

# PERFORMANCE DIGEST VITAL SIGNS 2006/07

# Quarter Two

PRU 06/07 12

POLICY & REGENERATION UNIT LONDON BOROUGH OF BRENT

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#### Foreword

The Vital Signs Performance Digest is part of the high level performance monitoring carried out by Members and senior management of Brent Council. The digest is published quarterly and aims to provide useful information on how well Brent is performing against key indicators. The indicators reflect areas critical for Comprehensive Performance Assessment (CPA), all of the targets negotiated as part if the council's Local Area Agreement (LAA) which attract a Performance Reward Grant at the end of the LAA, and any others identified as high risk.

#### Section One: Table of performance

The table shows the following for each indicator:

- 1. Current quarter performance
- 2. Direction of travel against previous quarter's performance:

Y	Arrow signifies that performance has gone up between quarters and that this is the right direction it should be going.	V	Performance falling where it should be falling (as smaller is better)
	No change from previous quarter	×*	Performance falling where it should be rising (as bigger is better)
×	Signifies that performance has gone up between quarters, and that this is the wrong direction.	-1.2 3.00 2.50	Actual distance between quarters target and performance (colour coded to show risk)

- 3. Year-to-date performance
- 4. Annual target

The table also shows an alert to highlight whether or not performance is reaching target. The following explains what each alert means:

*	Low risk' performance indicators – this means the target is either being met or exceeded
$\circ$	'Medium risk' performance indicators this means performance is not being met but is within 10-15% of the target
$\square$	High risk' performance indicators this means targets are not being met and are not within 10-15% of the target

The performance alert refers to year-to-date performance and target

#### Section Two: High and medium risk monitoring

For each performance indicator that has been identified as high or medium risk (that is not reaching target), more information is provided. This section includes a graph tracking performance over time against target, comments from the Lead Member and Service Director/Manager, and plans for improvement with actions and timeframes.

#### Section Three: Glossary

The terms listed in this section are based on the DCLG description and provide information to the reader on the purpose and aim of the Best Value indicators

	Vital Sign Central Unit Q2 06/07												
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?				
BV011a.02 D Women in top 5% earners (calculated on average)	43.05	47.14	47.14	*	0.00	*	45.02	44.00	Bigger is Better				
BV011b.02 D Black/ethnic in top 5%	19.21	17.20	17.20	*	0.00	*×	18.18	20.00	Bigger is Better				
BV012 D Days lost to sickness	1.54	2.00	2.09	*	0.09	*	3.63	8 days	Smaller is Better				
LAA WSP32 The proportion of domestic violence (DV) incidents where a suspect is present and an arrest is made for an incident recorded as DV related	71.20	37.90	80.60	*	42.7	*	79.20	37.90	Bigger is Better				
LAA WSP33 The proportion of domestic violence incidents which result in sanctioned detections (crimes for which someone is charged, summonsed, receives a caution or other formal sanction- including a fixed)	28.60	30.00	35.20	*	5.20	•	32.00	30.00	Bigger is Better				

			Vital Sign	Central Unit	Q2 06/07			_		
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?	
BV174 D The number of racial incidents per 1000 pop reported to the LA, where the LA has a direct involvement in remedying the situation	Work is cu	Work is currently going on at both service and corporate level to provide accurate information which is expected to available from Q3								
BV175 D The number of racial incidents per 1000 pop reported to the LA, where the LA has a direct involvement in remedying the situation further action	Work is cu	Work is currently going on at both service and corporate level to provide accurate information which is expected to available from Q3								
REG EST LAA02.1.06 The number of people from a BME groups helped into employment	165.00	112.00	203.00	*	91.00	٩	368.00	487.00	Bigger is Better	

			Vital Sign	Central Unit (	Q2 06/07						
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?		
REG EST LAA02.1.07 the number of people from a disadvantaged group (non- BME) helped into employment	13.00	65.00	17.00	4	- 48.00	*	30.00	281.00	Bigger is Better		
BrAVA VST LAA03.3.01 The number of volunteers from non-socially excluded groups - 100 hours a year		ne baseline is 1,619 volunteers from both groups. This performance indicator is to be measured annually because of the length of time needed to be defined as 'formal' volunteer (100 hours)									
BrAVA VST LAA03.3.02 The number of volunteers from a socially excluded groups, 100 hours a year		he baseline is 1,619 volunteers from both groups. This performance indicator is to be measured annually because of the length of time needed to be defined as 'formal' volunteer (100 hours)									

