



Chester-le-Street
District Council

Chester-le-Street District Council

Corporate Performance Report Summary April 2007 – September 2007

Report of Corporate Management Team

Data Quality

Every effort has been made to ensure the accuracy and timeliness of the information presented in this Report. The council is committed to improving its data quality management. As part of this it has developed a Self Assessment, a Data Quality Policy and a Data Quality Strategy was developed in September 2006. The Assistant Chief Executive has officer responsibility for data quality and the Executive member for Community engagement and Partnerships is Data Quality Member Champion. The Audit Commission has concluded that there are at least adequate arrangements in place to endure good data quality across all their Key Lines of Enquiry.



Chester-le-Street
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This report is a summary of the detailed document entitled **Corporate Performance Report April 2007 – September 2007**. This is available on request. It provides a summary of the council's progress on key areas of its performance, what learning is taking place and how any under achievement is being addressed.

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1. Corporate Plan Progress

1.1 Summary

The new Corporate Plan was published at the end of June. Progress against the plan has been delayed because of the uncertainty around Local Government Review. At the meeting of the Executive in October Members agreed a revised approach to re-assessing priorities and proposals. Revisions will be considered by the Executive in December. It is not felt that reporting of progress against the Corporate Plan is valuable until proposals have been updated. Progress against the Plan will be reported in the next corporate performance report.

2. Best Value Performance Indicators

2.1 Summary

There have been a number of indicators removed from the BVPI set for this financial year. There are now 44 Best Value Performance Indicators which the authority are required to collect and report for 2007/2008. These equate to 74 individual returns.

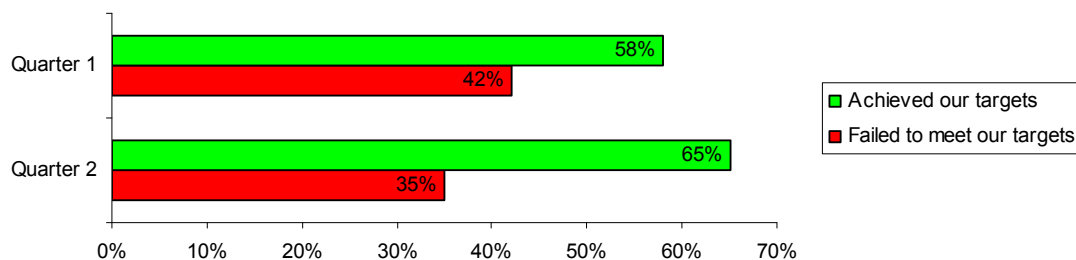
Best Value Performance Indicators

Performance for the 74 individual Best Value Indicators is as follows (comparisons against last quarter outturn figures are shown in brackets):

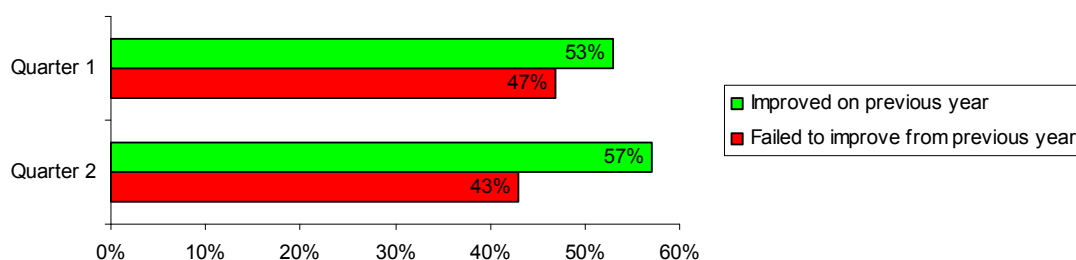
65% (58%) have achieved target
35% (42%) have failed to meet targets
57% (53%) have shown an improvement from last year
43% (47%) have failed to improve from last year
54% (58%) show an improvement against same period last year
46% (42%) have failed to improve against same period last year
41% (49%) show best quartile performance
21% (23%) show worst quartile performance

(Note: quartile comparisons are estimated figures and are based on the National District Councils 2005/06 outturns published by the Audit Commission.)

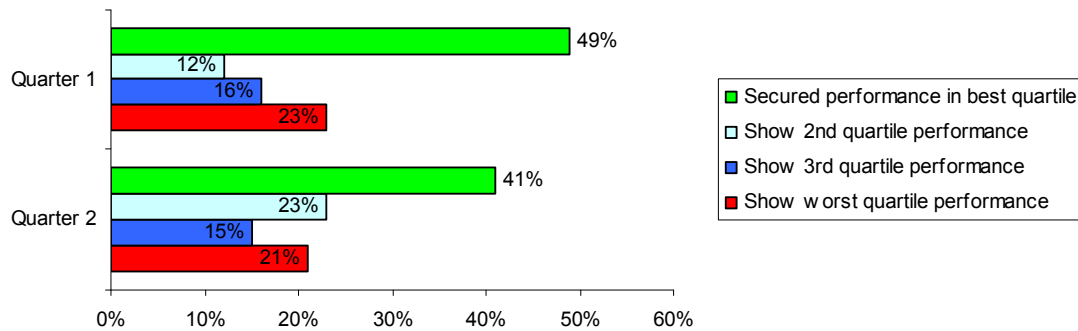
BVPI Achievement against Target



BVPI Improvement from last year



BVPI Quartile Comparisons



Figures continue to show improved performance over the second quarter of this year in terms of achieved targets, improvement trend with less worst quartile performers. (It must be noted that some indicators do not show a true reflection of their overall performance due to the frequency of reporting but this is resolved later in the year.)

