



BROMSGROVE DISTRICT COUNCIL

MEETING OF THE PERFORMANCE MANAGEMENT BOARD

TUESDAY, 19TH JUNE, 2007 AT 6.00 PM

COMMITTEE ROOM, THE COUNCIL HOUSE, BURCOT LANE, BROMSGROVE

MEMBERS: Councillors J. T. Duddy (Chairman), C. B. Taylor (Vice-Chairman),
Mrs. M. Bunker, S. R. Colella, Mrs. A. E. Doyle,
Mrs. C. M. McDonald and R. D. Smith

AGENDA

1. Apologies
2. Minutes (Pages 1 - 4)
3. Self-Assessment of Current Position Against Data Quality Key Lines of Enquiry (Pages 5 - 22)
4. Graphic Designer/ Branding and Style Guidelines (Pages 23 - 40)
5. Performance Report - Period 1, 2007-08 (Pages 41 - 54)
6. Improvement Plan Exception Report Update - April 2007 (Pages 55 - 66)

K. DICKS
Chief Executive

The Council House
Burcot Lane
BROMSGROVE
Worcestershire
B60 1AA

7th June 2007

This page is intentionally left blank

Agenda Item 2

BROMSGROVE DISTRICT COUNCIL

MEETING OF THE PERFORMANCE MANAGEMENT BOARD

TUESDAY, 22ND MAY, 2007

PRESENT: Councillors Mrs. M. Bunker, S. R. Colella, Mrs. A. E. Doyle, J. T. Duddy, Mrs. C. M. McDonald, R. D. Smith and C. B. Taylor

Observers: Councillors Mrs. J. Dyer M.B.E., Mrs. J.M.L.A. Griffiths and S.R. Peters

Officers: Messrs. H. Bennett and A. Jessop

1/07 ELECTION OF CHAIRMAN AND VICE-CHAIRMAN

RESOLVED: that Councillors J.T. Duddy and C.B. Taylor be elected Chairman and Vice-Chairman respectively of the Board for the ensuing municipal year.

2/07 MINUTES

The Minutes of the meeting of the Board held on the 13th April 2007 were submitted.

RESOLVED:

- (a) that, for the avoidance of doubt, the recommendation to Minute No. 85/06 (Improvement Plan Exception Report – February 2007 Update) be amended to read “that, on the issue of communications, on future occasions when senior officers of the Council are away en-bloc on a management “away day”, or there are similar training sessions involving a number of officers from one department, these dates/opportunities be communicated to Members in advance by e-mail, to be supplemented by a postal notification until such time as all members were contactable via e-mail”; and
- (b) that, in all other respects, the Minutes be confirmed and signed as a correct record.

3/07 DATA QUALITY STRATEGY

A report setting out the Council’s Data Quality Strategy and Action Plan, which aims to improve the Council’s score with the Audit Commission from current Levels 1 and 2 to 3 within the next twelve months, was submitted.

RESOLVED:

- (a) that the Data Quality Strategy and Action Plan be noted, but that, if possible, a report be submitted to the next meeting of the Board setting out an “in-house” assessment of the current levels of performance;

- (b) that the Action Plan be submitted to the Board on a six monthly basis;
- (c) that future copies of the report should include an additional (end) column outlining the current status of the various Items/Themes; and
- (d) that the Assistant Chief Executive be requested to discuss prioritisation of Themes within the document with the Council's Auditors in due course.

4/07 **IMPROVEMENT PLAN EXCEPTION REPORT UPDATE - PERIOD 12 06/07 (YEAR END)**

Consideration was given to the report on the Improvement Plan for March 2007, together with the corrective action being taken, as set out in the appendix to the report.

RESOLVED:

- (a) that the revisions to the Improvement Plan Exception Report, together with the corrective action being taken, be noted;
- (b) that it be noted that, from the 90 actions highlighted for March, 58% of the Plan was on target (green), 2% was one month behind (amber), and 13.3% was over one month behind (red) – with 26% of actions having been re-scheduled or suspended, with approval;
- (c) that, notwithstanding (b) above, the Assistant Chief Executive be requested to investigate the reason for the apparent reversal in on-target (green) projects from 70% in February to 58% in March, and report his findings to the next meeting; and
- (d) that, insofar as the issues relating to the Modernisation of the Council Brand were concerned, a copy of the Style Guide be circulated with the agenda for the next meeting, and that, in this regard, the Council's Communications Manager be invited to attend to assist with any discussion or debate;

5/07 **TRAINING**

The Chairman advised the members of the Board that, as everyone elected onto the Board were either new to the Council or to the work of the Board, training sessions would be arranged at the earliest possible opportunity. This was noted.

6/07 **COUNCIL CONSTITUTION**

The Chairman referred to the Council's Constitution document, and recommended that Members pay particular attention to Part 10, which covered the work of the Board. This was noted.

7/07 **WORK PROGRAMME**

The Chairman advised the Board that there was already a Work Programme in place for the Board, and that such Programme would be re-submitted in the near future for reconsideration. This was noted.

8/07 **DATES AND TIMES OF FUTURE MEETINGS**

A revised schedule of dates and times of future meetings of the Board was circulated at the meeting and it was

RESOLVED: that future meetings of the Board take place at 6. 00 p.m. on Tuesdays on the following dates:

19th June 2007
17th July 2007
21st August 2007
18th September 2007
23rd October 2007
20th November 2007
18th December 2007
22nd January 2008
19th February 2008
18th March 2008
22nd April 2008

The meeting closed at 7.24 pm

Chairman

This page is intentionally left blank

BROMSGROVE DISTRICT COUNCIL

19 JUNE 2007

PERFORMANCE MANAGEMENT BOARD

SELF ASSESSMENT OF CURRENT POSITION AGAINST THE DATA QUALITY KEY LINES OF ENQUIRY

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Head of Service	Hugh Bennett Assistant Chief Executive

1. SUMMARY

This paper provides an assessment of the Council's current position against the Audit Commission's Data Quality Key Lines of Enquiry (KLOE's), as requested by Performance Management Board at the meeting in May.

2. RECOMMENDATIONS

2.1 That The Board notes the current position

3. BACKGROUND

3.1 This report follows from the report considered at the previous meeting which set out the Council's data Quality Strategy and Action plan.

3.2 A six month update on progress on implementation of the Data Quality Action plan will be brought to the Board meeting in October 2007

4. CURRENT POSITION AGAINST THE KLOE's

4.1 Appendix 1 shows the current self assessment position against the KLOEs. The key is contained in the header.

5. FINANCIAL IMPLICATIONS

5.1 No financial implications

6. LEGAL IMPLICATIONS

6.1 No Legal Implications

7. CORPORATE OBJECTIVES

7.1 Improved quality of data contributes to management of performance thus to the objective of improving performance.

8. RISK MANAGEMENT

8.1 There are no risk management issues

9. CUSTOMER IMPLICATIONS

9.1 None

10. OTHER IMPLICATIONS

Procurement Issues: None.
Personnel Implications: None
Governance/Performance Management: see 7.1 above
Community Safety including Section 17 of Crime and Disorder Act 1998: None
Policy: None
Environmental: None
Equalities and Diversity: None

11. OTHERS CONSULTED ON THE REPORT

Portfolio Holder	No
Chief Executive	No
Corporate Director (Services)	No
Assistant Chief Executive	Yes
Head of Service	No
Head of Financial Services	No
Head of Legal & Democratic Services	No
Head of Organisational Development & HR	No
Corporate Procurement Team	No

--	--

12. APPENDICES

Appendix 1 Key Lines of Enquiry Self Assessment

13. BACKGROUND PAPERS

None

CONTACT OFFICER

Name: John Outhwaite, Interim Senior Policy & Performance Officer
E Mail: j.outhwaite@bromsgrove.gov.uk
Tel: (01527) 881602

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

1. GOVERNANCE AND LEADERSHIP		
Has the council put in place arrangements at a senior level to secure the quality of data used to manage and report on performance?		
Key line of enquiry 1.1 Responsibility for data quality is clearly defined.		
Audit Focus		
Evidence that: <ul style="list-style-type: none"> there is top level commitment to data quality; and the council acts on this commitment, to secure the quality of its data. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
1.1.1 Responsibility for data quality has been assigned within the council, although this may have been assigned to a number of individuals and is not at top management level.	1.1.5 An individual at top management level has overall strategic responsibility for data quality. <i>Assistant Chief Executive has overall strategic responsibility for DQ</i>	1.1.9 The council has a member lead for data quality issues and this role is undertaken effectively. Members should have received training on the importance of data quality and should also have an awareness of the arrangements the council has put in place to mitigate the risks associated with poor quality data.
1.1.2 Issues relating to data quality are considered and reported at least to departmental managers. <i>Senior Policy & Performance Officer with responsibility for DQ reports issues to PI owners, Departmental Performance contacts and, sometimes, Heads of Service</i>	1.1.6 Issues relating to data quality are considered by and reported to those charged with governance, e.g. to directors or heads of service. <i>Senior Policy & Performance Officer in CCPP and ACE bring issues of data quality to the attention of HoS</i>	
1.1.3 The council's commitment to data quality (for example, the importance of, and arrangements for, securing the quality of key data) is outlined in key strategic documents, such as the corporate performance plan or performance management framework. <i>A Data Quality Strategy has been developed, it will be submitted to Cabinet for approval in June, but work on implementation has</i>	1.1.7 The corporate commitment to data quality is actively promoted, making clear to relevant staff their responsibility for data quality (eg accuracy, completeness, timeliness).	1.1.10 Data quality is fully integrated into the council's planning, monitoring and reporting processes.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

