

**Commentary on Red RAG KPIs
Quarter 3 2015/2016**

Performance Indicator	7. The number of Active Age (over 60's) memberships
Reasons for poor performance/decline	<p>At the end of quarter 3 there are 1,859 Ageing Well memberships. This equates to 74.36% of the target of 2,500. This is - 6.16% (122) lower than at the end of quarter 2 when the membership level was 1,981.</p> <p>A policy decision to introduce a membership charge for the programme was introduced in April 2015. Although members can choose how to pay for the service either annually, twice a year or quarterly this is impacting on the actual number of members. The data is more accurate than previously as the membership reflects only active members and users of the services omitting lapsed users</p> <p>Although the number of members is lower than before the membership charge was introduced, the number of overall visits is higher. This suggests that there were a lot of people holding memberships who were not using the service. The introduction of a charge has rectified this position and the current membership level is a true reflection of active members.</p>
Actions being taken to improve performance	<p>More accurate and robust data of actual members is now available and reported.</p> <p>The visit target of 96,720 is on schedule to be met as at the end of Q3 86.82% of the target has been achieved. This indicates that the members of the programme are actively using their membership across the Ageing Well programme</p>
Improvements in performance that are anticipated as a result of the actions taken	Performance is in line with profiled target over 1 st year of charging

Performance Indicator	Indicator 12. Number of successful smoking quitters aged 16 and over through cessation service
Reasons for poor performance/decline	<p>Between April and December 2015/16, 803 people set a quit date, which is a 7.5% increase on the 2014/15 figure of 747 people. However, between April and December 2015/16, 336 people have successfully quit, which is a 13.6% decrease on the same period in 2014/15, when 389 people quit. Quarter 3 has seen more quitters than in the same quarter last year though, with 126 quitters this year compared with 125 last year.</p> <p>Although the number of people setting a quit date has increased</p>

	<p>compared to the previous financial year, the number of successful four-week quitters has decreased.</p> <p>This reflects the downward trend in the number of successful quitters in Barking and Dagenham. This is mirrored to some degree nationally and across London.</p>
<p>Actions being taken to improve performance</p>	<p>In September 2015 an improvement plan was implemented to improve uptake in both Level 2* and 3* services, with proactive measures to identify and support GPs with the highest number of registered smokers and unplanned hospital admissions for chronic obstructive pulmonary disease (COPD), as well as targeted approaches for high-risk groups including young people, pregnant women, routine and manual workers and those with mental health problems. The outcomes of the following actions will be monitored over the next year:</p> <ul style="list-style-type: none"> • Increase service capacity within the community to deliver stop smoking services to priority groups (by October 2016) – Leisure services started delivering Level 3 smoking cessation services from 1 October 2015. Six advisors have been recruited to operate the telephone helpline and coordinate community-based smoking cessation activities. The number of community venues offering face-to-face support to quitters will be increased, with the advisors being based in Barking Learning Centre, Queens Hospital, tenancy support services, mental health and other community venues. This includes delivery of peer-led support groups via the Community Health Champions, local faith / community leaders and voluntary organisations. • Review of existing stop smoking service provision to develop a cost-effective evidence-based service model (Jan – March 2016) – this includes benchmarking service models commissioned within neighbouring and statistically similar boroughs to identify approaches and interventions that have proven successful in improving smoking quit rates, and appraise options for implementing these in Barking and Dagenham. The options appraisal is to be presented to the Portfolio Holder’s meeting in February 2016. • Promotion of local smoking cessation services (ongoing) - to encourage more quitters, £15,000 has been budgeted for locally defined and national promotional campaigns (including Stoptober and No Smoking Day) to raise the profile of stop smoking services in the local community and ensure that services are visible and accessible to the ethnically diverse range of smokers in line with local prevalence. For example, the January Health Harms national campaign has been launched locally; distributed primary care quit packs, newsletter, series of roadshows and free lung test covering Dagenham Station, Queens Hospital, Barking Market, Becontree Leisure Centre and Abbey Leisure.

