



Chester-le-Street
District Council

Chester-le-Street District Council

Corporate Performance Report Summary April to June 2008

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 Director of Corporate Services 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
District Council

This report is a summary of the detailed document entitled Corporate Performance Report April – June 2008. 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 & Transition Plan Progress

1.1 Summary

The new Corporate Plan was published at the end of June 2007. Progress against the plan was delayed because of the uncertainty around Local Government Review. At the meeting of the Executive in October 2007 Members agreed a revised approach to re-assessing priorities and proposals. Revisions were considered by the Executive in December.

As a result of Local Government re-organisation, a new unitary Council will come into being in April 2009 and Chester-le-Street District Council will cease to exist. In order to set out a framework as to how the Council will conduct its business during this final year a Transition Plan was adopted in March 2008.

The objectives of the Transition Plan are to:

- state the Council's aims, objectives and priorities during the transition period
- build on the council's learning and continue its improvement programme
- set out revised corporate activity and funding arrangements for transition period
- clarify corporate transition programme management arrangements
- identify how we will support and motivate staff through the process
- set out the values and principles by which the Council will operate during transition; and
- establish terms of engagement with 'County Durham Council' Change Programme

This plan is now the overarching plan for Chester-le-Street District Council during the transition period, and as such sets out how services and projects will be facilitated, delivered and resourced. It incorporates a review of the Corporate Plan 2007/2010 and sets out the Council's new priority of **'People and Place'**. Performance against People and Place priority is reported to Executive on a monthly basis. Performance against the revised Corporate Plan proposals identified in the Transition Plan are summarized here and detailed in the attached schedule.

1.2 Performance Summary

Outside the **'People and Place'** priority there are 82 action points within the Transition Plan. Progress is as follows;

- 22% achieved
- 74% on Target
- 4% behind Target

Full details are provided on the attached Schedule.

1.3 Learning and Remediation

The only action points which are behind target are those that relate to the Community Facility Review. This has been delayed to take into account the Local Government White Paper Communities in control Real People; Real Power. Reports are to be submitted to Executive in September to address this delay. Otherwise there remains significant achievement within the first three months and few actions are behind target.

2. New National Performance Indicators

2.1 Summary

From April 2008 the set of Best Value Performance indicators were abolished and replaced with a new single set of National Indicators to measure the Government's national priorities. The Government's new performance framework is focused on outcomes and their delivery through stronger partnership working. This single set of indicators will be the only set of indicators that Government will use to monitor the performance of local authorities and local partnerships.

Some of the new national indicators are existing indicators (eg. former BVPI's). For these indicators there is historic data available which has been used to inform target setting. However, for the remaining new indicators for which there is no baseline data available, target setting will be reviewed at the annual stage.

To assist the transition to the new unitary council, it has been agreed that throughout this year, performance of the new National Indicators for the County Council and Durham District Authorities will collectively be reported on a quarterly basis to the new Authority's Cabinet for information.

The County Council and Durham District Authorities are also working closely to ensure consistency of approach when collecting and reporting performance figures.

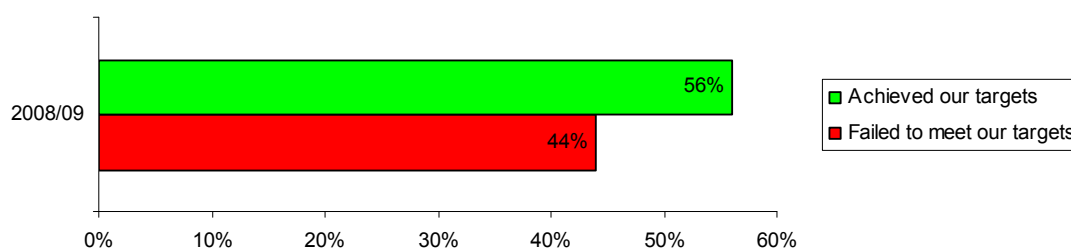
There are 21 New National Indicators which the authority are required to collect and report in 2008/2009. These equate to 31 individual returns.

New National Performance Indicators

Performance for the new National Indicators is as follows:

56% have achieved target
44% have failed to meet targets

National Indicator Achievement against Target



This is the first period we have collected and reported performance figures for most of the new national indicator set. Figures show encouraging performance in terms of achieved target.

Some National Indicator performance has not been available to report this quarter due primarily to the ongoing development of appropriate systems to record and monitor data. We will, however, see an increase in the number of returns we report in future quarters as systems become better established.

Corporate Performance Clinics

Corporate Performance Clinics continue to be held each quarter and prove to be very effective. The Audit Commission has also acknowledged that the Clinics add value to data use and reporting and suggested it would be beneficial to continue with them. The next Clinic is scheduled to take place on Thursday 4 September 2008 and will primarily focus on maintaining performance in the last year.

2.2 Detailed performance information

Detailed performance information to support the above figures is available on the attached spreadsheet, Table 1.

2.3 Learning and remedial action

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;
- careful monitoring of measures are in place; and
- efforts are made to provide accurate and timely data.

2.4 National Indicator progress across County Durham

Performance data across County Durham is not currently available for some National Indicators this quarter as authorities are in the process of developing systems to record and monitor data. We will see an increase in the number of returns provided in future quarters as systems become better established.

An analysis of the National Indicator progress across County Durham will be provided in the next quarter's Corporate Performance Report.

3. Local Performance Indicators

3.1 Summary

We continue to measure 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. The set has been amended slightly this year with a number of new local indicators added to reflect areas of priority.

We have also agreed to retain locally some Best Value Performance Indicators which have proved useful in measuring the corporate health of the authority.