<p><i>already begun. The PMF will be updated to include specific references to DQ</i></p>		
<p>1.1.4 Accountability arrangements for data quality are developing, but these may not yet be applied or required in all areas of the council, or be formally defined.</p> <p><i>The DQS has been presented to Heads of Service and their Departmental Performance contacts. Ownership for each corporately reported PI (BVPI's and local PI's) has been established through the 2006/07 PI certification/sign off process. New Corporately reported PI's will have owners established within the next 2 months. It is planned to ensure that responsibility for performance data and data quality is included within job descriptions wherever relevant.</i></p>	<p>1.1.8 Accountability for data quality throughout the council is clearly and formally defined for relevant staff and is considered as part of the corporate performance appraisal process for those staff.</p>	

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
1.2 The council has clear data quality objectives and these are formally documented.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> • specific data quality objectives have been identified; and • there is a plan for delivery of these objectives. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
1.2.1 Arrangements for data quality management are developing, but may not yet be formalised in strategic or planning documents. <i>DQS developed, corporate responsibility assigned, DQS being rolled out.</i>	1.2.4 There is evidence of a strategic approach to data quality in one or more key council documents. <i>Council Results document includes reference to DQS</i>	1.2.7 A formal strategy for data quality is in place and has been approved at top management level. The strategy covers all departments and functions.
1.2.2 The organisation has begun to focus on data quality, but this work has so far been driven departmentally rather than corporately.	1.2.5 Corporate objectives for data quality are formally defined and are linked to business objectives. These have been agreed and adopted at top management level. <i>Improvements to Data Quality is a key deliverable in the CCPP Business Plan,</i>	1.2.8 Challenging data quality objectives have been set for all individual departments or functions.
1.2.3 The organisation is working to improve data quality, but there may be no defined milestones, targets or monitoring.	1.2.6 There are plans to deliver quality data, with clearly identified actions, responsibilities and timescales to support improvement. This is reflected in an appropriate document eg. the corporate plan. <i>The DQS contains an action plan with responsibilities and timescales. Progress will be monitored on a six monthly basis by the Performance Management Board</i>	1.2.9 Regular monitoring of the delivery plan can demonstrate that data quality objectives are being achieved.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
1.3 The council has effective arrangements for monitoring and review of data quality.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> there is a framework in place for monitoring performance in relation to data quality; and there is a formal programme of review of data quality. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
1.3.1 Monitoring and review of data quality has been undertaken, although this has primarily been on an ad hoc basis rather than via an explicit framework. <i>Senior Policy & Performance Officer in CCPP has reviewed data quality of a number of PI's with departments, but so far, this has been ad-hoc. It is planned to introduce Internal Audit DQ checks as part of the implementation of the DQS.</i>	1.3.3 There is a framework in place which has led to action to address the results of internal and external data quality reviews.	1.3.5 There is a framework for monitoring and review of data quality, with regular formal reporting on the accuracy of data supporting key performance indicators. Examples of good practice in securing data quality are shared and promoted for adoption to all relevant staff.
1.3.2 The council has begun to consider data quality as part of its corporate risk management arrangements. <i>DQ appears in the CCPP risk register</i>	1.3.4 Data quality is embedded in corporate risk management arrangements, with regular assessments of the risks associated with unreliable and inaccurate information.	1.3.6 Where appropriate, risks associated with data quality have been fed through to the production of the statement on internal control.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

2. POLICIES		
Has the council defined its expectations and requirements in relation to data quality?		
Key line of enquiry		
2.1 Organisational policy for data quality has been defined and is supported by a current set of operational procedures and guidance.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> organisational policy for data quality has been documented; and operational procedures and guidance meet users' needs. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
<p>2.1.1 Senior management has defined and approved data quality policies at individual operational or departmental levels.</p> <p><i>Data Quality Strategy & Implementation plan</i></p>	<p>2.1.3 A comprehensive data quality policy has been defined and approved by senior management. This covers:</p> <ul style="list-style-type: none"> data collection, recording, analysis and reporting; and all business areas. <p>It also includes any relevant national standards and requirements, as well as defining local practices and monitoring arrangements.</p>	<p>2.1.5 The data quality policy covers data quality requirements in relation to partnership working, where relevant. (see KLOE 3.4 on shared data)</p>
<p>2.1.2 There are some procedures and guidance notes in place but these do not yet cover:</p> <ul style="list-style-type: none"> all aspects of data collection, recording, analysis and reporting; and/or all business areas. <p><i>DQS provides overall guidance. Some procedures exist. DQS implementation will deliver procedures for all PI's.</i></p>	<p>2.1.4 The council's data quality policy is supported by a comprehensive and current set of operational procedures and guidance notes that meet user needs and are fit for purpose.</p>	<p>2.1.6 The council can demonstrate that:</p> <ul style="list-style-type: none"> data quality procedures and guidance notes are reviewed at least annually and updated when needed; operational processes and guidance continue to be developed and updated; relevant staff are fully involved in the development and updating of data quality policies, procedures and guidance notes.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
2.2 Policies and procedures are followed by staff and applied consistently throughout the organisation.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> processes are carried out in line with established policy and procedures. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
2.2.1 Relevant staff are aware of the data quality policy, operational procedures and guidance and generally have access to them. <i>Implementation of the DQS will involve awareness training and development of relevant procedures</i>	2.2.3 All relevant staff are able to access the policies, procedures and guidance. Where possible this is supported by information systems or helpdesk provision.	2.2.5 Each department has been assigned a data quality champion (or equivalent) who promotes existing data quality policies and procedures and who regularly reviews and reports on compliance .
2.2.2 Policy or procedure updates are generally notified to staff on a timely basis, although some improvements could be made in this respect. <i>Senior Policy & Performance officer informs all Departmental performance contacts of any changes to BV definitions etc. It is planned to develop procedures to support the gathering of performance data</i>	2.2.4 The council can demonstrate that it is proactive in informing staff of any policy or procedure updates and required standards on a timely basis.	2.2.6 The data quality champion (or equivalent) is effective in rectifying any non-compliance and can demonstrate an impact on data quality.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

3. SYSTEMS AND PROCESSES		
Are there effective systems and processes in place to secure the quality of data?		
Key line of enquiry		
3.1 There are appropriate systems in place for the collection, recording, analysis and reporting of the data used to monitor performance.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> systems (manual or computerised) produce data which is fit for purpose. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
3.1.1 There may be some minor weaknesses in the systems for data collection, recording, analysis and reporting, but action is being taken to address these. <i>Procedure notes to support gathering of performance data will be produced as part of the DQS action plan</i>	3.1.3 There are systems in place (which may be stand alone) for the collection, recording, analysis and reporting of corporate performance information which is based on data which is accurate, valid, reliable, timely, relevant and complete.	3.1.5 Systems from different departments are linked for reporting corporate performance information.
3.1.2 The council recognises the importance of these systems, whether manual or computerised, operating on a 'right first time' principle. Some work is needed to achieve this. <i>Procedure notes to support gathering of performance data will be produced as part of the DQS action plan</i>	3.1.4 Systems and processes operate according to the principle of 'right first time' rather than employing extensive data cleansing or manipulation processes to produce the information required. Arrangements for recording and reporting data are integrated into the council's wider business management processes, and support staff in their day to day work.	3.1.6 Where appropriate, systems have eliminated the need for data cleansing and manipulation. System output is still however monitored. 3.1.7 The council consults effectively with staff when developing or implementing new information systems.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
3.2 The council has controls in place to ensure that information systems produce the quality of data needed to report on performance and to keep top management aware of necessary action in relation to data quality.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> The council has appropriate controls to ensure that information systems produce accurate information. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
3.2.1 The council has some arrangements in place to review the effectiveness of controls. <i>Internal Audits initiated via the implementation of the DQS will achieve this</i>	3.2.2 Performance information systems are subject to control mapping and testing to prevent and detect data manipulation and error. 3.2.3 Controls are reviewed at least annually to ensure that they are working effectively. Results of annual reviews are reported to top management.	3.2.4 The council can demonstrate that: <ul style="list-style-type: none"> it is proactive in strengthening performance information system controls rather than merely reacting to issues when detected. it keeps senior management informed of identified issues and how these are being addressed.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
3.3 Security arrangements for performance information systems are robust, and a business continuity plan is in place.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> performance information systems are secure, allowing the organisation to function under adverse circumstances. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
<p>3.3.1 Security arrangements, including access control, are in place for the organisation's business critical performance information systems (e.g. procurement, cash management, HR/, payroll, social care, benefits, education) though there may be some weaknesses.</p> <p><i>It is within the remit of Internal Audit to examine security arrangements and report to the Audit Board</i></p>	<p>3.3.2 The council regularly tests its business critical performance information systems to ensure that processes are secure. Reports are made to top management on outcomes. There are plans which are being implemented to address any identified weaknesses.</p>	<p>3.3.3 A business continuity plan is in place to provide protection for records and performance data which are vital to the continued effective functioning of the body. The organisation can demonstrate that it has carried out detailed risk analysis of current and future challenges to the robustness of its performance information systems and made changes to address any weaknesses identified. For example, this may manifest itself as scenario planning.</p>

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
3.4 Standards are specified for shared data or data supplied by third parties.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> the council specifies and monitors standards for the quality of data it shares or relies on internally and externally. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
3.4.1 All instances of internal and external data sharing have been formally identified (e.g. with PCTs, police authorities and voluntary bodies to support LAAs and the children's joint area review (JAR)), but formal protocols or standards have yet to be developed.	3.4.3 Quality requirements are specified for all data used by the council which is supplied by another internal department, shared with external partners, or which is provided by a third-party organisation. This includes identifying and complying with all relevant legal, compliance and confidentiality standards.	3.4.5 There is a formal data sharing protocol(s) which specifies the responsibilities of partners to provide data which is 'fit for purpose'. If the council contracts out services the service level agreement should state how performance is to be reported and that the data is of the required quality.
3.4.2 Third party providers of data may subject their data to their own quality controls, but the council is not able to or simply does not carry out any validity checks. <i>The Council recognises this weakness and is considering how to address it</i>	3.4.4 There are some processes in place to validate data from third parties eg. council staff check samples of data against source records, eg. the social services department may check the timesheets of home help carers where this service is contracted out.	3.4.6 The council seeks assurance that supplied data are of a reasonable quality e.g. a data quality assessment may be carried out by internal or external audit.