- **Preventing initiation of smoking (ongoing)** – preventing people from smoking has been identified as a priority by the Health and Wellbeing Board. Local health promotion campaigns will focus on preventing initiation of smoking by young people and vulnerable adults. While schools fund prevention initiatives as part of the PHSE curriculum, Barking and Dagenham will continue to invest £60,000 in prevention via tobacco control initiatives and £15,000 towards marketing as well as the other investment across the Council in environmental protection and schools as part of the Healthy Schools bronze award programme. The entry criteria into Level 3 services have also been widened from a lower age limit of 18 years to 12 years in order to provide specialist support to young smokers.
- **Refresh of the tobacco control strategy and implement delivery plan (by June 2016)** - a local Tobacco Alliance was established in 2015, bringing together Public Health, leisure, environmental health, licensing, planning, mental health services, primary and acute care, fire services, stop smoking providers and community organisations. The Alliance is collaborating to refresh the local smoking strategy (including actions to reduce the import and local distribution of illegal cigarettes and development of smoke-free policies (in vehicles, homes, work places and public places). A tobacco control coordinator was recruited in January 2016 to oversee the delivery of the local tobacco control strategy action plan.
- **Increase the number of primary care providers delivering Level 2 services (by March 2017)** – to drive smoking quit performance, a survey was conducted in August 2015 to understand gaps in service and gain expressions of interest from new primary care providers. To date, two GP practices have been recruited and a further six that expressed an interest have been written to. Proposed changes to the smoking tariff for 2016/17 is likely to be a motivating factor. In addition, all primary care providers with reported smoking activity (29 pharmacies and 11 GPs) have been visited by the Public Health Primary Care Engagement Officer over the last four months. Action plans to improve performance (number of CO validated quits) have been developed and agreed with each provider, and areas of underperformance are addressed in subsequent visits.
- **Identify GPs with the highest prevalence of smokers to deliver universal and targeted approaches (ongoing)** - the top ten GP surgeries with the highest number of registered smokers in the borough (and patients with unplanned hospital admissions for COPD) have been identified. Led by a dedicated worker, all patients who are registered as smokers are invited to stop-smoking clinics at the surgeries, using a 'call and recall' approach and provided with face-to-face sessions and advice. Enhanced support is provided for priority groups (e.g. young people, pregnant women, those with concurrent mental health problems,

and those in routine and manual jobs) to engage them into specialist smoking cessation services as appropriate.

- **Engaging smokers in acute settings (ongoing)** - to target smokers accessing services at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), from July 2015 the Trust has provided a stop smoking advisor is available to offer up to 21-hours' support per week across both the King George and Queen's hospital sites and referral to specialist stop smoking services.
- **Supporting pregnant smokers via the BabyClear programme (with the ambition is to reduce smoking at time of pregnancy to >10% in Barking and Dagenham by October 2018)** – Barking and Dagenham was successful in obtaining 36% co-funding from Public Health England to implement a full BabyClear programme, which offers a standardised approach to identifying pregnant smokers with the aim to reduce/stop smoking in pregnancy and referral to smoking cessation services. In August and September 2015 all midwives at Queens and King George's Hospitals were trained to undertake CO monitor readings and provide smoking cessation advice to pregnant women. Nicotine replacement therapy is also available on all maternity wards. From September to December 2015, 273 women reported that they were smoking at their first maternity booking appointment, with 193 (71%) requesting support to stop smoking.
- **Increasing opportunities to engage smokers in smoking cessation services (ongoing)** – Following the announcement by the Government in November 2015 that the first e-cigarette device (e-Voke) has been licensed by the Medicines and Healthcare Regulatory Agency for use as a smoking cessation device on prescription, both Level 2 and 3 services can now prescribe the licensed product to service users. Public Health is currently putting clinical governance arrangements in place for such provision.

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- Level 1 is very brief advice eg handing out a leaflet could be considered level 1, as could asking someone of their smoking status or if they are interested in stopping smoking. Providing information and signposting.
- Level 2 is aimed at everyone. These services are provided by GPs and Pharmacies.
- Level 3 is specialised (specialist service) and aimed at those with complex needs e.g. pregnant women, young people, those with mental illness, long term conditions, and people who are in occupations considered routine and manual. People who are entrenched in their smoking and have failed attempts at quitting.

