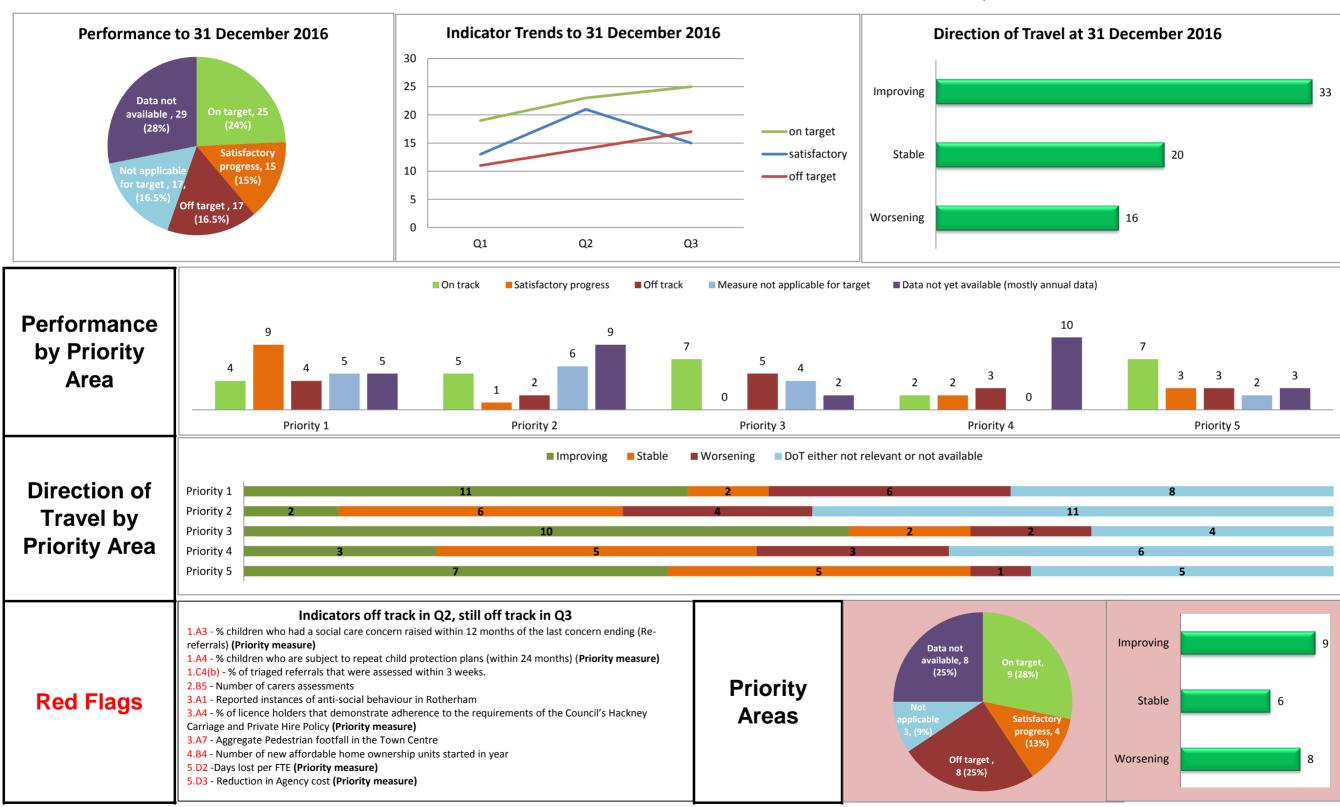
Rotherham Metropolitan Borough Council

Corporate Plan 2016/17 Performance Report Dashboard at 31 December 2016 - Quarter 3



Appendix B



Corporate Plan 2016/17 Performance Report

Quarterly Performance Scorecard (data for December 2016)

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 | 24.3% |
|----------|---|----|-------|
| • | Measure progress has been satisfactory but is not fully reaching target set | 15 | 14.6% |
| × | Measure has not progressed in accordance with target set | 17 | 16.5% |
| * | 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) | 17 | 16.5% |
| | Measure information not yet available (e.g. due to infrequency or timing of information/data) | 29 | 28.2% |

| 0 | Numbers have improved | 33 |
|---|---------------------------------------|----|
| | Numbers are stable | 20 |
| U | Numbers have got worse | 16 |
| | Direction of Travel is not applicable | 34 |

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

| | Overall s | tatus (relevant to target) | | | |
|-----|-----------|---|---|---|--|
| _ | Y | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) | |
| 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) | |
| | X | Measure has not progressed in accordance with target set | | Measure information not yet available (e.g. due to infrequency or timing of information/data) | |

| | | | | | | | | | | | | | Data a | vailable depende | ent upon the frequ | ency of reporting | | | Data notes (where measure has not |
|--------------------------|--|---------|---|--|-------------------------------|------------------|------------------------|--|---------|-----|------------------|----------------------------|----------------------|----------------------|----------------------|-------------------|---------|--------|---|
| | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | | Anr | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | (Strategic Director) | | | | | | | | status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | | | | Mal Magga | | | No target (to be used a | | | | | | | | | | | All performance shown for 2016-17 has now been taken from the new liquid logic social care system which is still in the process of being embedded within the service. Data validation work is still ongoing within the service, therfore all performance data will be refreshed for the end of Qtr 4/outturn report. |
| | | 1.A1 | Early Help – Early Help service to identify and support families at the right time to help prevent social service involvement | Reduction in Children in Need rate (rate per 10K population) (Priority measure) | Mel Meggs - CYPS | low | Monthly | measure to watch over the next 12 months) | | O | 347.1 | 320 | 356.0 | 390.4 | 375.0 | 399.1 | 403.0 | 375.0 | There is no good or bad performance however the aim is to ensure performance is in line with the national average. The numbers in December remains high at 375.0. There has been some analysis of the data to understand the increase and it is clear that the |
| | | | | | | | | | | | | | | | | | | | current increase is largely concentrated within First Response. Joint work has been undertaken across social care and Early Help to review EH triage, MASH and duty processes. |
| | | 1.A2 | | The number of families engaging with the Families for Change programme as a percentage of the troubled families target | David McWilliams - CYPS | high | Monthly | 100% (882 families by end of March 2017) | X | 0 | 100% | 100% | 24% | 46% | 68% | 54% | 60% | 68% | Target of 100% is by March 2017. 603 families have been engaged for 2016/17 so far. Performance is reported cumulatively and is therefore YTD. |
| leg lect | | | Children's Social Care Improvement - Ensure that all children in need work is | % children who had a social care concern raised within 12 months of | Mel Meggs - | | | April - September | | | | 30.6% (note - Corporate | | | | | | | All performance shown for 2016-17 has now been taken from the new liquid logic social care system which is still in the process of being embedded within the service. Data validation work is still ongoing within the service, therfore all performance data will be refreshed for the end of Qtr 4/outturn report. |
| of abuse, violence and r | | 1.A3 | managed robustly and that appropriate decisions and actions are agreed | the last concern ending (Re-referrals) (Priority measure) | CYPS | low | Monthly | 26% October - March 23% | × | 0 | 22.8% | Plan stated 30.9%) | 29.9% | 30.4% | 28.3% | 28.7% | 28.6% | 28.3% | Rolling year indicator including data from the 12 months prior to 31st December 2016. This indicator is a reflection of the quality of practice and as this improves, the indicator should reduce. The service continues to fail to hit the locally set target of 23%. A number of initiatives are in progress that will improve quality of practice which will have a direct impact on reducing the re-referral rate. |
| guarded from all forms | | | Children's Social Care Improvement – Ensure that all Child Protection Plan work is | % children who are subject to repeat child protection plans (within 24 | Mel Meggs - | | | | ~ | 4 | | | | | | | | | All performance shown for 2016-17 has now been taken from the new liquid logic social care system which is still in the process of being embedded within the service. Data validation work is still ongoing within the service, therfore all performance data will be refreshed for the end of Qtr 4/outturn report. Rolling year indicator including data from the 12 |
| are protected and safeg | lan Thomas, Strategic Director Children and Young People's Services | 1.A4 | managed robustly and that appropriate decisions and actions are agreed with partner agencies | months) (Priority measure) | CYPS | low | Monthly | 4% | × | O | 4% | 4.7% | 6.1% | 6.6% | 7.2% | 7.1% | 6.4% | 7.2% | months prior to 31st December 2016. Performance has declined in Qtr 3 and the figures are much higher than they should be. Work continues in the service to assess the quality of plans and to ensure that plans are only ceased when children and young people are no longer at risk or are supported appropriately at a lower level of intervention. |