4. PEOPLE AND SKILLS		
Does the organisation have the resources in place to achieve quality data?		
Key line of enquiry		
4.1 The council has communicated clearly the responsibilities of staff, where applicable, for achieving data quality.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> • specific skills and responsibilities in relation to data quality have been identified; and • staff understand their role in achieving data quality; and are putting the theory into practice. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
4.1.1 The council has considered the roles and responsibilities needed within directorates, necessary to achieve data quality but has not yet formalised how these will work in practice. <i>DQS has identified these, implementation has commenced with responsibilities being written into Job Descriptions</i>	4.1.4 Roles and responsibilities of management and operational staff, in relation to data quality, are clearly defined and documented, eg. these may be incorporated into job descriptions.	4.1.7 The council can demonstrate that it has an effective internal network of data quality champions (or equivalent) that have successfully driven data quality improvement throughout the council.
4.1.2 All staff are clear about their responsibilities in relation to data quality. <i>Implementation of DQS will achieve this (& level 3)</i>	4.1.5 Data quality targets and standards are set for relevant staff who are assessed against these.	4.1.8 Staff are proactively informed of the results of their efforts in ensuring data quality.
4.1.3 It is recognised that relevant staff need to be supported in their responsibility towards capturing quality data. <i>Awareness & training seminars are being developed as part of the DQS action plan</i>	4.1.6 Relevant staff have access to guidelines when inputting data e.g. classification conventions, on-line help or quick reference guides to hand.	4.1.9 Information staff work closely with service level staff to address data recording problems and other data issues.

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
4.2 The council has arrangements in place to ensure that staff with data quality responsibility have the necessary skills.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> the council has provided training to ensure that staff have the necessary skills and knowledge in relation to data quality. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
<p>4.2.1 Staff with specific responsibilities for data input or data quality have been identified and received ad hoc data quality training on a departmental basis.</p> <p><i>Ownership for PI's has been established, some training carried out. Implementation of the DQS will achieve level 3</i></p>	<p>4.2.3 There is a formal programme of training (including updates when necessary) on data quality issues tailored to the varying needs of all relevant staff. Corporate arrangements are in place to ensure that this training is periodically evaluated and adapted to changing needs.</p> <p><i>Awareness & training seminars are being developed as part of the DQS action plan</i></p>	<p>4.2.5 The council can demonstrate that it has identified the implications and impact of future developments on data quality staff skills and capacity, and is proactively managing these.</p>
<p>4.2.2 Some departments are addressing weaknesses identified from data quality reviews through training but this has yet to be developed corporately.</p>	<p>4.2.4 Any weaknesses identified through internal or external reviews of data quality are adequately addressed through the training programme or debriefing and sharing good practice sessions.</p> <p><i>Debriefing and sharing of good practice, flagging up potential issues/problems takes place via the "Performance Plus User Group" – which is attended by Departmental Performance reps</i></p>	<p>4.2.6 The departmental data quality champion or information staff strengthen the feedback loops by identifying potential data quality issues through, for example, error reports, and see that they are addressed through front line staff training or briefing.</p>

5. DATA USE AND REPORTING		
Are there effective arrangements for the use of data for performance management and service improvement?		
Key line of enquiry		
5.1 The council has put in place arrangements that are focused on ensuring that data supporting performance information is also used to manage and improve the delivery of services.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> reported performance information is actively used in the decision making process. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
5.1.1 Reported information is made available to the operational staff who generate it, to reinforce understanding of the way it is used.	5.1.3 Data used for reporting to those charged with governance is also used for day-to-day management and improvement of the council's business.	5.1.5 Senior management routinely and actively use data supporting performance information to plan services and allocate resources. <i>Performance figures are discussed at DMT's and taken down through the organisation. Areas where performance is below target are candidates for 'Performance review' clinics led by the Director of Improvement</i>
5.1.2 Performance information is regularly used, to identify deviations from planned performance.	5.1.4 Reports relate performance information to specific targets in the business plan and are used to: <ul style="list-style-type: none"> monitor service delivery forecast year-end achievement identify areas where action is needed. 	5.1.6 There is evidence that management action is taken to address service delivery issues identified by data returns and performance information reports. Members have available to them high level information with which they can assess delivery of services in relation to agreed milestones. <i>Monthly performance reporting compares performance in month to in month target, YTD performance to YTD target and estimated YE outturn to annual target. Corrective actions are set and considered by officers & members</i>

Self Assessment of Management Arrangements for data quality against Key Lines of Enquiry (KLOE) Position as at may 2007
 Key – Green box – currently achieving this level, Amber box – nearly achieving this level. *Text in italics is summary evidence*

Key line of enquiry		
5.2 The council has effective validation procedures in place to ensure the accuracy of data used in reported performance indicators.		
Audit Focus		
Evidence that:		
<ul style="list-style-type: none"> information used to report on performance is subject to a system of internal control and validation. 		
Criteria for Judgement		
Level 2	Level 3	Level 4
5.2.1 All BVPI data returns are supported by an audit trail, although there may be some weaknesses. <i>PI certification process in place</i>	5.2.4 Data returns to government departments, their agencies and regulators are supported by a clear and complete audit trail.	5.2.7 There is evidence of the outcome of effective quality assurance of the audit trail confirming accuracy of the data.
5.2.2 Definitions are usually applied correctly to all BVPI data items and values are checked to be within valid ranges and respect counting rules. <i>PI certification process in place</i>	5.2.5 Data underpinning the information which is used for external reporting e.g. to AC, IPF, CLG, DH, is subject to departmental verification checks.	5.2.8 Councils have limited resources so all reported data is rigorously verified both departmentally and corporately, but the extent of this is informed by an analysis of the: <ul style="list-style-type: none"> level of the risk of the data being mis-stated; likelihood and impact of data errors; and accuracy required in the reported performance.
5.2.3 Only some data e.g. BVPIs is signed off by a senior manager. Reported data is usually submitted on a timely basis. <i>PI certification process in place, signed off by HoS</i>	5.2.6 All data is subject to senior management approval prior to external reporting to regulators and government departments e.g. AC, IPF, CLG, DH, DEFRA and is submitted on a timely basis. <i>PI certification process for BVPI's and key local PI's</i>	5.2.9 A formal documented process for checking externally reported data/performance indicators, both departmentally and corporately, is in place to assure the quality of the data. An example (for this level) is given below.

This page is intentionally left blank

BROMSGROVE DISTRICT COUNCIL

19 JUNE 2007

PERFORMANCE MANAGEMENT BOARD

GRAPHIC DESIGNER

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Head of Service	Hugh Bennett Assistant Chief Executive

1. SUMMARY

- 1.1 Based on the Performance Management Board's consideration of the Improvement Plan Exception report, the Board wished to make a recommendation to Cabinet on funding a graphics post. The Assistant Chief Executive advised that the Board should receive further information on this post and the nature of the work before making any recommendation.
- 1.2 The following report recently went to Corporate Management Team. Funding this post was rejected as the budget bid had been rejected as part of the 2006/07 budget bidding process. The Assistant Chief Executive has been asked to investigate entering into some form of framework contract with a single graphics design supplier, through bringing together existing budgets. The Communications and Customer First Manager is currently considering this option. A budget bid for this post is likely to be re-submitted as part of the 2008/09 budget process.

2. RECOMMENDATIONS

- 2.1 It is recommended that:-
 - i. Performance Management Board considers the background information supplied on this issue and the draft style guide appended to the report.

3. BACKGROUND

- 3.1 Communications is improving at Bromsgrove District Council and indeed improving our reputation is one of our objectives. As part of this improvement we are increasing our communications e.g. Together Bromsgrove, Connect e-mail Bulletins, Annual report summary and internal posters. At the moment we are lucky enough to be able to use the skills of Steve Wetherall in the Planning and Environment Department for some graphics

work, but this is an extra demand on top of his day job. Elsewhere we buy in agency / freelance graphic skills or just do not bother.

3.2 If we look at our local authority partners across Worcestershire we will see they all employ at least one Graphic Designer. This is because it is a cost-effective method of producing attractive and eye-catching communications and maintaining a high level of consistency across the organisation.

3.2 As well as the benefits mentioned above, an in-house graphic designer would mean:

- **Corporate control over communications across departments** – All communications by default would come through this post who could make sure the style guidelines were adhered to – use of logo etc.
- **More design** – Often we do not bother designing documents because there is nowhere for them to be done without extra cost. With this post in place there will be so much more we can do to make our documents stand out.
- **Proofs** – Often we are only limited to two or three sets of proofs from outside agencies, but here we have unlimited access to our own designer.
- **Creative design** – As well as carrying out the design the post would also be responsible for coming up with and developing contemporary designs and themes for our communications.
- **The smaller things** – It is not just about the big documents. The post would be responsible for laying out forms (elections), complex documents and even giving that professional edge to power point presentations.
- **Electronic design** – We would expect the post to also incorporate website design to help improve the look of our existing site and of course to design and develop our intranet.