<p>Improvements in performance that are anticipated as a result of the actions taken</p>	<p>The actions being taken to improve performance should help increase uptake of smoking cessation services, particularly amongst groups that are known to have a higher smoking prevalence.</p> <p>There will be increased service provision within the local community by March 2016 which will result in increased numbers of people setting a quit date.</p> <p>The coordination of local and national promotional campaigns will increase the awareness of stop smoking services.</p>
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<p>Performance Indicator</p>	<p>Indicators 15 & 16. The number of tier 2 child weight management referrals, and the number of tier 2 child weight management referrals that completed.</p>
<p>Reasons for poor performance/decline</p>	<p>The number of tier 2* courses on offer has not been as high as planned due to a number of tutors (One permanent member of staff, others are casual or external) not committing to continuing to running courses due to other work commitments, and the starting of university courses. The Community Sports and Physical Activity Team have advertised twice for new casual tutors; the first time they did not receive any suitable applications. They will be short listing from the second job advert in mid-late Feb.</p>
<p>Actions being taken to improve performance</p>	<p>The data capture of referral sources was improved in October and some of those recorded as parent referrals were actually from professionals. Processes have been put in place to ensure that all referrers are documented and referrers are fed back to with regards to the individual referred.</p> <p>With the measurements taken during the Summer programme and now subsequently at Community Games, families are being contacted to increase the number of participants for programmes being run in the next reporting period.</p> <p>Ensure that programme delivery is staggered so that there are not long gaps between programmes starting.</p> <p>Everyone on the Schools out programme database (over 1,000 families) will be emailed about the programme.</p> <p>* Tier 2 is designed to support Barking and Dagenham children and young people aged 0-19 who are overweight (>91st centile) or obese (>98th centile) to achieve a healthy body weight. In promotional material it is referred to the Change4Life programme – it is a programme over 12 weeks where children and parent/carer + siblings (5-12 years) and teenagers (13-17 years) learn about healthy eating, fats and sugars, label reading, attend a cooking class and taking part in tailored physical activity.</p>

Improvements in performance that are anticipated as a result of the actions taken	<p>The recruitment of more tutors will take place in the next quarter for the courses due to commence in January. This will enable an increase to the number of programmes delivered each term.</p> <p>The other actions will increase awareness of the programme and should result in increased numbers of referrals. The improved data capture and feedback to referrers should also ensure that those being referred are more likely to complete.</p>
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Performance Indicator	21. Number of fixed penalty notices issued for environmental crime
Reasons for poor performance/decline	The performance for this quarter indicates that the team is slightly below the target level of activity. However, the direction of travel for this indicator is very positive when compared to the same period last year. There remain a number of employees who are off with illness that has impacted on performance. These staffing issues are being addressed through the Council's sickness absence procedures.
Actions being taken to improve performance	Recently recruited agency staff has brought the service up to full staffing levels which will improve performance.
Improvements in performance that are anticipated as a result of the actions taken	It is hoped that staff training and recently recruited agency staff will improve performance for this indicator and will have a positive on output.

Performance Indicator	23. The weight waste recycled per household
Reasons for poor performance/decline	<p>The weight of waste recycled per household in Quarter 3 is 51kg which is below the quarterly target of 81.25kg.</p> <p>The reduction of recycling at Quarter 3, is attributed to:</p> <ul style="list-style-type: none"> ▪ The shift in season and the reduced tonnage of green waste collected in the third quarter ▪ The industrial action by drivers of the GMB Union in March, April, May and June 2015 has had a significant impact on performance. During the strike period, there was no collection of recyclable materials as the recycled materials (brown bin) and general waste (grey bin), including side waste, were collected in the same vehicles. After the strike action, some customer behaviour to separating waste has become very challenging, leading to high levels of contaminations of the brown bins. ▪ As a result of the fire in August 2015, no recycling was delivered out of the Frog Island BioMRF, resulting in reduced recycling performance for both London Boroughs of Barking and Dagenham and Havering.