Corporate Performance Clinics

There have been no Corporate Performance Clinics held within this reporting period. The next Clinic is scheduled for 23 November and will principally focus on the Key 19 Performance Indicators (listed below), Sickness Monitoring, Equality & Diversity Indicators and Data Quality issues.

Key 19 Best Value Performance Indicators

A set of 19 key Best Value indicators have been identified from last year's annual performance as requiring additional focus throughout this year. These indicators either: did not achieve target, did not improve, did not show an improvement trend, or were within the worst quartile performers.

The set of 19 indicators are listed in the table below. (Those highlighted in bold were also included in the key 20 indicators monitored last year.)

BVPI	Description	Why focus?
8	% invoices paid in 7 days	Target not achieved Worst Quartile
9	% council tax collected	Target not achieved No improvement Downward trend Worst Quartile
10	% non domestic rates due	Target not achieved Worst Quartile
11a	Percentage of top-paid 5% of staff who are women	Target not achieved No improvement

BVPI	Description	Why focus?
		Downward trend
12	No days lost as a result of sickness	Worst Quartile
64	Number unfit private dwellings returned into occupation	No improvement Downward trend Worst quartile
66a	Rent collected by the local authority as a proportion of rents owned on Housing Revenue Account (HRA) dwellings	Target not achieved No improvement Downward trend
66d	Percentage of local authority tenants evicted as a result of rent arrears	Worst quartile
184a	% non decent homes	Target not achieved No improvement Worst Quartile
184b	% proportion of non decent homes	Target not achieved Worst Quartile
212	Average time to re-let homes	Target not achieved No improvement Downward trend
202	The number of people sleeping rough on a single night within the area of the authority	No improvement Downward trend Worst quartile
76c	The number of Housing Benefit and Council Tax Benefit fraud investigations carried out by the Local Authority per year, per 1,000 caseload	Target not achieved No improvement Downward trend
78a	The average processing time taken for all new Housing and Council Tax Benefit claims submitted to the Local Authority, for which the date of decision is within the financial year being reported	Target not achieved No improvement Downward trend
82a(ii)	Total tonnage of household waste arisings sent by the Authority for recycling	Worst quartile
199b	The percentage of relevant land and highways from which unacceptable levels of graffiti are visible	Target not achieved No improvement Downward trend Worst quartile
200b	Has the local planning authority met the milestones which the current Local Development Scheme sets out?	Target not achieved No improvement Downward trend
127a	Violent crime per 1,000 population in the Local Authority area	Target not achieved No improvement Downward trend

BVPI	Description	Why focus?
174	The number of racial incidents reported to the Local Authority, and subsequently recorded, per 100,000 population	Target not achieved No improvement Downward trend

Performance against the 19 key indicators is as follows (comparisons against last quarter outturn figures are shown in brackets):

- 56% (53%) have achieved target
- 44% (47%) have failed to meet targets
- 50% (50%) show an improvement
- 50% (50%) have failed to improve
- 50% (47%) direction of travel shows an improvement trend
- 30% (27%) direction of travel shows a declining trend
- 11% (10%) show best quartile performance
- 44% (60%) show worst quartile performance

Figures show improved performance over the second quarter of this year in terms of achieved targets, improvement trend and best quartile performers with less worst quartile performers. These indicators still, however, require clear focus and monitoring against improvement.

2.2 Detailed performance Information

Detailed performance information to support the above figures is available on the attached spreadsheet. This information will be used for the purpose of the next Performance Clinic.

2.3 Learning and remedial action

Remedial measures to improve performance are agreed as part of the action planning and Performance Clinic work.

We continue to drive performance improvement through ensuring that:

- people are clear as to what has to be achieved;
- an action plan to deliver is in place;
- procedures are changed to provide capacity to improve; and
- careful monitoring of measures are in place.

3. Local Performance Indicators

3.1 Summary

We continue to measure performance of the local performance indicators which were developed for 2006/2007. These are not statutory indicators, but indicators that show our performance in other areas of service provision that are of local, rather than national, interest. This year there are 34 local performance indicators. These equate to 37 individual returns. Performance for the local performance indicators is as follows (comparisons against last quarter outturn figures are shown in brackets):

53% (58%) have achieved target

47% (42%) are behind target

61% (57%) have shown an improvement from last year

39% (39%) have failed to improve from last year

53% (55%) show an improvement against same period last year

47% (45%) have failed to improve against same period last year

Figures show improved performance over the second quarter of this year in terms of improvement trend.

3.2 Detailed Performance Information

Detailed performance information to support the above figures is available on the attached spreadsheet.

3.3 Learning and Remedial Action

Remedial measures to improve performance are agreed as part of the action planning. We will continue to work to refine these indicators.

4. Financial Monitoring Position

The mid year financial monitoring report will be considered by the Executive in December. Progress of financial performance will be reported in the next corporate performance report.