3.4 At the moment regular costs for design of some documents have been:-

Council Tax Leaflet	£1,000 approx
Council Chat / Together Bromsgrove	£1,000 per issue
Connect	£300 per issue
Powerpoint and poster template for Chat with Kevin	£25
Front Cover for Budget	£25

3.5 Other communications, where we pay for a service, which would benefit from a Graphic Designer include:-

- Posters for events
- Originating artwork for our livery, uniforms
- Recruitment advertising and public notices (if a saving can be made)
- Laying out and designing publications
- Creating letterhead, compliment slip and business card templates

3.6 There would also be the possibility of offering a “paid for graphics service” out to our partners e.g. leisure centre management, BDHT, Artrix which could generate revenue for the Council.

3.7 As well as the starting salary, which is a suggested **£22,512 - £24,000** (scale 29 -31), we would need an initial outlay of £4,000 max for equipment and software and licences.

3.8 The draft style guide for the Council, which has been created by Steve Whetherall.

5. FINANCIAL IMPLICATIONS

5.1 Yes. The salary detailed in 3.7 plus any overheads. This cost could be offset against current known expenditure incurred in-house in the region of £15,000.

6. LEGAL IMPLICATIONS

6.1 No Legal Implications

7. CORPORATE OBJECTIVES

7.1 This is really about improving our reputation and as our communications are driving this it is vital they look professional, consistent and are eye-catching.

8. RISK MANAGEMENT

8.1 Recruitment could be unsuccessful.

9. CUSTOMER IMPLICATIONS

9.1 Customers, both internal and external are set to benefit from the productivity of this post. Eye-catching designs and an increase in communications will mean they are more informed and in turn more satisfied with the Council. And of course any cost-savings or revenue generated will benefit them too.

10. OTHER IMPLICATIONS

Procurement Issues: None at this stage.
Personnel Implications: New post.
Governance/Performance Management: None
Community Safety including Section 17 of Crime and Disorder Act 1998: None
Policy: Depends on outcomes of think tanks.
Environmental: None.
Equalities and Diversity: All our designs have to have DDA and ethnic access in mind.

11. OTHERS CONSULTED ON THE REPORT

Portfolio Holder	No
Chief Executive	Yes
Corporate Director (Services)	Yes
Assistant Chief Executive	Yes
Head of Service	Yes
Head of Financial Services	Yes (at CMT)
Head of Legal & Democratic Services	Yes (at CMT)
Head of Organisational Development & HR	Yes (at CMT)
Corporate Procurement Team	No

12. APPENDICES

Draft Corporate Style Guide.

13. BACKGROUND PAPERS

None

CONTACT OFFICER

Name: Anne-Marie Darroch
Post: Communications and Customer First Manager
E Mail: a.darroch@bromsgrove.gov.uk
Tel: (01527) 881651

Bromsgrove District Council's Branding and Style Guidelines



Bromsgrove
District Council

www.bromsgrove.gov.uk



Contents

1. Introduction

Why Brand is important	2
------------------------	---

2. Corporate Brand

Our Logo	3
----------	---

Proportion and Positioning	4
----------------------------	---

Size	5
------	---

Colours	5
---------	---

Font	5
------	---

Contact Details	6
-----------------	---

3. Using our brand

Letterheads, Business Cards and Compliment Slips	7
---	---

Letterhead Template	8
---------------------	---

E-mails	9
---------	---

Posters, Leaflets and Publications	9
---------------------------------------	---

Signs	10
-------	----

Promotional Material	10
----------------------	----

Partnership Publications	12
--------------------------	----

4. Advice and Help	13
--------------------	----

5. Simple checklist	13
---------------------	----



Introduction

Why Brand is important.

The Reputation Project, supported by the LGA and IDeA, highlights brand as one of its five recommended actions towards effective communications. Bromsgrove District Council has signed up to the Reputation Project and this style and branding guide sets the way forward for this Council to achieve consistent and recognisable branding.

The Reputation project states we should effectively link our brand to the services we provide because:

- We already have a brand. Our audience already has a view about us through its experience of our services. We need to nurture that relationship by making the audience recognise, trust and appreciate what we do.
- A strong brand improves satisfaction. If people like what we do and know that we are responsible, they will form a good relationship with us.

- The public needs to understand what council tax pays for. The visual expression of the brand, our livery, logos and staff uniforms, are key to how people see us. Having a consistent visual identity helps people to understand what services we offer and the value they get from paying their council tax.

The guide is set to provide information about how we as a Council can brand our services consistently by first identifying our brand then how it must be used on different things from posters and signs to uniforms and lorries. Our aim is to build pride in our communities and through branding our services our customers will know how we are improving their quality of life in the District. But we need to live up to our brand and continue to provide a good standard of services so our brand is a mark of quality.

So we can do this all specifications in this document must be adhered to and must not be altered unless permission is given from the Communications and Customer First Manager.



Corporate Brand

Our Logo.

Our corporate brand includes two logos which sit alongside each other. The corporate brand is a strong way of telling people, at a glance, who we are, what we do and how we are doing it. Only the versions of these logos (pictured on this page) must be used.

(fig 1) includes the crest, wording and the website details

(fig 2) includes the words building pride and the orange arrow.

Both of these logos must be used in their entirety where possible and be next to each other, preferably side by side. Where they have to be on top of each other, fig 1 must be on top. In cases of partnership projects, and to avoid logo soup, it is possible to just use the logo bearing the crest pictured opposite (fig1).

For more details see page 4.

Fig 1.



Bromsgrove
District Council

www.bromsgrove.gov.uk

Fig 2.



Proportion and positioning.

Fig 3.



Fig 3 (landscape) and Fig 4 (portrait) Show correct proportions and positioning for both logos.

Fig 4.



Fig 5.



When size is of an issue or any other design constraints the Bromsgrove District Council logo can appear on its own without the Building Pride logo, see Fig 5.

PLEASE NOTE:

The Building Pride logo should never appear larger than the Bromsgrove District Council logo when used together.

Size.

These logos are saved on our intranet under “branding” and can be downloaded onto your PC. There are different formatted logos for use on different standard forms of communications e.g letters, posters, leaflets, online and high resolution versions for use on huge items like banners. This flexibility should allow the brand to feature on a host of communications while maintaining flexibility and clarity. These versions of our logo can also be sent to partners for use in joint publications and there is a version that can be sent to printers. Any more guidance can be sought from the Communications and Customer First Manager.

These different size specifications are further explained in this document.

Colours.

Both logos are available in four colour process (CMYK). Although there are times when the use of four colour is not an option you will need to use the black and white (monotone) version also saved on the intranet, see Fig 6 opposite.

Fig 6.



Bromsgrove District Council

www.bromsgrove.gov.uk



Font.

The corporate brand font is 12pt Arial and the preferred colours are Black and Blue. This font style must be used on all letters, e-mails, reports, press releases and any other form of written communication.

Bromsgrove District Council recognises the need for creativity in promoting its professional image and that on documents such as posters, power point presentations, leaflets and selected publications, other font use, size and colours may change as long as the wording is clear, fully complies with RNFB and Dyslexia guidelines and does not compromise the new branding.

Contact Details.

(insert bit on back of the council tax leaflet)

We are signed up to the Worcestershire Hub which means there is a county-wide approach to producing our contact information.

The opposite xxxxxxxxxxxxxxxxxxxx

Xxxxxxxxxxx

The Ethnic access link must also appear on publications, see Fig 7.

Fig 7.

Need help with English? Ethnic Access Link Tel: 01905 25121

'Potrzebujesz pomocy z Angielskim - skontaktuj się z Ethnic Access
Tel: 01905 25121'

Potrebujete pomôct's angličtinou? Kontaktujte etnickú prístupovú linku
na telefóne číse 01905 25121

„Aveți nevoie de ajutor cu engleza? Contactați Ethnic Access la numărul
de telefon: 01905 25121.”

क्या अंग्रेजी में सहायता चाहिए? ऐथनिक ऐक्सेस लिंक [Ethnic Access Link]
से फोन: 01905 25121 पर संपर्क करें

آپ انگریزی میں مدد چاہتے ہیں - نسلیاتی رسائی [Ethnic Access]
سے رابطہ کریں ٹیلیفون: 01905 25121

Using our Brand

Letterheads, Business Cards and Compliment Slips.

There is one design and template for our letterhead at Bromsgrove District Council. This gives a streamlined look to our stationery range. Each department has its own version of the template and these are available from shared drives and on the intranet. Only the crest and building pride logos can be used on this stationery, see Fig 8.

1. Council's address - a generic address for directorship or service unit
2. Recipient address
3. Letter body text – arial 12pt
4. Signing off - personal/primary reference information
5. logos on the bottom

Fig 8.