Actions being taken to improve performance	The Frog Island BioMRF is back in operation and is expected to slightly increase recycling performance, but it is unlikely to help LBBDD meet its recycling target at year end. However, the Waste Minimisation Team will continue to support residents to reduce waste, promote recycling and address the issue of contamination of the recycling brown bins.
Improvements in performance that are anticipated as a result of the actions taken	There would be marginal improvement, but year-end target of 325kg per household will not be met.

Performance Indicator	27. 16 to 18 year olds who are not in education, employment or training (NEET)
Reasons for poor performance/decline	The gap with national is closing. The proportion of unknowns, which is being tackled as a priority, fell faster than national in December and is now 1.4% below the London figure. Whilst LBBDD is still above national for NEETs, the effect of the reduction in Unknowns has necessarily inflated the current NEET figure. The overall NEETs + Unknowns combined figure is improving and almost at London and National averages.
Actions being taken to improve performance	14-19 Participation Plan to be reviewed in April to provide support to actions that have made a difference and to include new actions to drive down NEETs. Access Europe Programmes (ESF) to result in significant extra investment into NEET prevention and reduction from May 2016 across 8 different strands for two years. LBBDD closely engaged with potential programme providers to ensure optimum local delivery, and may well be a delivery partner for some strands, resulting in income for the Local Authority.
Improvements in performance that are anticipated as a result of the actions taken	NEET figures to fall below 5% whilst sustaining stable Unknown figures over the next 6 months.

Performance Indicator	28. The percentage of primary schools rated as outstanding or good
Reasons for poor performance/decline	An increased percentage of children are attending good or better schools in Barking and Dagenham and school inspection outcomes at primary have improved. In Q3, 78% of primary schools are currently rated as 'good' or 'outstanding' compared to 67% as at end of August 2014. Despite improvement, we are RAG rated red due to progress against our ambitious target set at 100% by December 2015. After 2 years of very heavy inspections, there were only 7 primary

	<p>schools inspected during 2014/15 academic year and as Ofsted has implemented the Common Inspection Framework from September 2015 inspections have further decreased with only one full inspection in the Autumn Term 2015.</p> <p>Of the remaining 7 RI (Require improvement) schools, the Local Authority judges 2 as securely good now. This would increase the primary inspection outcomes to 84%, just 1% below the national average. A further 2 primary schools are close to good and the 3 remaining schools have monitoring boards in place and are all being strongly supported by schools with outstanding leadership.</p>
Actions being taken to improve performance	<p>Barking and Dagenham primary school inspection outcomes are closing on national average of 85%, but this remains a key area of improvement as outlined in the Education Strategy 2014-17.</p> <p>Intensive Local Authority support is being provided to vulnerable schools and supporting the new Requires Improvement monitoring processes.</p> <p>The Education Strategy 2014-17 sets out the key actions to improve primary school inspection outcomes – please refer to https://www.lbbd.gov.uk/council/priorities-and-strategies/corporate-plans-and-key-strategies/education-strategy/overview/</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>Primary schools move from 'requires improvement' to 'good'.</p>

Performance Indicator	32. Looked After Children (LAC) with up to date Health Checks
Reasons for poor performance/decline	<p>In Q3 2015/16, the percentage of looked after children in care for a year or more with an up to date health check increased to 74% compared to 73% in Q2. Performance on LAC health checks fluctuates throughout the year as new children come into care. By the end of the financial year, performance is expected to increase to 90% or above exceeding national and London averages.</p> <p>A review of LAC medicals out of time is routinely undertaken and fluctuations in performance are due to:</p> <ol style="list-style-type: none"> 1. Social Workers are not completing the required forms in a timely fashion to pass to Health, despite Health Business Support Officer chasing them regularly. 2. Delays in receiving the Health Care Plan following the health check also contribute to health checks being out of time.

	Performance on health has also been included in performance dashboards for each team across social care. Performance is on track to reach 90% plus at the end of March 2015/16.
Actions being taken to improve performance	<p>Actions taken to improve performance are:</p> <ul style="list-style-type: none"> ▪ New option has been added to the Integrated Children's System (ICS) to record the status of "Paperwork completed and sent to Health" to enable better reporting on delays and problems with paperwork. This will enable improved tracking and escalation points to senior managers. ▪ An action plan is in place to improve performance, monitored at monthly meetings between the Local Authority and Designated LAC nurse to review progress and address any issues. ▪ Regular meetings to review progress and address any issues have been implemented to improve performance. ▪ Continued regular communication to all staff and Health BSO to attend the Team Meetings regularly.
Improvements in performance that are anticipated as a result of the actions taken	Performance to increase to 90% plus by end of March 2015/16 as reported in each quarter and based on previous years. Targets set to ensure there is no end-of-year clean up.

