




Brighton & Hove City Council

Appendix 1: 2017-18 Council Corporate KPIs - Q2 results

Period: Apr-17 - Sep-17

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

2017-18 Economy Environment & Culture - Council (Corporate)

% of household waste sent for reuse, recycling and composting (3 month lag) [Corporate - council]	%	40.00	29.10	 Improving
--	----------	--------------	--------------	---

Position:

Between Apr and Jun 17 (Q1) 29.1% of the household waste in the city was sent by the Authority for reuse, recycling, composting or anaerobic digestion.

This result is an increase of 2.46% compared to the same period last year (26.64%)

The 2016/17 quarterly reported results were:

Q1 - 26.64%, Q2 - 26.49%, Q3 - 25.27% and the full year 2016/17 result was 27.8%.

The target for 2017/18 has been set at 40% this was the 2015/16 APSE neighbour average of 11 authorities (Belfast City Council, Cardiff County Council, East Riding of Yorkshire Council, Gateshead MBC, North Tyneside Council, Nottingham City Council, Plymouth City Council, Sunderland City Council, Wigan MBC, Wirral MBC and ourselves).

The annual trend for the result is:

- 2010/11 = 27.7%
- 2011/12 = 28.1%
- 2012/13 = 26.8%
- 2013/14 = 25.8%
- 2014/15 = 25.2%
- 2015/16 = 24.6%
- 2016/17 = 27.8%

Commentary:


The garden waste scheme was launched in Q1 16/17 providing a citywide garden waste collection scheme. By Quarter 1 2017/18 6,600 households had signed up.

As the service has now been running for 1 year, renewal subscriptions are now taking place and the current renewal rate is at an encouraging level as can be seen in the current recycling rate 29.1%. We continue to educate, engage and enforce where appropriate to change the behaviour of individuals. Wheeled bins for recycling have been delivered to 45,000 properties which should assist with increasing recycling rate.

Mobile CCTV cameras have been purchased, these are used in flytipping hotspot areas. In addition to this we have participated in a flytipping prevention campaign initiated by Keep Britain Tidy called 'Crime Not To Care' This initiative has led to an increase in the number of fixed penalty notices (FPNs) being issued for flytipping. We have issued over 5000 Fixed Penalty Notices (FPNs) of these 594 were for Fly Tipping. The income received from FPNs is reinvested in the service for litter prevention, dog fouling, graffiti and flytipping.

Actions

1. Some areas with a mix of different types of housing have not yet received the wheelie bins and we are taking more time to assess those areas to decide the best way forward (Head of Operations – Cityclean, ongoing)
2. Continue to market the garden waste service to increase participation with special emphasis in quarter 4 to coincide with the gardening season (Head of Operations – Cityclean, Mar 18)

Missed refuse collections per 100,000 population [Corporate - council]	No.	46.00	62.00	 Improving
---	------------	--------------	--------------	---

Position:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Between Apr and Sep (Q2) 62 per 100,000 refuse collections were missed
This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000).
The result is the total for April to Sep (Q2) 2017/18 This is a significant improvement on BHCC 2015/16 performance.

The quarterly trend for this result is:

Apr to Jun 2016 = 90 per 100,000 compared to 96 per 100,000 in the same period in the previous year

Apr to Sep 2016 = 76 per 100,000 compared to 91

Apr to Dec 2016 = 63 per 100,000 compared to 82

Apr to Mar 2017 = 57 per 100,000 compared to 79

Apr to Jun 2017 = 40 per 100,000 compared to 90

Apr to Sep 2017 = 62 per 100,000 compared to 86

The target set at ASPE comparator group average of 46 per 100,000 data sourced from APSE 2015/16 family group report

Results before April 2015 are not available due to a change in how we measure this indicator.

Commentary:

The number of missed refuse bins for this quarter increased from 40 to 62 per 100,000 which is a reverse of trend on previous quarters dating back to April – June 2016, when the number of missed bins was at 90 per 100,000.

This increase is as a result of both operational and resourcing issues encountered in this period. A review is to be carried out to establish what additional measures need to be put in place to improve this service within current resources.

Work with the Digital First Programme is ongoing with the aim of improving the communication exchange between the operational team, customer services and management in terms of reporting non-collections.

Actions:

1. The number of missed bins will continue to be monitored and measures put in place to improve performance, including improving the performance data shared with crews. Corrective action is underway and will be monitored weekly to improve performance. (Head of Operations - Cityclean, Mar 18)
2. ICT requirements to be discussed with the Digital First team for operational missed collections (Head of City Environmental Services, March 2018)
3. Additional resources were agreed at October PR&G to support CityClean (Interim Assistant Director City Environment, April 2018)

Missed recycling collections per 100,000 population [Corporate - council]

No.

46.00

131.00



Declining

Position

Between Apr and Sep (Q2) 62 per 100,000 recycling collections were missed

This is calculated as: Total Missed Collections/(Total Number of Expected Collections/100000)

Target set at ASPE comparator group average of 46 data sourced from APSE 2015/16 family group report

Apr to Jun 2015 = 115 per 100,000

Apr to Sep 2015 = 105

Apr to Dec 2015 = 104

Apr to Mar 2016 = 105

Apr to Jun 2016 = 131

Apr to Sep 2016 = 116

Apr to Dec 2016 = 102

Apr to Mar 2017 = 81

Apr to Jun 2017 = 53

Apr to Sep 2017 = 131

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Commentary:

The number of missed recycling bins for this quarter increased from 53 to 131 per 100,000 which is a reverse of trend on previous quarters dating back to April – June 2016, when the number of missed recycling bins was coincidentally also at 131 per 100,000.


This increase as in the case of refuse is due to both operational and resourcing issues encountered in this period. A review is to be carried out to establish what additional measures need to be put in place to improve this service within current resources.

To date the roll out of wheeled recycling bins has been carried out to 45,000 properties.

Work with the Digital First Programme is ongoing with the aim of improving the communication exchange between the operational team, customer services and management in terms of reporting non-collections.

Actions:

1. The number of missed bins will continue to be monitored and measures put in place to improve performance, including improving the performance data shared with crews. Corrective action is underway and will be monitored weekly to improve performance. (Head of Operations - Cityclean, Mar 18)
2. ICT requirements to be discussed with the Digital First team for operational missed collections (Head of City Environmental Services, March 2018)
3. Some areas with a mix of different types of housing have not yet received the wheelie bins and we are taking more time to assess those areas to decide the best way forward (Head of City Environmental Services, ongoing)
4. Additional resources were agreed at October PR&G to support CityClean (Interim Assistant Director City Environment, April 2018)

% of streets inspected which are found to have widespread or heavy levels of litter [Corporate - council]	%	2.10	4.20	 RED Improving
--	----------	-------------	-------------	---

Position:

Between July and September 4.2% of streets were not free from litter.

This indicator is the national measure 'Street and environmental cleanliness: Litter' and grades streets on the following scale:

- Grade A – no litter or refuse
- Grade B – predominantly free of litter and refuse except for some small items
- Grade C – widespread distribution of litter and refuse, with minor accumulations
- Grade D – heavily littered, with significant accumulations.

The indicator measures the percentage of streets which fall below Grade B. The lower the score the better the performance.

The quarterly trend for this result is:

April to June 2015 = 8.1%

July to Sept 2015 = 7.1%

Oct to Dec 2015 = 5.6%

Jan to Mar 2016 = 4.6%

Apr to Jun 2016 = 4.1%

July to Sept 2016 = 5%

Oct to Dec 2016 = 4.8%

Jan to Mar 2017 = 4.1%

Apr to Jun 2017 = 4.1%

Jul to Sep 2017 = 4.2%

The target has been set at the ASPE comparator group average of 2.16% data sourced from APSE 2015/16 family group report.

Commentary:

The level for quarter 2 is 4.2% which is 0.1% up on the previous quarter. This period does include increased footfall as a result of the influx of summer visitors.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------


Measures introduced such as the big belly bins continue to provide ongoing efficiencies with their compacting capabilities and electronic technology informing Street Cleansing operations when they are full.

Education, engagement and enforcement measures are all used to bring about long term behavioural change on littering, fly tipping and fly posting.

Since March 2016, we have issued over 5000 Fixed Penalty Notices of these 594 are for fly tipping making Brighton and Hove City Council one of the top performers for addressing this offence .

Actions:

1. Continue to monitor and take corrective action as required to improve performance (Head of Operations - Cityclean, ongoing)
2. Carry out targeted activity to deal with known hot spots (Head of Operations - Cityclean, ongoing)
3. Continue our work with partners to reduce levels of fly tipping, litter and detritus (Head of Operations - Cityclean, ongoing)

The speed of determining applications for major development [Corporate - council]	%	86.00	92.54	 GREEN
				Improving

Position:

This indicator measures the 24 month rolling result for the percentage of Major application types being processed within 13 weeks, or agreed time limit via a planning performance agreement (PPA) or extension of time (EOT).

The trend of the 24 month rolling result is a positive one as shown below:

- Sep 15 = 68.8%
- Dec 15 = 73.0%
- Mar 16 = 79.4%
- Jun 16 = 82.0%
- Sep 16 = 85.7%
- Dec 16 = 91.5%
- Mar 17 = 91.1%
- Jun 17 = 92.06%
- Sep 17 = 92.54%

The target was set at 86% which is an improvement target on last year's performance as we were already better than the CIPFA comparator average of 83.4%.


The government minimum standard for the speed of determining applications for major development is 60%. Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:

The service has been consistently exceeding this target, both by determining applications within 13 weeks or by agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants.

Actions:

- 1) Continue current working practices and agreeing extensions of time or Planning Performance Agreements (PPAs) with applicants (Planning Manager, ongoing)
- 2) Continue to monitor performance (Planning Manager, ongoing)

The speed of determining applications for non-major development [Corporate - council]	%	84.70	80.15	 AMBER
				Improving

Position:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

This indicator measures the 24 month rolling result for the percentage of Minor and Other application types being processed within 8 weeks, or agreed time limit via a planning performance agreement (PPA) or extension of time (EOT). Only applications for householder developments and change of use are included under Other applications.

The trend for the rolling 24 months is a positive one and is shown below:

Sep 15 = 50.8%
 Dec 15 = 45.7%
 Mar 16 = 47.2%
 Jun 16 = 53.6%
 Sep 16 = 60.5%
 Dec 16 = 63.5%
 Mar 17 = 68.3%
 Jun 17 = 74.0%
 Sep 17 = 80.15%

The target of 84.7% has been set using the average of our CIPFA nearest neighbours.

The government minimum standard for the speed of determining applications for non-major development is 70%.

Authorities performing below this are at risk of intervention from central government with applicants having the option of having decisions made by the Secretary of State.


Commentary:

At the end of the 24 rolling month, September 2017, the service achieved 80.15% for the determination of non-major applications. This exceeds the Government set target of 70%. At the end of September 2016, the service achieved 60.4%. Over the last year, the service has increased the percentage by 20% and exceeded the Government target by 10%. Whilst the performance is below the target of 84.70%, set at the average of comparator authorities, the performance is showing a much improved position compared to 2014/2015 where performance dipped considerably.

It is important that the benefits of the Business Process Improvement (BPI) are realised so that greater efficiencies in the processing of applications at all stages can help to maximise throughput to achieve the performance target. The service has recently stopped requesting extensions of time on refusals and we will monitor the impact of this. The service was fully staffed in September 2017, which has not been possible since the restructure of 2014. However, the service is reliant on four additional fixed term contracts which are only funded to the end of 2017/2018 financial year. Application numbers coming into the service suggest that the additional resource should be retained beyond this financial year to create a sustainable Development Management Service.