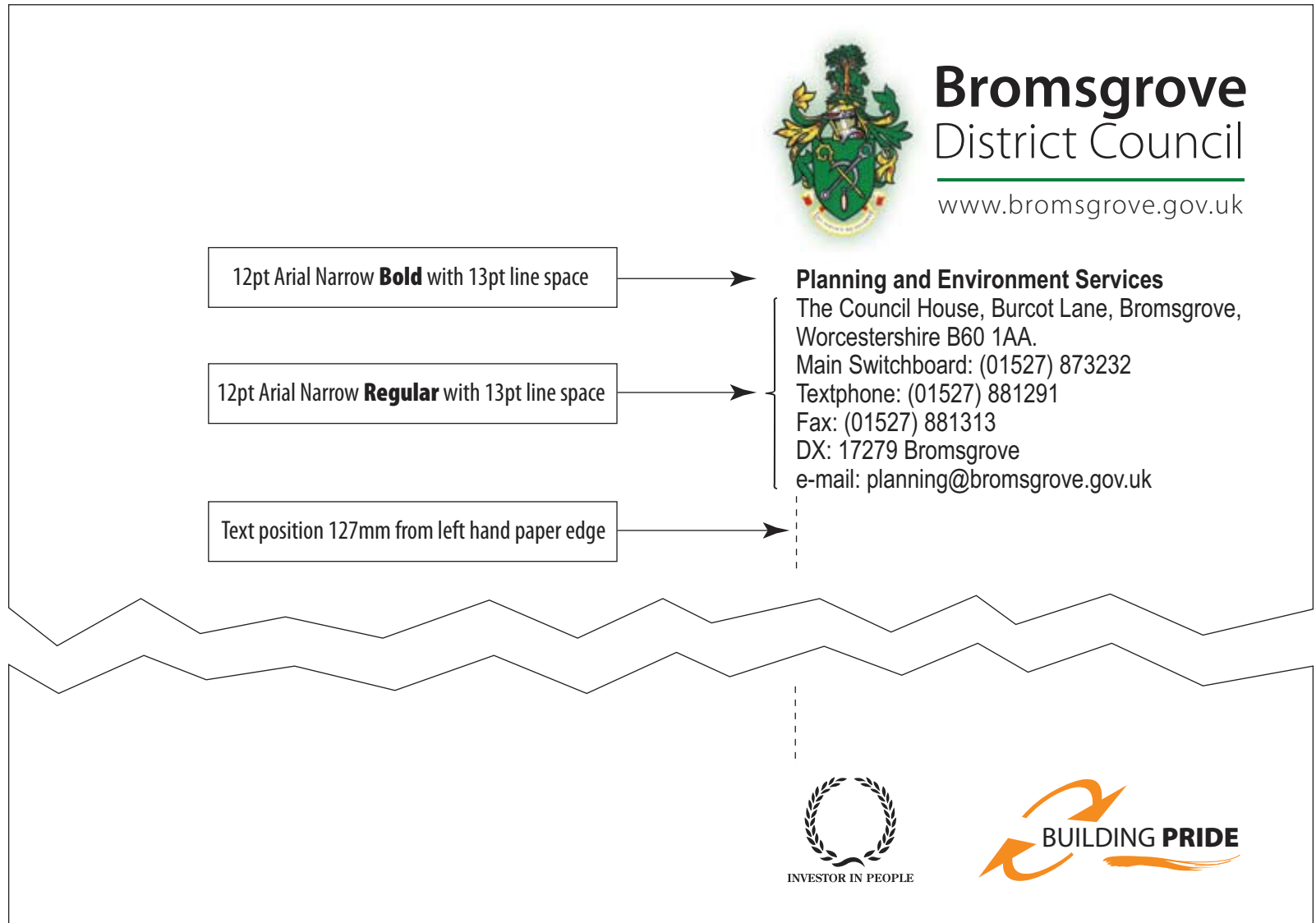
The figure shows three examples of stationery templates for Bromsgrove District Council:

- Top Example (Letterhead):** Features the Bromsgrove District Council crest and logo at the top right. Below it is the council's name and website. Further down is the contact information for Planning and Environment Services, including the council house address, phone, fax, and email.
- Middle Example (Compliment Slip):** Labeled "WITH COMPLIMENTS" on the left. It features the Bromsgrove District Council crest and logo on the right, followed by the council's name, website, and contact information for Planning & Environment Services. At the bottom right are the "INVESTOR IN PEOPLE" and "BUILDING PRIDE" logos.
- Bottom Example (Business Card):** Features the Bromsgrove District Council crest and logo at the top left. Below it is the council's name and website. On the left is the name and title of Mike Dunphy, Strategic Planning Manager. On the right is the contact information for Planning and Environment Services, including the council house address, phone, fax, and email.



Letterhead Template.

Fig 9.



E-mails.

The author's signature must be at the bottom of each e-mail. This includes:

- your name
- job title
- address
- Direct line
- The website address
- Both logos

These can be set up by default on your computer. Guidance on how to do this is on the website or contact IT.

Posters, Leaflets and Publications.

Each publication produced by Bromsgrove District Council, whether it is a glossy full colour guide or a photocopied leaflet, must carry both our corporate logos. Whether publications are designed in-house or by a commercial company, the corporate brand must be applied in prominent positions. **The same rules apply for communications which are only to be displayed internally.** Also, while we encourage creative design, it is important the information can be read. So avoid clashing colours and white print and pale backgrounds.

Fig 10



Signs.

All signs must include our corporate brand. External signs are co-ordinated by DRD(?) both logos. Ad-hoc signs put up to direct customers or visitors to exhibitions or meetings must also have both logos on.

Promotional material.

Displays, exhibitions, presentations and posters produced by the council, must carry the corporate brand. It is important for the image of the Council, that displays and exhibitions are professionally produced. An important note about content - less text equals more impact. Too much text will make a display look crowded and heavy. Be brief, and straight to the point. Use plain English and spell out any unusual elements. Try to create a light and friendly layout, and carefully consider the use of images. A Council powerpoint presentation slide template is available on the intranet.

Fig 11.

Fig 12.

Vehicles and Uniforms.

Our vehicles are a constant reminder of our brand values on the street and are a highly visual impression of our organisation. The council has just invested in new street cleaning and refuse vehicles which bear the corporate brand.

Our caretakers, parking attendants and cleaners also now don uniforms which bear our logos to, again, emphasise our presence on the streets where they are seen by our customers.

Polo shirts and fleeces bearing our logos are also available from the Chief Executive's Unit for staff who are attending public events e.g carnival, street theatre to again emphasise our presence.

Fig 13.

Fig 14.

Partnership Publications.

Our corporate brand includes both our logos. However, in the event of partnership publications, and to avoid logo soup, if we are only allowed space for one logo, fig 1 must be used.

However it is vital that we are happy with the look of the publication and comfortable that the context and style of the information is in-keeping with the Council's standards. If in doubt please double check with the Communications and Customer first Manager.

Fig 15.

Advice and help

The corporate communication team is there to help you get your message out to your audience in a clear, consistent and attractive manner.

We can

- Offer advice on Plain English
- Suggest the best way to get your message out e.g press release, poster or leaflet
- Advise on branding on communications
- Advise and send out your message internally via our intranet, Connect bulletins or newsletter
- With you, come up with creative campaigns or slogans to make your message stand out
- Or you could help us improve our communications by giving us feedback or suggestions.

So get in touch – call the Communications and Customer manager on 1651, the Press office on xxxx or the customer first officer on xxxx.

Let us help you.

Quick Checklist

If you can say yes to all of the below, then your information is good to go!

- Have you included both logos?
- Is your information in Plain English?
- Is it reader-friendly – can you see the information?
- Is the access link included?
- Are the contact details correct?
- Has it been improved by your line manager?

If you have answered no to any of the above, go back and make it right. For help, or if you have any questions about this guide or advice any future communications get in touch with the Communications department on 1651.

Agenda Item 5

AGENDA ITEM NO

BROMSGROVE DISTRICT COUNCIL

19 JUNE 2007

PERFORMANCE MANAGEMENT BOARD

APRIL 2007 (PERIOD 1) PERFORMANCE REPORTING

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Head of Service	Hugh Bennett Assistant Chief Executive

1. SUMMARY

To report to Performance Management Board on the Council's performance at 30 April 2007 (period 1).

2. RECOMMENDATIONS

- 2.1 That the Board notes that 63% of indicators are improving or stable as at 30 April.
- 2.2 That the Board notes that 66% of indicators are achieving their targets at 30 April.
- 2.3 That the Board notes and celebrates the successes as outlined in section 4.3.
- 2.4 That the Board notes the potential areas for concern and considers the corrective action taken as set out in section 4.4 and the actions being taken to improve performance generally, as set out in 4.5; and considers whether to make any recommendations to Cabinet

3. BACKGROUND

- 3.1 This report continues the monthly reporting process which commenced in July 2006. This is the first report for the new financial year and it includes the revised set of PI's for monthly reporting.

4. PROGRESS IN APRIL 2007

- 4.1 The summary of performance is shown at **Appendix 1**. The full list of performance indicators due to be reported monthly is set out in **Appendix 2**
Where:-

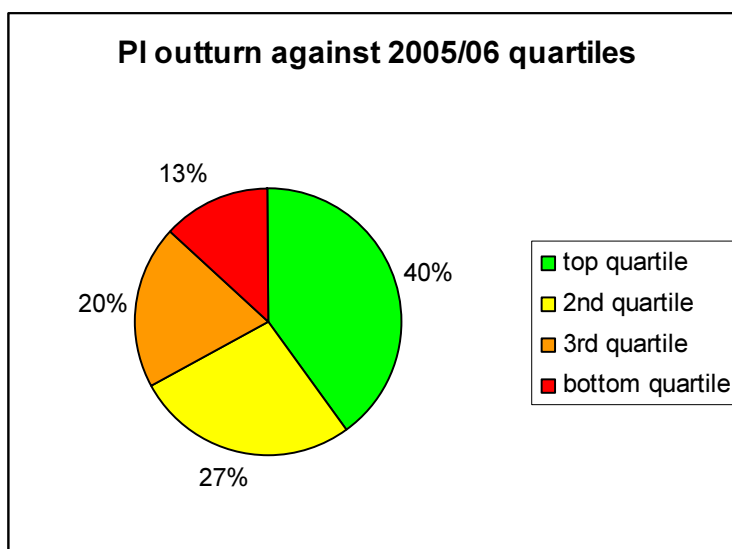
	On Target
	Less than 10% from target

I	Performance is Improving
S	Performance is Stable

	More than 10% from target
	No target set

W	Performance is Worsening
N/a	No target set

4.2 From the summary of performance it can be seen that 22 PI's (63%) have improving or stable performance in April compared to March, 13 PI's (37%) have declining performance. Only 1 PI has an estimated outturn which is worse than target, however estimating outturn at the beginning of a year is not easy. 67% of the BVPI's reported are projected to outturn above the median, however only 15 BVPI's are included in this monthly report so that figure will not necessarily translate into a similar figure at the year end when all BVPI's are counted.