5. Risk Management

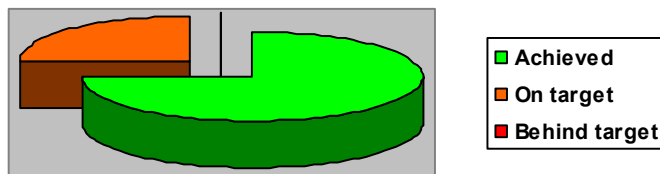
5.1. Summary

Implementation of the Corporate Risk Management Strategy for 2007-08 comprises 24 key actions which include the following achievements within the current period:

- BCP Updates Produced by Managers
- BCP Draft Flu Pandemic Plan
- CDC Insurance Renewal
- Support to Stock Transfer

The successful delivery of the strategy continues with 9 of the 12 actions due to date completed and the remaining 3 on target to complete to timescale.

Progress on the Strategy is therefore as follows:



The Corporate Plan set out 20 Key Strategic risks and it is considered that these have been effectively managed over the current year. The Strategic Risk Profile has been updated and a full review is due to take place alongside the review of priorities as part of the 2007-08 planning cycle.

5.2 Learning and remedial action

The council has committed to re-assess its key strategic risks as a result of its learning and this has been identified within the corporate planning cycle. Risk management will also be further embedded through the next round of service planning and key decision making. Progress is good in terms of the implementation of the strategy and no remedial action is considered necessary.

6. Human Resources

6.1 Summary

At the end of the period the council employed 561 staff. Staff turnover for the year was 4.99%. Significant progress is being made;

- Staff sickness was an average of 12.5 days per staff member for the quarter, which can be broken down as follows;

<u>Authority total:</u>	12.5 days average 7.3 days (long term) 4.6 days (short term/occasional)
<u>Directorates:</u>	
Resources	7.5 days average 2.7 (long term) 4.8 (short term/occasional)
Development	13.0 days average 7.8 days (long term) 5.2 (short term/occasional)
Community	16.9 days average 10.8 days (long term) 6.1 (short term/occasional)
CE/ACE Teams	9.7 days average 6.0 days (long term) 3.7 days (short term/ occasional)

A total of 164 employees achieved 100% Attendance for 2006/07.

- 6 employee suggestions were made through the employee scheme.
- The action plan for the last Employee Survey was completed
- The employee survey 2007 was conducted during September 2007
- The Authority took part in Investors in People Assessment during September 2007. Currently awaiting results.
- The Organisational Development Programme for 2007, "Rising Stars" commenced. Corporate projects have also been agreed for the next phase of action learning, as part of this programme.
- Service Team Managers have taken part in 360 degree appraisal and received personal coaching and group development
- A programme of training for Elected Members continues

- Executive members have taken part in 360 degree appraisal.
- Corporate Management Team took part in 360 degree appraisal and have received individual and group coaching.
- Single Status, part 2 has been addressed and concluded.
- New Policies on Home-working and Managing Organisational Change, including policies on Handling Re-structures, Redundancy, Retirement and Redeployment were approved
- The Organisational Development Strategy is being implemented and actions are 100% on target.
- The Corporate Workforce Development Plan is being implemented
- Guidance on Succession Planning was developed, approved and embedded
- Workforce development planning was integrated into service planning and service team workforce development plans produced and approved for all service teams.
- A corporate Training and Development Plan was developed and is currently being implemented
- A corporate end of year training and development evaluation report was considered by the Council's Corporate Management Team with a view to evaluating the cost benefit analysis of corporate training undertaken.
- Action plans have been developed for performance indicators in relation to equalities and diversity
- All action plans on target.

6.2 Learning and remedial action

Significant progress is being made in terms of HR performance. All action plans are on target. Progress has been made in this quarter in improving sickness performance indicators. An action plan has been agreed to address this and this has been addressed as part of the performance clinic work. The Team's Service Plan is also on target. Action Plans will be developed where improvement is not being achieved.

The Organisational Development Programme has been significantly progressed and learning from this has been built in the Corporate Training Plan and Learning Strategy. In particular 11 Action learning Sets concluded work on a range of topics to meet the councils priorities in the Corporate Plan and the Improvement and Recovery Plan. This approach will take place once again during 2007/2008 as part of the next organisational development programme. Not only will services improve as a result of implementing recommendations but the learning can be applied to action learning set development in the future.

In addition a programme of CPI (continuous process improvement) projects were also undertaken and completed during the year. These resulted in both measurable outcomes organisationally and individually for those involved and

increased learning and development. Similar projects and learning will take place again as part of the Organisational Development Programme for 2007/08.

7. Equality and Diversity Position Statement

7.1 Summary

The revised Diversity Impact Assessment methodology will be implemented by Service Team Managers from September. It now forms part of the service planning arrangements. Training has been provided for managers and relevant staff.

Local Government Review will impact in the following ways:

- The Corporate Equality Plan will not be revised in January, but will remain unchanged. Progress will continue to be monitored quarterly at Equality and Diversity Working Group. Checks will be made to ensure that requirements of the revised Equality Standard for Local Government are being met.
- Although it is anticipated that the Authority will be meeting the requirements of Level 3 of the Equality Standard for Local Government, external validation will not be sought, and therefore we will not be able to declare our Level 3 target at the end of March.

