currently it relies on the staff member remembering to go into their Oracle record on their last day to complete.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
No of active agency placements - whole council	Staffing	243	151	208	197	NOT MET	Better	Better	160
£ Spend on agency staff	Staffing	£12,641k	£2,976k	£3,758k	£3,800k	NOT MET	Worse	Worse	£2,500K

The number of and therefore spend on agency workers currently is largely cover for front line services ie - social workers and waste services. It also currently includes temporary staff who have been hired as part of the improvement and recovery plan delivery.

ROUTE TO GREEN IN 2023/24

This is monitored closely by each DMT and each directorate is continuing to look at ways for minimising the need for agency recruitment and spend. This has been identified as an area to be focussed on as part of the savings proposals, which will reduce the spend in 2023/24.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	Q3 Year to Date	Target Status	Direction of Travel since last quarter	Direction of Travel since last year	Qr3 Target
Sickness (average days lost per Full Time Equivalent (FTE) (Forecast year end outturn)	Staffing	10.93 days	8.96 days	9.7 days	10.83 days	NOT MET	Worse	Better	9 days

Long-term absence (periods of 28 days or more) has reduced in the last two quarters but remains above the level recorded in 2022/23. Mental Health, which accounted for 25% of sickness during 2022/23, has increased to 28.6% at the end of Q3. Work related stress has also increased from 5.8% to 10.2% of all absence over the same period.

ROUTE TO GREEN IN 2023/24

HR have taken action on the recording of absence, reviewing cases and Occupational Health (OH) provision. Reviews with managers identified 35 sickness cases that had not been recorded. The updated list of cases has been reviewed with managers with advice given on next steps. Increased capacity is being made available in OH to progress cases. Further actions are planned to make some policy amendments, guidance on phased returns and reduce the number of missed OH appointments.

3.5 Indicators for monitoring trends and direction of travel only

There are some indicators which do not have any set targets, but where the trend and direction of the data is carefully monitored to spot any early warning of risks.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Direction of Travel since last quarter	Direction of Travel since last year
No of Unaccompanied Asylum Seeking Children (UASC) (on last day of month)	Children Social Care	45	47	40	45	49	43	43	Higher	Lower
No of new start apprentices in Council	Staffing	28	7	2				7	Higher	Lower
% of Council-owned Housing stock reporting damp and mould repairs	Housing	17.57%	3.02%	5.81%	1.50%	2.10%	1.70%	10.20%	Higher	Lower
Number of open disrepair cases at month-end	Housing	n/a	n/a	117	n/a	n/a	118	118	Higher	n/a
Number of households at risk of homelessness approaching the council for assistance	Housing	2,188	576	649 (1225)	225	211	144	580 (1808)	Lower	Higher
Number of households in temporary accommodation at month-end	Housing	320	327	370	388	406	426	426	Higher	Higher
No of children subject to a Child Protection Plans (on last day of month)	Children Social Care	107	108	126	123	131	135	135	Higher	Higher
Rate of children subject to a Child Protection Plan (on last day of month)	Children Social Care	24.2	24.5	28.5	27.4	29.2	30.1	30.1	Higher	Higher
No of Children Looked After (on last day of month)	Children Social Care	292	308	288	297	295	292	292	Higher	Same
Rate of Children Looked After (on last day of month)	Children Social Care	66	70	65	66	66	65	65	Same	Lower
% of Children Looked After (on last day of month), placed more than 20 miles from their homes	Children Social Care	19%	27.3%	26.3%				25.7%	Lower	Higher
Average cost of placement (Children's Social Care)	Children Social Care	£1,903	£2,066	£2,122	£2,298	£2,264	£2,156	£2,239	Higher	Higher
No of FTE (full time equivalent staff)	Staffing	2073	2078	2064				2069	Higher	Lower
No of staff (headcount)	Staffing	2503	2489	2473				2492	Higher	Lower
% attrition rate (similar to staff turnover but includes voluntary and compulsory leavers - rolling year average)	Staffing	15.26%	15.34%	11.56%	12.14%	11.74%	12.07%	11.98%	Higher	Lower

3.6 Indicators with outstanding information

The services for the following indicators are currently reviewing the targets, however, the outturn data and direction of travel is shown.