Actions:

- 1) Implement the findings of the Planning Advisory Service (PAS) review from March 2016; (Planning Manager Applications, Dec 17)
- 2) Continue to allocate to case officers sooner (Planning Manager Applications, ongoing)
- 3) Continue work and implement the findings of the Business Process Improvement (BPI) review to introduce efficiencies into the process; (Information Manager and Planning Manager Applications, Apr 18)
- 4) Look at introducing measures to improve staff retention and to seek retention of the fixed term contracts currently in post. (Planning Manager Applications, Jan 18)
- 5) Reduce reliance on agreeing Extensions of Time (EOT) by ensuring applications are allocated and processed in time (Planning Manager Applications, ongoing).
- 6) Ensure staff are working towards quantitative and qualitative measures identified in the Spring Performance Development Plans (PDPs), continual review in 121s and half yearly reviews which will ensure increased throughput of applications (Planning Manager Applications, ongoing)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
% major planning application decisions that are overturned at appeal [Corporate - council]	%	1.80	4.35	 AMBER Improving

Position:

This indicator measures the 24 month rolling result for the percentage of the total number of decisions made by the authority on applications for major development that are then subsequently overturned at appeal, once nine months have elapsed following the end of the assessment period.

The nine months specified in the measure enables appeals to pass through the system and be decided for the majority of decisions on planning applications made during the assessment period.

The trend of the 24 month result is:

Sep 16 = 4.2%

Dec 16 = 4.1%

Mar 17 = 4.2%

Jun 17 = 4.6%

Sep 17 = 4.3%

The target is set at the average for our CIPFA comparator group at 1.80%

The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention from central government with applicants having the option of having decisions made by the Secretary of State.


Commentary:

Performance on this indicator continues to exceed the Government minimum standard though falls below the average of our CIPFA comparator group.

The service recently introduced customer service standards, which includes feedback and offering the opportunity to amend applications. This coupled with an enhanced package of pre-application discussions will reduce the number of appeals.

Actions:

- 1) Continue to invest in pre-application discussions to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of appeals (Planning Manager, ongoing);
- 2) Implement the 'creating a positive planning service' strand of the Modernisation Programme which includes increasing efficiencies and measures to negotiate to reduce the number of refused schemes (Planning Manager, ongoing);
- 3) Monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Manager, ongoing).

% non-major planning application decisions that are overturned at appeal [Corporate - council]	%	1.50	2.35	 AMBER Improving
---	---	------	------	--

Position:

This indicator measures the 24 month rolling result for the percentage of the total number of decisions made by the authority on applications for non-major development that are then subsequently overturned at appeal, once nine months have elapsed following the end of the assessment period.

The nine months specified in the measure enables appeals to pass through the system and be decided for the majority of decisions on planning applications made during the assessment period.

The trend of the 24 month result is:

Sep 16 = 3.0%

Dec 16 = 3.0%

Mar 17 = 2.9%

Jun 17 = 2.6%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Sep 17 = 2.3%

The target is set at the average for our CIPFA comparator group at 1.50%

The government minimum standard (Designation threshold) for this KPI is 10%, we are well within this minimum. Authorities performing below this standard are at risk of designation which means intervention from central government with applicants having the option of having decisions made by the Secretary of State.

Commentary:


Performance on this indicator continues to exceed the Government minimum standard and shows a reduction in the percentage in the last quarter, although this performance level is below the average of our CIPFA comparator group.

The service has recently introduced customer service standards, which includes feedback and offering the opportunity to amend applications. This coupled with an enhanced package of pre-application discussions will reduce the number of appeals.

Actions:

- 1) Continue to invest in pre-application discussions to ensure schemes are submitted which are likely to result in a favourable recommendation to reduce the number of appeals (Planning Manager Applications, ongoing)
- 2) Implement the 'creating a positive planning service' strand of the Modernisation Programme which includes increasing efficiencies and measures to negotiate to reduce the number of refused schemes (Planning Manager Applications, ongoing)
- 3) monitor appeal decisions for trends to allow adaptation and flexibility in policy and decision making (Planning Manager Applications, ongoing)

2017-18 Families Children & Learning - Council (Corporate)

% of schools that are judged good or outstanding by Ofsted [Corporate - council]	%	89.40	94.40	 GREEN
				Improving

Position

As at the end of September 2017, 94.4% of schools in Brighton and Hove were judged to be good or outstanding. Since the last quarter three schools were inspected. Judgements were the same for two schools and one school improved to 'good'. This reporting has been revised to exclude two independent and non-maintained special schools.

The quarter by quarter trend is:

Jul to Sep 2016 86.1%

Oct to Dec 2016 93.2%

Jan to Mar 2017 93.2%

Apr to Jun 2017 93.2%

The target was the percentage of schools in England judged to be good or outstanding as at the end of September 2017 which was 89.4% from information released by Ofsted. These figures exclude schools awaiting their first ever inspection and independent and non-maintained special schools, which Ofsted has a duty to inspect.

Below is a breakdown of the percentage of schools judged good or outstanding by phase and comparison figures for England as at the end of September 2017.

All schools: 94.4% (England 89.4%, statistical neighbours 89.3%)

Nursery Schools: 100% (England 99.5%)

Primary: 96.2% (England 90.7%)

Secondary: 80% (England 79.0%)

Special: 100% (England 94.1%)

Pupil Referral Units: 100% (England 88.1%)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Colleges: 100% (Please note this is not included in the overall figure.)

Non maintained special schools 100% (Please note this is not included in the overall figure.)

Below is a breakdown of the percentage of pupils in good or outstanding schools:

All schools: 88.5% (England 87.3%, statistical neighbours 87.9%)

Nursery Schools: 100% (England 99.7%)

Primary: 97.5% (England 90.5%)

Secondary: 73.3% (England 82.9%)

Special: 100% (England 94.2%)

Pupil Referral Units: 100% (England 83.5%)

Commentary:


The figure of the number of overall children is affected by the RI judgement for Cardinal Newman which is by far the largest secondary school in the city. Cardinal Newman's monitoring visit judged that the school and the LA are 'Taking effective action' to secure 'good' at the next inspection. There are no schools that are judged as inadequate in the city, although 2 schools would be highlighted as being vulnerable for this judgement at their next inspection. The Standards and Achievement Team are focusing on these and 6 primary schools which are vulnerable to downgrading. Longhill School is also vulnerable given the possibility of a third 'requires Improvement' judgement and the risk that this would result in academy conversion.

The high number of good and outstanding schools in the city is a reflection of the strong partnership working between the schools and between schools and the LA. Each school is categorised according to historic performance and a programme of intervention is devised to improve outcomes in each school. A new categorisation process has been established for primary schools and is in use to enable the identification of and interventions needed to address issues in a decisive and timely manner.

Actions:

1. A further development of the comprehensive programme of governor training will continue to enable governors to assume a more proactive role in the support and challenge of Head teachers, as required by the new September 2016 Ofsted Inspection Framework. (Head of Standards and Achievement, Governor Support Team, December 2017)

2. A new school improvement offer will target schools on the basis of their 2017 data and will ensure that a bespoke, evidence based and time limited intervention is implemented drawing on the expertise across other schools in the city. (Head of Standards and Achievement, October 2017)

The average Attainment 8 score of all pupils attending state funded schools [Corporate - council]	No.	47.20	46.60	 AMBER
				New in 2017-18

Position:

The Brighton and Hove Attainment 8 score was 46.6 for the 2016/17 academic year. National was 46.1, the statistical neighbour average 47.2 and the south east coastal strip average 44.7. Attainment 8 is a single number which represents average performance of all pupils across 8 GCSEs and equivalent qualifications at the end of secondary school, with extra weightings given to English, and Maths.

The target is to be higher than both the national benchmark and the average of Brighton and Hove's statistical neighbour authorities.

This result cannot be compared to previous years because new GCSEs in English and maths were sat for the first time in 2016/17 and graded 1 to 9, with 9 being the highest grade. Attainment 8 in 2016/17 is therefore calculated in a very different way to 2015/16. These results will be provisional until revised statistics are released in January 2018.

Comment:

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------


The percentage of pupils achieving a strong pass (grade 5 and above) in English and maths was 46.6% in the 2016/17 academic year. National was 42.4%, the statistical neighbour average 44.1% and the coastal strip average 39.9%. This indicator is part of the government's new headline measures for schools.

Performance in Brighton and Hove is good in terms of being above the national average. This is a reflection of the ongoing commitment to school improvement within the LA and across Brighton and Hove's Learning Partnership. Any schools where standard are low or pupils have 'below average' progress that carries statistical significance compared to national has a school improvement board. At this meeting there is challenge, and support is agreed and brokered.

A communication strategy that included local and regional media was successfully implemented in the summer term. The aim was to be able to report accurately and meaningfully with parents and wider audiences about new GCSE measures.

Actions:

1. Data Team will provide detailed analysis of the 2017 data as more accurate data becomes available in the Autumn term on individual Schools. This will allow for a judgement on the success of interventions and will inform interventions moving forward. . (Head of Education Standards and Achievement, December 2017)
2. All Schools will have data reviewed with a school partnership adviser and actions will be agreed in partnership with the school as a result (Head of Education Standards and Achievement, December 2017)
3. Schools that have below average attainment will have a school improvement board meeting where standards are discussed and appropriate plans made (Head of Education Standards and Achievement, January 2018)

% of all pupils attending state funded schools achieving the 'expected standard' in reading, writing and maths at the end of key stage 2 [Corporate - council]	%	61.00	63.00	
				Improving

Position:

During the 2016/17 academic year, provisional published data shows that 63% of all pupils in Brighton and Hove achieved the expected standard in the reading test, writing teacher assessment and the maths test. This is an increase from 58% in the 2015/16 academic year.

This compares well against the provisional national figure (state-funded) of 61%, which itself was an increase against the previous year's national figure of 54%. The statistical neighbour local authority level data, published in the provisional KS2 Statistical First Release at the end of August, was also 61%.

This is the second year of the new key stage 2 tests in maths, reading and grammar, punctuation and spelling, to reflect the new primary curriculum, introduced in 2014.

The target is to be higher than both the national benchmark and the average of Brighton and Hove's statistical neighbour authorities.

Local KS1 to KS2 Brighton and Hove progress data:

Reading Progress +1.2 National 0.0

Writing Progress -0.2 National 0.0

Maths Progress -0.4 National 0.0

Most schools will have progress scores between -5 and +5. A progress score of 0 means that, on average, pupils achieved similar results at the end of KS2 to pupils in other schools with similar results at the end of KS1. A positive progress score means that, on average, pupils made more progress than pupils with similar results at the end of KS1, in other schools.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Commentary:


Despite the significant increase in the national average, Brighton and Hove has remained above in terms of performance. The recalibration of the national average from last year has meant that the differential in performance is not likely to be as marked as for 2015/16.

The reading outcomes demonstrate this as an ongoing area of strength in the city. Maths remains an area of improvement.

The SPA model of categorisation support and challenge for primary schools as well as school improvement boards for higher support schools. School to school and national leaders of education also support improvements within Brighton Schools.

Actions:

1. A new streamlined system for categorisation is still to be fully implemented. This allows a more accurate and quicker method of identifying schools in need of support. (Head of Standards and Achievement, December 2017)
2. A bid will be submitted to the Strategic School Improvement Fund on behalf of 12 Brighton and Hove schools to improve their Maths outcomes. The LA has liaised with the TSAs in Brighton and Hove to design and implement the interventions for next term. (Head of Standards and Achievement, December 2017)
3. A new strategic group will meet in November 2017 and agree actions to support Maths across the authority (Head of Standards and Achievement, December 2017)

% of eligible two year olds taking up early education places [Corporate - council]	%	84.00	84.40	 GREEN
				Declining

Position:

At the end of August 2017, 84.4% (715) two year old children had taken up Early Years Free Entitlement (EYFE) in Brighton & Hove, of the current Department for Education (DfE) total eligible number (847 - including those eligible who were LAC/adopted/disabled).

The target for 2017/18 has been set at 84%. This is maintaining the target from 2016/17, and is significantly above national, statistical neighbour and south east percentages. Legislative changes to childcare from 2017 may mean that there is fragility in the sector and so it would not have been appropriate to raise the target, despite having exceeded it in 2015/16.

Trend:

- 2014/15 – Q4 84.2%
- 2015/16 – Q4 88.7%
- 2016/17 – Q1 87.2%
- 2016/17 – Q2 88.1%
- 2016/17 – Q3 84.25%
- 2016/17 – Q4 89%
- 2017/18 – Q1 82.6%

The national average as of January 2017 was 71%, as was the south east average.