Performance Indicator	34. Percentage of working age residents claiming health-related benefits
Reasons for poor performance/decline	<p>A total of 8,680 residents were claiming either Employment & Support Allowance (ESA, 8,080) or Incapacity Benefit (IB, 600, this is being phased out and people moved onto ESA) as at August 2015.</p> <p>The biggest cause by far is mental ill health (43% of ESA claimants). Key issues:</p> <ol style="list-style-type: none"> 1. There is very limited resource devoted to assisting this client group into work by DWP/JCP, Work Programme or other services. 2. The links between employment services and health provision, especially mental health, are still not well enough developed. 3. Only 110 residents on ESA out of 1,310 referred onto the Work Programme have secured employment of 13 weeks or more over June 2011-September 2015. 4. There is a big backlog in Work Capability Assessments across London following the ending of the contract with ATOS and transfer to Maximus.

<p>Actions being taken to improve performance</p>	<p>The 2015/16 Barking & Dagenham Employability Partnership Agreement with DWP/JCP, Work Programme Providers and FE Providers has a proposed target of helping 90 IB/ESA claimants into work through non-mainstream provision. NELFT have now signed up to this Partnership. The following actions are proposed:</p> <ul style="list-style-type: none"> • Improving Access to Psychological Therapies (IAPT) service co-location with Work Programme and Jobcentre Plus and joint working arrangements are being put in place. • 10 borough ESF bid has been submitted to Big Lottery to support people with common mental health problems into work. Discussions underway with CCG and NELFT on local provision. • Additional resource within Employment & Skills Group to be targeted to work with this client group using ESF funding already secured through the Growth Boroughs. <p>Meetings are taking place with Public Health, NELFT, Barking & Dagenham CCG and the Council's Employment and Skills Team to discuss input into the devolution agenda, specifically the proposed Work & Health Programme (replacing the Work Programme from April 2017).</p>
<p>Improvements in performance that are anticipated as a result of the actions taken</p>	<p>Limited improvements are expected in this indicator in 2015/16, with numbers rising both with the borough and nationally. ESF-funded provision is unlikely to have any delivery impact until 2016/17 on.</p>

<p>Performance Indicator</p>	<p>36. Average time taken to re-let local authority housing (calendar days)</p>
<p>Reasons for poor performance/decline</p>	<p>Although below target, the Q3 performance continues to show a steady improvement when compared to the first two quarters: Q1 average of 46.6 days Q2 average of 44.75 days Q3 average of 42.29 days Reasons for poor performance have been identified in the areas for improvement detailed below.</p>
<p>Actions being taken to improve performance</p>	<p>We continue to identify areas for improvement such as:</p> <ol style="list-style-type: none"> 1. Fluctuations in workload – consider demand with process for additional resources via subcontracting and / or additional work via internal refurbishment works. 2. Review size of team. Isolate plastering and electrical work other than for small works. 3. Consider a rip out gang. Perhaps clean out labourers also removing plaster and possibly installing plasterboard. 4. Initial preparation is too lengthy. Identify the cause. 5. Very little use is made of pre-termination visits. Discuss with Housing Management.

	<p>6. Condition of void properties could be better. More strict enforcement of the recharge policy.</p> <p>7. Proper dedication of gas engineers to voids.</p> <p>8. Dedicated asbestos surveyor – but issues with visibility of property until clean out is carried out.</p>
Improvements in performance that are anticipated as a result of the actions taken	Performance is expected to continue to improve month on month with confidence that the 30 day target will be achieved.

