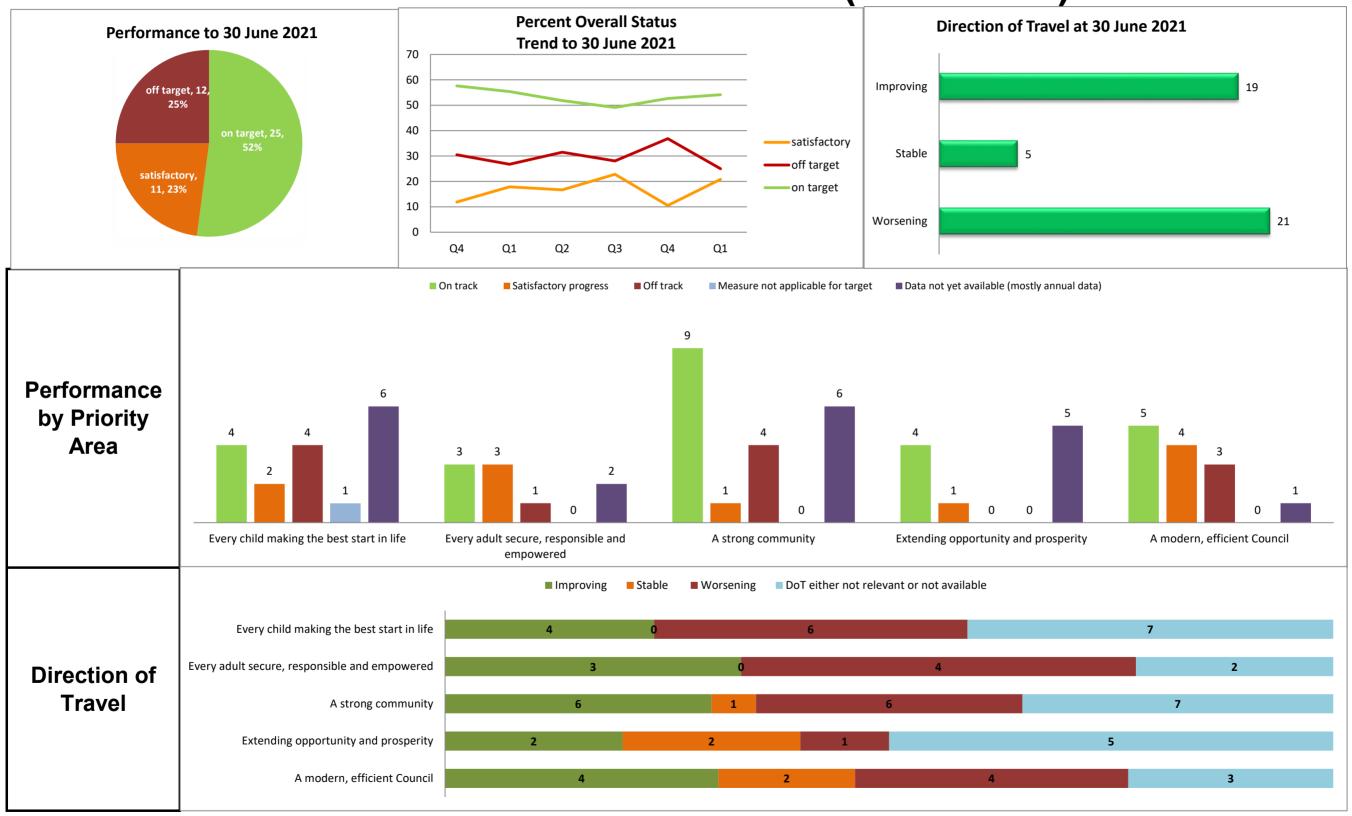


Council Plan 2021/22 Performance Report Dashboard at June 2021 (Quarter 1)



Council Plan 2021/22 Performance Report



Quarter 1 Performance Scorecard (data to 30 June 2021)

Please note: Although care is taken to ensure data is as accurate as possible, delays in data input can result in changes in figures when reports are re-run retrospectively.

Document Details

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Summary

| ~ | Measure progressing above or in line with target set | 25 | 36.2% |
|----------|---|----|-------|
| • | Measure progress has been satisfactory but is not fully reaching target set | 11 | 15.9% |
| X | Measure has not progressed in accordance with target set | 12 | 17.4% |
| * | Measure under development (e.g. awaiting data collection or target-setting) | 0 | 0.0% |
| | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) | 1 | 1.4% |
| | Measure information not available (e.g. due to infrequency or timing of information/data) | 20 | 29.0% |

| Note - the percentages |
|-------------------------------|
| are different to those |
| on the dashboard as |
| these include meaures |
| under development, |
| measures not |
| applicable for a target |
| and those where data |
| was not available. |
| |
| |

| 0 | Numbers have improved | 19 |
|---|---------------------------------------|----|
| | Numbers are stable | 5 |
| U | Numbers have got worse | 21 |
| | Direction of Travel is not applicable | 24 |

Corporate Priority 1 – Every child making the best start in life

| | Overall s | tatus (relevant to target) | | |
|----------|-----------|---|---|---|
| ₹ | V | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) |
| ž | • | Measure progress has been satisfactory but is not fully reaching target set | | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) |
| | X | Measure has not progressed in accordance with target set | | Measure information not available (e.g. due to infrequency or timing of information/data) |