Indicator Definition	Service Area	2022/23 Outturn	Q1 Year to Date	Q2 Year to Date	In Month Oct	In month Nov	In month Dec	Q3 Year to Date	Direction of Travel since last quarter	Direction of Travel since last year
Payment rate of Fixed Penalty Notices (FPNs)	Enforcement	58.27%	59.63%	56.90%	66.75%	53.07%	82.52%	67.45%	Better	Better
% of refuse bins emptied on correct day*	Waste	99.99%	99.98%	99.99%	99.99%	99.99%	99.99%	99.99%	Same	Same
Proportion of household waste sent for recycling	Waste	28.87%	29.71%	29.10%	28.44%	26.16%	25.28%	26.61%	Lower	Lower
Residual (i.e., non-recycled) waste per household (tonnes)	Waste	664.83	299.62	276.63	84.05	84.85	86.55	255.46	Lower	Higher

* Whilst the data for this “missed bins” indicator has been correctly reported based on the current process for data collation, it is recognised that it may not reflect feedback given by residents and as such the service is reviewing the method for collection of the data to ensure it provides an accurate representation of performance.

The below indicators have either new or changed definitions for which the data is currently being quality assured by the service and will be included in the next quarterly report.

- Overall spend to budget on General Fund (% variance against forecast)
- Divestment from previous investments
- Receipts from capital assets sales
- Level of GF borrowing in the capital programme
- Identification and delivery of annual revenue savings
- Amount of debt
- Proportion of budget spent on financing debt
- Forecast annual financial deficit – 2028/29
- % of children in care that had an Initial Health Assessment (IHA) within 20 working days

4. Reasons for Recommendation

- 4.1 This interim Corporate Scorecard is required to ensure SLT, Members and Commissioners have corporate oversight of and assurance that service delivery, demand and general organisational health issues are identified and resolved/mitigated at the earliest opportunity.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Service leads via the cross-council Performance Board have been engaged in supporting the development of the interim scorecard.
- 5.2 The list of indicators was presented to SLT and IRB in November 2023 where they were approved for use for the remainder of 2023/24.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 This is an integral part of monitoring corporate policies and priorities and will be the primary tool for reporting corporate performance for the remainder of 2023/24.

7. Implications

7.1 Financial

Implications verified by: **Rosie Hurst**
Interim Finance Manager
6 February 2024

There are financial KPIs within the interim corporate scorecard, the performance of which is included in the report. Where there are issues of underperformance, any recovery planning commissioned by the council may entail future financial implications and will need to be considered as appropriate by the service at that time.

7.2 Legal

Implications verified by: **Gina Clarke**
Corporate Lawyer & Deputy Monitoring Officer
12 February 2024

There are no direct legal implications arising from the recommendation of this report. However, under s3(1) of the Local Government Act 1999, local authorities have a general duty to obtain Best Value by making arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

The duty of best value covers a broad range of issues. In the context of the subject matter of this report, the Council needs to have effective arrangements in place to secure improvement in the way all the Council's functions are exercised on an on-going basis and at pace and also to tackle any weaknesses.

Effective KPIs with frequent monitoring, performance reporting and the updating of the corporate plan are useful measures in supporting improvement in the level of service delivery of the Council's services and activities.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**
Team Manager, Community Development and Equalities
7 February 2024

The report contains some measures that help determine the level of progress with meeting wider diversity and equality ambitions, including independent living, sickness absence, homelessness and looked after children etc. Phase 2 of the PMAF will incorporate more focus on these areas.

7.4 **Risks**

The RED and GREEN ratings, alongside the Direction of Travel (DOT) of each of the measures is an indicator of the risk to individual areas of service. Services review this information closely to monitor any changes in trends to ensure the appropriate mitigating action is taken at the earliest opportunity.