Corporate Equality Plan actions:

	Number of actions	% completed	% on target	% behind target
Corporate Equality Plan	115	82% (80%)	18% (20%)	0%
Equality Scheme	53	58%	42%	0%
Total	168	73%	37%	0%

Equality & Diversity Working Group work programme:

Number of completed actions to date (Dec 05 to September 07) - 113

Number of outstanding actions (as at 30 September 07) - 14

7.2 Learning and remedial action

Attendance at the Equality and Diversity Working Group has been declining further, which in part may still be due to capacity problems. A review of the function of EDWG has been undertaken, and a decision made to move to a quarterly rather than monthly meeting. This may help in terms of capacity, but it is felt that it will enable progress on actions to be seen more clearly. In addition to the performance management aspects, a number of events (one per quarter) will be agreed and delivered by EDWG task groups. Terms of Reference will need to be revised accordingly.

In addition, the Assistant Chief Executive as Officer Equalities Champion, will reiterate the need for departmental representatives to fully take on their roles as service equality champions.

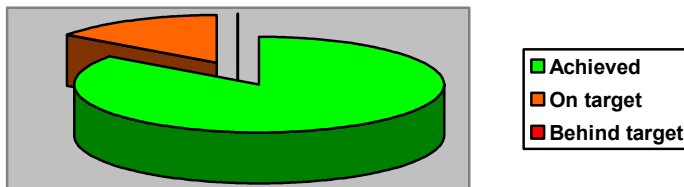
8. IRP Position Statement

8.1 Summary

The Council has now received formal notification that we are out of intervention, and that no further Monitoring Board meetings were necessary. Although the Improvement and Recovery Plan (2) is still in operation, a decision has been made to report progress to Executive only as part of this quarterly performance report, and not monthly as was previously the case. In addition, the Programme Management Board, which monitors progress on IRP2, has also been reduced to a quarterly forum.

It is anticipated that a new Improvement Plan for the council will be drawn up by Members and senior managers once the position with Local Government Review and political priorities has become clearer.

There are 137 key actions in the Improvement and Recovery Plan 2. At the end of September 85% (83%) had been achieved, 15% (17%) remain on target, 0% (0%) were behind target. Remedial action was agreed and monitored at monthly Programme Management Board meetings



8.2 Learning and remedial action

Positive feedback from the Audit Commission on the robustness of performance management across the council has led to a less stringent approach and reduced need for reporting.

9. Modernisation Project Team Progress

9.1 Summary

The Modernisation Project Team have shifted its emphasis from priority shared outcome implementation to electronic service delivery take up, implementation of the authority's ICT Strategy and continued web site improvement.

Throughout the year, targets and action plans for electronic service take up have been monitored with all service teams. The Modernisation Team has invoked the Modernisation Communications Strategy to publicise the availability of electronic services for increased take up by customers.

In the second quarter of 2007, the authority has continued to make progress on a number of projects; including further development of the authority's Intranet, the CRM System, making the council Email and Intranet system available from outside the council offices and working with Cestria Community Housing to set up their new ICT infrastructure.

In August 2007 the ICT service successfully achieved the Chartermark Standard for service delivery.

The council website continues to be developed and between July to September 2007 the authority saw 31,504 visitors to the website, a slight decrease from the previous quarter of 33,402 visitors.

9.2 Learning and remedial action

The Council has learned from good practice elsewhere. It has developed a Modernisation Team on the basis of best practice.

Continual work with the CRM system within the County Durham E-Government Partnership allows the authority to share best practice use of the CRM system with its partners and apply lessons learned by other authorities into the deployment of new service requests.

As the Modernisation Team shifts its emphasis towards Transformational Government and in response to the Varney Review, the group will continue to learn and develop new ways of working from the experience of partners and other organisations.

The Modernisation Team is committed to seeking continual improvement for the council website.

10. Audit Feedback & Summary

10.1 Summary

The formal CPA Judgement was received in June and was reported in the last quarterly report. Chester-le-Street has moved from a 'poor' to a 'good' council.

There was only one key Audit Commission Report published during the second quarter. This was the result of the Pilot Benefits Inspection.

Earlier this year the Benefits Team volunteered to take part in an Audit Commission Pilot to help develop a new Inspection Framework for the Benefits Service. The learning from the pilot is intended to establish a completely new inspection regime following the merger of the former Benefits Fraud Inspectorate's merger with the Audit Commission.

The process is a 'harder test' based on customer outcomes rather than the previously process orientated performance standards approach. An inspection was undertaken in June and an Inspection report was issued in August. The Inspectors found that the service was now a 'good' service with 'promising prospects for improvement'. This was the best result out of all the pilots. We unofficially now have a better service than the likes of Bradford and Tower Hamlets.

This is another excellent result for the council and shows how much progress the benefits team has made. They were labeled a poor service in 2004.

10.2 Learning and remedial action

The council has learned much from the CPA and Pilot experiences and service improvement has been undertaken as a result. Most importantly the council volunteered for both inspections.

11. Compliments, comments and complaints Analysis

11.1 Summary

Throughout 2007 -2008 the Council continues to focus upon embedding the culture of handling and responding to complaints in a timely and positive manner. Complaints should be seen as an opportunity for feedback from customers and a way to influence the way we deliver services in the future. In addition, with effect from July 2007, the e-govt partnership CRM will be used for the control of complaints across the Council and we would expect this to enhance performance once time is given for it to bed in.