The DfE's most recently published data is from the January 2017 census. In Brighton & Hove 81% of eligible two year olds were taking up a free childcare place which put Brighton and Hove top of 19 local authorities in the south east and 30th of 152 local authorities in England.

The council's children's centre nurseries have been particularly successful in providing EYFE for two year olds; at August 2017 they provided for 131 children (18.3% of the total). In addition there were 66 children at other maintained settings.

Children have also been able to access provision at high quality settings. The January 2017 census shows 41% of two year olds in Brighton & Hove attending a setting rated outstanding, compared with 21% nationally and 22% in the south east.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Commentary:


The data reported is based on the end of August 2017 as there will not be data for this term until later in the month. Take-up has increased from the last report in June but this is a normal pattern. It is hoped that there will be a further increase in take up in the next quarter's report because of the refocus of the work over the summer and during the autumn term.

Once Universal Credit starts in the city there will be difficulties with data as these families will not be included on the DWP list which is the take-up measure for the DfE.

The strategy with the Family Information Service has been reviewed and changes to staff roles should support delivery.

Actions:

1. Analyse headcount data from October 2017 to review take-up and see whether there are any impacts from 30 hours free childcare (Childcare Strategy Manager – Free Entitlement, Dec 17)
2. Investigate further, with the Family Information Service, reason why some families are not taking up places to which they are entitled, based upon headcount data from October 2017. (Childcare Strategy Manager – Free Entitlement, Dec 17)
3. Continue to work with partner agencies to promote and publicise the scheme, ensuring that impacts of 30 hours free childcare are minimised. (Childcare Strategy Manager – Free Entitlement, Dec 17)

Number of families identified as part of the Stronger Families Stronger Communities programme who are 'turned around' (Phase 2) [Corporate - council]	No.	70.00	72.00	 GREEN
				Declining

Position:

A payments by results claim was made in early July 2017 for 72 cases. This is just over one third of the annual target of 212 and as such the programme is on track. This is the first of three payment by results claims to be made this year, following the pattern of school terms.

The payment by results target is set locally. The target is to make successful claims for a minimum of 40% of the numbers of families engaged on the programme this year. The engagement target is set nationally and is 531 for Brighton & Hove in 2017/18.


The latest comparator result is from end March 2017 and is a cumulative figure of the number of families turned around to date. At that time Brighton & Hove had turned around 12.1% of the engagement target of the whole programme. The national average was 13.2%.

Commentary:

The programme is on track at this point in the year. The view the programme now has of social work cases within the Carefirst system has helped to increase the overall number of engaged families to the programme. Work continues to develop consistent and comprehensive recording of eligibility and outcomes in social work cases in order to meet the requirements of the Troubled Families programme and ensure any possible future claims are facilitated. The focus remains on ensuring there are sufficient numbers of engaged families to meet the Troubled Families target for engagement and to provide a broad enough base of work from which to make successful claims for payment by results income.

Actions:

1. Work with Public Health and the health visiting provider to resolve the barriers to sharing health visiting casework in order to open health visiting casework to the Stronger Families Stronger Communities eligibility and outcome tracking process. (SFSC Programme Manager, 30/01/17)
2. Explore the fit between Brighton & Hove Inclusion Support Service casework and the Stronger Families Stronger Communities programme in order to identify new areas of whole family working. (SFSC Programme Manager, 20/12/17)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
The combined figure for the % of young people aged 16 – 17 who are Not in Education, Employment or Training (NEET) and the % of those whose NEET status is not known (Quarterly year to date excluding September and October) [Corporate - council]	%	4.70	4.90	 AMBER Improving

Position:

The current year to date combined figure for academic age 16 and 17 year olds not in education, employment and training (NEET) and for those whose status is not known is 4.9%.

- In Q2 (June 2017) this figure was 4.8%, 0.1% rise this quarter end
- In the same period September 2016 NEET & Not Known was 5.4%. A 0.5% improvement September 2017

The stand-alone Q2 result NEET & Not Known was 5.1%. 0.3% lower than same period 2016.

The annual target has been agreed as 4.7%, which aims to match 2016/17 performance.

The current position for combined NEET & Not Known young people age 16 & 17 is 5.1% compared to:

- South East = 8.6%
- England = 10.8%
- Statistical Neighbours = 12.2%

The DfE nationally reported statistics are an average based on Dec/Jan/Feb and BHCC for 2016/17 the combined NEET & Not Known percentage was 4.0%, a 0.4% improvement on year end 2015/16. BHCC compare very favourably to South East (6.4%) and England (6.0%) and statistical neighbours (5.8%).

The current position for NEET young people aged 16 & 17 is 3.8% compared to:

- South East = 2.6%
- England = 3.3%
- Statistical Neighbours = 3.8%

Performance for the previous quarter was 3.3% and the same point last year was 4.4%.

Young people age 16 & 17 whose current activity is 'Not Known' is 1.3%. This compares very well to:

- South East = 6.0%
- England = 7.5%
- Statistical Neighbours = 8.4%

Performance for the previous quarter was 1.4% and the same point last year was 3.4%. The comparatively low number of unknowns in BHCC is likely to drive up the actual figure for NEET, as more NEETs will be accounted for.

(Note: September and October are excluded from the year to date figure because they are not statistically accurate).

In real number terms there are currently an average of 155 NEET young people academic age 16-17, of which:

- 58 are academic age 16; 97 academic age 17.
- 26 (16.8%) are not available to the labour market (ie young carers, teenage parent, pregnancy, illness).
- 29 (18.7%) of the 16-17 year old NEET cohort are vulnerable young people (looked after children,

care leaver, supervised by YOS). 17 (11.0%) of the NEET cohort (academic age 16-17) are currently SEND.

Commentary:

An increase in NEET in July and August has led to performance being off track in Quarter 2 however this was expected and has been managed via YES. The number of NEET in July and August increased due to identification through September Guarantee follow up of 17 year olds with no offer of learning and/or no confirmed destination for September. All young people identified as NEET are contacted and offered the support of a YES adviser. Some young people choose not to access help and decline the service being offered, making it difficult to meet challenging performance targets.

Maintaining low unknowns is a challenge, young people move out of the area and cannot be located or they refuse to provide their current situation. Changes made by the DfE mean that local authorities cannot remove a young person from the Client Caseload Information System (CCIS) without first confirming with the new authority that the young person is registered on their CCIS. In cases where the forward address has not been provided, they remain on the last known resident authority CCIS and become situation unknown.

YES priority focus is to support 16 & 17 year old NEET and those who are not meeting the duty to participate (under RPA) and to encourage them into education, employment or training. YES is a voluntary service and young people are encouraged and supported to take up this offer.

YES offer transition support to Year 11 leavers who are identified as at risk of NEET. This early intervention supports NEET prevention.

The co-location of YES within Regency Road and Adolescent Services continues to provide a steady flow of referrals from YOS, RUOK and Adolescent Service. This co-location is working very well for both young people and professionals. A strengthening of links with the Virtual School and Leaving Care has resulted in an improved offer of support for looked after children and care leavers who are NEET, at risk of NEET or not meeting the duty to participate under RPA (16 & 17 yo). It has been agreed that YES will extend the offer of IAG support to care leavers (resident in Brighton & Hove) up to the age of 25 (in line with the SEND offer).

YES now offer Assessment and Qualifications Alliance (AQA) Unit Award accreditation to young people accessing support.

Local authorities have a statutory duty to report the numbers of young people with an offer of learning under the September Guarantee. To support this statutory duty YES follow up all 16 & 17 yo who have not been made an offer of learning (June – September) to offer Information Advice and Guidance (IAG) support as required.

September NEET/Not Known data is nationally accepted as statistically unreliable. This is due to young people in education on the 31st August becoming an 'unknown leaver' on 1st September. The situation remains as unknown until enrolment and tracking by YES is completed (deadline 30th November).

In October and November YES undertake the Annual Activity Survey and Post 16 Participation follow up/tracking to confirm the destination of all 16 & 17 yo. Robust tracking ensures we know what our young people are doing and this may see a rise in the number of young people identified as NEET. Delays and/or incomplete enrolment data from post 16 providers has impacted on the work of YES and has increased the volume of young people that the Service will need to contact directly as part of the Annual Activity Survey and Post 16 participation tracking.

October to December may see an increase in the number of NEET due to early leavers from full time education programmes. YES robust and established tracking processes of early leavers ensure timely and appropriate IAG support can be offered.


Actions:

1. All 16 & 17 year old NEET young people will be allocated a named YES adviser. These young people will be contacted and offered 1:1 IAG support within 7 working days of allocation. (Practice Manager, Performance Analyst, Oct 2017 – Dec 2017)

2. Continue to support the local authority to meet DfE statutory requirements:

Collect accurate, up to date and robust destination and participation data. (Oct – Dec 2017)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Annual Activity Survey Year 11 & 12 leavers tracking. (Performance Analyst, Sep – Nov 2017)				
Tracking and Post 16 Participation follow up. (Performance Analyst, Sep 2017 - Aug 2018)				
Early leaver follow up. (Performance Analyst, Sep 2017 – Jul 2018)				
Year 11 Intended Destinations. (Performance Analyst, Dec 2017 – May 2018)				
3. Monitoring and analysis of NEET joiners, including early leavers from learning (Year 12 & 13). (Performance Analyst, Oct 2017-Dec 2017)				

Number of children who were the subject of a child protection plan [Corporate - council]	No.	263.00	372.00	 RED
				Improving

Position:

There are 372 children subject of a child protection plan as at 30th September 2017.

The quarter by quarter trend is:

Q3 2016/17 – 369

Q4 2016/17 – 367

Q1 2017/18 – 378

Q2 2017/18 - 372

The number of children subject of a child protection plan is down from 378 at 30th June 2017 and from 381 at 30th September 2016.

95 children became subject of a child protection plan in the last three months, down from 102 in the previous three months.

101 children ceased to be subject of a child protection plan in the last three months, up from 91 in the previous three months.

The target of 263 is based on the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health.

Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children rose from 45.2 in Q1 2016/17 to 46.9 in Q1 2017/18.

9 children who were subject of a child protection plan at 30th September 2017 were also in care, down from 24 at 31st March 2017.

20 children subject of a child protection at 30th September 2017 had been subject of a child protection plan for two years or more. This represents 5.4% of all children subjection of child protection plan, above the national average of 2.1% at March 2016.

Of the 409 children who became subject of a child protection plan during the year ending 30th September 2017, 85 (20.8%) became subject of a child protection plan for a second or subsequent time, above the national average of 17.9%. 35 (8.6%) children became subject of a plan within two years of the previous plan ending, below the South East average of 10%.

The rate of children subject of a child protection plan per 10,000 children is 72.7 at 30th September 2017, above the England average of 43.1, statistical neighbour average of 45.3 and contextual neighbour average of 51.3. Brighton and Hove's rate of children subject of a child protection plan at 31st March 2016 was 76.5 and was ranked 10th highest out of 151 Local Authorities with published data, up from 25th highest last year.

20.7% of children subject of a child protection plan were not White British, down from 22.5% at 30th June 2017. 21% of children aged under 18 in Brighton and Hove were from a BME background at the time of the 2011 census.

The percentage of children with a category of emotional abuse has fallen from 53.8% at September 2016 to 46.8% at September 2017, although this remains above the national average of 38.3%.

The percentage of children with a category of neglect has risen from 28.1% at September 2016 to 41.4% at September 2017, although this remains below the national average of 44.9%.

The percentage with multiple categories has fallen from 11.5% at September 2016 to 6.7% at September 2017 but is still above the national average of 5.2%.

Below is a comparison of the age profile of children subject of a child protection plan compared with the 2015/16 national average:

- 2.4% are unborn compared to 2% nationally.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
• 13.2% are aged under 1 compared to 10.1% nationally.				
• 25.3% are aged between 1 and 4 compared to 27.3% nationally.				
• 28.5% are aged between 5 and 9 compared to 29.4% nationally.				
• 26.9% are aged between 10 and 15 compared to 27.4% nationally.				
• 3.8% are aged 16 and over compared to 3.7% nationally.				