| | Lead | Ref No. | Antina | | l and officer | Good | Frequency of | | | | | | Ar | nnual | | | | | Quarterly | | | Data notes – please explain any relevant information about the data presented. |
|----------------------------------|--|---------|---|--|---|----------------|------------------|-------------------------------|----------------|-----|------------------|------------------|------------------|------------------|-----------------------------|-----------------------------|------------------|-----------------|-----------------|----------------------------|-----------------------------------|---|
| Outcome | Accountability (Strategic Director) | Ret No. | Action | Measure | Lead officer | performance | reporting | Target | Overall status | DOT | Year end 2015/16 | Year end 2016/17 | Year end 2017/18 | Year end 2018/19 | Year end 2019/20 | Year end 2020/21 | Q1 Apr - June | Q2 Jul - Sep | Q3 Oct - Dec | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding |
| | | 1.A1 | | Children in Need rate (rate per 10K population under 18) | Ailsa Barr - Assistant Director Safeguarding - CYPS | low | Monthly | 375.5 | × | O | 426.4 | 481.1 | 563.3 | 495.0 | 459.6 | 410.3 | 428.0 | 459.7 | 442.1 | 410.3 | 410.1 | |
| nd neglect | | 1.A2 | Early Help – Supporting | The number of children subject to a CP plan (rate per 10K population under 18) | Ailsa Barr - Assistant Director Safeguarding - CYPS | low | Monthly | 85 | > | U | 65.4 | 65.6 | 114.5 | 89.0 | 78.8 | 75.3 | 84.7 | 80.3 | 80.7 | 75.3 | 80.9 | Target revised and updated, however the CYPS approval process is still underway. |
| m all forms of abuse, violence a | | 1.A3 | Children, young people and families at the right time with the right care | The number of Looked After Children (rate per 10k population under 18) | Ailsa Barr - Assistant Director Safeguarding - CYPS | low | Monthly | 98.7 | * | O | 76.6 | 86.6 | 110.8 | 112.7 | 104.5 | 103.8 | 104.8 | 106.4 | 106.0 | 103.8 | 97.8 | Target revised and updated, however the CYPS approval process is still underway. |
| ected and safeguarded fro | Suzanne Joyner, Strategic Director Children and Young People's Services | 1.A4 | | The proportion of families who rate the Early Help service as Good or Excellent. | David McWilliams - Assistant Direct Early Help & Family Engagement - CYPS | high | Monthly | 95% | | | Not Available | Not Available | Not Available | 97.2% | 94.3% | 95.6% | 100.0% | 100.0% | 100.0% | 100.0% | Not available, see data notes. | |
| eople and families are prot | | 1.A5 | Children's Social Care Improvement – Ensure that all Child Protection Plan work is managed robustly and that appropriate decisions and actions are agreed with partner agencies | The proportion of children who are subject to repeat child protection plans (within 24 months) | Ailsa Barr - Assistant Director Safeguarding - CYPS | low | Monthly | 9% | × | O | 7.9% | 9.2% | 9.5% | 6.5% | 8.6% | 7.9% | 6.0% | 5.9% | 6.3% | 7.9% | 10.7% | |
| A. Children, young p | | 1.A6 | Child Sexual Exploitation - an increased awareness of CSE and an increase in the number of police prosecutions as a result of joint working | Number of children and young people who are currently assessed as having a medium to high risk of CSE (CSE cohort) | Ailsa Barr - Assistant Director Safeguarding - CYPS | Not applicable | Monthly | No target - not applicable | | | Not Available | 64 | 85 | 63 | 50 | 47 | 53 | 49 | 49 | 47 | 51 | |
| | | 1.A7 | Placements - Improve Quality | The proportion of LAC experiencing disrupted placements (Definition: % of LAC who have had 3 or more placements - rolling 12 months) | Ailsa Barr - Assistant Director Safeguarding - CYPS | Low | Monthly | 10.0% | > | U | 13.0% | 11.9% | 13.4% | 13.3% | 11.1% | 8.9% | 10.3% | 7.8% | 9.3% | 8.9% | 9.8% | |
| | | 1.A8 | lacements - Improve Quality of Care for looked after children | The proportion of LAC placed within a Family Based setting | Ailsa Barr - Assistant Director Safeguarding - CYPS | high | Monthly | 85.0% | × | U | Not Available | 81.1% | 81.0% | 81.9% | 81.5% | 81.1% | 81.8% | 81.2% | 80.7% | 81.1% | 80.8% | |
| | | 1.B1 | | The proportion of pupils reaching the expected standard In reading, writing and mathematics combined at the end of Key Stage 2 | Nathan Heath Assistant Director Education and Inclusion - CYPS | high | Academic Year | 65% | | | 53.9% | 60.8% | 62.0% | 61.0% (Final) | No tests due to Covid-19 | No tests due to Covid-19 | | | | | | The Education Secreatary announced that all key stage attaintment testing would not be taking place as a result of the coronavirus pandemic, school closures and pupils absences. Therefore there is no published performance data around these measures for 2019/2020 & 2020/2021. |

| | Land | | | | | | | | | | Annual | | | | | | Overdediv | | | Data notes – please explain any relevant information about the data presented. | | | |
|---|--|----------|---|---|---|--|------------------------|--|----------------|-----|---------------------|--|--|--|---------------------------------|---|------------------|----------------------------------|---|--|------------------|---|--|