Total Complaints

The following statistics represent the information received for the period April 2007 – September 2007. Figures for the same period last year are indicated in brackets.

168 (187) formal complaints were received by the Council.
24 % (45 %) were considered to be justified
76 % (55 %) were considered to be unjustified

6 (1) Ombudsman complaints were received during the period.
No (No) complaints were upheld by the Ombudsman
1 (1) complaints are being investigated

112 (135) compliments/letters of thanks were registered during the period.

11.2 Formal Complaints April 2007 – September 2007

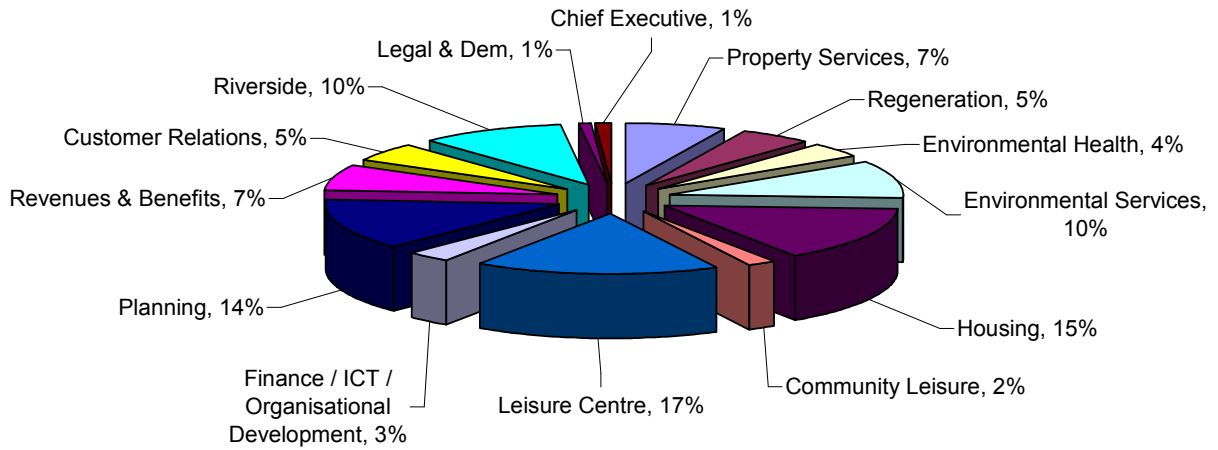
A total of 168 (187) formal complaints were submitted in the period

Nature of Complaints – Service Teams

7 % (11 %) related to the Revenue and Benefits service
10 % (22 %) related to the Environmental Services
7 % (15 %) related to the Property Services
15 % (11 %) related to Housing Services
29 % (24 %) related to the Leisure Services
14 % (5 %) related to Planning Services
5 % (3 %) related to Regeneration
4 % (2 %) related to Environmental Health Services

5 % (2 %) related to Customer Relations
 3 % (3 %) related to Finance / ICT & Organisational Development

% of complaints received by Service Area

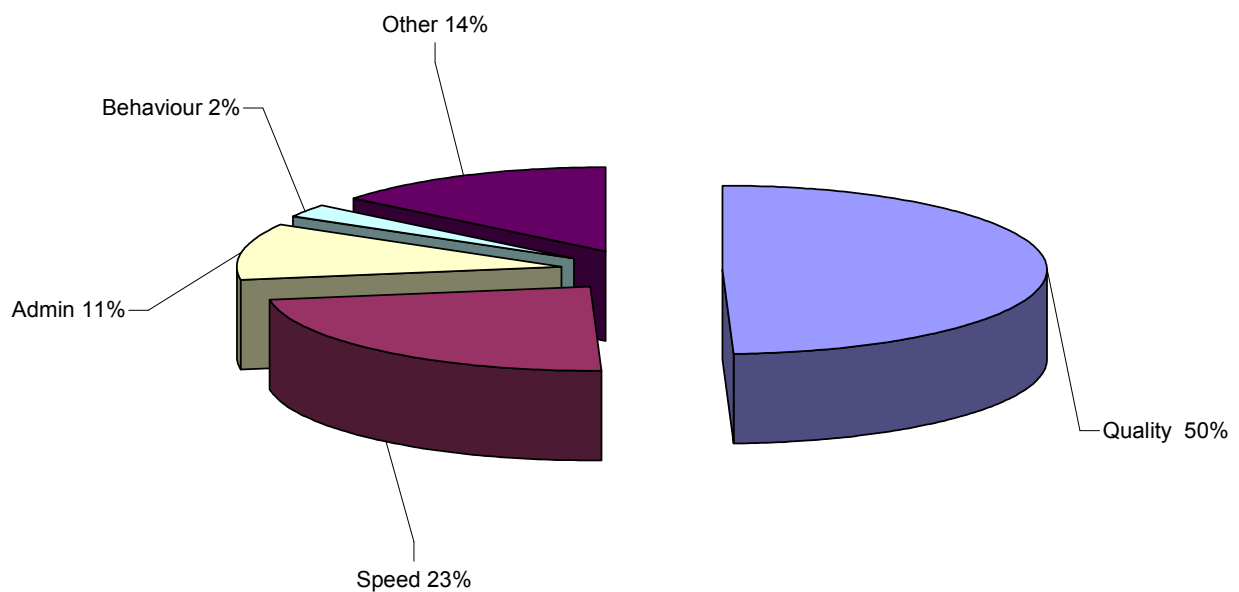


Property Services	Regeneration	Environmental Health
Environmental Services	Housing	Community Leisure
Leisure Centre	Finance / ICT / Organisational Development	Planning
Revenues & Benefits	Customer Relations	Riverside
Legal & Dem	Chief Executive	