| | | | | | | | | | | Data available dependent upon the frequency of repor | | | | | ent upon the freque | ency of reporting | | | Data notes (where measure has not |
|--|-------------------------|----------|--|---|------------------------------|------------------|------------------------|---|---------|--|---|--|--------------------------|--|---|-------------------|---------|--------|--|
| | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | | Anr | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | (Strategic Director) | | | | | | | | status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| A. Children, young people and families | | 1.A5 | | Increase in the proportion of children who are cared for in a family based setting (Priority measure) | Mel Meggs - CYPS | high | Monthly | 87.5% | • | O | 80.5% | 84.5% | 84.4% | 81.1% | 86.5% | 85.4% | 86.7% | 86.5% | All performance shown for 2016-17 has now been taken from the new liquid logic social care system which is still in the process of being embedded within the service. Data validation work is still ongoing within the service, therfore all performance data will be refreshed for the end of Qtr 4/outturn report. Research shows that family based placements result in improved life chances and outcomes for children and young people in care more effectively than residential homes. The number of children in a family based placement is overall increasing. The Fostering Recruitment Team is in the process of revising their marketing strategy which includes the appointment of a dedicated marketing post, which will enhance the recruitment of in-house foster |
| | | 1.A6 | | Number of CSE referrals | Mel Meggs - CYPS | Not applicable | Monthly | No target - not applicable | | | | 200 | 52 | 35 | 64 | 17 | 24 | 23 | carers. This, in turn, should support more LAC into family based care provision. All performance shown for 2016-17 has now been taken from the new liquid logic social care system which is still in the process of being embedded within the service. Data validation work is still ongoing within the service, therfore all performance data will be refreshed for the end of Qtr 4/outturn report. No target as numbers fluctuate significantly and are therefore difficult to predict. |
| | | 1.A7 | 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 prosecutions | Mel Meggs - CYPS | high | Monthly | No target - not applicable | | U | 12 | 37 (note the Corporate Plan states 43 (June 2015 - May 2016)) | 7 | 5 | 3 | 3 | 0 | 0 | Parameter used to define 'CSE prosecution' is; offences that resulted in a suspect or suspects being charged or summonsed in Rotherham. |
| | | 1.A8 | | Number of victims/survivors accessing post abuse support services (new referrals) | Mel Meggs - CYPS | Not applicable | Monthly | No target - not applicable | | | | 524 | 104 | 143 | 84 | 30 | 33 | 21 | Data recorded monthly from April 2016. This measure includes all new referrals, both new cases or newly referred historic cases. Contracts for longer term CSE support and therapy commenced 1st July 2016. |
| | | 1.B1 | Early Help – Increase the take up of free Early Childcare for disadvantaged families | % of entitled 2 year olds accessing childcare | Karen Borthwick - CYPS | high | Termly | 80% | • | 0 | | 78% (summer term 15) | Not applicable | 79.5% (summer term) | 87.2% (Autumn term 2016) | | | | Termly data shown in the closest reporting quarter to the end of term. This relates to an 'as at' position and cannot be aggregated up into year end. Take-up levels follow a pattern with the Spring term having highest levels of take-up each year. The interim position at Q3 is above expectations. |
| | | 1.B2 | Sustainable Education and Skills | % children and young people who attend a good or better schools | Karen Borthwick - CYPS | high | Termly | 90% | • | O | | 82.4% (summer term 15) | 84.9% | 86% | 85% | | | | The Rotherham average has declined by 1% from 31 August 2016. The latest comparison to the national average is 86% as at 31 August 2016. Current performance appears to be low but it is greatly affected by the inspection process. A number of primary schools that were judged as 'Requires Improvement (RI)' have converted to academies. These schools have made significant improvements which may make the next inspection judgement 'Good'. However, once a school has become an academy they are not inspected for 3 years which therefore means they will retain the 'RI' judgement, which impacts on this outcome. |
| | | 1.B3 | Sustainable Education and Skills – challenge all schools, academies and education settings who are not providing at least a 'good' level of education to our children | | Karen Borthwick - CYPS | high | Annual | No target - target for future years to be set inline with or above the national average | | | No data - new measure | No data - new measure | No data - new measure | No data - new measure | 0.03 | | | | This is a new measure for secondary school accountability in 2016. Any targets in future years would be set in line with or above the national average. The progress 8 score for Rotherham in 2016 is 0.03, this is above the national average progress score of -0.03. This data is currently provisional and the validated data will be published by the DfE on the 19th January 2017. |
| | | 1.B4 (a) | Sustainable Education and Skills – Reduce the number o | | David McWilliams | low | Termly | 8.4% | • | 0 | 2.9% (old definition - not comparable) | 10.7% (Academic year end outturn 2015/16) | Not applicable | 10.7% (Academic predicted year end outturn 2015/16) | 10.3% (based on Autumn 15/16 combined) | | | | The position at Quarter 3 is confirmed Autumn/Spring Term 2015-16 (Half Term 1-4) data published by the DfE. In Quarter 4 we are able to report the confirmed outturn for the full academic year 2015/16 (Half Term 1-6). |

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|---------------------------------------|--|----------|--|---|-------------------------------|------------------|------------------------|---|---------|-----|---|--|--|--|---|------------------------|------------------------|------------------------|--|
| | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | f Target | Overall | | An | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outco | (Strategic Director) | | | | | | | | status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | 1.B4 (b) | children and young people persistently absent from school | Persistent absence rate b) Secondary School | David McWilliams | low | Termly | 13.8% | • | o | 7.5% (old definition not comparable) | 15.3% (Academic year end outturn 2015/16) | Not applicable | 15.3% (Academic predicted year end outturn 2015/16) | 14.4% (based on Autumn 15/16 combined) | | | | The position at Quarter 3 is confirmed Autumn/Spring Term 2015-16 (Half Term 1-4) data published by the DfE. In Quarter 4 we are able to report the confirmed outturn for the full academic year 2015/16 (HT 1-6). |
| ootential | | 1.B5 (a) | Sustainable Education and | Reduction in the number of exclusions from school which are a) Fixed term (Secondary school) | Karen Borthwick - CYPS | low | Termly | 3,000 | • | 0 | 4,210 | Not yet available (Academic Year) | 1,072 (Academic term end outturn) | 227 (Sept 15 325) | 1097 (Sept - Dec15 1562) | 280 (Oct 15 392) | 398 (Nov 15 473) | 192 (Dec 15 372) | Monthly and termly data shown with direct comparison to last year's figures to show improved direction of travel. Recorded as upwards trajectory as a lower number is a positive result. Reduction is a direct result of partnership working with schools through Inclusion work. |
| ported to reach their p | | 1.B5 (b) | Skills – Reduce the number o school days lost to exclusion | | Karen Borthwick - CYPS | low | Termly | 30 | • | 0 | 50 | 53 September 2015 - July 2016 (cumulative - based on end of academic year) | 47 September 2015 - July 2016 (cumulative - based on end of academic year) | 2 (Sept 15 7) | 12 (Sept-Dec15 20) | 5 (Oct 15 8) | 4 (Nov 15 1) | 1 (Dec 15 4) | Monthly and termly data shown with direct comparison to last year's figures to shown improved direction of travel. Recorded as upwards trajectory as a lower number is a positive result Reduction is a direct result of partnership working with schools through Inclusion work. |
| B. Children and Young people are supl | lan Thomas, Strategic Director Children and Young People's Services | 1.B6 | Sustainable Education and Skills – Enable hard to reach young people to achieve their full potential through education employment or training | % of young people aged 16-18 who are Not in Education, Employment or | David McWilliams - CYPS | low | Monthly | 3.1% (note - Corporate Plan included 4.9%) | • | O O | 5.9% | 5.3% (note - Corporate Plan included 5.1%) | 5.5% | 2.4% | 2.9% | 2.8% | 3.0% | 3.0% | The position at the end of December shows a NEET figure of 3.0% (against a local target of 3.0%) and a Not Known figure of 2.6% (against a local target of 2.5%). Whilst the NEET figure hit target the Not Known figure was 0.1% above target. This is the second month of our annual measure (taken across Nov, Dec and Jan) and to ensure we meet our targets of 3.0% NEET and 2.8% Not Known, the Not known target for January has been revised down to 2.9%. Data sharing exercises and follow up will continue, as will work to re engage the NEET cohort, both centrally and across all localities to ensure we remain on track. Latest comparison data available for November return shows that Rotherham are now better than statistical neighbours, national and region in regard to Not Knowns. In respect of NEET figures Rotherham are enjoying better results than statistical neighbours whilst being in line with both region and national returns. |
| | | 1.B7 (a) | | Percentage of Education Health and Care Plans completed in statutory timescales (based on NEW Plans issued cumulative from September 2014) (Priority measure) | Karen Borthwick - CYPS | high | Monthly | 90% by April 2018 | • | O | | 58.3% (note - the Corporate Plan states 52.4%) | 67% | 65% | 42% | 51% | 59% | 17% | Data relates to completion EHC plans within the reporting period. |
| | | 1.B7 (b) | Special Educational Needs and Disabilities (SEND) — Improve personal outcomes fo our young people with SEND to enable them to make choices that lead to successful adult lives | r | Karen Borthwick - CYPS | high | Monthly | 90% by April 2018 | • | 0 | | 85.5% (note- the Corporate Plan states 81.6%) | 58% | 53% | 57% | 71% | 47% | 54% | Data relates to completion EHC plans within the reporting period. Performance demonstrating improvement, team with majority of conversions have now moved into Inclusion Department. This target does not include the conversions from Post 16 Learning Difficulty Assessments (LDAs) which have been prioritised for this team and are on track for completion by 31st December and will be included in the next quarter. The direction of travel on this section is overall on the up, and this will be the first statutory target met for the EHC team since reforms began in September 2014. |
| | | 1.B8 | Sustainable Education and Skills | % of children aged 0-5 living in the Rotherham area who are registered with a Children's Centre | David McWilliams - CYPS | High | Quarterly | 95% | • | 0 | 98.2% | 91.4% | 89% | 91% | 93% | | | | Data available on a quarterly basis. This involves a data collection from children centres and validation process therefore there may be a time lag between quarter end and availability of data. Target has changed from 94% to 95% so that it is in line with OFSTED requirements |
| | | 1.B9 (a) | Skills – ensure that all vulnerable groups attain at the | a) % "Looked After Children" (LAC) achieving Level 4 or above at Key stage 2 for reading, writing and maths combined | Karen Borthwick - CYPS | high | Annual | 52% National 2015 Figure | | | 35.7% (note the Corporate Plan states 43%) | - Not yet available (Academic Year) | | | | | | | Data hasn't been published yet, and is expected to be published March 17. In addition this measure no longer exists. When the annual data is published it will refer to, '% of LAC meeting the national standard in Reading, Writing and Maths'. |
| | | 1.B9 (b) | same level as their peers | b) % "Looked After Children" (LAC) achievement against Key stage 4 Progress 8 measure | Karen Borthwick - CYPS | high | Annual | Not applicable | | | Not available | Not yet available | | | | | | | Data hasn't been published yet, and is expected to be published March 17. |