7.5 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

The scorecard incorporates areas which affect a wide variety of issues, including those noted above in the body of the report. Where applicable these are covered within the report.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- n/a

9. **Appendices to the report**

- Q3 Corporate Complaints and Enquiries report

Report Author:

Sarah Welton
Strategy Manager
Chief Executive's Office

Appendix 1: Quarter 3 April – December 2023 Corporate Complaints and Enquiries report
Produced by the Information Management Team

1. Complaints/enquiries activity and performance (based on top 10 complaint areas) as at end of Quarter 3:
 Note – Timeframes are as follows: MP and Cllr enquiry - 10 working days; Complaint – 10 working days (stage 1)

Area	No of complaints received	No of closed complaints	% of closed complaints responded to within timeframe	No of Cllr enquiries responded to	% of Cllr enquiries responded to within timeframe	No of MP enquiries responded to	% of MP enquiries responded to within timeframe	Breakdown of overdue/ late cases by issue nature
Waste Management	421	407	84% (343)	270	95% (257)	7	71% (5)	79 Missed deadlines: <ul style="list-style-type: none"> • 64 Complaints • 13 Cllrs • 2 MP
Repairs	230	218	99% (215)	173	98% (170)	5	100% (5)	6 Missed deadlines: <ul style="list-style-type: none"> • 3 Complaints • 3 Cllrs
Clean & Green	97	88	81% (71)	507	94% (478)	7	100% (7)	46 Missed deadlines: <ul style="list-style-type: none"> • 17 Complaints • 29 Cllrs
Estates Management	85	86	87% (75)	220	88% (193)	16	94% (15)	39 Missed deadlines: <ul style="list-style-type: none"> • 11 Complaints • 27 Cllrs • 1 MP
Housing Solutions	79	75	80% (60)	130	92% (119)	55	95% (52)	29 Missed deadlines: <ul style="list-style-type: none"> • 15 Complaints • 11 Cllrs • 3 MP
Development Control	34	37	84% (31)	224	92% (205)	13	85% (11)	27 Missed deadlines: <ul style="list-style-type: none"> • 6 Complaints • 19 Cllrs • 2 MP
Parking Enforcement	40	37	95% (35)	117	98% (115)	6	83% (5)	5 Missed deadlines: <ul style="list-style-type: none"> • 2 Complaints • 2 Cllrs • 1 MP
Transforming Homes	33	32	100% (32)	26	100% (26)	6	83% (5)	1 Missed deadline: <ul style="list-style-type: none"> • 1 MP
Voids	29	28	93% (26)	12	75% (9)	1	100% (1)	5 Missed deadlines: <ul style="list-style-type: none"> • 2 Complaints

								<ul style="list-style-type: none"> • 3 Cllrs
Highways Maintenance	27	23	100% (23)	313	98% (306)	12	100% (12)	7 Missed deadlines: <ul style="list-style-type: none"> • 7 Cllrs
*Totals	1386	1352	86% (1164)	3054	93% (2846)	226	88% (198)	

*Totals shown are based on all activity therefore over and above the top 10 areas

2. Upheld complaints and learning/outcomes based on top 10 areas as at end of Quarter 3:

Area	Closed Complaint Volumes	% Complaints Upheld	High level Learning and/or outcomes from upheld complaints
Waste Management	407	78% (318)	<ul style="list-style-type: none"> • Regular toolbox talks held to inform crews of the importance of keeping pathways and driveways clear of bins • Written instructions have been issued to crews due to failures on waste collections, including bins not being collected, failures with assisted collections and/or bins not being returned to the point they were collected from • Crews instructed to ensure any waste that falls from bins is collected using tools provided
Repairs	218	43% (94)	<ul style="list-style-type: none"> • Contractor informed of the service standards, with regards to ensuring appointments are managed correctly and in a timely manner, to prevent resident dissatisfaction as a result of delays • A boundary check spreadsheet has been implemented, to streamline the process for repairs in relation to progressing fencing works • Contractor supervisors have been informed that emails received are to be reviewed and responded to in a timely manner and that residents are kept updated in relation to any works • Contractor staff have been informed that where works are required following attendance, these are raised and progressed in a timelier manner ensuring that residents are also kept updated where required. • Contractor engineers have been informed of the correct process for reporting follow on works. This was also discussed in a toolbox talk • Contractor staff informed of the importance of ensuring that their ID badge is worn and visible at all times.
Clean and Green	88	45% (40)	<ul style="list-style-type: none"> • It has been made clear to the team responsible for grass cutting, that they must collect and clear cuttings after an attendance • Schedules for clearing litter bins to be reviewed, in order to minimise the occurrence of overflowing bins • Grass cutting team spoken to regarding the importance of remaining on schedule with works • Tree team informed of the importance of ensuring queries are responded to in a timely manner
Estates Management	86	16% (14)	<ul style="list-style-type: none"> • Staff informed of the need to keep residents updated, with regard to handing over keys for a property move and ensuring that contact from residents is acknowledged, even if no updates are available at the time • Caretaking staff spoken to ensure they understand the importance of acting in a respectful manner when dealing with individuals • Extra checks have been put in place in relation to decant payments, to ensure that forms are processed promptly and payments approved within expected timeframes.