Nature of Complaints – Complaint Types

- 50 % (52 %) were in respect of *quality of service*
- 11 % (3 %) were in respect of *administration of services*
- 2 % (0 %) was in respect of *behaviour of staff*
- 23 % (6 %) were in respect of the *speed of service provided*
- 14 % (39%) were in respect of other reasons

Nature of complaint 2007/2008

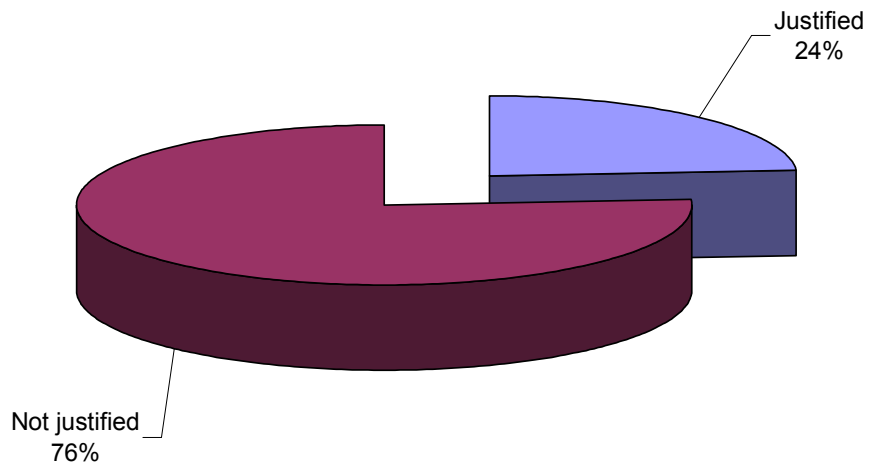


Outcome

24 % (23 %) were considered to be justified

76 % (77 %) were considered to be unjustified

Proportion justified / unjustified complaints 2007/2008



11.3 Ombudsman Complaints April 2007 – June 2007

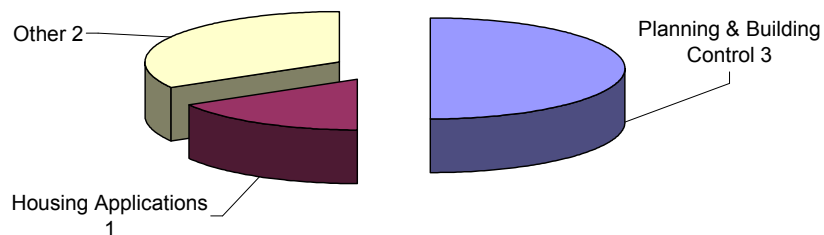
6 (7) Ombudsman complaints were received during the period.

No (No) complaints were upheld by the Ombudsman
1 (2) complaint is being investigated

Nature of Complaints

50% related to planning services
17% related to housing services
33% related to other areas

Ombudsman by classification 2007 / 2008

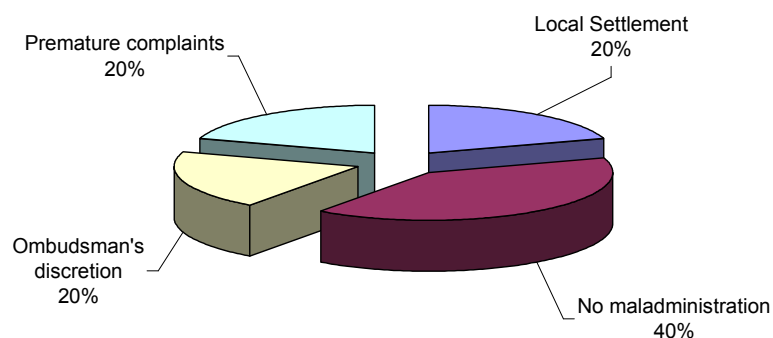


Outcome

The Ombudsman issued 6 decision letters in the period:

Complaints upheld	0%
Local settlement	20%
No or insufficient evidence of maladministration	40%
Ombudsman Discretion	20%
Outside jurisdiction	0%
Premature complaints	20%