| | Data available dependent upon the frequency of reporting | | | | | | | | Data notes (where measure has not | | | | | | | | | | |
|--|--|---|--|--|---------------------------------|---|------------------------|--|-----------------------------------|--------------------------------|------------------|------------------|----------------------|----------------------|-----------------------------------|--------|---|--------|---|
| | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | | Anr | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | (Strategic Director) | | | | | | | | status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | NOTE: | | For attainment of vulnerable groups and adult learning please see Priority 4 | | | | | | | | | | | | | | | |
| | | 1.C1 | | Smoking status at time of delivery (women smoking during pregnancy) (Priority measure) | Jo Abbott - Public Health | Low | Quarterly/ Annual | 18.4% by 2016/17 (local target) | • | 0 | 18.3% | 18.1% | 19.1% | 12.1% | Not yet available (March 2017) | | | | National ambition 11% or less by the end of 2015. Status and DoT revised following Q2 data. |
| | Terri Roche, | 1.C2 (a) | Deliver services for the 0-19 | | Jo Abbott - Public Health | Low | Annual | Downward trend in excess weight by 2020 | | | 9.9% | 10.3% | | | | | | | PH indicators dependent on annual data. |
| lives | Director Public Health | 1.C2 (b) | year olds – to support children and families to achieve and maintain healthier lifestyles R b) | Reduce year-on-year levels of childhood obesity for: b) Year 6 children (age 10/11) (Priority measure) | Jo Abbott - Public Health | Low | Annual | Downward trend in excess weight by 2020 | | | 21.6% | 21.8% | | | | | | | PH indicators dependent on annual data. |
| e healthier | 1.C3 | Chlamydia detection rate (15-24 year olds) - CTAD (Persons) | Jo Abbott - Public Health | High | Annual | At least 2,300 per 100,000 (national target) | | | 2,141 per 100,000 (2014) | 1,738 per 100,000 (2015) | | | | | | | PH indicators dependent on annual data. Improvement plan in place. Provider working with Sexual Health Facilitator at PHE to improve rates. | | |
| enabled to liv | | 1.C4 (a) | | % of referrals triaged for urgency within 24 hours of receipt. | Linda Harper | High | Monthly | 100% | • | S | 90.5% | 99.4% | 88.2% | 100% | 100% | 100% | 100% | 100% | Target achieved |
| C. Children, young people and families are | lan Thomas, Strategic Director Children and Young People's Services | 1.C4 (b) | Ensure that all children and young people with emotional wellbeing and mental health needs, receive prompt support and treatment | | Linda Harper | High | Monthly | 95% | × | O | 27.8% | 26.3% | 26.4% | 28.60% | 24.00% | 30.20% | 35.20% | 24.00% | In December there were 24% of triaged referrals assessed within 3 weeks, which is the Rotherham CCG stretch target. This is a 11.7% decrease from the previous months position of 35.7%. There has been a significantly higher number of priority referrals in the past month, which has been the key factor in the decrease in performance. When reported against the NICE guidelines target of 6 weeks, 27.5% were assessed within target. The average waiting time is 62.8 days. To reduce the waiting time for assessments; Other clinical staff are now undertaking assessments. Additional monies in 2016/17 from the Department of Health are being utilised to reduce waiting times, through staff working overtime and for appropriate lower level cases to be worked by Rotherham and Barnsley Mind. 2 additional locality staff have been employed and started in mid-December. Referrals are now allocated to the relevant team at the point of assessment , so as to help with the allocation of appointments and with patient experience. The Operational Manager is meeting with Meridian to review service capacity in line with the new model of working. An assessment trajectory has been accepted by commissioners; the service to be back on track by month end March 2017. |

Corporate Priority 2 – Every adult secure, responsible and empowered

| | Overall s | status (relevant to target) | | | |
|-----|-----------|---|---|---|--|
| | ~ | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) | |
| 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 yet available (e.g. due to infrequency or timing of information/data) | |

| | | | | | | | <u> </u> | | | | | | | | <u> </u> | | | | |
|------------------|---|---------|--|--|--|------------------|--|--|---------|-----|----------------------------------|----------------------------------|---|--|---|---|---|---------------------------------------|--|
| | • | | | | | | | | | | | | Data | available depender | nt upon the frequer | ncy of reporting | | | |
| 0 | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | DOT | Anr | nual | | Quarterly | Т | | Quarterly | T | Data notes (where measure has not progressed in accordance with the target set provide details of what is being done to improve performance) |
| Outcome | (Strategic Director) | | | | | | | | status | БОТ | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | or what is being done to improve performance) |
| | | 2.A1 | | Smoking prevalence (18+) (Priority measure) | Jo Abbott - Public Health | Low | Annual | Reduction of 1 percentage point each year from baseline position. | | | 18.4% (Now 19.4%)* (2014) | 18.1% (2015) | | | | | | | Target = local target. National ambition to reduce to 18.5% by end of 2015. PH indicators dependent on annual data. *Data in PHOF now sourced from Annual Population Survey. Affects 2014 figure. |
| | | 2.A2 | | % of physically inactive adults (aged 16+) | Jo Abbott - Public Health | Low | Annual | No national target but local aim to increase physical activity for people with long term conditions | | | 31.5% (2014) | 30.6% (2015) | | | | | | | PH indicators dependent on annual data |
| r lives | Terri Roche, Director Public Health | 2.A3 | and Wellbeing Strategy to improve the health of people in the borough | Excess weight in adults (aged 16+) | Jo Abbott - Public Health | Low | Annual | National ambition: a downward trend in the level of excess weight averaged across all adults by 2020. | | | 73.3% (2012-14) | 76.2% (2013-15) | | | | | | | PH indicators dependent on annual data. |
| to live healthie | | 2.A4 | borough | Suicide rate (all ages) (Persons) | Jo Abbott - Public Health | Low | Annual | No national target but national recommendation to have a local action plan | | | 10.9 per 100,000 (2012-14) | 14.2 per 100,000 (2013-15) | | | | | | | PH indicators dependent on annual data. Definition change in PHOF. Data for 2013-15 and retrospective data revised. 2012-14 data as shown in Corporate Plan = 9.7 |
| ts are enabled | | 2.A5 a) | | Successful completion of drug treatment – a) opiate users (aged 18-75) | Jo Abbott - Public Health | High | Annual | No national target. Local ambition to be within LA Comparators Top Quartile | | | 7.3% (2014) | 6.3% (2015) | | | | | | | PH indicators dependent on annual data. Definition change for drug treatment indicators in PHOF. 2015 data and retrospective data revised. 2014 data unaffected. |
| A. Adul | | 2.A5 b) | | Successful completion of drug treatment –b) non-opiate users (aged 18-75) | Jo Abbott - Public Health | High | Annual | As above | | | 54.9% (2014) | 42.9% (2015) | | | | | | | PH indicators dependent on annual data. Definition change for drug treatment indicators in PHOF. 2015 data and retrospective data revised. 2014 data as shown in Corporate Plan 52.6%. |
| | | 2.A6 a) | Support vulnerable people in times of crisis | Number of people supported through welfare provision - Food parcels provided | Justin Homer, Assistant Chief Executive's Directorate | Not applicable | Quarterly (Monthly data also available) | Not target - not applicable | | | Not available | 2,526 | 810 food parcels 1,634 people supported | 892 food parcels 1568 people supported | 787 food parcels 996 people supported | 238 food parcels 316 people supported | 280 food parcels 319 people supported | 269 food parcels 361 people supported | The Local Welfare Provision (LWP) measure is split and includes information about food in crisis provision (where data collected includes both the number of parcels issued and the number of individual beneficiaries, adults and children) and the number of crisis loans issued. Latest Q3 data shows a continuation of steady demand, month-by-month during 2016/17 to date and while numbers have fallen from Q2 the end of year figure is almost certain to exceed 2015/16. |
| | Shokat Lal, Assistant Chief Executive | 2.A6 b) | | Number of people supported through welfare provision - Crisis loans | Justin Homer, Assistant Chief Executive's Directorate | Not applicable | Quarterly (Monthly data also available) | Not target - not applicable | | | Not available | 1,041 | 248 loans (£20,706 value) | 130 loans (£10,325 Value) | 109 loans (£8,425 Value) | 46 loans (£3,745 Value) | 34 loans (£2,635 Value) | 29 loans (£2,045 Value) | See above. Latest Q3 data shows a reduction in the numbers of loans issued. Issues surrounding the relocation of Laser Credit Union's premises is likely to have been a factor. |
| | | 2.B1 | Implement the new Adult Safeguarding Strategy to prevent neglect and abuse, embed making safeguarding personal and provide support to victims, linked to the corporate Safeguarding Strategy | | Sam Newton - Adult Social Care and Housing | High | Quarterly | Baseline year | | U | Not available | 568 | 130 | 95 (revised) | 62 (Oct-Nov only) | | | | New measure 2015/16 based on new adults safeguarding collection and Care Act changes to safeguarding. Data not robust enough to use for full year target setting in 16/17 but in year quarter and year to date (accumulative) comparisons will be possible during 16/17. Q1 figure revised - previous value referred to individuals involved in S42 enquiries in quarter not those completed. |