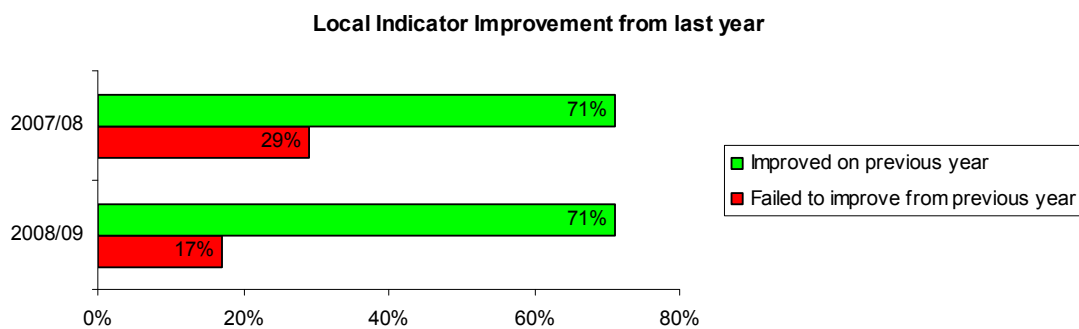
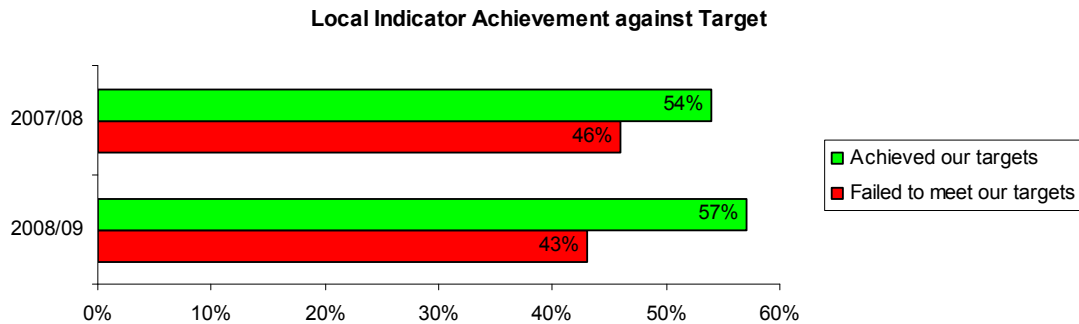
Also, the County Council and Durham District Authorities have agreed to retain and monitor a set of Corporate Health Best Value Performance Indicators that will collectively be reported throughout this year on a quarterly basis to the new Authority's Cabinet for information. These indicators are as follows:

BVPI 11a	Percentage of top-paid 5% of staff who are women
BVPI 11b	The percentage of the top 5% of Local Authority staff who are from an ethnic minority
BVPI 11c	Percentage of the top paid 5% of staff who have a disability
BVPI 12	The number of working days/shifts lost to the Authority due to sickness absence
BVPI 16a	The percentage of Local Authority employees with a disability
BVPI 156	The percentage of Authority buildings open to the public in which all public areas are suitable for, and accessible to, disabled people

Collectively there are now 41 local performance indicators which the authority collects and reports. These equate to 44 individual returns.

Performance for the local performance indicators is as follows (comparisons against last year's % outturn figures are shown in brackets):

- 57% (54%) have achieved target
- 43% (46%) are behind target
- 71% (71%) have shown an improvement from last year
- 17% (29%) have failed to improve from last year



Figures show improved performance from last year's outturn figures in terms of achieved target and improvement trend. Controls are also now more robust for Local Performance Indicators to ensure equality of status with National Indicators.

3.2 Detailed Performance Information

Detailed performance information to support the above figures is available on the attached spreadsheet, Table 2.

3.3 Learning and Remedial Action

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;
- careful monitoring of measures are in place; and
- efforts are made to provide accurate and timely data.

3.4 Corporate Health BVPI progress across County Durham

Tabled below are the first quarter performance figures for the set of retained Corporate Health Best Value performance indicators which have been reported by County Council and the Durham District Authorities.

BVPI Number	Description	Chester-le-Street	Derwentside	Durham County	Durham City	Easington	Sedgefield	Teesdale	Wear Valley
11a	Women top 5%	21.05	18.51	50		16.3	6.98		
11b	Black / ethnic top 5%	5.26	0	0.54		0	2.33		
11c	Disability top 5%	0	7.41	2.7		13.33	2.33		
12	Days – sickness	10.82	8.64	9.16		9.99	11.94		
16a	Disabled employees	1.67	4.23	1.9					
156	LA buildings disabled access	20	78.95	67.33	73.68	39.39	100		83

We will see an increase in the number of returns provided in future quarters as reporting becomes better established.

4. Financial Monitoring Position

An analysis of financial performance will be provided in the next quarter's Corporate Performance Report.

5. Risk Management

5.1. Summary

Following the Councils CPA inspection the inspectors report concluded:
'the Council has a thorough approach to risk management. The Council is aware of the risks to which it is exposed and is working to manage those risks.'

The Implementation of the Corporate Risk Management Strategy for 2008-09, focuses on the key strategic risks identified through the corporate planning process, and in particular the transition to a new Unitary Authority for Durham County.

Following Council approval of the Transition Plan in March 2008, the strategic risk profile was subject to a further review which was undertaken by Corporate Management Team on 12 May 2008.

The management of these key risks is closely linked to the delivery of the Councils Transition Plan, and the strategic risk register shows allocated responsibility. To date these risks have been managed effectively.

5.2 Learning and remedial action

The council has committed to re-assess its key strategic risks as a result of its review of priorities and the development of the transition plan for LGR.

The Strategic Risk Profile is monitored and reviewed quarterly, and no further remedial action is considered necessary at this time.

6. Human Resources

6.1 Summary

At the end of the period the Council employed 387 staff. Staff turnover for the period was 3.1%, which includes Casual staff.

Sickness absence was an average of 10.8 days per employee for the period, which can be broken down as follows;

Authority total: 10.8 days average
 5.5 days (long term)
 5.3 days (short term/occasional)

Directorates:

Resources 11.2 days average
 5.5 (long term)
 5.7 (short term/occasional)

Development 11.2 days average
 5.5 days (long term)
 5.7 (short term/occasional)

CE/Corporate Services 8.7 days average
 4.2 days (long term)
 4.5 days (short term/ occasional)

A total of 105 employees achieved 100% Attendance for 2007/08.