	Vital Sign Children & Families Q2 06/07											
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?			
CC CMP1 D % of complaints escalated from stage 1 to stage 2	18.60	10.00	25.00	4	15.00	*×	21.69	10.00	Smaller is Better			
CC CMP2 D % of stage 1 complaints responses within 15 working days	39.53	85.00	45.00	4	-40.00	*	42.17	85.00	Bigger is Better			
CF SI LAA02.2.18 Number of schools attaining December 2005 National Health Schools Standard	27.00	35.00	27.00	*	-6.00	v	35.00	42.00	Bigger is Better			
CF CY3.06 D Proportion of Schools offering access to the extended service	6.00	6.00	6.00	*	0.00		6.00	24.00	Bigger is Better			

		Vi	tal Sign Chile	dren & Famil	ies Q2 06/07				
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
BV197 D The percentage change in teenage pregnancy rate	The PCT a	re currently no			y information so /ert to annual on		ie reporting ac	gainst this	Smaller is Better
CF LI1 The number of pupils excluded from Brent maintained schools	0.41	0.30	0.19	*	-0.11	*	0.60	1.30	Smaller is Better
CYP3.08.2 D % the number of primary school aged children seeking a school place granted a place	89.44	100.00	86.24	4	-13.76	*	87.60	100.00	Bigger is Better
BV163 D Adoptions of children looked after	0.69	1.75	0.66	<b></b>	-1.09	*	1.4	7.00	Bigger is Better
BV049.04 D The percentage of children with 3 or more placements in a year	2.11	5.00	4.48	*	1.40	*	6.59	11.00	Smaller is Better

Vital Sign Children & Families Q2 06/07											
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?		
CF/C68 D % Timeliness of reviews of looked after children	75.34	80.00	81.40	*	1.40	*	77.59	80.00	Bigger is Better		
2065SC D % U16 Looked after children in the same place for 2.5+ yrs or more adopted	68.00	68.00	62.90		-5.10	*	65.46	68.00	Bigger is Better		
CF/C69 D Distance newly looked after children are placed from home (LAC placed 20 miles outside the borough	4.44	6.00	Nil	*	-6.00	*	3.39	6.00	Smaller is Better		

Vital Sign Environment & Culture Q2 06/07											
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?		
CC CMP1 D % of complaints escalated from stage 1 to stage 2	15.79	10.00	21.59	4	11.59	*	18.58	10.00	Smaller is Better		
CC CMP2 D % of stage 1 complaints responses within 15 working	72.84	85.00	75.29	4	-9.71	¥	74.11	85.00	Bigger is Better		
CYP1.12 No. visits by young people for sport at council owned	11656.00	16,900	17091.00	*	191.00	*	28747.00	33800.00	Bigger is Better		
EC SP LAA02.2.06 D Percentage of adults taking part in sport and physical exercise ST	Base line d	Base line data for this indicator is currently not available so reporting against this indicator will revert to annual only									
BV199a.05 D Env. Cleanliness – Litter The proportion combined deposits of litter and detritus that fall below an acceptable level	28.00	26.00	33.00	4	7.00	*	30.50	26.00	Smaller is Better		

		Vita	l Sign Envirc	onment & C	ulture Q2 06/07				
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
EC PLSS6 D Number of library visits per 1,000 population	1937.17	1950.00	1757.69		-192.31	*	3694.86	7800.00	Bigger is Better
EC C4 D Active borrowers as a percentage of population	8.62	12.50	13.07	*	0.57	v	13.07	25.00	Bigger is Better
BV091a.05 D % residents receiving kerbside recyclables	91.00	91.00	91.04	*	0.04	-	91.04	93.00	Bigger is Better
EC BV082 D % of household waste arising which has been sent to authority for recycling and composting	23.64	22.00	22.16	*	0.16	*	22.16	22.00	Bigger is Better
BV084a.05 D Household Waste Collection in kilograms per head	109.00	114.12	110.00	*	-4.12	*	219kg	411.00	Smaller is Better

	Vital Sign Finance & Corporate Services Q2 06/07											
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?			
CC CMP1 D % of complaints escalated from stage 1 to stage 2	6.52	10.00	6.81	*	-3.19	•×	6.65	10.00	Smaller is Better			
CC CMP2 D % of stage 1 complaints responses within 15 working	55.22	90.00	85.34		- 4.66	¥	68.88	90.00	Bigger is Better			
BV078a D Average time for new benefit claims	32.40	36.00	37.35	*	1.35	*	34.79	36.00	Smaller is Better			
FCR PM5 D Average processing time taken for change of circumstances affecting benefit claims	14.87	20.00	27.32		7.32	*	21.48	20.00	Smaller is Better			
FCR PM18 D Percentage of cases (benefit claims) referred to tribunal service within 4 weeks	74.65	65.00	77.50	*	12.50	¥	75.68	65.00	Bigger is Better			