| | | | | | | | | | | | | | Data | available depender | nt upon the frequen | cy of reporting | | | |
|-------------------|---|----------|---|--|---|--|--------------|-------------------------------------|-------------------|-------------|--|----------------------------|--|--|---|-----------------|-----------|--------|---|
| | Lead | Ref No. | Action | Measure | Lead officer | Good | Frequency | Target | | | Anı | nual | | Quarterly | | | Quarterly | | Data notes (where measure has not progressed in accordance with the target set provide details |
| Outcome | Accountability (Strategic Director) | | | | | performance | of reporting | · | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | of what is being done to improve performance) |
| and support | f care and support | 2.B2 | Integrate health and care services to consolidate and share resources to reduce duplication and provide excellent services | Average delayed transfers of care from hospital attributable to adult social care or both health and adult social care per 100,000 population (Priority measure) | Sam Newton - Adult Social Care and Housing | Low | Quarterly | 1.5 | × | O | 2.3 | 1.6 | 2.9 | 2.1 | 2.38 (Nov data) | | | | Data provided by NHS England, Data shows "as at" position at the end of each quarter for the latest published figures 12th Jan 2017 (usually 1 month timelag – data is as at Nov 2016). Qtr 3 figures show previous improvement from Q1 to Q2 has been eroded due to an increase in reported delays attributable to ASC or both health and ASC. In addition we know from local 'systems data' that increased pressure has occurred at the hospital since December and that this will impact negatively on year end outturns, when processed. Target is no longer assessed as achievable, but actions to maximise performance have been put in place by the service, including additional seven day support at the hospital to facilitate discharges and to ensure only agreed delays are recorded |
| d model of care | | 2.B3 | People get the information and advice early and help to make informed choices about care and support | first point of contact (to prevent service need) | Sam Newton - Adult Social Care and Housing | High | Quarterly | Baseline year | | 0 | | 944 | 719 | 824 | 587 (Oct-Nov only) | | | | New for Corporate Plan. Note - process for capturing implemented November 2015 so data not robust enough to use for full year target setting in 16/17. Indicator improving to reflect service process. |
| personalise | | 2.B4 (a) | | Proportion of Adults receiving long term community support who receive services via self-directed support (Priority measure) | Sam Newton - Adult Social Care and Housing | High | Quarterly | 76% | ¥ | S | 76.4% | 75.7% | 79.6% | 79.9% | 78.68% (Oct-Nov only) | | | | Data shows "as at" position at the end of each quarter |
| llient within a | | 2.B4 (b) | Improved approach to personalised services – always putting users and carers at the centre | Proportion of Carers in receipt of carer specific services who receive services via self-directed support (Priority measure) | Sam Newton - Adult Social Care and Housing | High | Quarterly | 46.7% | ~ | • | 0% | 29.2% | 100% | 100% | 100% (Oct-Nov only) | | | | Data shows "as at" position at the end of each quarter , MH data now included but not affecting overall score |
| pendent and res | Anne Marie Lubanski, Strategic Director Adult Social Care and Housing (Commenced 8th | 2.B5 | of everything we do | Number of carers assessments | Sam Newton - Adult Social Care and Housing | High | Quarterly | 2500 | × | U | 2566 | 2420 | 430 | 341 | 164 (Oct-Nov only) | | | | This figure accumulates in year, activity for both Q1 and Q2 is below expected. Issues have been identified with numbers of carer assessments recorded by our MH partner and these are being addressed by service. Further discussions with service will identify plans to improve in Q3 and Q4. |
| safe, inde | August 2016). | 2.B6 | Modernise Enablement | The proportion of people (65+) still at home 91 days after discharge into rehabilitation (Priority measure) | Sam Newton - Adult Social Care and Housing | High | Annual | 91% | | | 83.5% | 89.6% | | | | | | | Data captured Oct-Mar (discharges Oct-Dec followed up 91 days later) |
| ed to be | | 2.B7 | Services to maximise independence, including: • Intermediate care | No of admissions to residential rehabilitation beds (Intermediate Care) | Sam Newton - Adult Social Care and Housing | High | Quarterly | 600 | > | 0 | 587 | 613 | 153 | 159 | 186 | | | | Accumulative measure progressing in line with target. |
| irers are support | | 2.B8 | Prevention agenda Developing community assets | Proportion of new clients who receive short term (enablement) service in year with an outcome of no further requests made for support | Sam Newton - Adult Social Care and Housing | High | Quarterly | 74% (2015/16) 2016/17 target tbc | | • | 85.2% | 86.1% | 95.6% | 85.0% | Data not available for Q3 to be provided Q4 | | | | Data shows "as at" position at the end of each quarter. Target not yet confirmed - to confirm for Q3 following provisional national results release which will allow benchmarking of good performance |
| als and ca | | 2.B9 a) | | a) Permanent admissions to residential care for adults (Priority measure) | Nathan Atkinson - Adult Social Care and Housing | Low | Quarterly | 17.6 (27 admissions) | ~ | - | 12.3 (20 admissions) Accumulative | 20.03 (31 admissions) | 1.94 (3 admissions) | 4.52 (7 admissions) | 7.75 (12 admissions Apr - Nov data) | | | | Data shows "as at" accumulative position at the end of each quarter |
| B. Individu | | 2.B9 b) | Development of Adult Care Market Position Statements to provide alternatives to traditional | b) Permanent admissions to residential care for older people (Priority measure) | Nathan Atkinson - Adult Social Care and Housing | Low | Quarterly | 797 (390 admissions) | > | \$ | 958.5 (469 admissions) Accumulative | 819.52 (401 admissions) | 102.18 (50 admissions) | 224.81 (110 admissions) | 320.4 (159 admissions Apr - Nov data) | | | | Data shows "as at" accumulative position at the end of each quarter |
| | | 2.B9 c) | care, maximise independence and stimulate the market | c) % spend on residential and community placements (Priority measure) | Sam Newton - Adult Social Care and Housing | Low residential and high community placements | Quarterly | Baseline year | | O | Not available not previously been required | not previously | Residential 38.48% (against budgeted 35.35%) Community 46.23% (against budgeted 40.56%) | Residential 36% (against budgeted 35.35%) Community 44% (against budgeted 40.56%) | | | | | New for corporate plan and measure reports Net % spend compared to % budgeted. Q3 has seen a widening of gap due to in year pressures |
| | | 2.B10 | Adults with learning disabilities are supported into employment enabling them to lead successful lives | | Sam Newton - Adult Social Care and Housing | High | Quarterly | 6.0% | • | > | 6.0% | 5.6% | 5.7% | 5.7% | 5.56% [39 people/702 on service] (Apr-Nov) | | | | Data shows "as at" position at the end of each quarter |
| | | 2.B11 a) | Improve satisfaction levels | Overall satisfaction of people who use care and support services - a) service users | Sam Newton - Adult Social Care and Housing | High | Annual | 72% | | | 65.0% | 70.0% | | | | | | | Annual score collected in ASC User Survey |
| | | 2.B11 b) | of those in receipt of care and support services | Overall satisfaction of people who use care and support services - b) carers | Sam Newton - Adult Social Care and Housing | High | Biennial | 50% | | | 48.6% | Biennial | | | | | | | Biennial collection from carers survey next schedule 16/17. |