Commentary:

The overall rate of children subject to a child protection plan remains higher than the target based on contextual nearest authorities and above the England average. The number is however on a downward trajectory, with a 7.9 % reduction since October 2015, with progress attributed to the implementation of the model of social work practice and a focus of the use of relationship to effect change and reduce risk in families. Work continues to ensure that the response to risk is proportionate but this needs to be done in a way that ensures children are kept safe. A dramatic reduction in child protection numbers over a short period of time would give cause for concern that risk is not being managed appropriately. This is particularly relevant in the current context of increasing numbers both regionally and nationally. The 372 children constitute 214 households. Over the last year, the numbers have moved from a low of 364 to a high of 388, with an average of 373. Whilst this brings Brighton and Hove into the higher rating of 151 local authorities, it does demonstrate a consistency in threshold and need, with no major changes despite an increase in the South East ratios per 10,000. It will be important to note whether there are any major deviations for this over the next months, with the introduction in Brighton and Hove of universal credit.

In this quarter, there remain fewer children who are subject to dual status, namely looked after and on a child protection plan, which is positive.

The predominant timescale for a child to be on a child protection plan remains 6 months to 1 year, with the age profile of children, being broadly in line with the national picture. The slightly higher number of unborn and 1, may be due to focus on early permanence planning and a move to start pre-birth assessment at an earlier stage, in line with recent case law recommendations.

Whilst there are a higher number of repeat or second time child protection plans than the national average, we are below the national average for repeat plan within 2 years, which may be due to a more robust step down plan.

Emotional abuse category has lowered with an increase in neglect, which is positive in that it is moving further towards the national trend. There are a much lower number of children on child protection plans under the category of sexual and physical harm.

There are a number of children who have been subject of a child protection plan for over 2 years and this needs to be looked at in detail to evaluate if there are themes of drift and delay in reducing risk.

Actions:

1. Head of Service for child protection and Reviewing Officer Manager to review all of the cases over two years to ensure there is sufficient planning and intervention to move to either step down, or a need for escalation. November 2017 Head of Service Child Protection.

2. To review young people on child protection plans who are 16+, to consider if this is an effective mechanism to safeguard, or whether it can be achieved with robust CIN plan and oversight from a Child Protection Reviewing Officer. Head of Service and Manager of CPRO's. November 2017.

Number of children in care
[Corporate - council]

No.

416.00

424.00



Improving

Position:

There are 424 children in care (CiC) at 30th September 2017.

The quarter by quarter trend is:

September 2016 - 453

December 2016 - 463

March 2017 – 456

June 2017 – 439

September 2017 – 424

The aim and target shown is to reduce children in care to 416, which is the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health. 416 Children in Care (CiC) equates to a rate per 10,000 of 81.

The peak CiC number since 2010 was 515 in November 2011 and the number is now at its lowest since May 2009. There are 39 Unaccompanied Asylum Seeking Children (UASC), unchanged from June 17 but an increase from 9 at March 2015. The percentage of CiC that are UASC is up from 7.9% at September 2016 to 9.2% at September 17. The number of CiC excluding UASC is down from 417 at September 2016 to 385 at September 2017 – a decrease of 32 children.

The CiC rate per 10,000 is 82.8 at September 2017, above the national and statistical neighbour average of 62 and 63 respectively and contextual neighbour average of 82 at 31st March 2017.

Brighton and Hove's CiC rate per 10,000 was 89 at 31st March 2017 and was ranked joint 29th highest out of 152 Local Authorities in England, up from 32nd highest last year. Figures from the South East Regional Benchmarking group show that the South East average rate per 10,000 children has risen from 55.1 in Quarter 1 2016/17 to 55.9 in Quarter 1 2017/18.

Nationally, the number of CiC at 31st March 2017 saw an increase of 3% compared to 31 March 2016 and an increase of 7% compared to 2013. If UASC are removed from the count of looked after children, the national increase in CLA between 2016 and 2017 is still maintained at 3%.

164 children became looked after during the year ending 30th September 2017, down from 214 during the previous 12 months.

- 18% of children becoming looked after during the year ending 30th September 2017 were aged under 1 compared to 22% in the previous 12 months.
- 20% were aged 1 to 4 compared to 11% in the previous 12 months.
- 16% were aged 5 to 9 compared to 15% in the previous 12 months.
- 28% were aged 10 to 15 compared to 32% in the previous 12 months.
- 18% were aged 16 and over compared to 20% in the previous months.

192 children ceased to be in care during the year ending 30th September 2017, down from 221 during the previous 12 months.

- 22.4% of children ceasing to be in care in the year ending 30th September 2017 returned to live with parents or relatives compared to 35.7% in the previous 12 months.
- 17% were adopted compared to 14% in the previous 12 months.
- 14.1% were subject to a Special Guardianship Order compared to 11.3% in the previous 12 months.
- 18.7% ceased care for any other reason compared to 23.1% in the previous 12 months (majority is young person reaches 18 and becomes a care leaver).

Commentary:

The numbers of children in care at 31st September 2017 is 424, shows a decrease of 15 children from June 17 figure of 439 and an over decrease of 29 children from Set 2016.

The current figure of 424 includes 37 Unaccompanied Asylum Seeking Children (UASC) unchanged from June 17, but the percentage of CiC that are UASC is up from 7.9% at September 2016 to 9.2% at September 17.

The number of CiC excluding UASC is down from 417 at September 2016 to 385 at September 2017 – a decrease of 32 children.

As set out above the aim and target shown is to reduce children in care to 416, and it is noted this has been achieved/ exceeded by 31 children if the UASC figures (which is driven by external factors beyond our control) are excluded.

Including the UASC numbers, to achieve the 416 target, we have to reduce by a further 8 children.

It is noted that the above declining trend is in the context of a national increase of 3% in Children In Care numbers. In addition, this is also in the context in a reduction (of 29) children who ceased to be in care during the year ending 30th September 2017, currently 192 but down from 221 during the previous 12 months. This positive declining trend is in line with the targets set out when the social work restructure into POD working from November 2015.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Whist acknowledging the trajectory is currently reducing, challenges remain in sustaining this progress as follows:

- the context that South East Benchmarking reflects an increase in average rates of looked after children from 55.1 in Quarter 1 2016/17 to 55.9 in Quarter 1 2017. As noted above, nationally, the number of CIC at 31st March 2016 saw an increase of 3% therefore the projected trajectory nationally is of increasing CIC rates rather than decreasing.
- A significant factor in the number of Children in Care is that the number of children ceasing to be looked after has decreased in the last year – 192 children ceased to be in care during the year ending 30th September 2017, down from 221 during the previous 12 months.
- a further issue of significance is the age profile of the 186 newly looked after children in the past year where 16 % are aged 5 to 9 – this means that this age cohort are more likely to have a care plan of long term fostering and remain in care throughout their childhood . They are therefore less likely to leave the care system via adoption (younger children in the main are adopted) and or via rehabilitation to parents care or by reaching 18.
- The age breakdown of 28% were aged 10 to 15 and 18% were aged 16 and over continues to reflect significant cohort of older children becoming looked after reflecting national and local concerns about older children at risk of family breakdown due to issues such as risk of child sexual exploitation, missing episodes, substance misuse and youth offending.
- A further pressure is the ongoing high numbers of Unaccompanied Asylum Seeking children (UASC) 37 at October 2017: The percentage of CIC that are UASC is up from 7.9% at September 2016 to 9.2% at September 17 - this remains as a higher number of UASC's that have been the responsibility of Brighton & Hove since 2008 - reflecting the growing number fleeing war and persecution. It is likely in the ongoing political climate the numbers of UASC are likely to continue to grow.


Performance in this area needs to be considered within a national context of increasing care proceeding. There were 56 families in care proceedings at 30th September 2017, down from 70 at September 2016. Nationally the number of proceedings issued in 2016-17 was 14,500. This figure was 12,700 last year and 11,100 the year before. The last three months the rate has slowed but this is still a 30% increase over two years.

Children's Services Care Planning Panel is chaired by the Assistant Director and continues to oversee any admissions of children/young people into the care system, and continues to provide vigorous challenge to ensure that all other alternatives have been including placement with family members with support packages have been explored before agreeing to a child/young person becoming looked after.

Actions:

1. Children's Services Care Planning Panel to continue to review Admissions and Exit Planning for Children in Care to ensure that alternatives to care are vigorously explored where it is safe to do so. (Assistant Director Children's Health Safeguarding & Care, Review – Jan 2018)
2. Progress the development of the Adolescent Service (Assistant Director Children's Health Safeguarding & Care, Review – Jan 2018)

2017-18 Finance & Resources - Council (Corporate)

Organisational result: % of high and medium priority audit recommendations (that have passed their agreed implementation deadline) that have been implemented [Corporate - council]	%	90.00	82.50	 RED
				Improving

Position:

Between July and September 82.5% of high and medium priority audit recommendations (that have passed their agreed implementation deadline) have been implemented.

The quarter by quarter trend is:

- Apr to Jun 16 = 75%
- Jul to Sep 16 = 77%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Oct to Dec 16 = 81.6%

Jan to Mar 17 = 90.3%

Apr to Jun 17 = 86.2%

Jul to Sep 17 = 82.5%

The result for the period July to September (Q2) was 82.5%. This compares to 77% for the same period last year.

This indicator shows the percentage of medium and high priority audit recommendations for the council that have reached their due date and have been implemented. The data is based on updates from those responsible for implementing recommendations setting out what has been done. The indicator provides evidence about the extent to which the council is maintaining a strong control environment. As there is no benchmark, the target was set as an improvement target on the previous years result of 90.3%.

Commentary:


Quarter 2 performance has deteriorated compared with quarter 1 and is below the corporate target of 90%. The largest numbers of overdue actions are in Finance and Resources, but it should be note that this is the Directorate where the largest number of audits are undertaken, and therefore where there is the largest number of audit recommendations.

The statistic is based on a 12 month rolling period. Where audits have not been implemented within 12 months of the agreed implementation date these will be individually reviewed by the Head of IA and Audit Manager who will determine whether the recommendation and related risk are still relevant.

Where necessary these recommendations will be escalated to ELT and potentially Audit and Standards Committee after consultation with the relevant Executive Director.

Actions:

1. Recommendation owners, heads of services and executive directors to be reminded to review and update their recommendations on the internal audit Sharepoint site. (Head of Internal Audit/ Audit Manager, December 2017)
2. Directorate level performance information is compiled and distributed to each DMT (Audit Manager, ongoing)
3. Where particular managers have a high number of recommendations that are not implemented the responsible manager may be invited to attend the Audit & Standards Committee. (Audit Manager, when required/ quarterly)

% of invoices for commercial goods and services that were paid within 30 days [Corporate - council]	%	95.50	94.35	 RED
				Declining

Position:

Between April and September 94.35% of invoices for commercial goods and services were paid within 30 days.

The quarter by quarter trend is:

Apr to Jun 16 = 95.11%

Apr to Sep 16 = 95.08%

Apr to Dec 16 = 95.32%

Apr to Mar 17 = 95.25%

Apr to Jun 17 = 94.58%

Apr to Sep 17 = 94.35%

The result for the period July to September (Q2) was 94.11%. This compares with 94.58% for Q1 and 95.06% for the same period last year.

This measure/target is in response to the government's drive to improve the speed of payments across the whole of the public sector. The principle is about ensuring that suppliers' cash flows and viability are not impacted by slow payment processes. We aim to pay suppliers within 30 days of receiving the invoice, and have a target of 95.5%. This target is considered achievable when compared to CIPFA comparative information which shows the 2015 performance for invoices paid within 30 days as an

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

average of 93% for benchmarking authorities. Key to meeting the target of 95.5% is high compliance with the use of the purchase order system which makes processing invoices quick and efficient .

Commentary:


The service has also been operating at a reduced capacity level in the first half of 2017/18 due to vacancies which has had a negative impact on performance. Although vacancies have been recruited to, the recent staff turnover has had an impact on the team’s performance. This is mainly due to the advanced level of work authorisation being required for the new members of the team during a settling in period, and staff time required for training new members of the team. It is difficult to assess whether the performance levels will increase in the 3rd quarter as another experienced member of the team has left recently.