| Outcome | Lead Accountability (Strategic Director) | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall status | DOT | Year end | Year end | Year end | Year end | Year end | Year end | Q1 Apr - June | Q2 Jul - Sep | Quarterly Q3 Oct - Dec | Q4 Jan - Mar | Q1 Apr - June | This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding | |
| _ | | 1.B2 | Sustainable Education and Skills | The average attainment 8 score at the end of Key Stage 4 . | Nathan Heath - Assistant Director Education and Inclusion - CYPS | High | Academic Year | 46 | • | | 2015/16 48.8 | 45.0 | 43.3 | 44.4 (Final) | No tests due to Covid-19 | No tests due to Covid-19 | 2020/21 | 2020/21 | 2020/21 | 2020/21 | 2021/22 | The Education Secreatary announced that all key stage attaintment testing would not be taking place as a result of the coronavirus pandemic, school closures and pupils absences. Therefore there is no published performance data around these measures for 2019/2020 & 2020/2021. | |
| supported to reach their potentia | Suzanne Joyner, Strategic Director | 1.B3 | | The progress 8 measure from the end of primary school (KS2) to the end of secondary school (KS4) | Nathan Heath - Assistant Director Education and Inclusion - CYPS | high | Academic Year | Above National Average | | | 0.04 | 0.06 | -0.11 | -0.14 (Final) | No tests due to Covid-19 | No tests due to Covid-19 | | | | | | The Education Secreatary announced that all key stage attaintment testing would not be taking place as a result of the coronavirus pandemic, school closures and pupils absences. Therefore there is no published performance data around these measures for 2019/2020 & 2020/2021. | |
| ung people are | Children and Young People's Services | 1.B4 (a) | | The number of permanent exclusions in secondary schools | Nathan Heath - | | | 38 | • | O | 43 | 30 | 41 | 38 | 53 | Academic year end figure available July 21 | 0 | 4 | 12 | 5 | 13 | | |
| B. Children and You | | 1.B4 (b) | Sustainable Education and Skills – Reduce the number of school days lost to exclusion | The number of permanent exclusions in primary schools | Assistant Director Education and Inclusion - CYPS | low | Monthly | 8 | • | U | 9 | 8 | 3 | 14 | 11 | Academic year end figure available July 21 | 0 | 0 | 2 | 2 | | The overall status and direction of travel are based on quarter on quarter performance. Due to these being academic year measures, year end performance will not be available until the end of the academic year in July 21. | |
| | | 1.B5 | | i) % 16-17 year old NEET ii) % 16-17 year old swhose activity is Not Known | David McWilliams - Assistant Direct Early Help & Family Engagement - CYPS | low | Monthly | 5.7% combined i) 3.5% (NEET) ii) 2.2% (Not Known) | × | O | Not Available | 5.7% combined i) 3.1% (NEET) ii) 2.6% (Not Known) | 5.9% combined i) 3.3% (NEET) ii) 2.6% (Not Known) | 5.8% combined i) 3.3% (NEET) ii) 2.5% (Not Known) | i) 3.7% (NEET) ii) 2.0% (Not | | | i) 1.8% (NEET) | 6.2% combined i) 4.1% (NEET) ii) 2.1% (Not Known) | 6.4% combined i) 4.1% (NEET) ii) 2.3% (Not Known) | | These targets are revised and updated each year. Performance is measured annually using a 3 month average between December and February. | |
| | | 1.B6 | Special Educational Needs and Disabilities (SEND) – Improve personal outcomes for our young people with SEND to enable them to make choices that lead to successful adult lives | The proportion of Education and Health Care Plans (EHCPs) that are | Nathan Heath - Assistant Director Education and Inclusion - CYPS | high | Monthly | Qtr 1 - 55% Qtr 2 - 70% Qtr 3 - 85% Qtr 4 - 90% (cumulative) | * | 0 | 58.30% | 52% | 57.0% | 57.1% | 69.5% | 66.4% | 64.1% | 62.5% (cumulative - 63.3%) | 67.7% (cumulative - 64.4%) | 80.6% (cumulative - 66.4%) | 72.6% | | |
| amilies are enabled to live healthier ives | Ben Anderson, Director Public | 1.C1 | Deliver services for the 0-19 year olds – to support children and families to achieve and | Smoking status at time of delivery (women smoking during pregnancy) Deliver services for the 0-19 year olds – to support children | | Gilly Brenner, Consultant in Public Health | Low | Quarterly | 18% | • | | 18.1% | 17.1% | 19.9% | 17.9% | 16.20% | 14.00% | 15.00% | 13.10% | 13.80% | 14.40% | Data to be published 21 Sep 2021 | No new target was set for 20/21 due to the ongoing impact of the pandemic. However, despite the changes to delivery of the service, good progress has been made in reducing smoking prevalence at time of delivery. The validation of smoking status and quits have not been subject to previous carbon monoxide monitoring requirements due to changes in guidance as a result of the pandemic. When this returns, there may be an impact on performance. |
| 2. Children, young people and f | Health | 1.C2 | maintain healthier lifestyles | Childhood immunisation - % of eligible children who received 3 doses of DTaP / IPV / Hib vaccine at any time by their 2nd birthday (diphtheria, tetanus and pertussis/polio/Haemophilus influenza type b) | Gilly Brenner, Consultant in Public Health | High | Quarterly | 95% | • | | 96.7% | 96.7% | 97.2% | 96.6% | 97.30% | 96.70% | 96.50% | 96.80% | 97.40% | 96.00% | published 28 | Despite significant impact on primary care of the pandemic, and reduction in face-to- face care through lockdown periods, childhood vaccination uptake has remained stable and above target. | |