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

| | Overall s | status (relevant to target) | | | |
|-----|-----------|---|---|---|--|
| (e) | > | Measure progressing above or in line with target set | * | Measure under development (e.g. awaiting data collection or target-setting) | |
| Ā | • | 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 yet available (e.g. due to infrequency or timing of information/data) | |

| | | | | | | | | | | | | | Data availa | able dependent upo | on the frequency o | f reporting | | | Data notes (where measure has not |
|---|---|---------|--|--|---|---------------------------------|------------------------|--|-------------------|-----|--------------------------------|--|---|---|--|-------------|---------|--------|---|
| | | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | | | Ann | ual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | Lead Accountability (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | 3.A1 | Ensure that the Safer Rotherham Partnership is robust and fit for | Reported instances of anti-social behaviour in Rotherham | Karen Hanson - Regeneration and Environment | Low | Quarterly | 5% reduction on 2015-16 | × | O | 15,553 Incidents | 14,355 Incidents 8% Decrease (1,198) | 3,835 - a 7% increase (257 on Q1 15/16) | 4295 - a 12% increase (446 on Q2 15/16) | 3,298 - a 3% reduction (114) or Q3 15/16 | | | | Q 3 has seen a 3% (114 incident) reduction in reported ASB compared to the same period in 2015/16 and also month on month reductions for the Q3 period. However, for the full year to date the total is 6% higher compared to the Q1 - Q3 period last year. There is now however a clear and consistent downward trend and work will carry on to continue that downward trend, but it is unlikely that a year end reduction of 5% will be acheived. A range of multi-agency interventions continue to take place in hotspot areas. In addition, ASB in Rotherham is the subject of a performance clinic at the next meeting of the Safer Rotherham Partnership Board on 13th February 2017. |
| | | 3.A2 | purpose. Develop an effective Community Safety Strategy and Performance Management Framework | Reported instances of hate incidents in Rotherham | Karen Hanson - Regeneration and Environment | Not applicable | Quarterly | No Target - Not Applicable (Note - Corporate Plan stated 25% increase on 2015-16) | | | 178 Incidents | 254 Incidents 43% Increase (76) | 85, a 93% increase (41 incidents) on same period 15/16 | Hate Crime 79, a 22% (14 on Q2 15/16) Hate Incidents 67, an 86% increase (31 on Q2 15/16) | | | | | It is recognised that hate crimes and hate incidents are currently under reported and therefore significant effort is being made across the Safer Rotherham Parthership to increase public confidence in reporting. For this reason, it is not considered appropriate to have a target to reduce reported incidents and increases are seen as a positive response to awareness raising. |
| eel safe | | 3.A3 | | Reported instances of domestic abuse in Rotherham | Karen Hanson - Regeneration and Environment | Not applicable | Quarterly | No Target - Not Applicable (Note - Corporate Plan stated 10% increase on 2015-16) | | | 1,384 Incidents | 1,770 Incidents 28% Increase (386) | 503, a 19% increase (80 incidents) on same period 15/16 | Crimes 473, a 7% increase (32 on Q2 15/16) Incidents 1205, a 2% increase (19 on Q2 15/16) | 632, a 43% increase (189) on Q3 15/16 | | | | Recruitment to a new Domestic Abuse Co- Ordinator has taken place which commenced on 24th October 2016. This post will be responsible for the effective development and delivery of a domestic abuse strategy, data and performance management and a review of existing governance structures. |
| communities are strong and help people to f | Damien Wilson, Strategic Director Regeneration and Environment | 3.A4 | Ensure an robust, effective and efficient licensing service | % of licence holders that demonstrate adherence to the requirements of the Council's Hackney Carriage and Private Hire Policy (Priority measure) | Karen Hanson - Regeneration and Environment | High | Quarterly | 100% of 1) eligible licence holders that have subscribed to the DBS online update service; 2) drivers that have completed the council's safeguarding awareness course; 3) vehicles that, where required to do so, have had a taxi camera installed (or are committed to having one installed); 4) drivers that have obtained the BTEC / NVQ qualification. | × | O | Not available - new measure | Not available - new measure | Q2 Will be first reporting | Figures for each sub-indicator: 1) 100% 2) 97% 3) 96% 4) 56% | Figures for each sub-indicator: 1) 100% 2) 98% 3) 98% 4) 62% | | | | - 98% of drivers have completed the Council's safeguarding training, the remaining 2% of licence holders remain suspended and are not currently driving a licensed vehicle 98% of vehicles that require a camera by the end of Q2 have had one fitted (or made a commercial commitment to have one fitted). Enforcement action will continue to be taken in relation to the 2% that have not had a camera fitted (or made an arrangement to do so) 62% of drivers have obtained the BTEC / NVQ qualification. Those drivers that have not yet made sufficient progress in relation to the obtaining the requirement will be identified and appropriate enforcement action taken in relation their failure to obtain the required qualification. |
| A. G | | 3.A5 a) | Rotherham residents are satisfied with their | a) How satisfied or dissatisfied are you with your local area as a place to live | Tracy Holmes, Assistant Chief Executive's office | High - very or fairly satisfied | 6 monthly | >79% | ~ | 0 | | 79% June 2015 82% December 2015 satisfied or fairly satisfied | 80% June 2016 satisfied or fairly satisfied | | 81% December 2016 satisfied or fairly satisfied | | | | The LGA polling on resident satisfaction is conducted on a 6 monthly basis and was requested by the Commissioners. |
| | | 3.A5 b) | 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 | Tracy Holmes, Assistant Chief Executive's office | High - very or fairly satisfied | 6 monthly | >69% | × | 0 | | 69% June 2015 61% December 2015 very or fairly satisfied | 62% June 2016 satisfied or fairly satisfied | | 66% December 2016 very or fairly satisfied | | | | The LGA polling on resident satisfaction is conducted on a 6 monthly basis and was requested by the Commissioners. |
| | | 3.A6 | | Number of people borrowing books and other materials (Cumulative) (Priority measure) | Polly Hamilton - Regeneration and Environment | High | Quarterly | 25,000 | × | U | 25,684 | 22,472 | 11,717 | 16,621 | 18,980 | | | | Performance continues to improve. However, at end December performance against last year was down by 6%. A number of initiatives intended to improve performance, including increased publicity for e-book services, have been introduced during October - December 2016 |