4.3 Examples of considerable or continued improvement over the period include:-

- BV10 - Council Tax collected – exceeded monthly target and is an improvement on previous years
- CSC – resolution at first point of contact – improved performance and target exceeded as a result of improvement initiatives implemented.
- Streetscene and Waste Management performance generally shows improved performance and targets exceeded, in particular missed household and recycle waste figures are significantly better than target.
- BV12 – sickness absence – sickness levels in April remain at the low level achieved in March, which is better than target.

4.4 There are five indicators which are of potential concern as follows :-

- BV78a and BV78b – time to process new benefit claims and change of circumstances are considerably worse than target due to IT systems unavailability at the year end. As an immediate response, overtime working is being utilised to recover this. The Chief Executive, Improvement Director and heads of service Finance & IT will be holding urgent discussions with the IT system supplier about the ongoing system problems.

- Customer Service Centre - Average speed of answer (telephone calls) and percentage of calls answered are significantly below target, due to high volumes of calls; there is no extra capacity to meet such demand.
- BV8 – Invoices paid on time – performance in April was below target. Last year's performance did not meet target and as a consequence this has been identified as a priority area for a 'performance clinic' to be led by the Improvement Director to identify and set actions to improve performance.

4.5 As a result of discussions at CMT and a benchmarking visit to Rotherham MBC (the first authority to achieve a CPA score of 4 out of 4 for Performance Management) a series of 'performance clinics' have been set up. Led by Bill Roots, Improvement Director and supported by John Outhwaite, Senior Policy and Performance officer, the clinics will look at areas where performance needs to improve and, working with the service providers, an improvement action plan will be set. An update on the progress of performance clinics will be included in a future report. PI's to be included in the first round of performance clinics include

BV200a Local Development Scheme
 BV200b Milestones LDS
 BV205 %score C/f planning services checklist
 BV214 % homeless households
 BV216b % sites for which details available
 BV8 Invoices paid on time
 BV86 Cost of Waste collection
 BV12 Staff sickness
 BV156 % buildings having disabled access

5. **FINANCIAL IMPLICATIONS**

5.1 No financial implications

6. **LEGAL IMPLICATIONS**

6.1 No Legal Implications

7. **CORPORATE OBJECTIVES**

7.1 Performance reporting and performance management contribute to achieving the objective of improving service performance.

8. **RISK MANAGEMENT**

8.1 There are no risk management issues

9. **CUSTOMER IMPLICATIONS**

9.1 None

10. **OTHER IMPLICATIONS**

Procurement Issues: None.
Personnel Implications: None
Governance/Performance Management: see 7.1 above
Community Safety including Section 17 of Crime and Disorder Act 1998: None
Policy: None
Environmental: None
Equalities and Diversity: None

11. **OTHERS CONSULTED ON THE REPORT**

Portfolio Holder	at Leader's Group
Acting Chief Executive	at CMT
Corporate Director (Services)	at CMT
Assistant Chief Executive	Yes
Head of Service	Yes (at DMT's)
Head of Financial Services	Yes (at DMT)
Head of Legal & Democratic Services	Yes (at DMT)
Head of Organisational Development & HR	Yes (at DMT)
Corporate Procurement Team	No

12. **APPENDICES**

- Appendix 1 Performance Summary for April 2007
- Appendix 2 Detail Performance report for April 2007
- Appendix 3 Detailed figures to support the performance report

13. **BACKGROUND PAPERS**

None

CONTACT OFFICER

Name: John Outhwaite, Interim Senior Policy & Performance Officer
E Mail: j.outhwaite@bromsgrove.gov.uk
Tel: (01527) 881602

APPENDIX 1

SUMMARY - Period 1 (April) 2007/08					
Monthly (April) performance					
	No.	%		No.	%
Improving or stable.	22	63%	On target	23	66%
Declining	13	37%	Missing target by less than 10%	5	14%
No data	0	0%	Missing target by more than 10%	7	20%
			No data	0	0%
Total Number of Indicators	35	100%	Total Number of Indicators	35	100%

SUMMARY - Period 1 (April 2007/08)					
Estimated Outturn					
	No.	%		No.	%
On target	30	86%	1st quartile	6	40%
Missing target by less than 10%	0	0%	2nd quartile	4	27%
Missing target by more than 10%	1	3%	3rd quartile	3	20%
No data	4	11%	4th quartile	2	13%
			(2005/06 quartiles used)		
total	35	100%	total*	15	

* only BVPi's with quartile data are counted

This page is intentionally left blank

Ref	Description	Report - ed?	Cum or Snap?	2006/07		Quartile Data (05/06)		2007/08			Comments (inc. budgetary)				
				Actuals	Quartile	Higher or lower	Median (05/06 quartile)	April Target	April Actual	Target &Trend		Target	Est. Outturn	Est. Outturn Target &Trend	Est. Outturn Quartile
Chief Executive's Department															
LPI CEOACE	% of press articles which enhance our reputation	M	C	84.00	n/a	n/a	n/a	80.00	73.84	W	80.00	80.00		n/a	From the beginning of this year this LPI also takes account of letters published in newspapers about the council as well as articles written by journalists, which explains why the performance figure is lower this month.
Legal & Democratic Services															
BV174	The number of racial incidents reported to the Council per 100,000 population	M	C	0	n/a	n/a	n/a	0.00	0.00	S	0.00	0.00		n/a	Cannot establish trend for this month because no figures reported for 2006/2007
BV175	The percentage of those racial incidents that have resulted in further action	M	C	100	4	H	100	100.00	100.00	S	100.00	100.00		1	Cannot establish trend for this month because no figures reported for 2006/2007
Human Resources & Organisational Development															
BV12	The average number of working days lost due to sickness.	M	C	10.63	3	L	9.54	0.65	0.71	S	9.00	8.25		1	Sickness levels in April remained at the same (low) level as in March
LPI Human Resources	% of staff appraisals undertaken	M*	C	99.00	n/a	n/a	n/a	100.00	67.00	W	100.00	100.00		n/a	As at the end of May more than 400 out of 438 PRD's have been completed and written up
Financial services															
BV78a	The average number of days taken for processing new claims.	M	C	32.05	3	L	31.00	28.00	34.10	W	28.00	28.00		2	IT downtime at year end has resulted in a work overload of over 2 weeks. Overtime has been utilised for 4 Saturdays April/May to address the issue. The Chief Executive, Improvement Director and heads of service Finance & IT will be holding urgent discussions with the IT system supplier about the ongoing system problems
BV78b	The average number of days taken for processing changes in circumstances	M	C	8.30	1	L	11.90	10.00	14.31	W	9.00	9.00		2	As above
BV79bii	The percentage of recoverable HB (all-years outstanding) overpayments recovered.	M	C	30.99	3	H	34.11	2.08	2.85	I	30.00	30.00		3	Overpayments are monitored on a weekly basis and action plans are in place for recovery of debt within the team
BV8	Percentage of invoices paid on time	M	C	94.74	3	H	95.00	97.00	94.38	W	97.00	97.00		2	Again another disappointing month. Weekly lists are distributed to HoS with target dates for return of invoice in order to be paid on time. In order to achieve the target no more than 18 invoices should be late per month. For April 32 were paid late. The Improvement Director is holding a 'performance clinic' to set actions to improve performance
BV9	Percentage of Council Tax collected	M	C	98.40	2	H	98.11	11.07	12.00	I	98.80	98.80		1	Encouraging % increase on previous years, this year recovery action commenced in April which has shown a noticeable difference. However there is a back log of post of 3 weeks which is been addressed.

Ref	Description	Report - ed?	Cum or Snap?	2006/07		Quartile Data (05/06)					2007/08				Comments (inc. budgetary)
				Actuals	Quartile	Higher or lower	Median (05/06 quartile)	April Target	April Actual	Target &Trend	Target	Est. Outturn	Est. Outturn Target &Trend	Est. Outturn Quartile	
BV10	Percentage of Non-Domestic Rates collected.	M	C	98.20	4	H	99.00	9.70	9.50	S	98.80	98.80		3	Slightly down on target figure, however recovery action has also commenced in April. There is a backlog of 3 weeks NDR correspondence which is been treated as high priority. This was caused due to the SBRR applications sent out January and the expected additional correspondence created at annual billing.