The challenges facing the creditors service are:

1. Maintaining a high performance level whilst training new members of the team.
2. Continuing to maintain the level of performance with reducing staff resources.
3. Invoices are initially received and processed by individual services therefore the invoice processing performance is not wholly in the control of the creditors service.
4. Processing Social Care Provider payments following the decision not to implement Adam has proved challenging.
5. A high volume of invoices are already overdue at the point they are received by the creditors service.

Actions:

1. To continue to train new staff to work to a high standard to be able to meet the council’s performance indicators. In addition to this, other team members are gradually being trained across all areas of the teams’ work to enable staff to be able to process in different areas to manage peaks in different work areas. (Head of Central Financial Services, ongoing).
2. Further reporting to be carried out to enable targeted communication and guidance to service areas struggling most to comply with the Purchase Ordering process. (Head of Central Financial Services, ongoing).
3. To continue to review process across the whole team to develop automation in processing as much as possible to reduce processing time, freeing staff time to enforce non-compliance of purchasing processes. (Head of Central Financial Services, ongoing).
4. Continue to work with suppliers to ensure they do not invoice the council without a valid Purchase Order number. (Head of Central Financial Services, ongoing).

% of Purchase Orders raised on ordering rather than when invoiced [Corporate - council]	%	80.00	46.42	 RED
				Improving

Position:

Between April and September 2017 46.42% of purchase orders were raised on ordering rather than when invoiced.

The quarter by quarter trend is:

- Apr to Jun 16 = 48.32%
- Apr to Sept 16 = 45.77%
- Apr to Dec 16 = 45.74%
- Apr to Mar 17 = 47.17%
- Apr to Jun 17 = 46.31%
- Apr to Sept 17 = 46.42%

The position from quarter 1 to quarter 2 shows a very slight improvement (46.31% compliance at Qtr 1 compared with 46.54% compliance at Qtr 2). This compares with 44.9% for Qtr 2 last year.

There is no benchmark for this indicator but the challenging and necessary 80% target was set to improve compliance with the process known as Purchase to Pay. Purchase to Pay means raising an electronic purchase order and sending this to the supplier who then quotes this order when they

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

eventually send their invoice for the goods or services. Compliance is important for a wide range of reasons including:

- a) it improves commitment accounting and therefore the quality of financial forecasts across the council;
- b) it helps to speed up the process of paying invoices by being able to automatically match invoices to purchase orders - this helps to meet government Prompt Payment guidelines and avoid late payment penalties;
- c) it provides qualitative and quantitative management information concerning purchasing activity and enables monitoring of compliance with Contract Standing Orders and purchasing behaviours (e.g. on or off contract activity).

All budget managers are provided with monthly reports highlighting non-compliant purchases (invoices) known as 'retrospective orders'.


Commentary:

Of the 7,592 orders raised in Q2, 3,533 were raised in compliance i.e. 46.54% compared to the target of 80%. ELT and DMTs wish to see significant improvement in compliance for the reasons stated above. Improving compliance will take time and effort as the wide range of procurement practices deployed across the council require different responses and solutions ranging from training financial administrators with under-developed skills to finding solutions for complex call-off purchasing arrangements without creating an inefficient and onerous administrative burden.

Primary focus is now on the integration of a new Contract Management Module with financial system data as this has the best prospect of improving compliance. Once implemented, managers will effectively be required to authorise (as an additional step compared to current processes) purchasing that is 'off contract'. This will therefore alert managers at the requisitioning stage not only of poor procurement practice but will also indicate that the requisition has only been processed on receipt of an invoice i.e. an attempt to reject the request (which should have been raised at the point of ordering not invoicing) will require a discussion with the requisitioner as to why it can't be rejected. Over time, it will therefore improve compliance.

Actions:

1. RAG rated reporting to ELT/CMT members to raise the profile of non-compliance (Deputy Chief Finance Officer, Oct 2017).
2. Critically, implementation of the Civica Contract Module (business case approved by CMDDB) which enables non-compliance to be detected easily and provides effective MI and exception reporting. This is now in the process of being set up (Head of Financial Systems/Procurement Strategy Manager, Nov 2017).
3. Continuing to identify high volume non-compliant areas from available data (Procurement Strategy Manager, ongoing);
4. Developing a communication and guidance campaign for a wider audience to continue to promote increased compliance (Procurement Category Mgr/Principal Acc't FIS, Oct 2017).
5. Continuing to work on a daily basis with suppliers to ensure they do not invoice the council without a valid Purchase Order number (Head of Business Operations, Ongoing)

Average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence (not including schools) [Corporate - council]	No.	4.86	5.04	 Improving
--	------------	-------------	-------------	---

Position:

Between April and September the average number of working days / shifts lost per Full Time Equivalent (FTE) due to sickness absence was 5.04 days compared with 5.27 days for the same period last year (not including schools).

The quarter by quarter trend (days) is:

- Apr to Jun 16 = 2.67
- Jul to Sep 16 = 2.6

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Oct to Dec 16 = 2.72

Jan to Mar 17 = 2.6

Apr to Mar 17 = 10.59

Apr to Jun 17 = 2.41

Jul to Sep 17 = 2.63

The result for the period July to September (Q2) was 2.63 days. This compares to 2.6 days for the same period last year.

From Q1 2015/16, the target was changed to benchmark it against the CIPFA HR Benchmarking Club.

The target was reduced from 10 days to 9.7 days (just over 2.4 per quarter). The target for 2017/18 has remained the same as 2016/17 target in order to monitor progress.

The projected year end outturn is currently 10.72 days, which would exceed the target and be an Amber RAG rating.

Commentary

- Stress/Mental Health continues to be the biggest cause of days lost with 29.53% of the days lost in Q2 attributed to stress/ mental health, this is lower than in Q1 (17/18) – 33.15% and lower than in Q4 29.47%. All other reasons (26.75%) and musculoskeletal conditions (17.58%) were also significant contributors to the number of days lost during this quarter.
- The organisation is going through a high level of change and is currently in Year 2 of the 4 year budget planning process. This high level of change could be contributing to current levels of absence, particularly the level of stress related absence.
- HROD has rolled out a team resilience checklist to help manage stress within teams.
- Guidance has been reviewed to help managers spot potential stress related/mental health absences and to support managers manage absence due to stress / mental health. Managers are encouraged to undertake OH referrals in these cases from day one of the employee's absence.
- The automated emails managers receive from PIER once employees have been absent for more than 7 days have been reviewed to ensure they contain as much signposting information and guidance for managers as possible.
- HR advisory services have been conducting sickness surgeries in certain areas e.g. Cityclean, Nurseries and Housing , this approach has proved to be successful in ensuring that managers are dealing with long-term sickness absence in accordance with the council's Attendance Management Procedure.
- The next Data Insight reports are due out in November 2017, which includes absence data. These reports will further raise the profile of the importance of managing absence and enable managers to be accountable for improving sickness rates in their teams. ELT agreed that this data set should be produced twice yearly in order to support performance management.
- HROD are in the process of implementing a nurse led sickness reporting service together with an attendance management system through a company called FirstCare. This service and system will go live on the 1st December 2017. We are aware that the reporting of sickness absence may increase as a result of the implementation of FirstCare and so this may impact on our levels of sickness absence across the Council initially, before any reductions in sickness absence levels can be achieved.


Actions:

1. The sickness project has reviewed the role of sickness leads to ensure consistent support is received across the organisation in terms of managing absence and practice is reviewed at monthly sickness project group meetings. (HR Business Partner for Health & Adult Social Care Action, ongoing).
2. Following approval at PR&G on the 4th May 2017, HR&OD are working on the implementation of a nurse led sickness reporting service together with a new attendance management system (i.e. FirstCare), which will go live on the 1st December 2017. (HR Business Partner for Health & Adult Social Care, December 2017).
3. The Attendance Management Procedure is being reviewed and a new Attendance Support Policy and Toolkit is being drafted in consultation with the trade unions. HR&OD are aiming for the new policy and toolkit to be ready for implementation in the new year. (HR Business Partner for Health & Adult Social Care, April 2018).
4. All of the above actions feed into the work that has started on the Well-being agenda (including the

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

establishment of the Well-being Steering Group) for our staff, which is being driven through the Executive Director of Finance & Resources and health and safety colleagues. (Head of Health & Safety, April 2018).

2017-18 Health & Adult Social Care - Council (Corporate)

Permanent admissions of older adults (65+) to residential and nursing care homes per 100,000 population [Corporate - council]	No.	358.07	338.54	 Improving
--	------------	---------------	---------------	---

Position:

This Performance Indicator (PI) measures the number of older adults (65+) permanently admitted to long term residential or nursing accommodation expressed as a rate per 100,000 population. Between April 2017 and August 2017 there have been 130 admissions of older adults (65+) to residential care homes.

2017/18

Apr 2017: 26

May 2017: 29

Jun 2017: 30

Jul 2017: 25

Aug 2017: 20

Total: 130

The Performance Indicator (PI) is expressed per 100,000 population.

65+ Population is 38,400

April - August PI Value: 338.54

Projected year end PI Value: 703.13 (270 admissions)

2017/18 Target: 651.04 (250 admissions)

2016/17 PI Value: 717.01 (273 new admissions for over 65s)

2015/16 PI Value: 793.16 (295 new admissions for over 65s)

Comparative Data:

2014/15 National PI Value: 658.5

2015/16 National PI Value: 628.2

Demographic breakdown of admissions:

Age Groups: 10 admissions 65-74 year olds (7.69%), 39 admissions 75-84 year olds (30%), 81 admissions for 85+ year olds (62.31%).

Genders: 93 Females (71.54%), 35 Males (26.92%).

Primary Support Reasons: 47 Memory and Cognition Support (36.15%), 4 Physical Support Access & mobility only (3.08%), 78 Physical Support for Personal care (60%).

Commentary:

There are a number of initiatives and developments to maintain older adults in the community:

- Joint working of the Integrated Primary Care Teams
- Aligning social work staff with GP Clusters
- Provision of Short Term Services to maximise independence and reduce number of admissions to residential care.
- The continued collaboration of health and social care services under Caring Together will enable us to create more effective preventative services, early intervention and sources of support that seek to challenge the reliance on formal social care services and promote an asset based approach drawing in resources from wider communities and partner organisations.
- Development of Homefirst scheme to enable more effective discharge from inpatient care and ensure that people are assessed in their home environment and given the optimum opportunity to rehabilitate and stabilise – essentially reducing the need for intensive care services / residential or


INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

nursing care.

There is an impact on older adult admission figures from people who have been receiving Continuing Health Care funding being deemed no longer eligible and therefore becoming the responsibility of Adult Social Care. There is also a significant impact on funded admission figures from people who have previously self-funded their own placement whose funds have depleted below the capital limits for social care funding.

Actions:

1. Continue to rollout Homefirst approach for Brighton and Hove patients across all wards at the Royal Sussex County Hospital. (Assistant Director – Adult Social Care. Rollout October –January 2018.)
2. Early discussions with the CCG on integrating Continuing Health Care processes with a view to pooling resources and budget. Initial meeting September 2017. Further consideration at Caring Together Finance and Performance Board 31 October 2017. (Assistant Director – Adult Social Care. Oct 17)
3. Increased capacity in extra care housing – the new development of Brookmead will provide extra care housing support to people with dementia, providing a potential alternative / delayed admission to residential care. Due to open in October 2017 (Assistant Director – Adult Social Care. Oct 17)
4. New housing allocation policy now in place providing increased priority for Adult Social Care clients. This will enable more housing options to be available to those with care needs as an alternative to residential care. Process to monitor effectiveness of policy and take up to be developed October 2017. (Assistant Director – Adult Social Care. Oct 17)

% of social care clients receiving Direct Payments [Corporate - council]	%	27.00	23.24	 Improving
---	----------	--------------	--------------	---

Position:

Percentage of people using social care receiving Direct Payments

Between April and August 2017 the percentage of people using social care in receipt of Direct Payments is 23.24%

2017/18 Q2: 23.24%

Clients receiving Direct Payments: 549

Clients in receipt of long term community based services: 2362

2017/18 Target is 27%

The Q2 figure represents a slight increase from the previous quarter:

Apr to Jun 2017 =23.14%

Apr to Aug 2017 =23.24%

2016/17 25.09% (589 Direct Payment recipients)

2015/16 21.41% (529 Direct Payments recipients)

2014/15 19.62% (504 Direct Payments recipients)

2015/16 (latest available) comparator group average is 26.8%

2015/16 National (All England) PI figure is 28.1%

Demographic breakdown

Gender: 323 of clients are Female (58.83%), 226 of clients are males (41.17%).