Housing Solutions	75	21% (16)	<ul style="list-style-type: none"> • Staff informed of the importance of ensuring they remain in contact with residents regarding their cases, to ensure residents have clear lines of contact and are kept updated • All staff have been informed of the process for referring residents to safeguarding if necessary • Senior staff informed that in the event of an officer leaving and a case of theirs remains open, senior staff must seek to transfer the case as soon as possible and to communicate this change of caseworker to the applicant
Development Control	37	14% (5)	<ul style="list-style-type: none"> • Support services staff in the team have been provided with additional training, to ensure that any emails relating to website access or decision making on applications are responded to in a timely manner • Officers informed of the importance of keeping residents updated in relation to enforcement matters
Parking Enforcement	37	22% (8)	<ul style="list-style-type: none"> • Technical issues with the process for renewal of parking permits have been addressed with the provider (being unable to renew permit ahead of renewal date and the system not notifying residents if a vehicle swap submission is rejected) • Technical issues in relation to appealing a PCN will be addressed with the third party provider. These issues were in relation to addresses not appearing upon entering a post code and being unable to upload a photo.
Transforming Homes	32	31% (10)	<ul style="list-style-type: none"> • A quality check process has been implemented, to ensure that letters sent to residents are accurate • To review communications sent to residents in relation to works being carried out on their property, to ensure they are provided with timely updates • To ensure that when carrying out Transforming Homes works, any neighbouring properties are consulted before works commence.
Voids	28	61% (17)	<ul style="list-style-type: none"> • Contractor spoken to and informed of the importance of ensuring required materials have been received prior to scheduling further appointments. • Contractor spoken to and informed of the importance of progressing reports as soon as they are received to avoid any delays in works
Highways Maintenance	23	43% (10)	<ul style="list-style-type: none"> • Officers reminded that in the event of a vehicle crossing application potentially exceeding the 12-week target period, then this must be escalated with managers in advance • The team to review the use of generic email accounts to ensure communications are acted upon in a timely manner • Officers informed to ensure that all contact is responded to promptly
*Totals	1352	46% (626)	

*Totals shown are based on all upheld complaints therefore over and above the top 10 areas

3. Freedom of Information (FOI) requests as at end of Quarter 3 (April – December) – Based on top 10 areas

Note – Timeframes to respond to FOIs is 20 working days

Area	FOIs received	% FOI responded within timeframe	Reasons for missed deadlines
Childrens Services	79	100% (79)	Not applicable
Housing	78	99% (77)	1 x FOI deadline missed: <ul style="list-style-type: none"> Late return of information by the service area
Education	67	99% (66)	1 x FOI deadline missed: <ul style="list-style-type: none"> Late return of information by the service area
Finance	53	89% (47)	6 x FOI deadlines missed: <ul style="list-style-type: none"> 2 x late approvals by the service area 4 x late return of information by the service area
Highways Maintenance	47	96% (45)	2 x FOI deadlines missed: <ul style="list-style-type: none"> 1 x late return of information by the service area 1 x missed as it was logged late by the Information Management Team
Human Resources	47	98% (46)	1 x FOI deadline missed: <ul style="list-style-type: none"> Late return of information by the service area resulted in late approval
Adult Social Care	40	100% (40)	Not applicable
Planning	39	97% (38)	1 x FOI deadline missed: <ul style="list-style-type: none"> Late return of information by the service area resulted in late approval
IT	33	97% (32)	1 x FOI deadline missed: <ul style="list-style-type: none"> Late approval of information by the service area
Waste & Recycling	29	100% (29)	Not applicable
*Totals	756	98% (738)	

* Totals shown are based on all FOI requests therefore over and above the top 10 areas