| | | | | | | | | | | | | | Data availa | ble dependent up | on the frequency of | reporting | | | Data notes (where measure has not |
|------------------------|---|----------|--|---|--|------------------|------------------------|---------------|----------|----------|----------------------------------|----------------------------------|----------------------|-----------------------------------|---|-----------|---------|--------|--|
| | Lead Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overall | | Ann | ual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | (Strategic Director) | | | | | | | | status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | 3.A7 | Create a rich and diverse cultural offer and thriving Town Centre | Aggregate Pedestrian footfall in the Town Centre | Paul Woodcock - Regeneration and Environment | High | Quarterly | >23,699,399 | × | O | Not available | 23,699,399 | 5,641,296 | 5,898,148 | 5,492,033 (17,031,477 - Cumulative) | | | | 15/16 a baseline year, aggregate pedestrian flow measured from fixed cameras at All Saints Square, High Street, College Street and Centenary Market. A new Fixed Camera on Effingham Street went online Feb 2016 so suggest inclusion of that camera from 17/18. The target set for 16/17 is to maintain current Town Centre footfall in the face of recent projections of a downward trend. Footfall indicator completed for Q3 which shows a 5.6% decline on Q3 last year and a 6.87% decline compared to Q2 this year. The overall status and DOT is based on a comparison to data for the same period last year |
| | | 3.B1 | | Levels of Street Cleanliness not more that 5% of sites are considered to be below standard (Grade A or B in CoP) | Karen Hanson - Regeneration and Environment | Low | Quarterly | <5% | > | - | 0% | 0% | 0% | 0% | 0% | | | | Levels of Street Cleanliness are being maintained through the first 3 quarters and the Council is on target to achieve its outturn figure of <5%. |
| | | 3.B2 (a) | | Percentage of the principal road network in need of significant repair | Karen Hanson - Regeneration and Environment | Low | Annual | 4% | | | 3% | Not yet available | | | | | | | 2015/16 Information from the Department for Transport used to measure and report performance against this measure is not currently available. |
| | | 3.B2 (b) | | % of the non-principal road networks in need of repair | Karen Hanson - Regeneration and Environment | Low | Annual | 7% | | | 6% | Not yet available | | | | | | | The target is based on the national average condition and the Council aspires to be good or better. The national average has improved from 8% to 7%. DfT 2015/16 data not yet available |
| | | 3.B2 (c) | Deliver a cleaner, greener Rotherham to ensure that it is a | % of unclassified roads in need of repair (Priority Measure) | Karen Hanson - Regeneration and Environment | Low | Annual | <28% | > | o | 24% | 24% | 23% | 23% | 23% | | | | Nationally, the average condition achieved for this indicator is 18% (based on the latest 14/15 DfT data). It is recognised that this is currently unachievable and a realistic locally a target has been set at 28% with a programme of additional investment. This will be reviewed in 17/18 with a view to continued improvement. The Council has invested £5m over two years - 2015/17 - to prevent the deterioration of highways and to bring the condition of Rotherham's roads closer to the National Average. In addition, a further £10m of capital investmenth has been approved for a 2017 - 2020 programme of works. |
| maintained | | 3.B3(a) | safe and attractive place to live, work and visit | Effective enforcement action taken where evidence is found a) Fly Tipping (fixed penalty notices and prosecutions) | Karen Hanson - Regeneration and Environment | High | Quarterly | Baseline Year | | 0 | Not available - baseline year | Not available - baseline year | 4 | 12 | 5 | | | | There is marked improvement in the current year around strengthened enforcement to tackle flytipping and other enviro-crime offences. Comparatively 3.B3(a) was cumulatively at 8 at the third quarter stage for 2015/16. The 2016/17 third quarter cumulative figure is 21. Whilst the current year's performance is a baseline measure, there is clear improvement across both measures. |
| ces are clean and well | Damien Wilson, | 3.B3(b) | | Effective enforcement action taken where evidence is found b) Other enviro-crime (fixed penalty notices and prosecutions) | Karen Hanson - Regeneration and Environment | High | Quarterly | Baseline Year | | 0 | Not available - baseline year | Not available - baseline year | 14 | 7 | 164 | | | | Following approval of the 'Time for Action' approach to tackling environmental crime, options have been developed to ensure a significant increase in enforcement activity for environmental offences. Comparatively, the cumulative figures at the 3rd quarter stage for 15/16 were 34, at the quarter 3 stage for 16/17 the cumulative figure is 185. |
| id green spa | Strategic Director Regeneration and Environment | 3.B4(a) | | Following re inspection of grounds maintenance works achieve no more than 5% defective/not to standard works (Priority measure) | Karen Hanson - Regeneration and Environment | Low | Quarterly | <5% | > | S | 0% | 0% | 0% | 0% | 0% | | | | Performance is being maintained throughout the 1st 3 quarters and the Council is confident the end target of <5% will be achieved |
| public realm an | | 3.B4(b) | | Number of grounds maintenance customer contacts | Karen Hanson - Regeneration and Environment | Low | Quarterly | <719 | > | 0 | Not available | 719 | 332 | 286 | 73 | | | | At Q3 we are below target, using 15/16 Q4 contacts as a guide we fully expect to meet this target. |
| B. Streets, pt | | 3.B5 | | Number of missed bins per 100,000 collections | Karen Hanson - Regeneration and Environment | Low | Quarterly | 60 | ~ | 0 | 38.33 | 62.7 | 62.28 | 52.11 (57.17 -Year to Date) | 38.21 (45.75 - YTD) | | | | Quarter 3 has seen a welcomed reduction in the number of missed collections. This has been achieved through monitoring of crews weekly performance and weekly performance meetings to feedback situation to crews and drive improvement. Figure calculated using total number of recorded missed bins resisted on Bartech each quarter / by total number of potential collections per quarter - all black bin, blue box, blue bag, green Bin (when collections running) and clinical waste. |

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|---------|---|---------|---|---------|--|------------------|------------------------|--------|-------------------|-----|------------------|------------------|--|--|---|-------------|---------|--------|--|
| | Land Annountabilities | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | 0 | | Ann | ual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | Lead Accountability (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | | Ensure an efficient and effective waste and recycling service | | Karen Hanson - Regeneration and Environment | High | Quarterly | 45% | • | O | 40.02% | 43.11% | Estimated Performance up to 30.6.16 = 50.34% Forecasted performance up to 31.3.17 = 44.99% | 30.9.16 = 50.41% Forecasted performance up to | Performance (cumulative) up to 31.12.16 = 47.28% Forecasted performance up to 31.3.17 = 45.1% | | | | The 45% target has been calculated using the performance of the PFI plant over 2015/16 and the 2015/16 performance rates from Kerbside, HWRC & Bring site recycling. Recycling currently above target due to expected 'front loading' of Spring/Summer collected Garden waste. As this recycling isn't collected from November recycling performance will reduce over the course of the year, so forecasted 31.3.17 figure also supplied to give true reflection of anticipated year end performance. It is hoped the PFI waste treatment plant will continue improve its recovery of recycling over the year, that will help to meet the target. Q3 figures are estimated as performance figures from some of our waste treatment facilities have only been received for Oct & Nov so far. Dec's data will be received by the end of Jan (always comes a month later than month end as processers have to collate their data) but this is after this returns are required to be submitted by dpt. |

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

| | Overall s | status (relevant to target) | | | |
|-----|-----------|---|---|---|--|
| e A | Y | 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 yet available (e.g. due to infrequency or timing of information/data) | |

| | | | | | | | | | | | | | Data | available denendor | nt upon the frequen | cy of reporting | | | |
|-------------------|---|---------|---|---|--|------------------|--|---|----------------|-----|------------------|------------------|----------------------|----------------------|---|-----------------|---------|--------|--|
| | | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | | | Anı | nual | Jaca | Quarterly | it upon the nequen | cy of reporting | Monthly | | Data notes (where measure has not progressed in accordance with the target set |
| Outcome | Lead Accountability (Strategic Director) | | | | | performance | reporting | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | provide details of what is being done to improve performance) |
| oss the borough | | 4.A1 | | Survival rate of new businesses (3 years) (Priority measure) | Paul Woodcock - Regeneration and Environment | High | Annual | 57.5% | | | 63.1% | 60% | | | | | | | RIDO has taken a leading role in the development of the SCR Growth Hubs key business support programme for new businesses known as Launchpad This is a £4m SCR wide initiative and offers specialist support for new and early stage businesses, including networking events, workshops, coaching and one to one mentoring. A business accelerator programme has been developed in partnership with UK Steel Enterprise. |
| s expanded acr | | 4.A2 | | Number of jobs in the Borough (Priority measure) | Paul Woodcock - Regeneration and Environment | High | Annual | 1,000 new jobs p.a. (10,000 over 10 years). No specific target for 2016/17 until 2015/16 data is available | | | 92,300 | 100,000 | | | | | | | Awaiting figures, new measure. May wish to consider deleting this measure due to the timing of data |
| ent opportunitie | Damien Wilson, Strategic Director | 4.A3 | Deliver economic growth (via the Economic Growth | Increase Number of Business Births / Start Ups per 10,000 Resident Population 16+ years old) | Paul Woodcock - Regeneration and Environment | High | Annual | 50 | | | 47 | 47 | | | | | | | Latest figure from ONS Business Demography 2014 dataset shows 47 start-up enterprises per 10,000 adult population. No change from 14/15 performance. Set target to increase to 50 for 2016/17. (2015-16 target was 35) |
| and employme | Regeneration and Environment | 4.A4 | Plan, Business Growth Board and Sheffield City Region) | Overall number of businesses in the Borough (Priority measure) | Paul Woodcock - Regeneration and Environment | High | Annual | 6,500 | | | 5,715 | 6,390 | | | | | | | Target for 2015-16 was > 5,390. Specific target set for 2016-17. |
| ported to grow | | 4.A5 | | Narrow the gap to the UK average on the rate of the working age population economically active in the borough | Paul Woodcock - Regeneration and Environment | Low | Quarterly | Reduce gap to 0.7% | × | O | 2.8% gap | 1% gap | 2.60% | 4.50% | Data not Available until later in Financial Year. | | | | Latest figures from ONS APS June 2016. Rotherham = 73.4%, Uk rate = 77.9%, so gap has increased since last return. This is likely to be due to fluctuations due to the sample size and if a 4 Quarter average is looked at then the figure has stayed stable. |
| A. Businesses sup | | 4.A6 | | Median average gross weekly wage for full-time employees working in the borough. Percentage of UK average | Paul Woodcock - Regeneration and Environment | High | Annual | 91.5% | | | 90.7% | 89.9% | | | | | | | Please note, data obtained from ONS, latest data received at the end of 2016 and shows the position at 01/04/16. Although a slight decline is shown year on year, the Annual Survey of Hours and Earnings, (ASHE) is unreliable at a local authority level given small sample size — it can fluctuate significantly from year to year and it is the longer term trend that is important (Rotherham has been around 90% of UK for several years). In view of the volatility of the survey the decline is not considered to be of concern. |
| | | 4.B1 | | Number of new homes delivered during the year (Priority measure) | Tom Bell - Adult Social Care and Housing | High | Annual (interim quarterly data also available) | 731 | × | O | 633 | 663 | 201 | 178 | 96 | | | | No mechanisms are available to measure the number of new properties being built in the borough but figures are available for completed properties. This indicator is off target compared to the 1st quarter when 201 new homes were delivered. 178 new homes were completed in quarter 2 and a further 96 were completed in quarter 3 bringing the overall total of new home completions in the borough to 475 against the annual target of 731. Performance in the final quarter of the year is expected to improve when notifications of further completions are received. However early indications are that the year - end target for delivering 731 new homes in the borough will not be met. The action is rated as Red because progress in accordance with the target set has not been met and DOT rated as worsening because performance at the end of quarter 3 is 82 properties less than had been delivered in quarter 2. |