- Staff sickness was an average of 10.8 days per employee for the period, compared to 11 days for the period 07/08.
- No employee suggestions were made through the employee scheme over the period.
- One Team Personal Profile Briefing sessions have begun for all employees, at a variety of Council sites.
- Re launching of the Council's Employee Assistance Programme over the coming months, for employee support.
- The Council's Organisational Development Strategy is on target.
- The Employee survey 2007 was issued to staff in September 2007 and we have recently received the results.
- Evening of Celebration for employees to take place in October 2008.
- Employee Forum on a bi-monthly basis.

7. Equality and Diversity Position Statement

7.1 Summary

The Equality and Cohesion Impact Assessments toolkit developed for re-organisation will be used within the Council, following slight adaptations. It comprises 2 parts, screening and full assessment. Training will be given to service teams on a needs basis.

The Improvement and Development Agency are consulting on a new Equality Framework for Local Government, which will come into effect in April next year. This will therefore not affect the delivery of our Corporate Equality Plan.

A number of actions contained within the Corporate Equality Plan action plans have been put on hold. These are primarily Level 4 actions, and therefore do not impact upon our declaration of Level 2.

Performance

A number of Corporate Equality Plan actions have been put on hold pending impact of LGR and new priority for the council for 2007/08. These are primarily at Level 4 of the Equality Standard for Local Government, and therefore do not impact on our declaration of Level 2. There is no longer a statutory requirement for us to report on the level to which we perform; this was previously reported through BVPI 2a. However, the indicator has been retained as a local indicator to ensure that we continue to meet Level 2. It will be monitored through the Equality and Diversity Working Group.

7.2 Learning and remedial action

Nothing to report.

10. Audit Feedback & Summary

10.1 Summary

There has only been one relevant audit report published in the first quarter. This was the Ombudsman's Annual Report for 2007/2008.

The report was very positive:

- There were fewer complaints to the Commission than the previous year;
- The council's response performance was well below the Ombudsman's target;
- There were no formal reports on either maladministration or injustice;
- The ombudsman has no issues with how the council handles complaints

10.2 Learning and remedial action

There are no key learning issues or remedial issues necessary. The report again shows how seriously the council delivers services and assists the Ombudsman in complaint investigation.

11. Compliments, comments and complaints Analysis

11.1 Summary

Although faced with the impending local government review 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. To further embed the complaints culture into the organisation, a continual process improvement project was completed throughout December 2007 – March 2008 with specific aims to raise awareness of the importance of dealing with complaints, increase the number of trained officers (over 30 have completed this training) and also to evaluate and improve the process overall.

Total Complaints

The following statistics represent the information received for the period April to June 2008. Figures for the same period last year are indicated in brackets, however it should be noted that performance for the current period no longer contains information relating to housing / property services following the creation of Cestria Community Housing.

60 (100) formal complaints were received by the Council.

35% (23 %) were considered to be justified

65 % (77 %) were considered to be unjustified

3 (5) Ombudsman complaints were received during the period.

No (No) complaints were upheld by the Ombudsman

21 (47) compliments/letters of thanks were registered during the period.

Breakdown of Complaints Received April – June 2008

Service Team	Number and Nature of Complaints
Revenues and Benefits	1 related to receipt of Overpayment of C/Tax letter 1 related to wording of benefits entitlement letter
Environmental Services	23 related to the recycling service 3 related to problems with litter in area 1 related to dog fouling 4 related to refuse collection services 1 related to grass cutting
Leisure Services	3 related to cleanliness in leisure centre 2 related to car parking 1 related to timing of activity sessions
Planning	7 related to the planning application process 1 related to delay in providing information
Regeneration	1 related to the market area 1 related to community safety
Environmental Health	1 related to food hygiene 1 related to noise nuisance 1 related to enforcement of waste removal
Customer Relations	5 related to the new concessionary fares scheme
Homelessness	1 related to homeless application process
IT Services	1 related to on-line service application via web-site

Nature of Complaints – Complaint Types

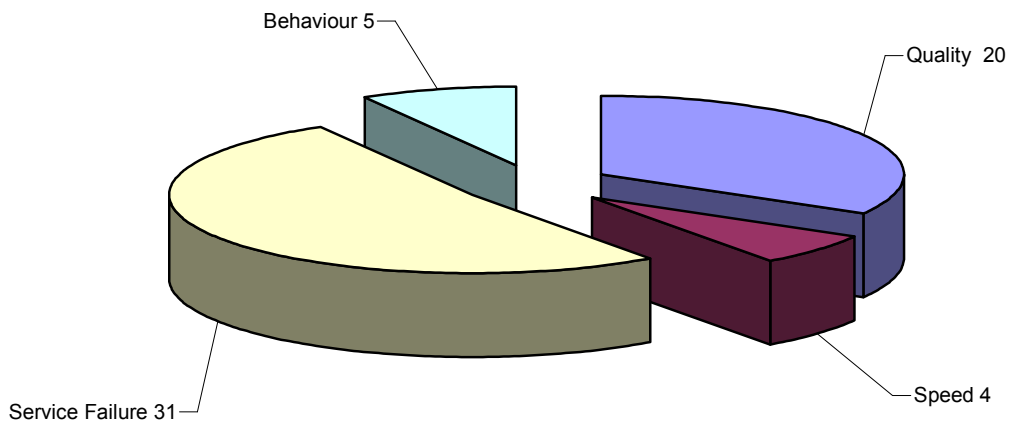
20 (52) were in respect of *quality of service*