Corporate Priority 2 – Every adult secure, responsible and empowered

| | Overall | status (relevant to target) | | | | | | | | | | |
|-----|----------|---|--|---|--|--|--|--|--|--|--|--|
| | ✓ | Measure progressing above or in line with target set | feasure progressing above or in line with target set Measure under develop | | | | | | | | | |
| Key | • | Measure progress has been satisfactory but is not fully reaching target set | | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) | | | | | | | | |
| | × | Measure has not progressed in accordance with target set | | Measure information not available (e.g. due to infrequency or timing of information/data) | | | | | | | | |

| | Lead | Ref No. | Action | Measure | Lead officer | Good | Frequency | Target | | | | Annual | | | | | | | Quarterly | | | Data notes – please explain any relevant information about the data presented. This might reference the end of year position (status and DOT), improvements and benchmarking where |
|--|---|---------|--|--|---|-------------|--------------|---|----------------|-----|------------------|------------------|------------------|------------------|---|------------------|-----------------------------|-------------------------|----------------------------|----------------------------|-----------------------------|---|
| Outcome | Accountability (Strategic Director) | Kei No. | Action | measure | Lead officer | performance | of reporting | Target | Overall status | DOT | Year end 2015/16 | Year end 2016/17 | Year end 2017/18 | Year end 2018/19 | Year end 2019/20 | Year end 2020/21 | Q1 Apr - June 2020/21 | Q2 Jul - Sep 2020/21 | Q3 Oct - Dec 2020/21 | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | necessary to aid understanding |
| A. Adults are enabled to live healthier lives | Ben Anderson, Director of Public Health | 2.A1 | Implement Health and Wellbeing Strategy to improve the health of people in the borough | Successful completion of drug treatment – a) opiate users (aged 18-75) | Gilly Brenner, Consultant in Public Health | High | Quarterly | 1.5% absolute increase on the value at new provider starting point in April 2018 (Target = 5.8%) | × | O | 6.3% (2015) | 3.9% (2016) | 4.2% (2017) | 4.1% (2018) | n/a Expected end- September 2020 | 3.90% | 4.90% | 4.30% | 3.00% | 2.60% | 2.33% | The target was very close to being met just as we entered the pandemic, with the provider having worked hard to safely prepare services users for discharge. However the pandemic has had a significant impact on service users and their treatment. National guidance changed treatment protocols over lockdown periods to reduce face-to-face monitoring, with risk assessments for most service users favouring maintaining safely in treatment rather than discharge. Recovery from the impact of the pandemic is likely to be complex and medium-term. |
| | | 2.B1 | Make safeguarding personal | The proportion of Safeguarding Adults at risk who felt their outcomes were met. | lan Spicer - Assistant Director of Independent Living and Support | High | Monthly | (Cumulative) 97% | > | 0 | 72% | 85% | 98.3% | 97.13% | 97.90% (Cumulative) | 97.3% | 100% (Cumulative) | 96.5% | 95.5% | 97.7% | 100% | |
| nd support | | 2.B2 | increasing self | The proportion of people contacting adult social care who are provided with information and advice at first point of contact, (to prevent service need). | lan Spicer - Assistant Director of Independent Living and Support | High | Monthly | Measure deleted from the suite. Data no longer collected or relevant. | • | | N/A | N/A | N/A | 38.8% | 36.4% | 27.8% | 32.6% | 27.60% | 28.30% | 18.40% | 26.1% | This measure has been deleted from the suite. Data no longer collected or relevant. |
| personalised model of care an | | 2.B3 | Improved approach to personalised services - always putting users and | The proportion of Adults receiving long term community support who received a direct payment (excludes managed accounts) | lan Spicer - Assistant Director of Independent Living and Support | High | Monthly | 25% | • | 0 | 17.5% | 19.2% | 20.30% | 23.28% | 24.3% Final published % 25.5% | 22.8% | 24.30% | 23.5% | 22.9% | 22.9% | 23.2% | Direction of Travel for this measure since last year end remains upwards whilst broadly stable. The exploratory analysis with Service has commenced and the PBI Team will look to make available further detail regarding the Direct payment cohort, to show current numbers by service user group and where available by team. This will support the HOS overall project plan actions which are underway but also recognises, that this will form part of a longer project delivery timeline over the next 12-18 months. |
| and resilient within a | Anne Marie Lubanski, Strategic | 2.B4 | carers at the centre of everything we do | Number of carers assessments | Ian Spicer - Assistant Director of Independent Living and Support | High | Quarterly | 567 | • | 0 | 2,420 | 771 | 2,051 | 556 | 583 | 426 | 583 | 124 | 105 | 86 | 114 | Service has identified various actions that will positively impact during the year to support total number of carer assessments through remaining quarters. This will switch 'practice' reporting from currently mainly joint assessments to individual Carer assessments, that will then be eligible to be counted in this area of activity support. The latest data report, showing contributing teams is shared monthly with the service. The target is believed to be achievable by year end. |
| e, independent a | Director Adult Social Care and Housing | 2.B5 | Modernise | The proportion of people (65+) offered the reablement service after discharge from hospital | lan Spicer - Assistant Director of Independent Living and Support | High | Annual | 2.6% | | | 1.7% | 1.8% | 2.24% | 1.70% | 2.24% | Not known | | | | | | This measure requires data to be submitted by Health partners via their reporting systems. The measure's performance is not known by all Council's until published in the Autumn (October/November) by NHS Digital. |
| nd carers are supported to be sat | | 2.B6 | Developing | Proportion of new clients who receive short term (enablement) service in year with an outcome of no further requests made for support | lan Spicer - Assistant Director of Independent Living and Support | High | Monthly | 79% (Cumulative) | > | U | 86.1% | 81.9% | 88.50% | 93.50% | 87.80% | 93.10% | 87.96% (Cumulative) | 95.24% | 85.00% | 100.00% | 89.0% | Reablement continue to operate taking on customers with a wider range of challenges and people who look likely to be optimised but also continue to need ongoing care and support. This ensures people are as independent as possible for them. Working with this wider cohort of people will lower performance levels from the high baseline of 93.1% to be more in line with national performance average figures of circa 80%, which is positive as the service supports those more complex customers to optimise. The Service also acknowledge that monthly fluctuations will reflect agreed actions for Reablement to flex support (up/down) with hospital discharges or assessment processing. |
| B. Individuals a | | 2.B7 | Commission services effectively, working in partnership and co-producing with users and carers; use resources effectively. | All age numbers of New permanent admissions to residential nursing care for adults | lan Spicer - Assistant Director of Independent Living and Support | Low | Monthly | 280 (Cumulative) | • | v | 432 | 356 | 334 | 303 | 327 | 225 | 327 (Cumulative) | 36 | 47 | 61 | 79 | Otr 1 data shows a steady return to higher rates of people requesting and being assessed as requiring permanent care to meet their needs across all groups. Service with the Performance BI Team or undetaking further analysis to identify the pathways and reasons for the increase in new admissions. This will help inform further actions and projections as to if this increase is likely to continue through to year end or stablise in order to remain within target. |
| | | 2.B8 | | All age total number of people supported in residential/nursing care for adults | Ian Spicer - Assistant Director of Independent Living and Support | Low | Monthly | 860 | > | O | 1,288 | 1,111 | 1,023 | 933 | 885 | 771 | 885 | 774 | 759 | 749 | 815 | The analysis of new admission rises in rates will inform the service as to the probability of the target being at risk of being surpassed or stabilised to be able to be achieved by year end. |