Ombudsman decisions 2007 /2008



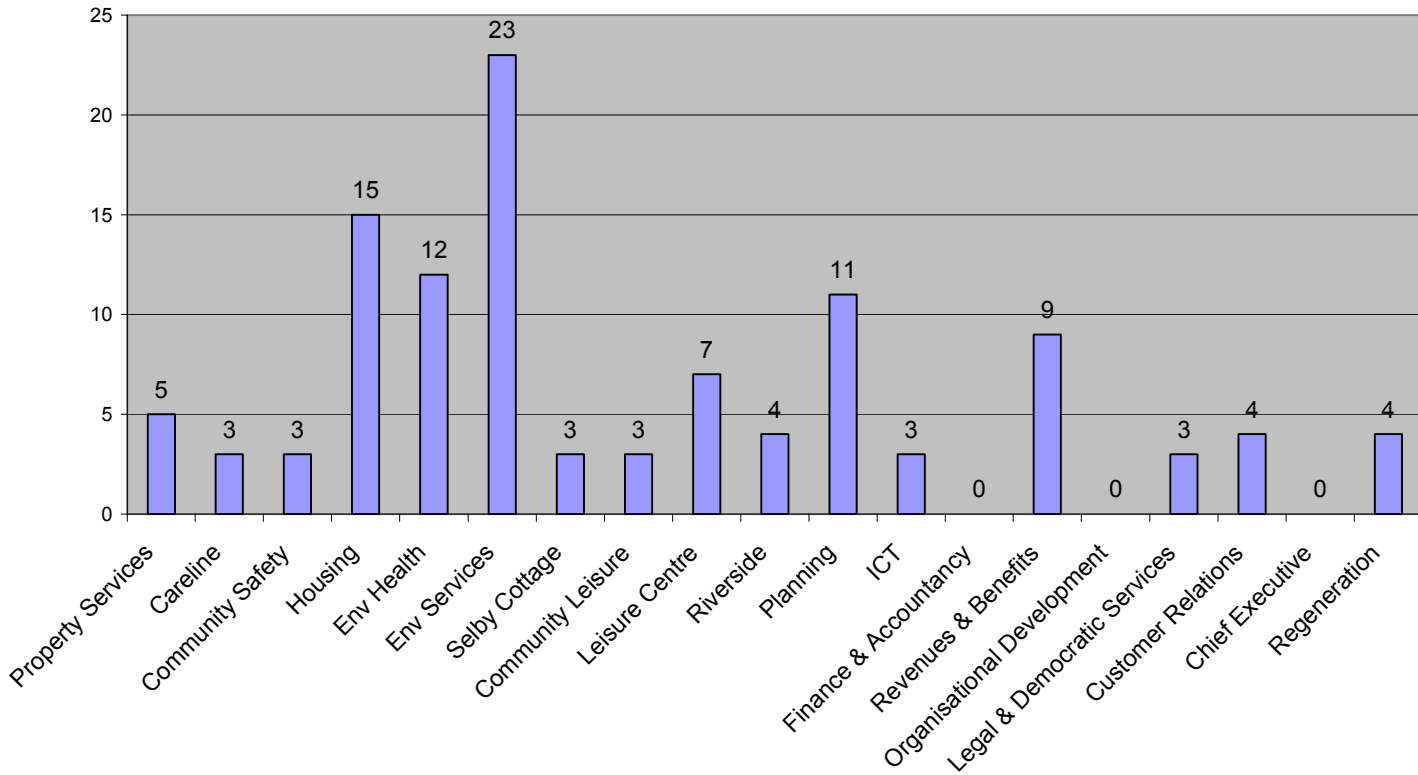
11.4 Compliments April 2007 – September 2007

112 (90) compliments/letters of thanks were registered during the period.

Nature of Compliments

- 9 related to the revenue & benefits service
- 23 related to the environmental services
- 15 related to housing services
- 17 related to the leisure services
- 11 related to planning services
- 12 related to environmental health services
- 4 related to regeneration
- 4 related to customer relations
- 5 related to property services
- 3 related to resources / ICT / organisational development
- 3 related to Careline services
- 6 related to council / combined services

Compliments Received by Teams April - September 2007



11.5 Other Performance Information

New monitoring processes were put in place last year and the following results can be identified:

- 87 % of complaints were responded to in 10 days (target 90%)
- 76 % MP queries were responded to in 10 days (target 90%)
- 100 % Freedom of information enquiries were responded to in 20 working days (target 100%)
- 88 % of e-mail enquiries were responded to within 24hours (target 100%)

11.6 Learning and remedial action

It has become clear over the year that the analysis of complaints at service level is necessary in order that individual services can learn from complaints and share this learning across the organisation. Proposals have been built into the Learning Strategy to embed this throughout the organisation

A further analysis of results shows that:

- The number of complaints received compared to the same period last year has reduced by 10% – 168 compared with 187
- Most complaints related to Leisure Services, Planning and Housing which combined equate to 58% of all complaints received.
- 50% of complaints related to the quality of service people have received.
- The % of justified complaints has reduced from 45% to 24% when compared to the same period in 2006 / 2007.
- Targets set to respond to a range of complaints and enquiries have not been met throughout the year, however there have been clear signs of improvement compared to the same quarter in 2006 / 2007, namely an overall 9% increase in MP enquiries dealt with in target time and also overall handling of complaints within target time has increased by 3% although remains unacceptable and needs to improve in terms of meeting our service standard targets. This issue will be further addressed as part of the 2007 performance clinics. In addition a number of other initiatives will take place in 2007 – 2008, namely:-
 - A wholesale review of complaints procedures and processes as part of the Council's Continuous Process Improvement (CPI) project between October and December 2007.

12. Partnerships Progress

12.1 Summary

As part of the council's Improvement and Recovery Plan there were clear actions to consider and improve the effectiveness of existing partnerships. To add weight for the need of this the Audit Report, identified in Section 10 (page 73), suggested that the council was underperforming in this area. Whilst the council was therefore already aware of this there was a clear need to make change.