5 (0) were in respect of *behaviour of staff*

31 (39) were in respect of service failure

4 (6) were in respect of the *speed of service provided*

Nature of complaint April - June 2008

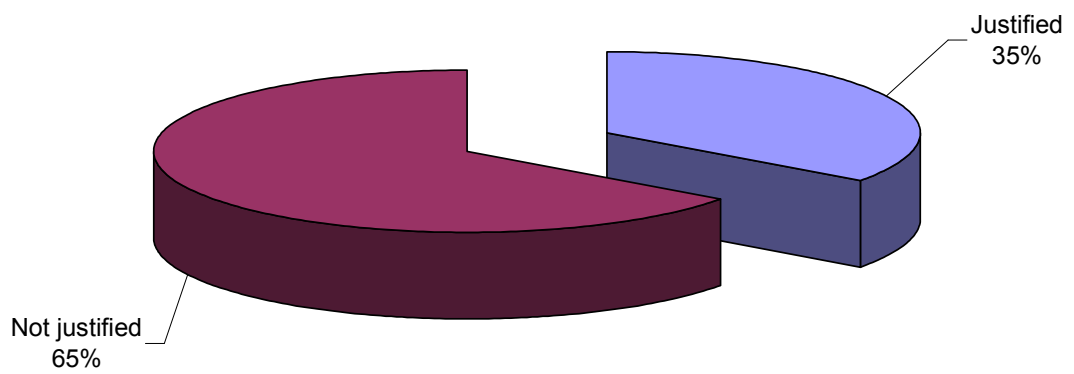


Outcome

35 % (23%) were considered to be justified

65 % (77 %) were considered to be unjustified

Proportion justified / unjustified complaints April - June 2008



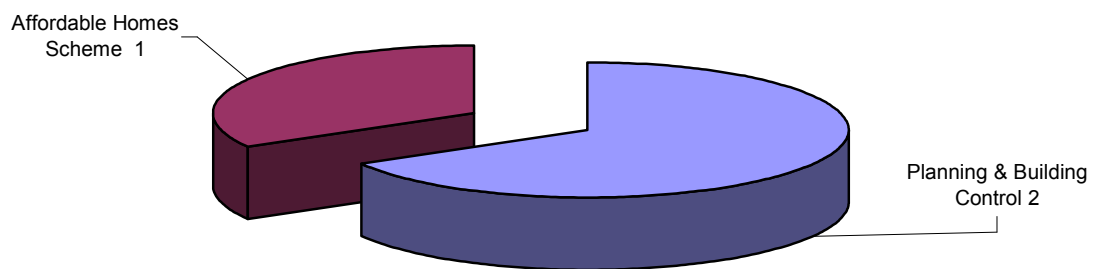
11.3 Ombudsman Complaints April – June 2008

- 3 (5) Ombudsman complaints were received during the period.
- No (No) complaints were upheld by the Ombudsman
- All complaints were responded to within the Ombudsman’s target time (29 days) – with an average response time of 23 days

Nature of Complaints

2 related to planning & building control services
1 related to housing - affordable housing scheme

Ombudsman Complaints by classification April - June 2008

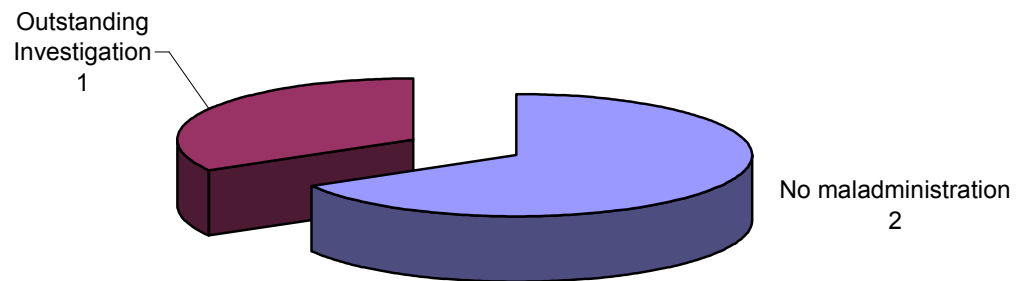


Outcome

The Ombudsman issued 2 decision letters in the period – no complaints were upheld against the Council:

No evidence of maladministration	2
Outstanding Investigation	1

Ombudsman decisions April - June 2008



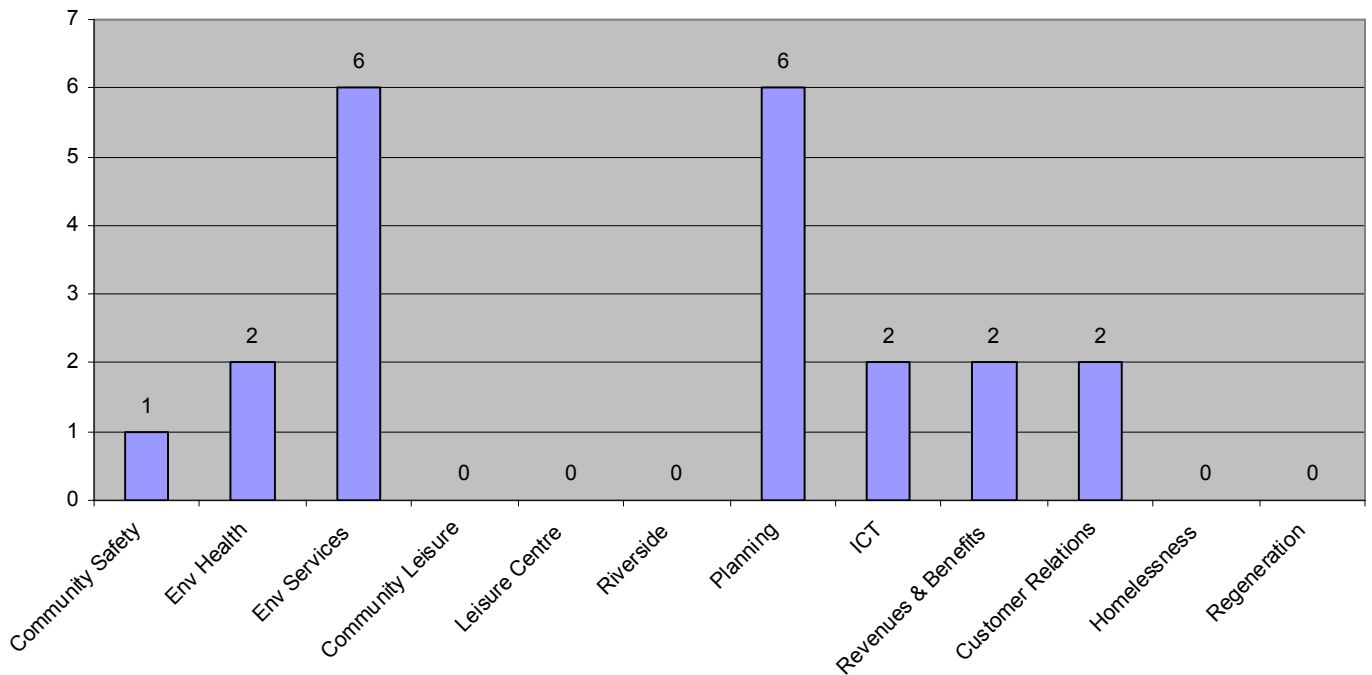
11.4 Compliments April – June 2008

21 compliments/letters of thanks were registered during the period.

Nature of Compliments

- 2 related to the revenue & benefits service
- 6 related to the environmental services
- 6 related to planning services
- 2 related to environmental health services
- 2 related to customer relations
- 2 related to ICT
- 1 related to community safety

Compliments Received by Teams April - December 2007



11.5 Telephone Response Performance April – June 2008

In response to specific requests from members, data extracted from the Council's telephone system is supplied for the first time in the body of this report. This is the first time the data has been available and as such comparisons with past year performance is unavailable for comparison at this time. The report focuses on the key telephone numbers used by customers to access the services in question.

	<i>Total Calls Received</i>	<i>Total Calls Abandoned *</i>	<i>% of Calls Abandoned</i>	<i>Total Calls Answered</i>	<i>% of Calls Answered</i>	<i>Calls Answered within Target Time *</i>	<i>% Calls Answered within Target Time</i>
Service Team							
<i>Switchboard</i>	25305	2419	9.6	22886	90.4	20204	88.3
<i>Benefits Service</i>	4856	389	8.0	4467	92.0	4127	92.4
<i>Council Tax / NNDR Team</i>	6636	1051	15.8	5585	84.2	4807	86.1
<i>Environmental Services</i>	18564	8520	45.9	10044	54.1	9140	91.0
<i>Environmental Health / Planning Services</i>	1269	109	8.6	1160	91.4	1125	97.0
<i>Regeneration / Homelessness</i>	988	125	12.7	863	87.3	850	98.5
Totals	57618	12613	21.9	45005	78.1	40253	89.4

- ***Abandoned calls** – refers to those calls in which the caller has hung up before an operator was available to receive the call.
- ***Calls answered within target time** – refers to the time taken for the operator to pick up the call once they are available to receive the calls. Therefore the time taken does not take into account any of the time the caller was waiting in a queue. The Council's target is 90% of calls answered within 15 seconds and 100% of calls answered within 25 seconds.

11.5.1 Issues arising from the Data

- a) The main issue of concern during this period relates to the number of calls abandoned via Environmental Services main contact number. A number of elected members raised concerns based upon their own and their constituents' inability to contact officers. This was primarily the case during April and early May when almost 50% of all calls were abandoned by customers attempting to contact the team.

The main cause of the problem was the 100% increase in the volume of calls, received by the team, as a result of the difficulties faced with the Green-cycle scheme. Uncertainty about collection schedules and delays in collections resulted in over 9000 calls being received by the team in April (compared to an average of 4700 calls in February and March).

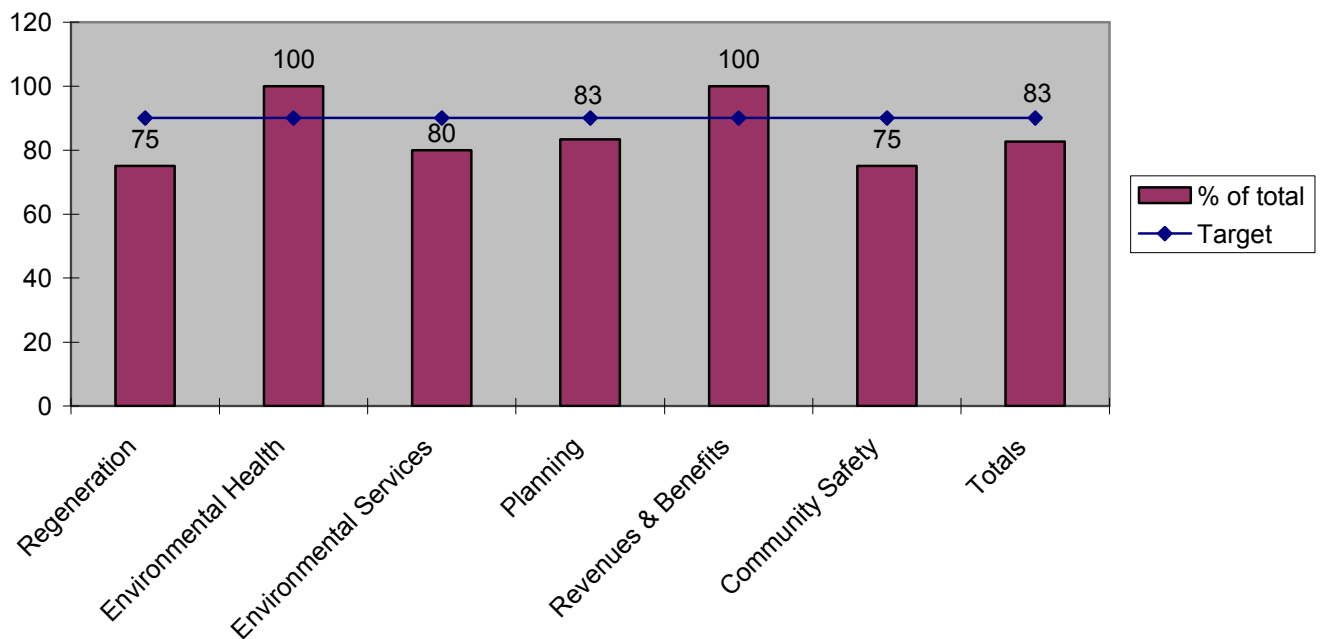
As a result of this, additional information was provided to customers and more resources were placed at Sacriston to answer incoming calls. There are clear signs that this action is having an impact. In June, the number of calls received has reduced by 28% (1518) compared to May. In addition the number of abandoned calls has reduced by 52% when the same 2 months were compared.