Corporate Priority 3 – A strong community in a clean safe environment

| | Overall s | tatus (relevant to target) | | | |
|------|-----------|---|---|---|--|
| , se | > | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) | |
| ¥ | • | Measure progress has been satisfactory but is not fully reaching target set | | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) | |
| | × | Measure has not progressed in accordance with target set | | Measure information not available (e.g. due to infrequency or timing of information/data) | |

| Outcome | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | DOT | | | A | nnual | | | | | Quarterly | | | Data notes – please explain any relevant information about the data presented. This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding |
|-----------------------|---|----------|---|--|--|---------------------------------|------------------------|---|---------|----------|------------------|---|--|--|--|-------------------------------------|---|--|--|---|--|--|
| Cutcome (i | (Strategic Director) | | | | | | | | status | 501 | Year end 2015/16 | Year end 2016/17 | Year end 2017/18 | Year end 2018/19 | Year end 2019/20 | Year end 2020/21 | Q1 Apr - June 2020/21 | Q2 Jul - Sep 2020/21 | Q3 Oct - Dec 2020/21 | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | |
| | | 3.A1(a) | | Public perception of ASB (via the "Your Voice Counts" quarterly survey) | Tom Smith - Regeneration and Environment | Low | Quarterly | 43% or lower | V | • | 30% | 32% | 34% | 44% | 39% (based on average of the 3 quarters where data is available) | 39% (average for the year) | 39% | 39% | 38% | 39% | 39% | Rotherham residents perception of ASB remains unchanged and is also a better outturn than for both Barnsley and Doncaster residents, (46% & 51% respectively). |
| | | 3.A1(b) | Ensure that the | Reduce the number of repeat victims of ASB | Tom Smith - Regeneration and Environment | Low | Quarterly | 50 or fewer repeat callers per quarter | V | O | | | 309 (total for year) | 138 (total for year) | 125 (total for year) | 199 | 73 | 53 | 31 | 42 | 44 | Repeat victims of ASB in Quarter 1 were 29 cases lower than in Q1 2020-21. |
| | | 3.A2 | Safer Rotherham Partnership is robust and fit for purpose. Develop an effective Community Safety Strategy and Performance | The proportion of positive outcomes over the year, for reported Hate Crime cases | Tom Smith - Regeneration and Environment | High | Quarterly | 20% | × | 0 | 38% | 22% | Currently not available, see data notes | 15% | 18.95% | 16.83% (average for the year) | 23.40% | 17.90% | 21.80% | 4.2% | 9.5% | Improved performance achieved from quarter 4, but still the outturn is of concern. These issues have been raised with the Community Protection Unit and South Yorkshire Police, initial feedback is that they could not identify any patterns in the increase in Hate Crime 1.e. no real hot-spots or hot-times. In regard to obtaining positive outcomes to Hate-Crime investigations, SYP have identified opportunities that will minimise the delay in the crime being reported and an officer contacting the victim [currently delays of over 7-days due to a SYP process]. |
| | | 3.A3(a) | Management Framework | Total number of referrals to Domestic Abuse support services | Tom Smith - Regeneration and Environment | High | Quarterly | 700 per quarter | ¥ | 0 | | | | 2.855 | 3,046 | 4,692 | 1202 | 1210 | 1172 | 1108 | 1226 | There were 118 more incidents recorded in Quarter 1 than in Quarter 4, and 24 more than Quarter 1 , 2020-21. |
| | Paul Woodcock, Strategic Director Regeneration and Environment | 3.A3(b) | | The proportion of people receiving Domestic Abuse support who are satisfied with the service | Tom Smith - Regeneration and Environment | High | Annual | 80% | | | | | | 71%, (further 20% partly satisfied) | 80% (Further 16% agreed) | 95% | | | | | | Due to low levels of available data the service measure for 2021-22 is to be the engagement rate of commissioned services, i.e. the % of referals that lead to the take-up of support from that service. |
| | Environment | 3.A4(a) | Ensure an robust, effective and | The number of on the spot inspections of taxis | Tom Smith - Regeneration and Environment | High | Quarterly | 10% of licensed vehicles and drivers annually (110 and 80 respectively) | | | | | | 127 | 121 cumulative | N/a | N/a | N/a | N/a | N/a | N/a | Inspections are still to recommence. Inspections started again in Q2 and initial feedback from Service is that 15 inspections have been |
| ole to feel safe | _ | 3.A4(b) | efficient licensing service | The proportion of a) licensed vehicles b) drivers found to be compliant with licensing requirements during in the spot inspections | Tom Smith - Regeneration and Environment | High | Quarterly | 85% (Vehicles and drivers) | | | | | | 75% | Rolling Average Vehicles = 70% Drtivers = 83% | N/a | N/a | N/a | N/a | N/a | N/a | carried out so far, 100% of Drivers were found to be compliant and 73% of vehicles. |
| rong and help peop | | 3.A5 a) | Rotherham residents are | a) How satisfied or dissatisfied are you with your local area as a place to live | Christopher Burton, Assistant Chief Executive's office | High - very or fairly satisfied | 6 monthly | Equal to or >79% | • | U | 82% December | 81% December | 79% June 2017 75% February 2018 Very or fairly satisfied | 79% (Wave 8 December 2018)Very or fairly satisfied | 2010)\/on/ or foirly | | 80% (Wave 11 June 2021) very or fairly satisfied | | | | | The first Resident Satisfaction Survey was conducted in June 2015 The most recent survey was conducted in June 2021 Satisfaction with the local area within Rotherham as a place to live has reduced slightly but remains high and fairly stable. 80% of respondents in Wave 11 reported feeling very satisfied or fairly satisfied within is the average recorded level across all waves. The national average is 82%. Young adults (aged 18-24 years) were the least likely to report being "satisfied" (72%) although a large percentage |
| A. Communities are st | | 3.A5 b) | satisfied with their local area and borough as a place to live | b) Overall, all things considered, how satisfied or dissatisfied are you with Rotherham Borough as a place to live | Christopher Burton, Assistant Chief Executive's office | High - very or fairly satisfied | 6 monthly | >69% | × | O | | 62% June 2016 66% December 2016 very or fairly satisfied | 56% February 2018 Very or Fairly Satisfied | 61% (Wave 8 December 2018) Very or Fairly Satisfied | | | 62% (Wave 11 June 2021) very or fairly satisfied. | | | | | (16%) expressed a neutral view. People aged 55-64 years and aged 65+ are the most likely to be satisfied with their local area (84%). Satisfaction with the Borough as a place to live reduced slightly to 62%. This was the same as the average of the previous surveys, although there has been considerable fluctuation between waves. Respondents aged 65+ were most likely to feel satisfied with Rotherham as a place to live, with 88% satisfied. Respondents aged 45-54 had the lowest level of satisfaction with Rotherham as a place to live, with only 55% satisfied. Dissatisfaction with Rotherham as a place to live was highest amongst people aged 45 and above. Residents are significantly more assified with their own local area (average 80%) than the borough as a whole (average 62%) The next survey will be conducted in June 2022. |
| | | 3.A6 | | Number of engagements with the Council's Culture and Leisure facilities which help adults and children learn , develop their skills or get a job. | Polly Hamilton - Regeneration and Environment | High | Quarterly | >350,000 cumulative annual target. | × | O | | | 400,228 | 465,734 | 483,267 | 220,921 | 95,889 | 125,032 | N/a | N/a | 39,157 | As CST services start to re-open the Engagement figure should steadily improve. |
| | Paul Woodcock, Strategic Director Regeneration and Environment | | Create a rich and diverse cultural offer and thriving Town Centre | Customer satisfaction with culture, sport and tourism services | Polly Hamilton - Regeneration and Environment | High | Quarterly | >90% across all Culture, Sport and Leisure Services | • | | | | CSC) 99.% b- Heritage Sites) 91% c- Parks and Open Spaces) 84% d- Sport & Leisure Facilities) 90.65% | d- Sport & Leisure | 92.32% | N/a | N/a | N/a | N/a | N/a | 92.31% | Individual Service Figures are; Libraries 99.67% Heritage Na Open Spaces 87.77% PFI Sport & Leisure Facilities 90% DOT n/a as data not available for previous quarters in 2020-21. |
| | Environment | 3.A8 | | Number of visits to the Councils, Culture and Leisure facilities a - Libraries b - Clitton Park Museum, archives and other heritage sites c - Civic Theatre d - Country Parks (Rother Valley, Thyrbergh and Clifton Park) e - Visitor Information Centre f - Events g - Engagement and Outreach Activities h - Leisure Centres i - Other activities delivered by Third Parties | Polly Hamilton - Regeneration and Environment | High | Quarterly | 3,500,000 cumulative annual target | • | o | | | a: 538,851 b: 110,217 c: 86,981 d: 1034,416 e: 47,326 f: 69,660 g: 31,205 h: 1,296,570 i: 1,320 Total no. of visits = 3,216,546 | i: 0 Total no. of visits = | a: 146,679 b: 13,065 c: 16,521 d: 281,779 e: 0 f: 108 h: 329,000 b: 0 Total no. of visits = 787,152 cumulative = 4,249,130 | 1,443,180 | d: 389,694 g: 682 Total No. of Visits = 390,376 Cumulative= 390,376 | a: 5,198 b: 3,010 c: d: 360,866 e: 0 67,3,000 g: 225 b: 27,219 i: 0 Total no. of visits = 389,518 cumulative = 789,89 | a: 6,707 b: 7,959 c: 0 d: 175,608 e: 3,383 f: 150 g: 395 h: 82,774 b: 0 Total no. of visits = 277,176 4 cumulative = 1,067,070 | a: 2,776 b: 10,801 c: 0 d: 359,299 e: 0 g: 15 h: 3,132 i: 0 Total no. of visits = 376,110 cumulative = 1,443,180 | a: 12.948 b: 10.328 c: 0 d: 525,002 e: 5.539 f: 0 g: 0 h: 161,432 i: 0 Total visits= 715,249 Cumulative visits= 715,249 | The easing of restrictions has seen an increase of 83% in visitors when compared to Q1 in 2020-21. DOT based on comparison to this. |
| | | 3.B1 (a) | | The proportion of the principal road network classified as being in: a) Amber condition b) Red condition | Tom Smith - Regeneration and Environment | Low | Annual | a) 17% b) 3% | | | 3% | 3% | 2% | 2% | a) 15% b) 2% | a) 17% b) 2% | | | | | | The steady improvement of the regions unclassified road network has continued into the 1st quarter of 21-22. |