Age Bands: 440 clients are between 18-64 (80.15%) and 109 clients are 65 and over (19.85%)

Ethnicity: 470 clients are White (85.61%), 17 clients are Asian or Asian British (3.10%), 12 clients are Black or Black British (2.19%), 18 clients are Mixed (3.28%), 24 clients are from Other Ethnic Groups (4.37%) and 8 clients are Not Stated (1.46%).

Commentary:

The council is working with Possibility People, our local user led organisation to both improve information about Self Directed Support. With the help of the local Direct Payment stakeholders group we aim to improve communication about Direct Payments to improve uptake. This work is underway and is ongoing.

Training for front line managers and staff specifically around Self-Directed has been delivered and will

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------


now be available for new staff. This is as a result of the Care Act 2014 and feedback from other training associated with the Act that staff have participated in. We include an overview of direct payments as part of our 3 day Assessment Pathway training programme, which is mandatory for staff that are carrying out Care Act assessments.

The council has now launched a pre-paid card option for those choosing direct payments, which enables people to use this in the same way as other pre-paid cards. We presently have 141 people using pre-paid cards and every new person wishing to use direct payments are given the opportunity of using this easy and straight forward way.

We are presently retendering for the Direct Payment Support contract and will be keen to have stronger measures of success and performance embedded within the contract to enable us to more closely track performance and hold the provider to account. The tender process is progressing in the form of Lots for Advice & Guidance, Supported Bank Accounts and Payroll Support Services. Advice & Guidance will be commissioned with a single provider but the intention is to build a framework of Providers for the financial aspects of the service encouraging a competitive process and the opportunity to extend the choice principle for potential DP users. The process is involving present DP users via surveys and focus groups as part of the process to try and get a service that is right and relevant and delivers from a customer point of view New Contract to commence April 2018

Actions:

1. Retendering for the Direct Payment Support contract in the form of Lots for Advice & Guidance, Supported Bank Accounts and Payroll Support Services (General Manager Adult Social Care, Apr 18)
2. Develop reporting mechanism for uptake of prepaid cards (Assistant Director Adult Social Care, Oct 17)
3. Continue to deliver an overview of direct payments as part of our day Assessment Pathway training
4. Launch of the revised scheme of delegation which will encourage social workers to have more opportunities to practice as well as having more control of the monetary aspects which should result in more creative solutions for people including Direct Payment options (General Manager Adult Social Care, Dec 17)
5. Trusted Assessments in place to undertake programme of targeted reviews (Assistant Director Adult Social Care, Apr 18)

Number of delayed transfers of care attributable to social care per 100,000 population [Corporate - council]	No.	2.72	2.61	 Improving
---	------------	-------------	-------------	---

Position:

Reporting is for the period to Apr 17 to Aug 17 as the data is reported nationally by NHS Digital and is lagged by 1 month.

The average number of monthly delayed days attributable to Social Care per day per 100,000 population is 2.61 (Figure for Apr 17 - Aug 17).

Proposed Q2 target is 2.72, proposed 2017/18 target is 2.44 (awaiting National confirmation of proposed NHS/Social Care splits).

There were 950 total delayed days between Apr 17 - Aug 2017, of which 480 (50.53%) were in acute care and 470 (49.47%) in non-acute care.

2016/17 Brighton & Hove PI Figure: 3.53 (recalculated)

2016/17 National average PI: 4.91(recalculated)

Commentary:

As of the end of Aug 17, performance against this indicator is good with a PI of 2.61 which is below the proposed quarter 2 target of 2.72.

The proportion of delays attributable to Social Care is significantly lower than the national average for the period Apr 17 – Aug 17.

Nationally, between Apr 17 – Aug 17 55.42% of delayed days were attributable to the NHS, 37.52% were attributable to Social Care and the remaining 7.06% were attributable to both NHS and Social Care.


Locally, between Apr 17– Aug 17 68.76% of delayed days were attributable to the NHS, 20.99% were

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

attributable to Social Care and the remaining 10.25% were attributable to both NHS and Social Care. Concerns remain about managing delays from Sussex Partnership Foundation Trust (SPFT) which relate to non -acute Mental Health settings. These accounted for 49.47% of delayed days between Apr 17 – Aug 17. The main issue cited by SPFT is lack of specialist Mental Health care home provision for older people requiring residential/nursing care in order to be discharged from Nevill dementia ward. A Care Home Market Action plan has been developed with the CCG to respond to market capacity issues and to the requirements of the Care Act. There is a shortage of care home provision for older people with mental health needs. Work continues to support care homes to care for people with dementia and nursing needs and to facilitate market diversification where possible. Providers are aware of the needs of the city through the Market Position Statement published by Adult Social Care. This is jointly produced and published by BHCC/CCG. This is also communicated through regular meetings with the care home sector. When people with dementia require a care home bed, every effort is made to offer a place in the city. If this is not possible due to market capacity, people are offered placements locally in East & West Sussex. Where relevant, Brighton & Hove pay above the set rate for a care home placement. ASC has worked closely with other partners in Health and the 3rd sector in developing a discharge to Assess approach (Home First). This means that patients are discharged in a timelier manner – reducing LOS in the acute beds.

Actions:

1. Refresh Market Position Statement late 2017 (Assistant Director of HASC, Dec 17)
2. Participate in a weekly MADE (Multi agency accelerated discharge event) involving colleagues in BSUH / CCG each week to support flow in the system. This is attended by senior staff in Hospital Social Work services. (Senior managers, Ongoing).
3. Maintain representation on the A&E delivery board where strategic and operational action plans are developed / monitored to address the local issues and create collaborative solutions. We dial into daily system call- this include weekends (Director/Assistant Director of HASC, Ongoing).
4. Rollout Homefirst approach for Brighton and Hove patients across all wards at the Royal Sussex County Hospital (following agreement at A+E delivery board 28th September 2017) (Assistant Director of HASC, Oct 17–Jan 18).

Telecare - % of support plans that have Telecare as a component [Corporate - council]	%	60.00	61.00	 GREEN
				Improving

Position:

This Performance Indicator measures whether or not Telecare is in place and is based on historical information on Social Care records, activities completed by the Living Well team and new information provided by the Carelink service. This is reported as a rolling 12 month result. In the last reporting year we introduced a new Telecare classification which is immediately visible on the persons social care record and is added as part of the assessment/review process. We have also explored more efficient methods to cross reference data captured on the 2 separate data bases, Carefirst (Adult Social Care) and Jontek (Carelink). A process to match and update records has been implemented with support from admin teams, the resulting improved data matching between both systems delivers a more robust result.

Of the 3,133 people with community based services & care plans in the period October 16 -September 17, 1,912 have had the provision of Telecare captured on their record.

This equates to 61.0% of people with current Community Based services identified as having Telecare/Carelink in place.

The target was set at 60%, as this is a local indicator there is no comparator information available. The 2014/15 result was 44% and the target represented continued progress of the telecare agenda.

Demographic Profile:

Of the 1912 people who have had provision of telecare captured in their record the following

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

demographic profile applies:

Gender: 1229 are female and 683 are male.

Age band: 520 people are aged 18-64, 253 are aged 65-74, 407 are 75-84 and 732 are aged over 85.

Ethnicity: Asian/Asian British: 21, Black / African / Caribbean / Black British: 17, Information Not Yet Obtained: 91, Mixed / multiple ethnic groups: 26, Other ethnic group: 22, White British: 1664, White Irish: 29, White Other : 42.

Commentary:

Performance for this indicator is affected by a number of key pressures locally such as issues in the hospital affecting number of referrals to the Living Well service from the acute sector . The Living Well service has devised a number of actions to strengthen links with the hospital and promote the service. The continued improvement in performance reflects the continued recognition of telecare as a key part of care and support. Living Well referrals are at a high level with positive links now embedded with Access point and the Home first (Discharge 2 Assess) process.

The better care funded initiative 'Telecare: Living Well' started 13 July 2015. This initiative provides Telecare support and other personalised preventative services to help reduce , prevent or delay the need for care and support. Throughout 16-17 we continued to see an increase in performance as a result of this initiative and the additional recording of Living Well Care Managers .

We continue to ensure that we are capturing telecare provision at all stages of the assessment process including authorisation of funding. Our data sources have increased and this in turn has improved the robustness of the indicator. We have also revised the denominator cohort to ensure it accurately represents people receiving services in the community who would be eligible for Telecare and have a care plan.

In 2012 a dedicated project was initiated to raise the awareness of the benefits of Telecare and to embed Telecare as a support tool into social care and health practice . Ongoing project work has included regular staff training sessions, delivery of an increased range of Telecare solutions and awareness raising of the benefits of Telecare to community groups through presentations , awareness talks and marketing. Relationship building with the community and voluntary sector has also been an important aspect of the project.

Overall Performance demonstrates that Telecare has become an integral part of social care provision . Ensuring Telecare is delivered to the highest standards by achieving on going accreditation from the Telecare services association has been completed- we passed our audit and received accreditation in September 2016, there were no improvement notices. (Project Manager, Assessment Unit).

Actions:

1) Ensure the Telecare project (Telecare:Living Well) continues to deliver against its commissioned outcomes. This provides early help to people who are struggling with aspects of daily living. This project supports both Value for Money and Better Care Fund programmes and provides a preventative service and wellbeing support to local residents. (Project Manager, Assessment Unit, ongoing).

2) Ensure on going promotion (and learning & development) of Telecare is delivered to health and social care professionals and members of the community. (Project Manager, Assessment Unit, ongoing).

3) Ensure the latest technological solutions are used to support independent living and to minimise risks. Project Manager, Assessment Unit-ongoing


4) Continue to ensure that Telecare is considered, and evidenced, at all stages of the assessment process. (Performance Improvement Managers, Assessment Unit, ongoing).

5) Liaise with system providers at Carelink to establish process to ensure the cohort of service users is accurately reflected on the separate Adult Social care database . (Performance Improvement Managers, Assessment Unit-commence January 2017, ongoing).

6) Incorporate data quality checking into work programme for new Information officers who will commence in post in November 2017. (Performance Improvement Managers, Assessment Service).

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

2017-18 Neighbourhoods Communities & Housing - Council (Corporate)

The number of private sector vacant dwellings returned into occupation or demolished [Corporate - council]	No.	79.50	73.00	 Improving
---	------------	--------------	--------------	---

Position:

During the 2017/18 financial year to date, 73 private sector vacant dwellings have been returned into occupation or demolished. The standalone result for Quarter 2 is 32. The 2017/18 target is locally set at 159 in order to maintain performance achieved during 2016/17, which is an average of 39.75 per quarter and 79.5 for the year to date. Although performance for 2017/18 is below the quarterly average (73 compared to 79.5), this result is likely to improve as properties are always returned to use at different rates throughout the year. The standalone figure for Quarter 1 has now increased to 41 (up from 32 when reported previously) following further "back in use" confirmations from Council Tax.

Commentary:


Based on current trends performance is off track and will need to improve over the remainder of the 2017/18 financial year in order to meet the target. This is still possible given that results tend to vary between quarters and additional properties can show back in use after quarter end when council tax records are updated. A well established and systematic approach by the Empty Property Team has led to sustained year on year performance, and the team are in constructive dialogue with the owners of 366 properties.

Threatened or actual enforcement measures act as a disincentive for owners to leave dwellings empty and will assist in improving performance and a pilot project is underway investigating use of a recyclable funding pot to resource enforcement action. A lack of funding for incentive offers to owners is an ongoing challenge and this continues to be explored following the completion of a business case by the Empty Property Team setting out the cost benefits.

It is necessary to maintain a net reduction in the number of empty dwellings in order to achieve any financial gain from the New Homes Bonus (NHB), which is a grant paid by central government to local councils to reflect and incentivise housing growth in their areas through new build homes, conversions and long term empty homes brought back into use. A threshold was introduced into this equation from 2016 meaning that the council would have to achieve a certain number of new homes before units would be counted towards the bonus payment. This threshold was not reached for year 2016/17 (count date October 2017) meaning that empty property figures did not affect gain/loss of New Homes Bonus this year. Income secured through the NHB relating to empty properties returned to use since 2010 currently stands at £1.38m net.