Officers within the Environmental Services Team receive weekly / monthly telephone reports to ensure that they constantly monitor the situation and prevent further disruption.

11.6 Response to MP Enquiries within 10 Working Days

The graph below shows the performance by each service team in dealing with MP enquiries within the agreed service standard performance of 10 working days.

MP Enquiries % response within 10 days April - June 2008



Performance has improved by 3% compared to the same period in 2007 / 2008, a welcoming trend which we hope to continue throughout 2008 – 2009.

Breakdown of MP enquiries / complaints

<i>Total Number of Enquiries Received from MP</i>	
Total Number of MP enquiries / complaints received April – June 2008	23
Total Number which were MP enquiries	19
Total Number which were MP complaints about the Council	4

11.7 Other Performance Information

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

- 92 % of complaints were responded to in 10 days (target 90%)
- 83 % MP queries were responded to in 10 days (target 90%)
- 100 % Freedom of information enquiries were responded to in 20 working days (target 100%)

11.8 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. In addition the impact of the continual process improvement project and ongoing training plan has led to improved performance in dealing with complaints, MP enquiries and FOI service requests.

A further analysis of results shows that:

- The 90% target for handling complaints within 10 working days has been achieved for the first time.
- All formal FOI requests were responded to within target time.
- The number of complaints logged compared to the same period last year has reduced by 40% – 60 compared with 100, however part of this can be attributed to the handover of housing services to Cestria Community Housing Group in February 2008.
- Most complaints related to Environmental services (predominantly related to the recycling scheme), which equated to 53% of all complaints received.
- 52% of complaints related to the failure to deliver services - this mainly relates to the early stages of the recycling scheme.
- The % of justified complaints has increased from 23% to 35% when compared to the same period in 2007 / 2008.
- Performance in respect of responding to MP enquiries and complaints has increased by 3% when compared to the same period in 2007 – 2008.

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.

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.

The review of our partnerships has a significant impact on the development of a single priority of '**People and Place**'. An assessment of the potential gaps in performance of partnerships and what we can do in the council's remaining lifetime to secure sustainable change is part of ongoing work to develop the new priority. Progress will be reported here in due course.

The Transition Plan has addressed what needs to be done and a significant part of the '**People and Place**' priority is to develop the partnerships as part of the 'Strengthening Partnerships' Action Learning Set. A delivery plan for '**People and Place**' was agreed by the Executive in April and is now subject to monthly monitoring through the Executive. There is a series of proposals within the delivery plan relating to partnerships and in particular there has been a focus on the Voluntary Sector.

12.2 Learning and Remedial Action

There is no specific remedial action required at this stage.

13. Data Quality Progress

13.1 Summary

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

- The adoption of the Strategy and action plan;
- Data quality risks, commitment and proposals built into Corporate plan;
- Data Quality Policy and Strategy communicated to customers through the Internet;
- Data Quality Policy and Strategy communicated to staff and members through the Intranet;
- Data Quality built into Performance Management Handbook and communicated to staff;
- Data Quality considered as part of the Performance Management Review;
- Data quality commitment incorporated as a feature of Corporate Performance Reports and within performance clinics:
- Decisions made not to publish information because data quality was not proved e.g. a decision not to publish BV 166 quarterly statistics because the information as to performance was not dependable, and now resolved.
- 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
- Training presentation provided to all staff
- Data Quality Training provided as part of Members Induction programme
- Data quality built into Performance Clinics
- A review of the Data Quality Strategy Action Plan and the Data Quality Policy has been completed

- A Revised Policy and Strategy Action Plan was agreed at the end of March and has been communicated
- The Data Quality web site and intranet have been updated with new guidance and the on line training tool updated
- Data Quality Champions for each service has been agreed
- The first Revised Data Quality Strategy action Plan Monitoring Report has been published on the web site and shows continued progress.
- An Effective Internal Audit Report has been received for 2007/2008 BVPIs showing continued improvement
- The council's Annual Report and Best Value Performance Plan was published within national timescales.
- The District Council is taking a lead role in the development of Data Quality practice for the new unitary council.

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

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 Reorganisation 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 Director of Corporate Services and based around the council's Performance and Improvement Team. It also includes key Human Resources, communications, a representative for 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 three newsletters to staff and Members
- Engaged in transitional arrangements.

The council has re-organised its senior management to assist it in developing the capacity within the organisation to deliver business as usual while contributing to the transition to the new organisation. At the same time the council has agreed and is implementing a transitional plan which will help it focus on a single priority of **'People and place'** through to March 2009.

The council is now significantly engaged in assisting the transition to the new authority. It has key officers who are leading and engaging in the workstreams and taking best practice into the new council. During the quarter Officers engaged in the process have developed both baseline information and high level options for consideration by the shadow authority which was elected in May 2008.

The council is encountering capacity issues as a result of staff turnover undoubtedly caused by uncertainty over the future of individuals although the vast majority of staff will transfer to the new unitary under TUPE rights.