| 0.4 | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | DOT | | | | Annual | | | | | Quarterly | | | Data notes – please explain any relevant information about the data presented. This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding |
|--|---|----------|--|---|---|---------------------|------------------------|--|-------------------|-----|----------------------------------|---|---|--|---|---|---|---|---|---|--|---|
| Outcome | (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2015/1 | Year end 2016/17 | 7 Year end 2017/1 | 8 Year end 2018/19 | 9 Year end 2019/20 | Year end 2020/21 | Q1 Apr - June 2020/21 | Q2 Jul - Sep 2020/21 | Q3 Oct - Dec 2020/21 | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | |
| | Paul Woodcock, Strategic Director Regeneration and Environment | 3.B1 (b) | Deliver a cleaner, greener Rotherhar to ensure that it is a safe Rotherham to ensure that it is a safe and attractive place to live, work and visit | a la proportion of the non-principal road network classified as being in: a) Amber condition b) Red condition | Tom Smith - Regeneration and Environment | Low | Annual | a) 22% b) 6% | | | 6% | 7% | 5% | 4% | a) 19% b) 3% | a) 19% b) 2.5% | | | | | | |
| | | 3.B1 (c) | | The proportion of unclassified roads classified as being in; a) Amber condition b) Red condition | Tom Smith - Regeneration and Environment | Low | Annual | a) 34% b) 24% | • | 0 | 24% | 23% | 23% | 23% | a) 32% b) 22.5% | a) 27% b) 20% (average for year) | a) 29% b) 21% | a) 28% b) 20% | a) 27% b) 19% | a) 26% b) 19% | a) 25.21% b) 18.23% | Q1 return demonstrates again the continued improvements made to the unclassified road network. |
| ntained | | 3.B2(a) | | Effective enforcement action taken where evidence is found a) Fly Tipping (fixed penalty notices and prosecutions) | Tom Smith - Regeneration and Environment | High | | 37+ (50% increase in prosecutions for the year) | • | O | Not available - baseline year | 25 | 42 | 23 | 94 (cumulative) | 65 (Cumulative) | 26 | 21 (Cumulative+ 47 | 4 (Cumulative + 51) | 14 (Cumulative = 65) | 12 | As the service continues to be impacted by the pandemic, performance in Quarter 1 was slightly down on Quarter 4. |
| ss are clean and well mai | | 3.B2(b) | | Effective enforcement action taken where evidence is found b) Other enviro-crime (fixed penalty notices and prosecutions) | Tom Smith - Regeneration and Environment | High | Monthly | 2000 (cumulative for the year) | | | Not available - baseline year | 185 | 6,673 | 1,796 | 3, 036 (cumulative) | 569 (cumulative) | 107 | N/a | N/a | N/a | N/a | Data provided by Kingdom indicates the service continues to be impacted by the pandemic. |
| B. Streets, public realm and green space | Paul Woodcock, Strategic Director Regeneration and Environment | | Deliver a cleaner, greener Rotherhar to ensure that it is a safe Rotherhar that it is a safe and that safe and affactive place to five, work and visit | n a o | Tom Smith - Regeneration and Environment | Low | Widitilly | 10% reduction (target around 190 cumulative for year) in the number of fficial complaints received. | • | U | | No of customer contacts for A) 1,301 B) 6,115 C) 452 D) 716 Complaints 79 | Grounds Maintenance i) Complaints 5 ii) Complinents 1: iii) Service Requests 1292 Street Cleansing i) Complaints 15 ii) Service Requests 1945 Waste Waste Waste Waste Waste Management i) Complaints 64 ii) Complinents 2: iii) Service Requests 54,58 Total cumulative complaints figures 84 | ii) Compliments 11 iii) Service Requests 761 Street Cleansing (1) Complaints 7 ii) Compliments 0 ii) Service Requests 8315 Litter (1) Complaints 4 ii) Compliments 1 iii) Service Requests 1227 Waste Waste John Management (1) Complaints 17 ii) Complaints 17 iii) Compliments 4 iii) Service Requests 1227 Requests 1227 Reguests 1227 Reguests 19466 iii) Service Requests 39466 | ii) Compliments 23 iii) Service Request 39 Street Cleansing ii) Complaints 9 ii) Complaints 3 ii) Complaints 3 ii) Complaints 3 ii) Complaints 3 iii) Complaints 3 iii) Complaints 50 iii) Compliments 6 iii) Compliments 5 iii) Complaints 190 iii) Compliments 5 iii) Complaints 190 iii) Compliments 5 iii) Compliants 190 | Street Cleansing i) Complaints 1 ii) Compliments 3 iii) Service Requests 9,110 Litter | Waste Management i) Complaints 23 ii) Compliments 9 | i) Complaints 5 ii) Compliaments 2 iii) Service Requests 425 iii) Service Requests 426 Street Cleansing i) Complaints 0 ii) Complaints 0 ii) Complaints 1 iii) Service Requests 2.192 Litter ii) Complaints 0 ii) Complaints 0 ii) Complaints 0 iii) Complaints 0 iii) Compliments 0 iii) Compliments 0 iii) Complaints 46 ii) Compliments 4 iii) Compliments 4 iii) Compliments 4 iii) Service Requests 12.171 | 2,141 Litter i) Complaints 1 ii) Compliments 0 iii)Service Requests 195 Waste Management i) Compliments 28 ii) Compliments 5 iii)Service Requests 8,443 Total cumulative | i) Complaints 0 ii) Complaints 0 iii) Service Requests 73 Street Cleansing i) Complaints 0 iii) Service Requests 73 Street Cleansing i) Complaints 0 iii) Service Requests 2,560 Litter i) Complaints 0 iii) Service Requests 510 Waste Management i) Complaints 41 iii) Complaints 41 iii) Complaints 41 iii) Service Requests 53,723 Total cumulative | ii) Complaints 5 ii) Compliments 3 iii) Service Requests | 8 fewer complaints were received in Q1 when compared to Q4 of 20-21 but when when seasonal trends are taken into account, Q1 had more complaints then Q1 20-21 therefore Direction of travel recorded accordingly |
| | | | Ensure an efficien | Number of missed bins per 100,000 collections | Tom Smith - Regeneration and Environment | Low | Quarterly | 50 | ~ | 0 | 62.7 | 46.92 | 42.21 | 69.51 | 84.16 | 84.25 (average for the year) | 93 | 88 | 76 | 80 | 46 | Quarter 1 saw a substantial improvement in performance, up 42% on the previous quarter. When the improvement in March 21'S performance is also noted, (56 per 100,000) the improvement can be shown to be a trend over the last 4 months. The introduction of Team Operational Plan in Feb 21 has seen immediate benefits in this 4 month period. |
| | | 3.85 | and effective waste and recycling service | The proportion of waste sent for reuse (recycling and composting) | Tom Smith - Regeneration and Environment | High | Quarterly | 45% | × | 0 | 43.11% | 45.30% | 46.11% | 45.60% | 45% (Average for year) | 38.24% (average for the year) | 39.41% | 43.04% | 35.79% | 34.70% | 43.26% | Performance in recycling has improved, up by almost 5% on Q4 and by 4% on the same quarter 20-21. The recommencement of Gard Waste Collections has helped drive the % upwards. |

Corporate Priority 4 – Extending opportunity. Prosperity and planning for the future

| | Overall s | status (relevant to target) | | |
|----|-----------|---|---|---|
| ey | > | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) |
| ¥ | • | Measure progress has been satisfactory but is not fully reaching target set | | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) |
| | X | Measure has not progressed in accordance with target set | | Measure information not available (e.g. due to infrequency or timing of information/data) |