Actions:

1. Empty Property Enforcement Group re launch in line with revised Empty Property Strategy (Empty Property Officers, December 2017).
2. Work with Council Tax to maximise New Homes Bonus income (Empty Property Officers, October 2017).
3. Carry out New Homes Bonus Review working with Council Tax colleagues to improve reporting options for owners of empty properties (online form in development) (Empty Property Officers, March 2018).

Housing Tenants: Rent collected as % of rent due [Corporate - council]	%	98.40	98.97	 Improving
---	----------	--------------	--------------	---

Position:

The projected 2017/18 rent collection rate for council housing tenants is 98.97%. Current performance has slightly improved relative to the 2016/17 result of 98.96%. Comparator data from Housemark indicates that 2016/17 performance ranked within the top quartile (best 25%) when compared to both local authorities and housing associations.

The quarterly trend for the result is:

April to June 2015 = 98.56%

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

July to Sept 2015 = 98.66%
 Oct to Dec 2015 = 98.62%
 Jan to Mar 2016 = 98.77%
 Apr to Jun 2016 = 98.91%
 July to Sept 2016 = 98.85%
 Oct to Dec 2016 = 98.8%
 Jan to Mar 2017 = 98.96%
 Apr to Jun 2017 = 98.99%
 Jul to Sep 2017 = 98.97%


The target of 98.4% is based on maintaining the 2016/17 target. This equates to roughly 0.5 percentage point reduction on 2016/17 performance. Although the evidence base is limited, this is the drop in performance seen in comparator authorities that have seen similar implementation of Universal Credit that Brighton and Hove will see this year.

Commentary:

Performance is good although the full rollout of Universal Credit doesn't begin until October 2017 and this is the most serious challenge when it comes to rent collection. In preparation for this, the Housing Income Management team has a procedure in place to formalise the way they help affected tenants with their claims. The ability to collect rents from tenants has a significant financial impact because it determines the resources available to spend on the management and maintenance of tenants' properties through the Housing Revenue Account (HRA). Of the three actions from the previous quarter, one has been completed ("Modelling of likely impact of new Universal Credit cases upon rent collection over the course of 2017/18 financial year, so that an achievable target can be set").

Actions:

1. Look into how technology can support income collection and arrears minimisation e.g. Housing app, text message notifications/reminders, mobile working possibilities (Business Change Manager, July 2019).
2. Develop a pre tenancy online 'Better Start' guide to help prospective tenants get into the best financial position before their tenancy begins (Project Officer – Welfare Reform, January 2018).

% of the council's homes that do not meet the government's Decent Homes Standard [Corporate - council]	%	0.00	0.00	 GREEN No change
---	----------	-------------	-------------	---

Position:

At the end of September 2017, 0% of Housing owned dwellings did not meet the governments Decent Homes Standard. Currently 100% of our Council Housing Stock maintains the Decent Homes Standard.

This has been maintained since September 2015.

The target is to maintain 100% decency (or 0% non-decent) throughout the year. The decent homes 100% standard was first achieved in December 2013. Properties drop out of the Decent Homes Standard on the 1st of January each year as this is the point where the age of each individual asset element (kitchen, bathroom, door, boiler) changes.

Commentary:

The council holds asset information for each element of each property. This includes age and condition. This is used on an annual basis to identify the properties that will require planned works in the forthcoming year in order to ensure they remain decent. Capital budgets for decent homes work are set on the basis in line with the Housing Revenue Account (HRA) Asset Management Strategy priority of "investing in homes and neighbourhoods". Progress against the programmes and decency are monitored on a quarterly basis and reported to Housing & New Homes Committee.

The following work has been completed from April to September 2017 which has a direct impact on properties remaining decent under this measure:

- Windows – 304 units

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
• Bathrooms – 47 units				
• Kitchens – 162 units				
• Rewires – 451 units				
• Doors – 112 units				
• Roofs – 112 units				
• Gas boilers – 392 units				

Action:

1. Carry out initial budget consultation for 2018/19 budget with members and residents. (Head of Property & Investment, December 2017)
2. Submit HRA capital budget proposals to Housing & New Homes Committee for consideration. (Head of Property & Investment, January 2018)

2017-18 Strategy Governance & Law - Council (Corporate)

Number of Whistleblowing Allegations received [Corporate - council]	No.	2.00	Trend
			Decreasing trend

Position:

This Performance Indicator (PI) measures the number of whistleblowing allegations which were received within the reporting period.

Apr - June 2016/17: 3

Jul- Sept 2016/17: 4

Jan - Mar 2017/18: 2

Apr - June 2017/18: 0

July- Sept 2017/18 2

This indicator is set up to measure the trend of the numbers of whistleblowing allegations received and as such has no target set for the year. It is a local measure, there is no comparator information available.

Commentary:

Between July and September 2017 there have been 2 reported cases, 2 year to date. There were 4 for the same period last year, 7 year to date.

The whistleblowing steering group met in September and discussed the downward trend in reported cases. All whistleblowing allegations received have been or are being investigated. The Monitoring Officer, Head of Human Resources and Organisational Development and the Head of Internal Audit have met regularly upto September 2017 to review progress on whistle blowing cases and to identify any common themes or issues that might require wider consideration. The new Heads of HR and Audit have been briefed on Whistleblowing.

Progress on whistle blowing is reported to the Audit & Standards Committee as part of the Annual Governance Statement. The whistle blowing policy has been publicised as part of the refreshed approach to Fraud & Corruption awareness including:

- fraud e-learning awareness programme (completed by more than 800 members of staff)
- updated the counter-fraud strategy and framework (approved by Audit & Standards Committee in June 2016)

Monitoring of whistleblowing in the council is now more robust and continues to be improved; we have more reliable data, better monitoring, better publicity and greater numbers of allegations received. For 2016/17 whistleblowing informed the council's Corporate Risk Assurance Framework (reported to Audit & Standards Committee January 2017).

Actions:

1. Continue to monitor the returns to establish that figures have increased. (Executive Lead Officer, SGL. November 2017)
2. Improved communications to staff via the Corporate Management Team and the Wave (Executive Lead Officer, SGL. November 2017)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
3. Raise awareness to staff via message on payslips (Executive Lead Officer, SGL. January 2018)				
4. Include whistleblowing as part of fraud awareness e-learning (Executive Lead Officer, SGL. March 2018)				
5. Review of School's whistleblowing policy: (Executive Lead Officer, SGL. November 2017)				

Organisational result: Number of Stage 1 Complaints received by corporate Customer Feedback Team [Corporate - council]	No.		705.00	Trend
				Decreasing trend

Position

Between April to September 2017 there were 705 complaints.

The result for the same time in 2016/17 was 869 complaints.

The trend for the last eight quarters is:

2015/16: Q3=420, Q4=339, total for the year =1589.

2016/17: Q1=456, Q2=413, Q3=404, Q4=277, total for the year =1550.

2017/18: Q1=311, Q2=394 projects to 1410 for the year.

The result for Q2 is very similar to results for other quarters over the last two years (4x394=1576) but represents a 26% increase compared to Q1 17/18.

Few other local authorities provide their annual complaints data and where they do the corporate complaints processes used often differ so that direct comparisons are not easily made.

In Q2 2017/18, 24 of 70 complainants completing the online form provided Equalities Monitoring information. The numbers are too low currently to make significant comparisons, but information held on the City Tracker has been used for comparative purposes. 55% of complainants were in the age range 35-54 compared to 36% of the city population, and 0% of complainants were in the age range 18-24 compared to 15% of the population of the city.

64% of complainants were Female compared to 49.8% of the city population.

64% of complainants were English/Welsh/Scottish/Northern Irish/British (White) compared to 81% of the city population.

23% of complainants were Christian compared to 43% of the city population.

36% of complainants were disabled or limited by health compared to 16% of the city population.

For 2016/17:

In Q1 60% of replies were sent within 10 working days, 80% within 20 working days.

In Q2 58% of replies were sent within 10 working days, 79% within 20 working days.

In Q3 73% of replies were sent within 10 working days, 92% within 20 working days.

In Q4 82% of replies were sent within 10 working days, 96% within 20 working days.

The target for response times within 10 working days is 80%=Green, 70%=Amber.

The target for response times within 20 working days is 95%=Green, 85%=Amber.

For the year 2016/17 67% of replies were sent within 10 days, 86% within 20 days.

For the year 2015/16 66% of replies were sent within 10 days, 87% within 20 days.

Response times complaints for 2017/18:

In Q1 77% of replies were sent within 10 working days, 94% within 20 working days.

In Q2 71% of replies were sent within 10 working days, 95% within 20 working days.

Commentary

The detailed information below shows that the increase in complaints from Q1 to Q2 has been as a result of a significant increase in complaints received by City Clean. There were 29 in July and 78 in August when residents were dissatisfied that their refuse or recycling collections had been missed, that they had not been provided with new bins and that they could not get through to the contact centre to report the problem.

There were unprecedented levels of sickness among drivers and the service were unable to get agency replacements. A similar problem was experienced in getting temporary call centre staff to deal with the anticipated increase in customer contacts relating to the roll out of new bins. Complaints are reducing but remain much higher than received in the previous six months.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

The Customer Feedback Team review Customer Feedback results with all major teams every quarter. Below are the complaint numbers by directorate for the last 6 quarters in the following format:

(Q1 2016/17, Q2, Q3, Q4), Q1 2017/18, Q2. Main issue of complaint in Q2 (number of occurrences).

- Cityclean = (93, 108, 66, 27), 31, 124; Recycling collection missed (29), Failure to Provide Boxes/Bins (22), Missed collection (20), Cannot get through to Contact Centre (13).
- City Development & Regeneration = (16, 5, 11, 11), 16, 11; Delay in determining (5), Disagree with decision (4).
- City Parks = (15, 21, 14, 4), 11, 4; Allotments (2).
- Highways = (15, 13, 11, 13), 8, 3; Enforcement (1).
- Parking = (49, 25, 30, 28), 29, 38; Resident/Traders/Business Permits (6).
- Sport & Leisure = (5, 11, 16, 0), 5, 6; Enforcement on beaches and promenade (3).
- Tourism & Venues = (0, 0, 0, 1), 0, 0;
- Revenues & Benefits = (43, 44, 29, 35), 23, 27; Admin Errors (9), Delay Processing (5) Legal Action (5).
- Children's Safeguarding & Care = (15, 17, 14, 12), 21, 12; Lack of support for child (9), Lack of support for parent (5), Unhappy with decision (7).
- Education & Skills = (4, 0, 3, 0), 3, 0;
- Health, SEN & Disability = (2, 2, 12, 1), 2,2; EHC Plan (1), Level of support (1)
- Adult Social Care = (29, 24, 21, 16), 16, 13; Efficiency of Service (7), Staff Attitude (6)
- Property & Investment = (74, 72, 84, 71), 61, 62; Delay completing repair (19), Poor communication (16), Poor quality of repair (14).
- Tenancy Services = (35, 32, 36, 26), 30, 36; Housing N/E/C/W Lack of Action (13).
- Housing Needs = (25, 23, 37, 22), 29, 27; Dissatisfaction with service (17).
- Regulatory Services = (8, 8, 6, 6), 5,7 ; Difficult to contact (3), Poor Communication (3).
- Life Events = (6,5,2,3), 3, 2; No common issues.

- City Clean reported in Q1 they would establish and implement process for monitoring and working more closely with public toilet contractors, which would improve cleanliness and safety by June 2017. Complaints about quality of cleaning reduced from Q1=5 to Q2=4.

- City Parks reported in Q1 that they were reviewing their administrative processes, complaints reduced from Q1=11 to Q2=4.

- Tenancy Services reported in Q1 that they were working on improving the quality of response to members of the public and expected this would reduce the number of complaints escalating to Stage 2, the percentage escalating reduced from 23% to 19%.