The council has responded by approving a Partnership Strategy in November 2006 with a detailed Action Plan. The council has commissioned an electronic Partnership 'toolkit' through the North East Centre of Excellence and provided training to Corporate Support Team. The Chief Executive has been selected as the council's Partnership Champion and the Portfolio holder for Community Engagement and Partnerships is the Member Champion.

It is clear that partnership working is fundamental to what we can achieve in the District. Many of the achievements set out in the Corporate Plan could only have happened by working with others. 'Working in Partnership' is a firm priority and we have developed a Partnership Strategy to help us achieve our vision. The key components of the strategy are:

- understanding what partnerships we are in;
- understanding how effective they are;
- understanding how healthy they are; and
- ensuring that we improve those which need to be.

Programme Management Board is monitoring implementation of this toolkit.

12.2 Learning and Remedial Action

It is too early to measure improvement as a result of the introduction of the Strategy. Similarly it is too early to gain any learning from our experiences and with the use of the toolkit. We have found that some partners are reluctant to engage in our effectiveness activity and we will need to find ways of convincing partner organizations of mutual benefits. Clearly we need to ensure that both the strategy works for the council and meets our objectives and addresses the previous findings of the Audit Commission. Programme Management Board will capture such learning and will consider remedial action against strategy implementation underperformance. The Strategy will be reviewed as part of the process agreed by Executive for reviewing strategies in the light of local government re-organisation.

13. Data Quality Progress

13.1 Summary

The following progress has been made in respect of the implementation of the Data Quality since April 2007:

- Data Quality included in Corporate Training Plan as part of Performance Management training
- Intranet Site developed
- Corporate Guidelines developed and implemented
- Corporate Audit devised and built into intranet, will identify gaps to assist strategy development
- Further awareness undertaken as a result and data quality is communicated more clearly now. Communications plan developed and on intranet
- Data Quality Responsibility Register developed and significantly completed
- Programme Management Board taking stronger role on monitoring of data Quality
- Improved sign off with LPI's following same process as BVPI's
- Data quality incorporated into all corporate reports and built into Report Writing Protocol
- Developed revised Service Plan Guidance
- Staff and Managers Audit undertaken
- Data Quality web page improved and now includes quarterly performance reports

There are no issues of Data Quality failures or exceptions to be reported this quarter.

13.2 Learning and remedial action

Significant progress has been made in respect of the implementation of the Data Quality Strategy largely around corporate awareness. Results of recent Audits will be reported as part of next quarter's performance report.

As a result of the audit we now have a good understanding of where there are potential weaknesses in the Authority and will be able to address these in the future.

No remedial action is required as part of any Data Quality failures or exceptions during the current quarter.

14. Local Government Review Progress

14.1 Summary

In September 2007 a project team was set up to help manage the council's contributions potential transition to a new single unitary authority. The team is led by the Assistant Chief Executive and based around the council's Performance and Improvement Team. It also includes key Human Resources, communications, the trade unions and support staff. So far it has:

- Developed and agreed terms of reference and principles;
- Developed an Intranet Site to allow access to key documents and information for staff and members;
- Developed an Information Request Register and responded to initial data requests where appropriate;
- Developed a communications plan; and
- Published its first newsletter to staff and Members

The team will be commencing development of a project plan as soon as there is clarity on the future following decisions on judicial review.

14.2 Learning and remedial action

Significant progress has been made in establishing a team to assist the council positively contributing to the smooth transition to a new unitary authority.

15. Overall Performance

15.1 Summary of Overall Performance

The council generally is continuing on a forward direction of travel. The key messages from this quarter's performance are as follows:

- The corporate plan is now under review as a result of Local Government Re-organisation.
- Progress on Best Value Performance Indicators continues to show improvement in terms of target achievement and improvement on last year. There is a drop in national top quartile indicators although this is compensated for by decrease in national bottom quartile indicators.
- In terms of the basket of indicators that we are focusing upon, 56% of these are achieving targets and more than half are showing an improving trend while there is an improvement in those that are both top and bottom quartile.
- Local Indicators are showing 61% improvement although only 53% are achieving targets.
- 75% of Corporate Risk Management Strategy actions that needed to be achieved have been achieved.
- Significant progress is being made in HR and organizational development. Unfortunately staff sickness has shown an increase this quarter and is being raised at the next Performance Clinic in order that it may be addressed.
- 82% of actions within the Equalities plan have been achieved and none are behind target.
- The Improvement and Recovery Plan is shortly to be replaced by a new strategic improvement plan. No current IRP proposals are behind target.
- Progress on electronic service delivery continues and the ICT achieved Charter Mark accreditation during the quarter. This is a fantastic achievement for the team and the council. Website hits reduced from 33,402 to 31,504 during the quarter.
- There was one Audit report in the quarter and this was the result of the national Benefits Pilot Inspection. The Commission judged the benefits service to be 'good with promising prospects of improvement'. This was the best outcome in all of the services that took place in the pilot across the country.
- In terms of complaints less have been received and less are considered to be justified. The proportion of complaints to compliments is improving.
- Service standards performance continues to improve but there remain concerns which will be addressed through the performance clinics and the continual performance improvement process.
- Progress continues in terms of data quality and partnerships.
- A Local Government Review Project Team was set up during the quarter and is co-ordinating the council's contribution to setting up the new unitary organisation.