| | | | | | | | | | | | | | Data | available depende | nt upon the frequen | cy of reporting | | | Data notes (where measure has not |
|---|---|---------|---|---|---|------------------|--|--------|-------------------|-----|---|---|----------------------|----------------------|----------------------|-----------------|---------|--------|--|
| | Land Annumbahilitus | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overell | | Anı | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | Lead Accountability (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| home ownership sector | | 4.B2 | Implement the Housing Strategy 2016-2019 to | % of stock that is non-decent (Priority measure) | Tom Bell - Adult Social Care and Housing | Low | Annual (interim quarterly data also available) | 0.5% | • | O | 0% (note Corporate Plan stated - 0.67%) | 0% (note - Corporate Plan stated 1.3%) | 1.30% | 0.18% | 0.13% | | | | Of the 237 non-decent properties at year start, 211 have become decent. With the internal refurbishment programme running until the end of March 2017; the remaining 26 properties are scheduled for works on the internal refurbishment project over quarter 4 of 2016/17 programme. The full internal refurbishment project is schedule for delivery with this financial year with no properties expected to carry into the following financial year, as such the target of 0% non-decent properties forecasted for year end is forecast to be achieved. |
| ed, whether in the social rented, private rented or | Anne Marie Lubanski, Strategic Director Adult Social Care and Housing (Commenced | 4.B3 | provide high quality accommodation | Number of new social rented homes started in year | Tom Bell - Adult Social Care and Housing | High | Annual (interim quarterly data also available) | 60 | • | O | 49 | 77 | 46 | 4 | 2 | | | | No mechanisms are available to measure the number of new homes for rent being started in the borough but figures are available for completed properties. 2 new homes were provided for social rent in the 3 rd quarter of the year, 44 less than quarter 1 and 2 less than had been completed by the end of quarter 2. By the end of the quarter 52 new homes for rent have been delivered by the authority against an overall annual target of 60. Property completion notifications that will be received during the final quarter are expected to confirm the Council has achieved its target for measure by the end of the year. The overall status of the action at the end of quarter 3 is rated as being Amber, meaning the year- end target will be achieved and DOT rated as worsening to reflect the position that performance between the 2 nd and 3 rd quarters had deteriorated. |
| odation which meets their ne | 8th August 2016). | 4.B4 | | Number of new affordable home ownership units started in year | Tom Bell - Adult Social Care and Housing | High | Annual | 148 | × | O | 51 | 58 | 2 | 2 | 7 | | | | In future affordable home ownership will become the predominant tenure in affordable housing delivery. This is because the Government's "Starter Homes" agenda will replace rented affordable housing delivered through the planning system as S106 units. Additionally from 2016 the Affordable Homes Programme of grant funding will end. This will be replaced by the "Shared ownership & Affordable Homes Programme 2016 – 2021" (SOAHP) |
| B. People live in high quality accomm | | 4.B5(a) | Private rented housing – improving standards through selective licensing | % of eligible properties which have applied for a license, within Selective Licensing areas (Priority measure) | Karen Hanson - Regeneration and Environment | High | Monthly | 95% | • | O | Not available | 87% | 84% | 91% | 92% | 91% | 92% | 93% | In Eastwood and Dinnington, more private rented properties were identified than had originally been estimated when the Council set its target for this measure using information from the 2011 census. Underestimating the number of properties resulted in significantly better performance than had been expected. For example by the end of quarter 2, 151% of properties in Eastwood had registered under the scheme. This inflated performance for the whole Selective Licensing Scheme. To compensate for this and in order to provide more accurate data the Council now caps performance across all Selective Licensing areas at 100%. Performance for the overall scheme at the end of the 3rd quarter is 92%, 1% higher than for quarter 2. The Council therefore is maintaining excellent progress delivering against this indicator and is confident the 95% year – end target will be achieved. |
| | | 4B5(b) | | % of privately rented properties compliant with Selective Licensing conditions within designated areas (Priority Measure) | Karen Hanson - Regeneration and Environment | High | Annual | 70% | • | | Not available as not previously required | Not available as not previously required | | | | | | 86% | An inspection regime is in place to test compliance . So far 700 of the 1,200 licensed houses have been inspected and where non compliance has been identified remedial actions have been taken to prevent formal action being taken by the Council. After these initial inspections and any informal enforcement concluded, 86% of properties have been found to be broadly compliant with housing legislation, which is a positive indicator. However this indicator should be treated with caution in terms of setting a future performace indicators as the inspections will have mosly taken place in properties who applied early and may be naturally more compliant. |

| | - 1 | | | | | | | | | | | | Data | available depender | t upon the frequen | cy of reporting | | | Data notes (where measure has not |
|-----|---|---------|------------|--|------------------------------|------------------|---|---|-------------------|----------|---|---|----------------------|----------------------|----------------------|-----------------|---------|--------|--|
| | ad Accountability | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | Overell | | Ann | ual | | Quarterly | | | Monthly | | progressed in accordance with the target se provide details of what is being done to |
| | Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | 4.C1 | | Increase the number of people aged 19+ supported through a learning programme | Karen Borthwick - CYPS | high | Annual (academic year from September to July) | 1,950 (target amended from 450 increase to the overall number expected) | | 0 | 1,266 (figure amended to overall out- turn rather than increase of 289 in line with target) | 1,500 (figure amended to overall out- turn rather than increase of 264 in line with target) | | | | | | | Learner enrolment targets for 16/17 have bee revised in line with the changing focus of the Adult Education Budget with the overall targe enrolments for 16/17 now 1,950. |
| lan | n Thomas, Strategic | 4.C1 a) | Adults are | Increase the % of people aged 19+ supported through a learning programme who have: a) Obtained a formal qualification | Karen Borthwick - CYPS | high | Annual (academic year from September to July) | 95% | | ၁ | 94% | 95% | | | | | | | The majority of learners participating in accre courses will not complete until later in the academic year. So far we have only had rest for 10 learners. For those learners the succe rate is 100%. |
| | rector Children and Young People's Services | 4.C1 b) | | Increase the % of people aged 19+ supported through a learning programme who have: b) Progressed/working towards another level | Karen Borthwick - CYPS | high | Annual (academic year from September to July) | 40% | | - | 26% | 41% | | | | | | | Most of the learners are still actively learning the progression data for learners is not calculuntil the end of the academic year. |
| | | 4.C1 c) | | Increase the % of people aged 19+ supported through a learning programme who have: c) Obtained or got a better job | Karen Borthwick - CYPS | high | Annual (academic year from September to July) | 20% | | 0 | 12% | 13% | | | | | | | Most of the learners are still actively learning the progression data regarding employment i calculated until the end of the academic year |
| | - | 4.C2 | | Increase the number of people working towards an English for Speakers of Other Languages (ESOL) accredited qualification | Strategic Director CYPS | High | Annual (academic year from September to July) | 50 | | c | 70 | 67 | | | | | | | The enrolment to the bulk of ESOL courses s in January. So far we have enrolled 7 learner planned recruitment for 16/17 should exceed target of 50. |

Corporate Priority 5 – A modern, efficient Council

| | Overall : | status (relevant to target) | | | |
|------|-----------|---|---|---|--|
| , Se | Y | 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 yet available (e.g. due to infrequency or timing of information/data) | |