- Housing Needs reported Q1 they would be looking at how processes for placing people into temporary accommodation (TA) can be streamlined, overall complaints about TA reduced from Q1=11 to Q2=6.

Actions

Actions being taken by services to reduce the complaints received are:

1. City Clean: Operation staff will be given a presentation of the Local Government Ombudsman report "Lifting the lid on bin complaints" to increase their understanding of how they can prevent of repetition of problems and assist in the services ability to deal with complaints effectively. (Head of Business Support & Projects, November 2017.)
2. Tenancy Services: Have frequent regular communication with service users who are reporting anti-social behaviour so that they are regularly kept informed of progress. (Housing Service Operations Manager, October 2017.)
3. The Customer Feedback Team issues weekly reminders to all members of the Corporate Management Team showing which complaints are becoming due for a reply and those which have not yet been replied to. The monthly Customer Insight Dashboard shows the response times for each Directorate. At quarterly Customer Feedback Review meetings with service leads and at Departmental Management meetings emphasis is placed on the need to provide timely responses. (Customer Feedback Lead, December 2017)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Organisational result: % of Stage 1 Organisational Complaints upheld or partially upheld including Health & Adult Social Care and Families, Children & Learning [Corporate - council]	%		49.40	Trend
				Increasing trend

Position:

In Q2 2017/18, there were 49.4% (194/394) Stage 1 complaints upheld.

The result for the same time in 2016/17 was 41.7% complaints upheld.

The trend for the last eight quarters is:

2015/16: Q3=26%, Q4=38%.

2016/17: Q1=36%, Q2=42%, Q3=35%, Q4=31%, total for the year = 36%.

2017/18: Q1=40%, Q2=49% projecting to 45% for the year.

There is a trend for the numbers of complaints to reduce and the percentage of complaints upheld to increase.

No comparator information available from other authorities.

Below is the result by service in the following format:

Service name, Result Q2 2017/18 (Number upheld/Number of cases), Issue of complaint (Number upheld/Number of cases)


- Cityclean = 77.4% (96/124) (54.8%). Most frequently upheld: Failure to provide bin (29/36), Recycling collection missed (27/35).
- City Development & Regeneration = 73% (8/11) (40%) Can't get through by phone (2/2), Delay in reaching decision (3/5).
- City Parks = 50% (2/4) (18%); Broken bench, parking on verges.
- Highways = 33% (1/3) (25%); Street lighting.
- Parking = 29% (11/38)(38%); Resident, Business parking permits (2/6)
- Sport & Leisure = 17% (1/6) (20%) Single issue.
- Tourism & Venues = 0% (0/0) (0%); None.
- Revenues & Benefits = 44% (12/27) (57%); Delay in Processing (5/5)
- Education & Skills = 0% (0/0) (25%); None.
- Children's Safeguarding & Care = 33% (4/12) (38%); Unhappy with decision,(2/7).
- Health & Disability = (50%) (1/2) (66%); Single issue.
- ASC = Red 50% (10/20) (46%); Waiting for Assessment (3/4), Service Delay (3/5).
- Property & Investment = Red 50% (31/62)(48%) Poor Communication (9/11) Delay completing repair (7/13).
- Tenancy Services = 31% (11/36) (20%); Lack of Action (5/13).
- Housing Needs = 30% (8/27) (34%); Dissatisfaction with service (5/17).
- Regulatory Services = 14% (1/7) (20%); single issues.
- Life Events = 0% (0/2) (66%); None.

Commentary:

The level of upheld complaints has increased. This has mostly been driven by the significant increase in the number of upheld complaints about City Clean Q1=17, Q2=96 which was an increase from 55% to 77%. There has been an increase in upheld complaints about Tenancy Services Q1=6, Q2=11 which was an increase from 20% to 31%. Information above describes the most frequently upheld issues.

Other services such as City Development, City Parks and Highways had increases in the percentage of upheld result. However the number of complaints received about those services was relatively few and so the impact on the overall result was slight.

Teams should endeavour to avoid issues of dissatisfaction becoming formal complaints by resolving the matter with their customers. This is good customer service and avoids the cost of engaging the complaint process. However, where a service receives a formal complaint and recognises that there has been a mistake it is good practice to apologise, offer an explanation and consider what action they can take to prevent the same issues recurring.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
Organisational result: % of Stage 2 Complaints upheld or partially upheld including Families Children & Learning. (There is no Health & Adult Social Care Stage 2 process) [Corporate - council]				
	%	17.00	11.63	 Improving

Position:

In Q2 2017/18, there were 4.5% (2/44) Stage 2 complaints upheld. There are 19 Stage 2 complaints not yet completed. Results will be updated when the outcome of those cases is known. The result for the same time in 2016/17 was 24.3% (9/37) complaints upheld. The result projects to 11.6% (10/86) for the year. The Green target for 2017/18 is 17% and is a 2 percentage point reduction in the result for 2016/17. The trend for the last eight quarters is:
 2015/16: Q3= 17% (6/35), Q4=22% (11/34), the result for the year was 22%
 2016/17: Q1=21% (11/52), Q2=24% (9/37), Q3= 14% (7/52), Q4= 18% (7/38) which gave a total of 19% for the year. (All cases concluded)
 2017/18: Q1=19%, Q2=4.5% projects to 11.6% for the year (19 cases to be concluded)
 There is no comparator information available from other authorities on the percentage of Stage 2 complaints upheld.

Below is the result by service in the following format:

Service name, Result Q2 2017/18 (Number upheld/Number of stage 2 cases), Escalation rate (percentage of complaints not resolved at Stage 1 in Q2 and where the customer requested a Stage 2, (Stage 2 cases/Stage 1 cases)

- Cityclean = Green 0% (0/1) (0%). Escalation Rate 0.8% (1/124).
- City Development & Regeneration = Green 0% (0/7) (20%). Escalation Rate 64% (7/11).
- City Parks = Green 0% (0/3) (0%). Escalation Rate 75% (3/4).
- Highways = Green 0% (0/1) (0%). Escalation Rate 33% (1/3).
- Parking = Green 0% (0/3) (33%). Escalation Rate 8% (3/38).
- Sport & Leisure = Green 0% (0/1) (0%). Escalation Rate 17% (1/6).
- Tourism & Venues = Green 0% (0/0) (0%). Escalation Rate 0% (0/0).
- Revenues & Benefits = Green 0% (0/4) (20%). Escalation Rate 14.8% (4/27)
- Children's Safeguarding & Care = Green 0% (0/4) (0%). Escalation Rate 31% (4/13)
- Education & Skills = Green 0% (0/0)(0%). Escalation Rate 0% (0/0)
- Health & Disability = Green 0% (0/0) (0%). Escalation Rate 0% (0/2)
- ASC = No stage 2 in Adults Social Care complaint process.
- Property & Investment = Green 0% (0/3) (17%). Escalation Rate 4.8% (3/62).
- Tenancy Services = Green 0% (0/7) (14%). Escalation Rate 19% (7/36).
- Housing Needs = Green 0% (0/4) (66%). Escalation Rate 14.8% (4/27).
- Regulatory Services = Red 40% (2/5) (0%). Escalation Rate 71% (5/7).
- Life Events =Green 0% (0/0)(0%). Escalation Rate 0% (0/2)

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

Commentary:

Stage 2 complaints are investigated by the Customer Feedback Managers who are independent of services. A low percentage of upheld or partially upheld results at Stage 2 can indicate that service managers carrying out Stage 1 investigations have reached a fair and reasonable decision.

The Escalation Rate gives an indication of the ability of services to resolve complaints at S1. For Q2 that result is 11% (44/394) which is Amber compared to 13.5% (42/311) for Q1 which was Red. This indicates that more complaints are being resolved at Stage 1.

Stage 2 Investigations carried out by the Customer Feedback Team may result in service improvements being identified.

Action taken during Q2 includes: All services being notified they should familiarise and remind themselves of the guidance on what to do when there is a breach of personal data, and specifically: (a) Where there has been a breach the relevant manager should be informed and a review carried out which should be reported to Information Governance. (b) Reasonable attempts should be made to recover data and prevent a further breach. The Housing Customer Service team have advised tenants of timescales when taking reports of visitor car parking permit abuse.

To help services understand why there is an increase in the percentage of cases progressing to Stage 2, Customer Feedback Managers, in their quarterly discussions with service leads, look at all cases that have progressed from Stage 1 to Stage 2 and from Stage 2 to Ombudsman. They will identify if the complaint could have been resolved at an earlier point in the customer journey and will encourage the service to apply any learning from that discussion.

The Customer Feedback Team provide training in developing investigations skills and identifying service improvement as part of the Council wide learning programme. The Customer Feedback Team also offers tailored training to support the needs of individual teams. Feedback received from delegates who have attended is that the workshops are very informative and useful.


We need to continue to improve the skills of all managers and their teams so that people who have raised complaints at Stage 1 believe that their issue has been fairly investigated and that they have been treated with empathy and respect. Recognising when something has gone wrong, giving an explanation and a meaningful apology in a timely manner is really important for improving overall customer satisfaction.

It should be noted that as some teams have few numbers of complaints at Stage 1 and an increase of a single case referred to Stage 2 or an increase of 1 upheld case can cause a noticeable percentage change in their results.

Actions:

1. The Customer Feedback Team will continue to provide support, advice and training to enable service managers to give high quality response to complaints which focus on either resolving matters or giving clear explanations why service have to be delivered as they are. (Customer Experience Lead. December 2017.)

2. The Customer Feedback Managers will continue to provide reports to and meet with service managers to identify service improvements and to improve the quality of Stage One replies. (Customer Experience Lead. January 2017.)

Organisational result: Number of compliments received [Corporate - council]	No.	234.00	246.00	 GREEN
				Improving

Position:

For Q2 2017/18, 246 Compliments were received.

234 were received in Q1, and the projection for the year is 960.

The target for 2017/18 is 936 (234 per quarter) which is a 2% increase on the 2016/17 result. Amber is 920 (230 per quarter) and will maintain the 2016/17 performance.

The trend for the last eight quarters is:

2016/17: Q1=198, Q2=240, Q3=274, Q4=207 which gave a total of 919 for the year.

2017/18: Q1=234, Q2=246 which projects to 960 for the year.

No benchmarking data is available.

INDICATOR	UNIT	TARGET	ACTUAL	STATUS
-----------	------	--------	--------	--------

For Q2, 87% (214) of compliments were from members of the public, 5% (11) were from external professionals who work alongside the council, 9% (21) were from colleagues working in collaboration with other services.

Below are the last 6 quarters numbers of compliments listed by directorate. They take the following format:

Directorate: (Q1 result 2016/17, Q2, Q3, Q4), Q1 2017/18, Q2.

- Economy, Environment & Culture: (48, 80, 79, 58) 68, 72.
- Families, Children & Learning: (29, 25, 48, 19) 35, 31.
- Finance & Resources: (14, 12, 11, 10) 10, 9.
- Health & Adult Social Care: (37, 46, 48, 35) 52, 56.
- N'hoods, Communities & Housing: (64, 64, 76, 71) 29, 51.
- Strategy Governance & Law: (5, 13, 12, 13) 22, 27.

Commentary:

A compliment is when someone “makes a proactive attempt to congratulate a service provider and explains why they appreciated the service provided.”

There is value in recording the compliments received, firstly it helps to provide a balanced perspective alongside the complaints received and shows that very many customers are so pleased with the service they received that they want to tell us. Secondly, the comments that people make when offering their compliments can be used for identifying what delights customers and therefore what aspects of a service or the way it is delivered we should seek to emulate. In the quarterly Customer Feedback Meetings the key phrases and sentiments customers express are shared with Service Leads for them to use in their team meetings to motivate team members, show they are valued, and focus on the positive aspects of the work we do.

Actions:

1. The Customer Feedback Team will continue to encourage and remind teams to send their compliments to Customer Feedback using the generic email address as this will enable us to build a picture of what customers find valuable. (Customer Experience Lead, December 2017)
2. The value of Compliments is promoted in the Complaints Investigation and Service Improvement workshops. (Customer Experience Lead, December 2017)
3. Compliments received are discussed with services leads in quarterly meetings to inform service improvements and for service leads to share with their teams. (Customer Feedback Managers & Service Lead, December 2017)