Performance Indicator	38. Average number of households in Bed & Breakfast accommodation over the year
Reasons for poor performance/decline	The Q3 figure of 81 is below the target of 68 however it should be noted that the increase from the previous quarter was temporarily inflated due to the impending completion of a new Council owned hostel, as detailed below.
Actions being taken to improve performance	Butler Court has been refurbished as a Council owned hostel and opened on 25 January 2016. This is now being used to house families as an alternative to B&B accommodation. Aside to this new pan-London capped rates have been set for temporary accommodation and this has meant that more self contained properties within the borough are being procured by us, rather than being let to other boroughs where we have been out bid.
Improvements in performance that are anticipated as a result of the actions taken	As of 07 February 2016 the number of households in B&B was reduced to 32, as many households have now been moved over to Butler Court.

Performance Indicator	39. Number of families in Bed & Breakfast accommodation for over 6 weeks (DCLG Criteria)
Reasons for poor performance/decline	The Q3 figure of 16 is below the target of 5 however it should be noted that the increase from the previous quarter was temporarily inflated due to the impending completion of a new Council owned hostel, as detailed above in PI 38.
Actions being taken to improve performance	Linked to PI 38 – please see above
Improvements in performance that are anticipated as a result of the actions taken	As of 07 February 2016 the number of households in B&B accommodation over 6 weeks was reduced to 7 and this is likely to reduce even further over the next few weeks.

Performance Indicator	43. The percentage of Council Housing rent collected
Reasons for poor performance/decline	<p>Although below the 99.24% target, the Q3 figure of 98.30% shows a marked improvement compared to the Q2 figure of 98.16%.</p> <p>The gap associated with the changes to welfare benefits has seen Housing Benefit as a proportion of the rent debit fall by 2.3% (over £2m). With the significant challenges presented to us by Welfare reform it is expected that the agreed target may not be achieved.</p>
Actions being taken to improve performance	<p>A more proactive stance is being taken on debts including contacting new tenants regarding rental payments, arrears and Direct Debit promotion, “monthly arrears blitz” involving targeted contact based on arrears profiles and levels of rent arrears and the deployment of ARC. By the end of January 2016 Agilisys Revenue Collection (ARC) had collected £45,519.</p> <p>While the above measures will reduce the effect of welfare benefit changes by more than 50%, we do expect to see further changes in this area as the role out of Universal Credit takes place. Elevate will continue to work with the Strategic Welfare Reform Group going forward to understand the full implications of these changes.</p>
Improvements in performance that are anticipated as a result of the actions taken	<p>Monthly variations in collection are largely explained by the payment variations caused by the first of the month direct debit cycle which means a month may have two, one or no first of the month direct debits. February has two so collection is expected to improve for the end of February but will drop back again by year end.</p>

Performance Indicator	<p>45. Time taken to process Housing Benefit/Council Tax Benefit New Claims</p> <p>46. Time taken to process Housing Benefit/Council Tax Benefit Change Events</p>
Reasons for poor performance/decline	<p>There was pressure on these KPI's due to the age of the oldest work outstanding. The revised backlog clearance plan has now been undertaken including the use of agency staff; all work has been cleared and is now under 20 days old.</p> <p>These indicators are being closely managed and monitored on a daily basis and are being reported weekly to LBBB.</p>
Actions being taken to improve performance	<p>Recovery plan is now completed and achieved with the back log of work now cleared apart from the remaining pending cases that are currently in a process awaiting customer response. Work is now within 20 days old and reducing.</p> <p>Outstanding 'New claims' are currently at 109 with the oldest batched untouched now being 02.02.2016 and only 6 left over cases</p>

	<p>dated prior to this date. There are some claims in 'pending' awaiting information dated 05.01.2016 onwards but this is now only 132 claims in total across all dates.</p> <p>Outstanding batched 'Change in Circumstances' (Change Events) work is now dated 27.01.2016 with 37 cases dated prior to this over odd dates. All work dated to the 04.02.2016 inclusive is allocated across the team and being worked on.</p>
Improvements in performance that are anticipated as a result of the actions taken	'Change in Circumstances' (Change Events) are anticipated to reach the target by year end, however 'New Claims' year to date outcomes will prove challenging despite the best efforts of late to improve in month performance.