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. The capacity issues within the council are being monitored and managed

pragmatically. The closer we move to vesting day the more difficult it is being to fill vacancies that occur. As a result the council is doing things differently and reflecting on its priorities.

15. Corporate Governance Progress

15.1 Summary

The council has taken corporate governance seriously as part of its Improvement Programme. During the year the corporate working group which drives corporate Governance improvement – the Corporate Governance Group (CGG) lost two key members of the team as a result of them moving to other appointments outside the authority. The team has regrouped and is now chaired by the Director of Corporate Services providing a key steer from the corporate centre. Members of the group have ensured progress and the CGG has:

- Developed and secured council approval of the Local Code of Governance;
- Implemented the associated action Plan;
- Commenced work on this year's Annual Governance Statement;
- Commenced work on this year's Use of Resources submission;
- Contributed to the development and review of the Data Quality Policy and Strategy action plan, agreed by the Council in March 2008;
- Developed an Intranet site to allow access to key documents and information for staff and members;
- Considered reports on the effectiveness of Internal Audit and the Annual Internal Audit report which both show positive achievement of internal audit at a time of change;
- Set out Strategic risk assessments for the Transition Plan and agreed key strategic corporate risks with Corporate Management Team;
- Commented on the Audit Commission's Annual Audit and Inspection letter; and
- Raised awareness of corporate governance through a range of LGR workstreams.
- Agreed an Annual Governance Statement.

Significant progress has therefore been made and it is considered that the council is strong in terms of its commitment and delivery to corporate governance. It is considered that the very positive Annual Audit and Inspection letter from the Audit Commission reflects this point of view.

15.2 Learning and remedial action

Significant progress has been made in maintaining a team to assist the council in ensuring high standards of effectiveness of corporate governance.

16. Corporate Health and Safety Progress

16.1 Summary

Significant progress has been made to date in respect of addressing corporate health and safety issues. Work remains to be done to improve communication, understanding and practice.

16.2 Progress

This is the first Health and Safety report to be incorporated into the Corporate Performance Report. It is considered that it would be helpful to identify some background to progress in this important area of the council's business. At the beginning of December 2007 and following a senior management re-structure, the Corporate Health and Safety Team was incorporated into the Directorate of Corporate Services. Subsequently the team revised the Corporate Health and Safety Policy which was adopted by the council in March 2008

The following progress has been made in respect of Corporate Health and Safety:

- The Constitution, Corporate Standard CS:001 has been reviewed by Health and Safety Management Group (HSMG) to reflect the restructured Council.
- Emergency Response, Corporate Standard CS:003, has been reviewed to reflect the changed corporate structure within the Council.

The following Corporate Standards were developed by the Corporate Health and Safety team for consideration by HSMG and subsequently approved by Corporate Management Team (CMT):

- Vibration at Work, Corporate Standard CS:011
- Control of Legionella Bacteria in Water Systems, Corporate Standard CS:022.

The Team have continued the development of the Corporate Health and Safety Intranet site so that all employees with access to a computer can access and view the development of Health and Safety policy, procedures and progress across the Council including:

- Health and Safety Management Group meetings, minutes and Representatives
- Appropriate and useful Web Links
- Practice updates such as the 'Myth of the Month'

- Corporate Standards including:
 - ✚ Constitution
 - ✚ Risk Assessment
 - ✚ Emergency Response
 - ✚ Adverse Event/Accident Reporting
 - ✚ Display Screen Equipment
 - ✚ Manual Handling
 - ✚ Working at Height
 - ✚ Asbestos
 - ✚ New and Expectant Mothers
 - ✚ Noise at Work
 - ✚ Vibration at Work
 - ✚ Control of Legionella Bacteria in Water Systems

- Accident Statistics

16.3 Accident Statistics

The charts below show a comparison of accident statistics relating to corporate premises between the first six months of this year compared to last. The charts show a split between accidents to staff and the public. In summary the charts show:

- There were significantly less employee accidents in the first six months of this year compared with last year 8 (21 in Jan-Jun2007)
- There were significantly more public accidents in the first six months of the year 94 (54 in Jan –Jun 2007)
- RIDDOR reportable accidents reduced in comparison to this time last year – 1 (2 in Jan-Jun 2008)

Adverse reports 2008 compared to 2007

2 0 0 8	Development Services		Corporate Services		Resources		* Regeneration *		Riddor Reportable		
	Employee	Public	Employee	Public	Employee	Public	Employee	Public	Employee	Public	
	Jan	2	13	0	0	0	0	0	0	0	0
	Feb	1	20	0	0	0	0	0	0	0	0
	Mar	1	21	0	0	0	0	0	1	0	0
	Apr	0	16	0	0	0	0	0	0	0	0
	May	1	15	0	0	1	0	1	0	0	1
	Jun	1	9	0	0	0	0	0	0	0	0
	Jul	0	0	0	0	0	0	0	0	0	0
	Aug	0	0	0	0	0	0	0	0	0	0
	Sep	0	0	0	0	0	0	0	0	0	0
	Oct	0	0	0	0	0	0	0	0	0	0
Nov	0	0	0	0	0	0	0	0	0	0	
Dec	0	0	0	0	0	0	0	0	0	0	
Year to date	6	94	0	0	1	0	1	0	1	1	
Total for Year											
										Employee	Public
										8	94

2 0 0 7	Development Services		Community Services		Corporate Services		Resources		* Regeneration *		
	Employee	Public	Employee	Public	Employee	Public	Employee	Public	Employee	Public	
	Jan	3	0	0	0	0	0	0	0	0	0
	Feb	4	0	0	0	0	0	0	0	0	0
	Mar	1	0	1	0	0	0	1	0	0	0
	Apr	1	21	5	0	1	0	0	0	0	0
	May	2	19	0	0	0	0	0	0	0	0
	Jun	1	14	1	0	0	0	0	0	0	0
	Jul	3	19	1	0	0	0	0	0	0	0
	Aug	3	19	0	0	0	0	1	0	0	0
	Sep	1	10	1	0	0	0	0	0	0	0
	Oct	0	21	1	1	0	0	0	0	0	0
Nov	2	16	2	0	0	0	0	0	0	0	
Dec	2	9	0	0	0	0	0	0	0	0	
Year to date	23	148	12	1	1	0	2	0	0	0	
										Total for Year	
										Employee	Public
										38	149
										Riddor Reportable	
										5	