E-Government & Customer Services

CSC	Monthly Call Volumes Customer Contact Centre	M	S	n/a	n/a	n/a	n/a	-	8,410		-			n/a	Calls to contact centre high driven by Council Tax billing and recovery
CSC	Monthly Call Volume Council Switchboard	M	S	n/a	n/a	n/a	n/a	-	7,718		-			n/a	Calls to switchboard high driven by Council Tax billing and recovery
CSC	Resolution at First Point of Contact all services (percentage)	M	C	83.00	n/a	n/a	n/a	85.00	90.38	I	85.00	85.00		n/a	Target exceeded this month supported by initiative in CSC to log more customer contacts and also to ensure all advisors are undertaking the procedure to the right standard
CSC	Average Speed of Answer (seconds)	M	C	48	n/a	n/a	n/a	20.00	67.00	W	20.00	20.00		n/a	Performance impacted by high volumes and peaks exceeding 1000 calls per day during 3 occasions in month with no extra capacity to meet this demand. On the 11th April 1092 calls attributed to post bank holiday closure of council and early stage in Council Tax year; 16th April call 1021 calls, but no no clear reason for call volume other than first Monday after Easter break week; 25th April call volume 1297 attributed to council tax first round of Recovery.
CSC	% of Calls Answered	M	C	76	n/a	n/a	n/a	85.00	60.00	W	85.00	85.00		n/a	performance symptomatic of high call volume experienced during month
LPI IT Services	% of helpdesk call closed within timescales	M	C	83.99	n/a	n/a	n/a	86.00	92.88	W	86.00	86.00		n/a	monthly target exceeded, albeit slightly down on March figure of over 95%

Street Scene & Waste Management

BV82ai	The percentage of household waste that has been recycled	M	C	21.42	2	H	18.50	18.32	17.44	W	21.50	21.50		2	Tonnage of recyclables collected approx 12T increase on same period last year - the inflated green tonnage however lowers this percentage figure. Recycling rate excluding green tonnage would be 26.33%
BV82bi	The percentage of household waste that has been composted	M	C	8,242.31	1	H	8.29	30.31	33.78	I	19.60	20.00		1	Very high tonnage as first collection of year
BV218a	The percentage of new reports of abandoned vehicles investigated within 24 hours of notification	M	C	95.00	2	H	87.00	95.00	100.00	I	95.00	100.00		1	18 vehicles reported and 18 responded to within timescale
BV218b	The percentage of abandoned vehicles removed within 24 hours of legal entitlement	M	C	95.00	1	H	77.50	95.00	100.00	I	95.00	100.00		1	14 vehicles reported and 14 removed within timescale
LPI Depot	% animal/debris cleared within timescales	M	C	82.00	n/a	n/a	n/a	95.00	100.00	I	95.00	100.00		n/a	9 incidents reported 9 responded to within time
LPI Depot	% of fly tips dealt with in response time	M	C	96.00	n/a	n/a	n/a	95.00	97.50	I	95.00	97.50		n/a	80 incidents reported of which 78 were responded to within 4 days
LPI Depot	Number of missed household waste collections	M	C	1630	n/a	n/a	n/a	133	99	I	1,596	1,188		n/a	99 missed collections in April
LPI Depot	Number of missed recycle waste collections	M	C	748	n/a	n/a	n/a	66	31	I	800	372		n/a	31 Missed collections in April
LPI Depot	Number of written complaints	M	C	334	n/a	n/a	n/a	22	27	W	264	324		n/a	27 complaint letters mainly relating to refuse & recycling services

Ref	Description	Report - ed?	Cum or Snap?	2006/07		Quartile Data (05/06)		2007/08			Comments (inc. budgetary)				
				Actuals	Quartile	Higher or lower	Median (05/06 quartile)	April Target	April Actual	Target &Trend		Target	Est. Outturn	Est. Outturn Target &Trend	Est. Outturn Quartile
LPI Transport Services	% responses to Excess Charge appeals in 10 days	M	C	94.00	n/a	n/a	n/a	95.00	96.00	W	95.00	95.00		n/a	

Planning & Environment Services

BV109a	The percentage of major planning applications determined within 13 weeks	M	C	73.00	2	H	66.67	55.00	100.00	I	60.00	60.00		3	6 out of 6 =100%. To determine all 6 majors (a relatively high number) in time shows the focus that these applications receive..
BV109b	The percentage of minor planning applications determined within 8 weeks	M	C	72.00	3	H	74.01	77.00	92.00	I	65.00	65.00		4	11 out of 12 applications = 92%. Less applications were received this month (there were 17 in this category in March) and as a result this represented a 10% improvement in performance in relation to March.
BV109c	The percentage of other planning applications determined within 8 weeks	M	C	84.00	3	H	88.23	89.00	100.00	I	80.00	80.00		4	102 out 102 =100%. This represents a massive number of decisions in one month (normally around 70). To determine them all within time is significant and again represents a 11% increase in performance in relation to March.
BV204	The percentage of planning appeal decisions allowed	M	C	27.80	n/a	n/a	n/a	40.00	0.00	I	33.00	33.00		n/a	We had two appeal decisions in April; both were dismissed. So we are running at 0% allowed.

Culture & Community Services

BV126 (proxy)	The number of domestic burglaries	M	C		n/a	n/a	n/a	33	32	S				n/a	
BV127a (proxy)	The number of violent crimes	M	C		n/a	n/a	n/a	92	102	W				n/a	Police Tasking targeting resources to deal with. CMT agreed no further action required at this stage, but this will continue to be monitored
BV127b (proxy)	The number of robberies	M	C		n/a	n/a	n/a	3	5	W				n/a	as above
BV128 (proxy)	The number of vehicle crimes	M	C		n/a	n/a	n/a	76	72	S				n/a	
LPI Community Services	Number of attendances at arts events	M	C	18,515	n/a	n/a	n/a	250	265	S	23,000	23,000		n/a	
LPI Sports Services	Sports Centres Usage	M	C		n/a	n/a	n/a	64,171	65,143	S	621,600	621,600		n/a	

This page is intentionally left blank

Monthly Performance detailed figures

Ref	Description	Freq	C or S	2007/08 Monthly Performance figures											
				Apr.	May.	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.

Chief Executive's Department

LPI CEOACE	% of press articles which enhance our reputation	M	C	Target												
				Actual	73.84											

Legal & Demorcatc Services

BV174	The number of racial incidents reported to the Council per 100,000 population	M	C	Target	0.00											
				Actual	0.00											
BV175	The percentage of those racial incidents that have resulted in further action	M	C	Target	100.00											
				Actual	100.00											

Human Resources & Organisational Development

BV12	The average number of working days lost due to sickness.	M	C	Target	0.73											
				Actual	0.71											
LPI Human Resources	% of staff appraisals undertaken	M*	C	Target	100.00											
				Actual	67.00											

Financial Services

BV78a	The average number of days taken for processing new claims.	M	C	Target	28.00											
				Actual	34.10											
BV78b	The average number of days taken for processing changes in circumstances	M	C	Target	10.00											
				Actual	14.31											
BV79bii	The percentage of recoverable HB (all-years outstanding) overpayments recovered.	M	C	Target	25.00											
				Actual	2.85											
BV8	Percentage of invoices paid on time	M	C	Target	97.00											
				Actual	94.38											
BV9	Percentage of Council Tax collected	M	C	Target	11.07											
				Actual	12.00											

Monthly Performance detailed figures

BV10	Percentage of Non-Domestic Rates collected.	M	C	Target	9.70													
				Actual	9.50													

E-Government & Customer Services

CSC	Monthly Call Volumes Customer Contact Centre	M	S	Target														
				Actual	8,410													
CSC	Monthly Call Volume Council Switchboard	M	S	Target														
				Actual	7,718													
CSC	Resolution at First Point of Contact all services (percentage)	M	C	Target	85.00													
				Actual	90.77													
CSC	Average Speed of Answer (seconds)	M	C	Target	20.00													
				Actual	67.00													
CSC	% of Calls Answered	M	C	Target	85.00													
				Actual	60.00													
LPI IT Services	% of helpdesk call closed within timescales	M	C	Target														
				Actual	92.88													

Street Scene & Waste Management

BV82ai	The percentage of household waste that has been recycled	M	C	Target														
				Actual	17.44													
BV82bi	The percentage of household waste that has been composted	M	C	Target														
				Actual	33.78													
BV218a	The percentage of new reports of abandoned vehicles investigated within 24 hours of notification	M	C	Target	95.00													
				Actual	100.00													
BV218b	The percentage of abandoned vehicles removed within 24 hours of legal entitlement	M	C	Target	95.00													
				Actual	100.00													
LPI Depot	% animal/debris cleared within timescales	M	C	Target	95.00													
				Actual	100.00													
LPI Depot	% of flytips dealt with in response time	M	C	Target	95.00													
				Actual	97.50													
LPI Depot	Number of missed household waste collections	M	C	Target	133													
				Actual	99													
LPI Depot	Number of missed recycle waste collections	M	C	Target	66													
				Actual	31													
LPI Depot	Number of written complaints	M	C	Target	22													
				Actual	27													

Monthly Performance detailed figures

LPI Transport Services	% responses to Excess Charge appeals in 10 days	M	C	Target	95.00												
				Actual	96.00												

Planning & Environment Services

BV109a	The percentage of major planning applications determined within 13 weeks	M	C	Target	55.00												
				Actual	100.00												
BV109b	The percentage of minor planning applications determined within 8 weeks	M	C	Target	77.00												
				Actual	92.00												
BV109c	The percentage of other planning applications determined within 8 weeks	M	C	Target	89.00												
				Actual	100.00												
BV204	The percentage of planning appeal decisions allowed	M	C	Target	40.00												
				Actual	0.00												

Culture & Community Services

BV126 (proxy)	The number of domestic burglaries	M	C	Target	33												
				Actual	32												
BV127a (proxy)	The number of violent crimes	M	C	Target	92												
				Actual	102												
BV127b (proxy)	The number of robberies	M	C	Target	3												
				Actual	5												
BV128 (proxy)	The number of vehicle crimes	M	C	Target	76												
				Actual	72												
LPI Community Services	Number of attendances at arts events	M	C	Target	250												
				Actual	265												
LPI Sports Services	Sports Centres Usage	M	C	Target	64,171												
				Actual	65,143												

This page is intentionally left blank

BROMSGROVE DISTRICT COUNCIL

19 JUNE 2007

PERFORMANCE MANAGEMENT BOARD

IMPROVEMENT PLAN EXCEPTION REPORT [APRIL 2007]

Responsible Portfolio Holder	Councillor Roger Hollingworth Leader of the Council
Responsible Officer	Hugh Bennett Assistant Chief Executive

1. SUMMARY

1.1 To report to the Performance Management Board to ask them to consider the attached updated Improvement Plan Exception Report for April 2007.