| | | | | | | | | | | | | | Data ava | ilable dependent (| ipon the frequency | of reporting | | | Data notes (where measure has not |
|----------------------------------|--|---------|--|---|--|------------------|---|---|-------------------|-----|--|--|----------------------|----------------------|----------------------|--------------|---------|--------|---|
| | | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | | | Anr | nual | | Quarterly | | | Monthly | | progressed in accordance with the target set provide details of what is being done to |
| Outcome | Lead Accountability (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| monstrate value for money | | 5.A1 | | % Council Tax collected in the current financial year | Stuart Booth - Finance and Customer Services | High | Monthly | 97% (Top Quartile Met Authorities) | • | O | 97.2% | 97.3% | 27.7% | 54.3% | 80.8% | 63.2% | 72.1% | 80.8% | Performance is measured at the end of each month. The Met Council average for 15/16 was 95.4%, had Rotherham performed at the Met average it would have collected £1.976 million less from last year's Council Tax. The overall rating and DoT rating is based on a comparison against last years performance. Performance is 80.83% which is 0.27% down on the same as the same time the previous year when it was 81.1%. It is expected that the target of 97% will be achieved by the year end although collection performance will need to be carefully managed over the next quarter in order that this is achieved. |
| and resources and services de | Judith Badger, Strategic Director Finance and Customer Services | 5.A2 | Maximising the local revenues available to fund council services | Cumulative Council Tax arrears per property | Stuart Booth - Finance and Customer Services | Low | Annual (interim quarterly and monthly data also available) | £109.22 (Top Quartile Met Authorities) | • | O | £66.98 | £68.12 | £58.59 | £51.06 | £46.07 | £49.26 | £47.55 | £46.07 | For 15/16 we were the third best Met Council with £68.12 per property. The Met Council average for 15/16 was £148.58. Had Rotherham performed at Met average we would currently have an additional £9.3million outstanding arrears. We currently have 45p lower arrears per property compared with the same time last year when they were £46.52 and it is expected that the target will be achieved by the year end. The overall rating and DoT rating is based on a comparison against last years performance. |
| A. Maximised use of assets | | 5.A3 | | % non-domestic (business) rates collected in the current financial year | Stuart Booth - Finance and Customer Services | High | Monthly | 98% (Top Quartile Metropolitan Authorities) | ✓ | 0 | 98.3% | 98.1% | 28.4% | 54.9% | 81.7% | 64.1% | 73.1% | 81.7% | Performance is measured at the end of each month. For Non Domestic Rates in 15/16 we were 8th highest Met (out of 36) with 98.1%. The Met Council average for 15/16 was 97.1%, had Rotherham performed at the Met average it would have collected £680k less from last year's Non Domestic Rates (49% of this is our share so £326,000). Performance of 81.65% is 0.45% up on the same time the previous year when it was \$1.2%. It is expected that the target of 98% will be achieved by the year end. The overall rating and DoT rating is based on a comparison against last years performance. |
| l decision making processes | Shokat Lal, Assistant Chief Executive | 5.B1 | Establishing and working to a new Local Code of Corporate Governance, encompassing: • Risk management • Information governance (including FOI/DSA) • Business continuity • Internal audit • Emergency planning | Fit for purpose Annual Governance Statement 2016/17 (Priority measure) | Simon Dennis - Assistant Chief Executive's Directorate | n/a | Annual | Improved Annual Governance Statement in 2016/17 | | | Qualified Conclusion reached | Qualified Conclusion reached | | | | | | | The final 2015/16 AGS was published on 30 September 2016. This includes an overall qualified conclusion on the Council's governance arrangements. Work to draw together the 2016/17 AGS will commence in early 2017. Additionally, arrangements are in place for establishing a new Local Code of Corporate Governance early in 2017. |
| rangements and c are in place | | 5.B2 | The Scrutiny | % of scrutiny recommendations which are accepted and implemented | James McLaughlin, Assistant Chief Executive's Directorate | High | Quarterly | 80% | | | | Not available - not previously been required | 0 | 0 | 0 | | | | To 31st December, no formal Scrutiny recommendations had been made to Cabinet, so no data is available. |
| B. Effective governance a | Shokat Lal, Assistant Chief Executive | 5.B3 | function is effective; engages members and improve outcomes for Rotherham residents and communities | Number of pre-scrutiny recommendations adopted | James McLaughlin, Assistant Chief Executive's Directorate | High | Quarterly | 60% | ~ | 0 | Not available - not previously been required | Not available - not previously been required | Not available | 100% | 100% | | | | Pre-decision scrutiny process commenced in July 2016. Recommendations were made for the Cabinet and Commissioner Decision Making Meetings in September, October, November and December and were accepted. It is worth noting that pre-decision scrutiny has resulted in additional recommendations and supporting existing recommendations, rather than any substantial changes to proposals. |
| | | 5.C1 a) | Tractice austomor | a) Total number of complaints received by the Council | Justin Homer - Assistant Chief Executive's Directorate | Not applicable | Monthly | No target - not applicable | | | 692 | 695 | 205 | 271 | 275 | 101 | 93 | 81 | Decrease in the number of complaints received in December. This is in line with year on year trends. The number received in the Quarter is slightly increased. |

| | | | | | | | | | | | | | Data ava | ilable dependent u | pon the frequency | of reporting | | | Data notes (where measure has not |
|----|--|---------|--|--|--|---------------------------------------|------------------------|-------------------------------|-------------------|-----------|-------------------------------------|---|--|--------------------------------------|--|--------------------------------------|--------------------------------------|--------------------------------------|--|
| | | Ref No. | Action | Measure | Lead officer | Good performance | Frequency of reporting | Target | | | An | nual | | Quarterly | | | Monthly | | progressed in accordance with the targe provide details of what is being done to |
| ne | Lead Accountability (Strategic Director) | | | | | | | | Overall status | DOT | Year end 2014/15 | Year end 2015/16 | Q1 Apr - Jun 2016 | Q2 Jul - Sep 2016 | Q3 Oct - Dec 2016 | Oct-16 | Nov-16 | Dec-16 | improve performance) |
| | | 5.C1 b) | vith respect and dealing with them in an efficient and outcome-focussed | b) % of complaints closed and within timescale (cumulative) | Justin Homer - Assistant Chief Executive's Directorate | High | Monthly | 85% | > | 0 | 82% | 80% | 79% | 82% | 86% | 87% | 85% | 86% | Prformance but remains above target, Performance measures in Regeneration & Environment have worrked. |
| | Shokat Lal, Assistant Chief Executive | 5.C2 | way | Number of compliments received | Justin Homer - Assistant Chief Executive's Directorate | Not applicable | Monthly | No target - not applicable | | | 604 | 603 | 183 | 168 | 226 | 69 | 78 | 79 | Month on month increase in the number All Directorates continue to be reminded all received. Significant imporvement Q2 |
| | | 5.C3 | Resident satisfaction - Assessing overall public opinion | % of residents satisfied with the way Rotherham Metropolitan Borough Council runs things | Tracy Holmes, Assistant Chief Executive's Directorate | High - very or fairly satisfied | 6 monthly | >55% | × | 0 | | 55% June 2015 and 54% December 2015 very or fairly satisfied | 50% June 2016 very or fairly satisfied | | 50% December 2016 very or fairly satisfied | | | | The LGA polling on resident satisfaction conducted on a 6 monthly basis and was requested by the Commissioners. |
| | | 5.C4 | on the way the council is working and responding to customers | % of residents that have confidence in Rotherham Metropolitan Borough Council | Tracy Holmes, Assistant Chief Executive's Directorate | High - great or moderate extent | 6 monthly | >41% | ~ | 0 | | 41% June 2015 and 45% December great or moderate extent | 44% June 2016 great or moderate extent | | 49% December 2016 great or moderate extent | | | | The LGA polling on resident satisfaction conducted on a 6 monthly basis and was requested by the Commissioners. |
| | | 5.C5 a) | | % of transactions a) online | Luke Sayers - Finance and Customer Services | High | 6 monthly | >36% | • | • | 24% | 36% | | 36% | | | | | 6 monthly measure only |
| | Judith Badger, Strategic Director Finance and Customer Services | 5.C5 b) | Enable customers to be active and interact with the Council in an efficient way, accessing more | % of transactions b) face to face customers | Luke Sayers - Finance and Customer Services | Low | 6 monthly | <6% | • | 0 | 9% | 6% | | 6% | | | | | 6 monthly measure only |
| | | 5.C5 c) | services online | % of transactions c) telephony customers | Luke Sayers - Finance and Customer Services | Low | 6 monthly | <58% | • | • | 67% | 58% | | 58% | | | | | 6 monthly measure only |
| | | 5.D1 | Staff and managers have ar opportunity to reflect on performance , agree future objectives and are aware of how they contribute to the overall vision | % PDR completion | Tracey Parkin, Assistant Chief Executive's Directorate | High | Annual | 95% | ~ | o | 61% | 96% | 94.5% | 96% | 96% | | | | Achievement at 96% against 95% target for 2017/18 will be agreed as part of less learned in autumn. |
| | Shokat Lal, Assistant Chief Executive | 5.D2 | Sickness is managed and staff wellbeing supported | Days lost per FTE (Priority measure) | lan Henderson, Assistant Chief Executive's Directorate | Low | Monthly | 10.2 | × | 0 | 10.9 days (excluding schools) | 10.43 Days (excluding schools) | 11.10 days (excluding schools) | 10.71 days (excluding schools) | 10.70 days (excluding schools) | 10.69 days (excluding schools) | 10.84 days (excluding schools) | 10.70 days (excluding schools) | Sickness figure is an annualised projecti on performance to date and historic prof Targeted intervention measures are curr being applied and further work is being undertaken to refresh management proc and target specific issues. Sub group of Safety & Wellbeing Committee focusing sickness management. |
| | | 5.D3 | Reduced use of interims, temporary and agency staff through effective and efficient recruitment | Reduction in Agency cost (Priority measure) | lan Henderson, Assistant Chief Executive's Directorate | Low | Monthly | 10% reduction | × | \$ | £2.8m | £6.8m | £2,263 (+33%) | £4,859 (+43%) | £7,335 (+43%) | £5,755 (+43%) | £6,534 (+43%) | £7,335 (+43%) | DoT is based on projected annual exper against last years actual. Classification consultancy expenditure now as agency distorting annual projections. Workforce Management Board to monitor cost and any further expenditure. |
| | | 5.D4 | Members are able to fulfil their roles as effective community leaders | % members receive a personal development interview leading to a structured learning and development plan | James McLaughlin, Assistant Chief Executive's Directorate | High | Annual | 85% | | | | 80% | | | | | | | Annual measure. Too early in the munic to assess progress. |