| | | | | | | | | | | | | | | | | | | | | | | Data notes – please explain any relevant information about the |
|--|--|---------|--|--|---|---------------------|------------------------|---|---------|-----|---------------------|---------------------|--------------------------------------|-----------------------------------|---|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| Outcome | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | рот | | | Anı | nual | | | ~ | | Quarterly | | 04 | data presented. This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding |
| Outcome | (Strategic Director) | | | | | | | | status | DOI | Year end 2015/16 | Year end 2016/17 | Year end 2017/18 | Year end 2018/19 | Year end 2019/20 | Year end 2020/21 | Q1 Apr - June 2020/21 | Q2 Jul - Sep 2020/21 | Q3 Oct - Dec 2020/21 | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | • |
| e borough | | 4.A1 | | Number of new businesses started with help from the Council | Simon Moss - Regeneration and Environment | High | Quarterly | 15 | ~ | 0 | | | 13.75 | 14.5 (average for the year) | 14.25 (average for the year) | 10 (Average for year) | 6 | 10 | 15 | 9 | 20 | Impact of Covid in 2021 where an average of the year - 10 which is below target of 15 - first quarter of 2021-22 shows a strong performance of 20. In Quarter 1, 12 Businesses were assisted to start up in the Councils Business Centres and 8 by the Launchpad project. |
| anded across the | | 4.A2 | | Survival rate of new businesses (3 years) | Simon Moss - Regeneration and Environment | High | Annual | 60% | | | 60% | 60.5% | 62.9% | 57.70% | 55.30% | Data not yet available | | | | | | There are no scheduled publication dates as of yet by the ONS on the publication of this data. 2019-20 data was published in November 2020. |
| ant opportunities exp | Paul Woodcock, Strategic Director | 4.A3 | Deliver economic growth (via the Economic Growth Plan, Business | The proportion of vacant floor space in the Town Centre area | Simon Moss - Regeneration and Environment | Low | Quarterly | 18% | | | | | 22.0% | 24.5% Yearly average | 17.3% Yearly average based on 3 quarters. | Not conducted due to pandemic. | N/a | N/a | N/a | N/a | N/a | collated. The Rotherham Town Centre Quarterly Survey was carried out in July 2021 which detailed 15.353m2 of vacant floorspace which is made up of 85 units. In addition to this there is 736m2 of derelict floorspace on Corporation Street which consists of 5 derelict units (caught fire and been derelict ever since) and 2242m2 of floorspace where vacant units are being redeveloped (Riverside development including units on Corporation street, Domine Lane and Main Street). |
| o grow and employm | Regeneration and Environment | 4.A4 | Growth Board and Sheffield City Region) | Number of jobs in the Borough | Simon Moss - Regeneration and Environment | High | Annual | 1,000 new jobs p.a. (10,000 over 10 years). | | | 101,000 | 105,000 | 98,000 (Annual Data to Dec 17) | | 98,000 (Annual data to Dec 19) | Not yet available | | | | | | The number of employee jobs in Rotherham had decreased to 98,000, at the end of Dec 2019. The status and DOT are based on this, as this is the latest available data. Data is contained in the Business Registry & Employment Survey last released by the ONS in November 2020 up to the end of Dec19. The ONS notes that due to Covid some statistics have been suspended to enable them to develop Covid related information. |
| nesses supported to | | 4.A5 | | Narrow the gap to the UK average on the rate of the working age population economically active in the borough | Simon Moss - Regeneration and Environment | Low | Quarterly | 0% - achieve the National Average | | | 1% gap | 4.3% | 3.23% | -0.40% | 4.20% | -1.20% | 4.50% | 3.30% | -1.20% | Data not yet released. | Data not yet released. | Latest data released gives return up to the end of Dec 20 at which point local performance was better than the national average suggesting a greater resilience locally compared with the national average. |
| A. Busi | | 4.A6 | | Number of Planning Applications determined within specified Period: a) Major 13 weeks b) Minor 8 weeks c) Other 8 weeks | Simon Moss - Regeneration and Environment | High | Quarterly | All at 95% | • | • | 89.9% | 99.9% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | a) 100% b) 100% c) 100% | A continuation of the Planning Services good performance highlighted by another 100% return in each category of Planning application. |
| he social rented, private | | 4.B1(a) | | Number of new homes delivered during the year via direct Council intervention | Paul Walsh - Acting Assistant Director of Housing | High | Quarterly | 225 | • | U | | | | 112 | 177 | 177 | 54 | 80 | 27 | 16 | 48 | All schemes are progressing as expected and we are confident that 225 will be delivered by the end of the year. DOT based on comparison to Q1 2020/21. |
| neets their need, whether in t ownership sector | Anne Marie Lubanski, Strategic Director | 4.B1(b) | Implement the Housing Strategy 2019-2022 to provide high quality accommodation | Number of new homes delivered during the year | Paul Walsh - Acting Assistant Director of Housing | High | Quarterly | 550 | ~ | O | 663 | 593 | 479 | 427 | 551 | 540 | 78 | N/A | N/A | 477 | 183 | DOT based on comparison to Q1 2020/21. |
| y accommodation which rented or home c | Adult Social Care and Housing. | 4.B2 | | The proportion of council housing stock that is classed as "decent" | Paul Walsh - Acting Assistant Director of Housing | High | Quarterly | 99.5% | • | 0 | 100% | 100% | 100% | 100% | 100% | 99.95% | 99.92% | N/A | N/A | 99.95% | 99.95% | |
| B. People live in high qualit | | 4.B3 | Private rented housing – improving standards through selective licensing | The proportion of privately rented properties compliant with Selective Licensing conditions within designated areas | Tom Smith - Regeneration and Environment | High | Monthly | 95% | | | | 85% | 94.2% | 95.7% | 97.10% | | | | | | N/a | In April 21 the Selective Licensing scheme came into operation in the following areas: Dinnington Eastwood & Town Centre Maltby SE Masborough Parkgate Thurcroft To date Inspections to provide data for this measure have yet to recommence. |

Corporate Priority 5 – A modern, efficient Council

| | Overall s | status (relevant to target) | | |
|------------------|-----------|---|---|---|
| , S e | • | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) |
| × | • | Measure progress has been satisfactory but is not fully reaching target set | | Measure not applicable for target (e.g. baseline year, or not appropriate to set a specific target) |
| | X | Measure has not progressed in accordance with target set | | Measure information not available (e.g. due to infrequency or timing of information/data) |