Where they happened

2008	Leisure Centre		Riverside		Park Side		Roseberry Grange		Selby Cottage		Community Leisure		Development Service		Resources					Corporate Services					
	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Leisure Services	Env Health & Planning	Env Services	Finance & Accounts	Information technology	Rev & Bens	Internal Audit	OD	Legal & Democratic	Customer Relations	Strategy & Scrutiny	Regeneration	
	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	
Jan		10	2	3									2	13											
Feb	1	18		2									1	20											
Mar		17		4									0	21	1										
Apr		15		1									0	16											
May		11		4									0	15		1									1
Jun		5		4									0	9	1										
Jul													0	0											
Aug													0	0											
Sep													0	0											
Oct													0	0											
Nov													0	0											
Dec													0	0											

Improvement team = Strategy and Scrutiny

2007

2007	Leisure Centre		Riverside		Park Side		Roseberry Grange		Selby Cottage		Community Leisure		Development Service		Resources					Corporate Services					Community		
	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Leisure Services	Env Health & Planning	Env Services	Finance & Accounts	Information technology	Rev & Bens	Internal Audit	OD	Legal & Democratic	Customer Relations	Strategy & Scrutiny	Housing Services	Property Services	Regeneration	
	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	Emp	Pub	
Jan	0								1	1			2	0	1												
Feb	0								2				2	0	2												
Mar	0								2				0	0	1				1					1			
Apr	0	14		8									1	21									1			5	
May	1	15	1	4									2	19													1
Jun	1	13		1									1	14													1
Jul	1	19		1									2	19	1												1
Aug	2	12		5		2							2	19	1		1										1
Sep	0	6		4					1				1	10													1
Oct	0	18		3									0	21											1	1	
Nov	2	12		4									2	16													2
Dec	1	8		1			1						2	9													

Improvement team = Strategy and Scrutiny

16.4 Learning and Remedial Action

Significant progress has therefore been made developing the required elements of the Health and Safety Management Plan that incorporated the Corporate Statement of Health and Safety Policy, Corporate Standards and subsequent Directorate Health and Safety Policy.

There remain communication and understanding difficulties which means that there are some problems with Directorates having difficulties in putting things into practice. These difficulties remain despite Directorate representation on the HSMG, the aligned Health and Safety Training Programme and development of the Corporate Health and Safety Intranet Site which makes all of the information available to those with access to computers.

Further work is required to improve communication of the Directorate Health and Safety Policy and to ensure that Directorates fully embrace the approved Corporate Standards.

Upon reflection, it has been determined, in light of Local Government Review (LGR), that there was little purpose in continuing developing Corporate Standards in line with the HSMG workplan and that Corporate Health and Safety, in conjunction with HSMG, could better use the remaining time of the District Council to ensure that what has been approved by CMT so far is functioning effectively.

The HSMG will continue to monitor accidents and consider recommendations for action where necessary.

Remedial measures proposed to address the concerns above include:

- Continue to raise awareness of the corporate policy, the HSMG and the roles of Directorate representatives on it;
- Collect information through HSMG Directorate Representatives relating to Corporate Standards.
- Analyse information received.
- Inform CMT of way forward including action plan for service areas or Directorates as necessary in relation to respective Corporate Standard being monitored.

17. Overall Performance

17.1 Summary of Overall Performance

The first three months of 2008/2009 continue to show a positive direction of travel. Key performance issues are summarized as follows:

- 22% of the actions in the Transition Plan are completed with only 4%, all relating to the Community Facilities Review are behind target;
- In respect of the new national indicator set 56% of indicators are achieving target;
- 71% of local indicators are showing improvements and only 17% are not;
- The council re-assessed its strategic risks within the quarter and the key risk to the organisation is now its capacity to deliver in the backdrop of Local Government Reorganisation;
- In Human Resource terms, staff turnover has dropped from 15% last year to just 3.1% in the first three months of the year, evidence that the staff leaving to pick up jobs outside the county as a result of LGR has stabilised;
- Staff sickness has dropped from 11 working days to 10.8 working days in the last quarter;
- The Organisational Development Strategy is on target and the start of development of One Team Personal Profiles commenced in the quarter;
- A new Equality and Diversity Screening tool and Diversity Impact Assessment toolkit has been developed in conjunction with lead work on Equalities and Diversity by the District Council for LGR;
- The Ombudsman's annual report was received during the quarter which was very positive with the Ombudsman very pleased that few complaints had been submitted, no formal reports were issued and the council responded to complaints in an average of 23 days well within the Ombudsman's target of 29 days;
- In terms of complaints to the council complaints continued to drop with 60 being made in the first quarter compared to 100 at the same time last year, fewer Ombudsman complaints were received and response times for complaints (above target for the first time due to the excellent work of the CPI project) MP enquiries and Freedom of Information requests all improved from this time last year;
- There were fewer compliments received (21 compared with 47 last year);
- Following the review of the Data Quality Strategy and Action Plan in March 2008 good progress has been made to implement the action plan and as a result of progress an 'effective' Internal Audit Report on last years BVPI outturns has been received. The council is taking key roles in the development of performance management and data quality in the new unitary;

- The council is maintaining its commitment to supporting LGR to meet the expectations set out in the Audit Commission's Annual Audit and Inspection letter;
- The Corporate Governance Group has been monitoring governance arrangements and an Annual Governance Statement was submitted in June to CLG who have since advised that they have no issues to raise;
- Corporate Health and Safety is continuing to improve although there remain communication issues that can be improved. Attention is being paid to this.