2. RECOMMENDATION

2.1 That the Performance Management Board considers and approves the revisions to the Improvement Plan Exception Reports, and the corrective action being taken.

2.2 That the Performance Management Board notes that for the 61 actions highlighted for April 64.percent of the Improvement Plan is on target [green], 1.6 percent is one month behind [amber] and 4.9 percent is over one month behind [red]. 29.50 percent of actions have been re scheduled [or suspended] with approval as shown on a separate report.

3 BACKGROUND

3.1 The Council overhauled its Recovery Plan in July 2006 in order to give the plan a more outward focus e.g. performance indicators, customer issues, strategic priorities etc. The new plan, renamed the Improvement Plan, was agreed by Cabinet on 2nd August 2006.

3.2 The full Improvement Plan will provide background information only and will be emailed to members of the Performance Management Board. The Improvement Plan will also be posted onto the Council website at the address at the end of this report. with a hard copy placed in the Members Room

4. PROGRESS IN April 2007






4.1 Overall performance as at the end of April 2007 is as follows: -

April 2007

March

RED	3	4.9%	RED	12	13.3%
AMBER	1	1.6%	AMBER	2	2.2%
GREEN	40	65.57%	GREEN	52	58%

Where: -

	On Target or completed
	Less than one month behind target
	Over one month behind target
	Original date of planned action
	Re-programmed date.

4.2 Out of the total of 61 actions for the month of April , 18 actions have been deleted, suspended or the timescales have been extended this amounts to 29.50 percent of the plan.

4.3 An Exception Report detailing corrective actions being under taken for red and amber tasks is attached at **Appendix 1** the additional attached Exception Report as **Appendix 2** report highlights re-scheduled or suspended actions.

5. FINANCIAL IMPLICATIONS

5.1 No financial implications.

6. LEGAL IMPLICATIONS

6.1 No Legal Implications.

7. CORPORATE OBJECTIVES

7.1 The Improvement Plan relates to all of the Council's four objectives and ten priorities as approved on the 19th September Full Council.

8. RISK MANAGEMENT

8.1 The risks associated with the Improvement Plan are covered in the corporate and departmental risk registers.

9. CUSTOMER IMPLICATIONS

The Improvement Plan is concerned with strategic and operational issues that will affect the customer.

10. OTHER IMPLICATIONS

Procurement Issues: Delivery of the Improvement Plan involves various procurement exercises.
Personnel Implications: See Section 18 of the Improvement Plan.
Governance/Performance Management: See Section 4 of the Improvement Plan.
Community Safety including Section 17 of Crime and Disorder Act 1998: See sections 12.2 and 12.3
Policy: See Section 4 of the Improvement Plan.
Environmental: See Section 8 of the Improvement Plan.
Equalities and Diversity: See Section 3 of Improvement Plan.

10 OTHERS CONSULTED ON THE REPORT

Portfolio Holder	Yes
Chief Executive	Yes
Corporate Director (Services)	Yes
Assistant Chief Executive	Yes
Head of Service <i>(i.e. your own HoS)</i>	Yes
Head of Financial Services <i>(<u>must</u> approve Financial Implications before report submitted to Leader's Group)</i>	Yes
Head of Legal & Democratic Services <i>(for approval of any significant Legal Implications)</i>	Yes
Head of Organisational Development & HR <i>(for approval of any significant HR Implications)</i>	Yes
Corporate Procurement Team <i>(for approval of any procurement implications)</i>	No

11 APPENDICES

Appendix 1 Improvement Plan Exception Report April 2007

12 BACKGROUND PAPERS:

Full Improvement Plan for April will be e- mailed to all Members of the Performance Management Board and can be found at www.bromsgrove.gov.uk under meetings Minutes and Agendas where there is a direct link to the Improvement Plan.

CONTACT OFFICER

Name: Christine Sanders
E Mail: c.sanders@bromsgrove.gov.uk
Tel: (01527) 881668

Exception Report for APRIL 2007 Improvement Plan

Appendix 1

Public perception						
Ref	APRIL 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.1.5	Undertake survey		Currently with SNAP and will be sent out to the public in late May or early June	HB	October 31 Oct 06	30 June 2007

Ref.	Action	Lead													Corrective Action	
			July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June		
1.1	Public perception															
1.1.5	Undertake survey	HB													Currently with SNAP and will be sent out to the public in late May or early June	

Public perception						
Ref	APRIL 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
1.1.6	Feed back results		This will depend on the contractor, but within 4-6 weeks.	HB	October 31 Oct 06	31 July 2007

Exception Report for APRIL 2007 Improvement Plan

Appendix 1

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
1.1	Public perception														
1.1.6	Feedback results.	HB													31 July 2007

7									
Ref	APRIL 2007 Action	Colour	Corrective Action				Who	Original Date	Revised Date
7.1.6	Publish agreed business plans after budget finalised.		Plans complete but some tidying up required before being put on the Intranet. The Council plan will be published externally				HB	October 31 Oct 06	30 June 2007

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
7	Performance Plus														
7.1.6	Publish agreed plans after budget finalised .	HB													Plans complete but some tidying up required before being put on the Intranet. The Council plan will be published externally

Exception Report for APRIL 2007 Improvement Plan

Appendix 1

17						
Ref	APRIL 2007 Action	Colour	Corrective Action	Who	Original Date	Revised Date
17.3.1	Introduce letter answering guidelines		Guidelines have been included in the Customer Feedback Policy. They will be rolled out as part of the Customer Complaint System	HB	October 31 Oct 06	Dependant on the roll out of Complaints System

Page 61

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
7	Performance Plus														
17.3.1	Introduce letter answering guidelines	HB													Guidelines have been included in the Customer Feedback. They will be rolled out as part of the Customer Complaint System

Exception Report for APRIL 2007 Improvement Plan

Highlighting rescheduled or suspended actions

Appendix 2

Page 62

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
1.1.	Public Perception														
1.1.6	Feedback results.	HB													This will depend on the contractor but within 4-6 weeks.
1.1.7	Repeat survey.	HB													Re-programmed into next years Improvement Plan.
	Staff communication														
2.2.4	Undertake Employee Survey to check whether message received.	HB/JP													HR decision to move to May conformed Current timing did not fit in with PDR process.
	Council Chat														
2.3.5	Third new edition in draft														This will now be the third edition.
	BME representation														
3.3.3	Undertake first survey														Now scheduled for completion in June
	Service Business plans														
7.1.6	Publish agreed plans after budget finalised.	HB													Plans basically complete, but some tidying up before being published on the Intranet. The Council plan will be published externally.

Exception Report for APRIL 2007 Improvement Plan

Highlighting rescheduled or suspended actions

Appendix 2

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action	
8.1	Town Centre															
8.1.2	Carry out issues and options development	PS DH MD													The LDF capital for the Core Strategy needs to be agreed before work on the new area Action Plan can commence. It is now anticipated this will start in August 2007. Will need to be re vamped into the new Improvement Plan	
8.1.3	Consult on issues and options	PS DH MD													As above	
8.1.4	Respond to representations	PS DH MD													As above	
8.1.5	Submit to inspectorate	PS DH MD													As above	
9.1	Longbridge															
9.1.7	Await date for public examination	PS DH MD														
12.1	Leisure Inspection															
12.1.5	Draft position statement produced to self assessment against KLOE															These have been deleted in accordance with the agreement at Cabinet on the 3 January.
12.1.6	Gap Analysis carried out related to KLOE to find out needs															This action has been suspended pending the results of the corporate CPA.

Exception Report for APRIL 2007 Improvement Plan
 Highlighting rescheduled or suspended actions

Appendix 2

Page 64

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
12.1.7	Improvement/Action Plan produced														This action actions have been suspended pending the results of the corporate CPA
12.1.8	Organise a peer inspection.														This action have been suspended pending the results of the corporate CPA.
12.1.9	Improvement/Action Plan reviewed and updated because of the findings of the Peer Assessment.														Relates to 12.1.4
18.1	Improved Relations														
18.1.2	Group leaders to undertake 1:1 interviews with Councillors for training needs analysis.	JP/CA													In light of the impending local elections a comprehensive. Training Needs Analysis will be undertaken as part of the induction programme once the new Member intake is in place. Action suspended
18.2	Improved Strategic Management														
18.2.1	Top Team Development programme.														This final date of this programme has been put back in order to ensure that CMT is able to address other immediate organisational priorities. Methodology for evaluation yet to be determined.

Exception Report for APRIL 2007 Improvement Plan
 Highlighting rescheduled or suspended actions

Appendix 2

Ref.	Action	Lead	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	Corrective Action
19.3	Capacity														
19.1.5	Develop succession planning policy.	JP													Re-programmed due to capacity issues. Work force planning project to commence April 2007 with a completion date of October 2007
19.3.2	Develop workforce plan.	JP													Re programmed to create capacity for managers. Now due for completion in September 2007. This action will be transferred to the new 2008/08 Improvement Plan

This page is intentionally left blank