| | | | | Measure | | | | | | | | | | | | | | | | | | |
|--|--|--------------|---|--|--|---------------------------------|------------------------|---|---------|----------|--|--------------------------------------|---|---|--|--------------------------------------|--|-------------------------|-------------------------|-------------------------|-----------------------------|--|
| 24 | Lead Accountability | | Action | | Lead officer | Good performance | Frequency of reporting | y Target | Overall | | Annual | | | | | | Quarterly | | | ı | | Data notes – please explain any relevant information about the data presented. This might reference the end of year position (status and DOT), improvements and benchmarking where necessary to aid understanding |
| Outcome | (Strategic Director) | | | | | | | | status | DOT | Year end 2015/16 | Year end 2016/17 | Year end 2017/18 | Year end 2018/19 | Year end 2019/20 | Year end 2020/21 | Q1 Apr - June 2020/21 | Q2 Jul - Sep 2020/21 | Q3 Oct - Dec 2020/21 | Q4 Jan - Mar 2020/21 | Q1 Apr - June 2021/22 | |
| sets and resources and services tte value for money | | 5.A1 5.A2 | | | Graham | | | | | | | | | | | | | | | | | The Council Tax in-year collection rate has two targets of 97% collected and to be Top Quartile for Metropolitan Councils. For 2020/21 the total Council Tax charged was £13.8 million meaning a 0.1% change in collection rates equites to £134k. The Covid pandemic impacted the collection of council tax during 2020/21 in a number of ways. |
| | Judith Badger, Strategic Director | | Maximising the local | The proportion of Council Tax collected in the current financial year | Saxton - Finance and Customer Services | High | Monthly | 97% (Top Quartile Met Authorities) | • | 0 | 97.3% | 97.3% | 97.0% | 96.8% | 96.4% | 96.6% | 26.43% | 52.6% | 78.7% | 96.55% | 27.63% | However, although the first target of 97% was not quite achieved the performance actually increased from 56.41% in 1920 to 96.55%. The Council Tax collection rate was the 5th highest Met (out of 36) meaning it achieved the second target of top quartile Mets. The Metropolitan Council average for 2020/21 fell by 1.2% to 93.8% demonstrating the general Covid impact. Had Rotherham performed at the Met average it would have collected £3.7 million less from last year's Council tax. The Council also collected over £3m of previous years' council tax arrears. |
| i use of assets a | Strategic Director Finance and Customer Services | | revenues available to fund council services | | Graham Saxton - | | | 98% (Top | | 4 | | | | | | | | | | | | The DOT rating is based on the fact that the 97% target was not achieved. The Business Rates in-year collection rate has two targets of 98% collected and to be Top Quartile for Metropolitan Councils. For 2020/21 the total Business Rates charged was £47.8 million meaning a 0.1% change in collection rates equates to £48k. The Covid pandemic impacted the collection of business rates in 2020/21 in a number of ways. |
| A. Maximisec | | | | The proportion of non-domestic (business) rates collected in the current financial year | Finance and Customer Services | High | Monthly | Quartile Metropolitan Authorities) | • | O | 98.1% | 98.3% | 98.5% | 98.5% | 97.9% | 97.0% | 22.31% | 46.5% | 79.0% | 96.95% | 21.05% | The first target of 98% was not achieved with performance decreasing from 97.89% in 2019/20 to 96.95%. The Business Rates collection rate was however 2nd highest Met (out of 36) meaning it achieved the second target of top quartile Mets. The Metropolitan Council average for 2020/21 fell by 5.8% to 91.6%, demonstrating the Covid impact generally. Had Rotherham performed at the Met average it would have collected £2.6 million less from last year's Business Rates. |
| pu g u | | | | | | | | | | | | | | | | | | | | | | The DoT rating is based on the fact that the 98% target was not achieved. |
| B. Effective Governance Arrangements a decision makir processes are place | Jo Brown, Assistant Chief Executive | 5.B1 | The Scrutiny function is effective; engages members and improve outcomes for Rotherham residents and communities | Number of pre-scrutiny recommendations adopted | Emma Hill, Assistant Chief Executive's Directorate | High | Quarterly | 90% | • | | Not available - not previously been required | 100% | 96% | 95% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | |
| o understand | Jo Brown, Assistant Chief Executive | 5.C1 | Treating customer complaints with respect and dealing with them in an efficient and outcome-focussed way | The proportion of complaints closed and within timescale | Simon Dennis - Assistant Chief Executive's Directorate | High | Monthly | 85% (Cumulative) | v | o | 80% | 89% | 79% | 87% | 89% | 87% | 90% | 87% | 87% | 84% | 87% | Currently above target (five year average 85%). Best perforiming directorate is CYPS at 100% in time, Worst performing is R&E at 81%. Complaints Team will work with the identified service areas to understand why complaints are being responded to out of time with a view to improving performance in Q2. |
| omers to | | | | | | | | | | | | | | | | | | | | | | |
| sponsive to custorelate to their neec | | 5.C2 | Resident satisfaction - Assessing overall public opinion on the way the council is working and responding to customers | The proportion of residents who feel that the Council keeps them informed | Christopher Burton, Assistant Chief Executive's Directorate | High - very or fairly satisfied | | Equal to or >50% | V | U | 44% June 2015 49% December 2015 | 2016 48% | 49% June 2017 53% February 2018 very or fairly well informed | 53% (Wave 8 December 2018) very or fairly well informed | 51% (Wave 9 June 2019) very or fairly well informed | 2020) very or | 50% (Wave 11 June 2021) very or fairly well informed | | | | | 50% of Rotherham respondents in Wave 11 said that RMBC keeps residents 'very well' or 'fairly well' informed about the services and benefits it provides. This is below the most recent national result (67%) but above the average for Rotherham surveys and 7% higher than in June 2016. The next survey will be conducted in June 2022. |
| and r | Judith Badger, Strategic Director Finance and Customer Services | | Enable customers | | | | | | | | | | | | | | | | | | | The measure for 2021/22 has been amended to the number of transactions online to provide a better |
| C. Staff listen ar | | 5.C3 | to be active and interact with the Council in an efficient way, accessing more services online | The number of transactions online | Luke Sayers - Finance and Customer Services | High | Quarterly | 3% increase year on year (2021/22 185,400 for the year (46,350 per quarter) | • | | 36% | 21% | 25% (average total for the year) | | | | 33% | 30% | 23% | 37% | 43,600 | reflection of progress and a target has been set of 3% increase year on year. 2021/22 has a target of 185,400 for the year (46,350 per quarter). Q1 is below target by 2,750 transactions. This period is generally a quiet quarter for digital transactions. Seasonal activities in quarters 3 & 4 are expected to balance this out. |
| | | 5.D1 | Staff and managers have an opportunity to reflect on performance, agree future objectives and are aware of how they contribute to the overall vision | The proportion of PDR completion | Lee Mann, Assistant Director HR and OD | High | Quarterly | 95% | • | O | 96% | 96% | 93% | 96% (cumulative) | 96% (cumulative) | 87% (cumulative) | n/a | 29.7% | 54.5% | 86.7% | 2.3% | From 1 June until 30 November staff are able to complete PDRs using the new PDR template. The DOT is based on a comparison to Quarter 1 2020/21. |
| | | | | | Loo Monn | | | | | | | | | | | | | | | | | Absence in frontline services still remains high and is related to the continuing pandemic. Additional management support from HR help managers in front line services manage the absence continues. |
| ulture | | 5.D2 | Sickness is managed and staff wellbeing supported | The number of days lost per FTE | Lee Mann, Assistant Director HR and OD | Low | Monthly | 10.3 | × | O | 10.43 Days (excluding schools) | 10.97 Days (excluding schools) | 10.26 | 11.40 days (excluding schools) | 10.55 days | 11.34 | 10.95 | 10.77 | 10.96 | 11.34 | 11.44 | |
| rganisational c | | 5.D3 | Reduced use of interims, temporary | Reduction in Agency cost | Lee Mann, Assistant Director HR and OD | Low | Monthly | 10% reduction | × | U | £6.8m | £10.2m | £8.33m | £6.831m | £3.63m | £3.86m | £2.23m | £3.35m | £3.67m | £3.86m | £3.87m | Agency expenditure is expected to be around £4m each in year in line with other Councils in the regional. |
| workforce and o | Jo Brown, Assistant Chief Executive | 5.D4 | and agency staff through effective and efficient recruitment | The proportion of the children's social care establishment (social workers and team managers) who are agency staff. | Suzanne Joyner, Strategic Director CYPS | Low | Monthly | 10% | × | O | | 22.8% (67.5) | 18.6% (60) | 4.93% (14) | 1.60% (4) | 12.53% (30) | 4.29% (11) | 7.30% (19) | 7.84% (19) | 12.53% (30) | 10.14% (26.6) | |
| ective members, | | 5.D5 | Members are able to fulfil their roles as effective community leaders | The proportion of members receive a personal development interview leading to a structured learning and development plan | Emma Hill, Assistant Chief Executive's Directorate | High | Annual | 95% | | | 80% | 87% | | | Not available - see data notes | Not available - see data notes | | | | | | Whilst a significant number of measures are in place to help Members fulfil their roles as community leaders, specific development plans haven't been produced due to limited resources. There is an ambition to re-introduce this process in 2021/22 with support from the LGA. |
| D. Eff. | | 5.D6 | The Council complies with good practice in | The proportion of Cabinet reports where an Equality Analysis Screening Assessment has been completed | Simon Dennis - Assistant Chief Executive's Directorate | High | Quarterly | 100% | v | S | | | | | 84% | 99% | 100.0% | 95.0% | 100% | 100% | 100% | |
| | | 5.D7 | equalities | The proportion of Council Staff who have completed the mandatory Equality Training | Simon Dennus - Assistant Chief Executive's Directorate | High | Quarterly | Q1 - 75% Q2 - 85% Q3 & Q4 - 95% | • | | | | | | 94.3% | 94% | | | 95% | 94% | 92% | |