Performance Indicator	<p>47. The percentage of Stage 1 complaints responded to within deadline</p> <p>48. The percentage of Stage 2 complaints responded to within deadline</p> <p>49. The percentage of Stage 3 complaints responded to within deadline</p> <p>51. The percentage of member enquiries responded to within deadline</p>
Reasons for poor performance/decline	Current performance is unsatisfactory.
Actions being taken to improve performance	<p>A major re-modelling of the complaints process and that of member casework is currently underway.</p> <p>This will introduce both: new governance; revised targets; a new software system; better insight through improved reporting; and a performance dashboard and a new officer working group.</p> <p>The new governance structures currently being introduced across the council are designed, in part, to ensure that a more customer focused approach to resolving complaints and casework will be embedded within the organisation. Going forward, a renewed focus on lessons learned will ensure that performance improves.</p>
Improvements in performance that are anticipated as a result of the actions taken	A clear improvement in the percentage of complaints and member enquiries responded to within deadline.

Performance Indicator	52. The average number of days lost due to sickness absence
Reasons for poor performance/decline	<p>The Quarter 3 sickness levels have seen a decrease in average sickness levels. Although we are not meeting our target, it is an encouraging improvement, reflecting the impact of a range of interventions.</p> <p>It will take some additional time for the target to be met and maintained.</p>

<p>Actions being taken to improve performance</p>	<p>An HR project group meets weekly to review data, highlight issues and review improvements in absence levels.</p> <p>Hotpots have been identified and have had an opportunity to review data and trends. Improvement plans are in place, and there is an ongoing review. 'Bradford Factor' monitoring and costs of absence have been provided to help managers to prioritise.</p> <p>Manager Briefings have been used to address particular issues and problems which have an impact on reducing absence, such as closing down open ended absence, and recording reasons for absence.</p> <p>Improvements have been made to reporting, and dashboards now include trigger reports and other data that managers can run themselves. Dashboards will continue to be improved and kept under review.</p> <p>Plans are now in place for trigger related mandatory health and wellbeing checks. This has initially been targeted at those who have recently reached the trigger of more than three occasions, rather than those with longer term absence.</p> <p>A project looking at issues surrounding muscular-skeletal absence will be undertaken shortly.</p> <p>A review of escalation routes "star chamber" is being undertaken and should be agreed and in place before the next quarter.</p> <p>The average performance in London is 7.54 days (across 27 authorities which collect data through LAPS (London Authority Performance System).) A number of the Councils included have small numbers of 'blue collar' workers and sickness levels tend to be lower in these authorities, which will therefore influence the overall average.</p>
<p>Improvements in performance that are anticipated as a result of the actions taken</p>	<p>It is expected that average absence will reduce to 9 days or less by the next quarter.</p>

<p>Performance Indicator</p>	<p>54. The percentage of staff who believe change is managed well in the Council</p>
<p>Commentary</p>	<p>There has been a small increase on the previous survey results. This response is the highest so far, albeit it is still below our target. Very high numbers of staff are saying that they understand the need and reason for change in the Council (93.7%) which demonstrates the improvements in communication approaches.</p> <p>This is a key priority for us and the staff focus groups will provide a</p>

	greater opportunity to understand whether the low scores for managing change relate to large organisational change, restructures/reviews or smaller scale individual changes. This work will inform our change management plans.
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Performance Indicator,	55. The percentage of staff who believe our IT systems meet the needs of the business
Commentary	<p>This is the lowest percentage since this question was introduced in the All Staff Survey in April 2014.</p> <p>The percentage of staff that 'agree' has reduced from 37% in Q1 2014/14 to 28.94%, whilst those that 'disagree' rose from 34% to 60.43%. This may in part be due to respondents now being more willing to express a view i.e. the percentage of 'don't knows' has reduced from 28% to 10.64% over the same period.</p> <p>Staff focus groups will be used to identify and understand some of the specific causes for this. There are significant opportunities to communicate and engage with staff on our ICT plans this year and it is anticipated that as a result there should be a marked improvement seen in the next survey results.</p> <p>Note: The level of satisfaction for IT self-service, (such as booking leave on Oracle and finding information on the intranet), increased to 73.73% this period, the highest since this question was introduced in 2015 from 64.6%.</p>