		Vital Sig	gn Finance 8	Corporate	Services Q2 06/0	)7			
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
FCR PM19 D Percentage of cases (benefit claims) referred to tribunal service within 3 months	90.14	95.00	87.50	*	-7.50	*	89.19	95.00	Smaller is Better
BV009 D Council Tax collected	29.52	22.50	22.57	*	0.07	•×	40.79	94.00	Bigger is Better
BV010 D NNDR collected	30.69	30.57	59.82	*	29.25	*	45.25	98.30	Bigger is Better
FCR PM7 D Over payments recovered	58.08	50.00	68.08	*	18.08	~	65.89	50.00	Bigger is Better

		Vital S	ign Housing	& Communit	y Care Q2 06/07	7			
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
CC CMP1 D % of complaints escalated from stage 1 to stage 2	19.08	10.00	18.51	<b></b>	-8.52	*	18.65	10.00	Smaller is Better
CC CMP2 D % of stage 1 complaints responses within 15 working days	76.34	85.00	66.90		-18.10	*×	75.85	85.00	Bigger is Better
HCC TA LAA03.1 The percentage change of families in temporary accommodation	5.00	7.00	6.00	*	-1.00	*	11.00	12.00	Smaller is Better
HCC TA LAA03.1.03 The number of families in temporary accommodation	4270	4153	4202	*	-0.49		4202	3930	Smaller is Better
BV183a Length of stay in B&B accommodation	4.87	6.00	4.44	*	-1.56	*	4.44	6.00	Smaller is Better
BV183b Length of stay in hostel accommodation	15.00	15.00	14.05	*	-0.95	~	14.05	15.00	Smaller is Better

		Vital S	ign Housing	& Communit	y Care Q2 06/0	7			
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
BV064.02 Private sector dwellings returned into occupation	254.00	336.00	467	*	131	*	467.00	669.00	Bigger is Better
BV 212 Average re-let times council property in days	26.00	30.00	27.00	*	-3.00	*	26.98	30.00	Smaller is Better
HCC BHP.01 Percentage of repairs completed within government time limits	99.00	98.00	99.00	*	1.00	-	99.00	98.00	Bigger is Better
BV201 Adults receiving direct payments of benefits	58.37	70.00	69.63		-0.37	*	69.63	90.00	Bigger is Better
BV056.03 D The percentage of equipment delivered within 7 days	88.22	85.00	87.86	*	2.86	*	88.00	85.00	Bigger is Better
BV195 D Acceptable waiting times for assessment	64.95	75.00	67.64		-7.36	v	67.64	75.00	Bigger is Better

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		Vital S	ign Housing	& Communit	y Care Q2 06/0	7			
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
BV196 Acceptable wait for care packages	89.32	90.00	87.90	*	-2.10	*×	87.47	90.00	Bigger is Better

			Vital Sigr	n Partners Q2	2 06/07				
	Performance Q1	Target Q2	Actual Perf Q2	Q2 Perf Alert	Actual distance between Q2 target and Q2 performance	Direction of Travel between Q1 and Q2	Perf YTD (Q1 and Q2)	Annual Target 06/07	Good Performance is?
LFB LAA01.1.2.27 BV142iii The number of accidental fires in residential properties	71.00	69.00	56.00	*	-13.00	*	127.00	276.00	Smaller is Better
PCT SST LAA02.2.26 The number of people who quit smoking for 13 weeks	24.00	38.00	0.00	4	-38.00	*×	24.00	225.00	Bigger is Better
PCT SST LAA02.2.27 The number of people who stop smoking for 4 weeks in NRF areas	151.00	80.00	42.00	4	-38.00	*×	193.00	475.00	Bigger is Better

## CENTRAL

	HIC	GH LEVEL MON	IITORING			CC	OMMENTS
					DIRECTOR	PHIL NEW	/BY
( <b>non-BME)</b> Number of peop	helped into e	antaged group (ex urs a week for 13	rom a disadvar ST cluding BME) helpe consecutive weeks o Target Dec-06	d into work for a	capturing info to ensure th Although	ormation effe at this has ha this years tar be able to ach	as there has been difficulties ctively. An action plan is in plac appened by the end of the year get may not be achieved, we nieve the LAA lifetime target in 2009 CLLR O' SULLIVAN
Bigger Is Better	tolerances, uppe	r -0.01, lower -10 %	% Variance				
	<b>Jun 06</b>	Sep 06	<b>Dec 06</b>	Mar 07			
Actual	13	17					
Actual		65	84	81			
Target	51	05					

IMPROVEMENT ACTION PLAN								
Key improvement actions	Timescale for completion	Responsible Officer	Date completed					
Monitoring of information	ongoing							

	Н	IGH LEVEL MON	IITORING			CC	OMMENTS
					DIRECTOR	JOHN CH	RISTIE
CC CMP1	D % of comp	olaints escala	ed from stage	1 to stage 2			
30 20 10		Actual -	<ul> <li>Target</li> </ul>		complaints wh	nich have be the escalati	me under-recording of stage 1 een received directly by teams on rates to stage 2, and some notified to me.
0	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR WHARTON
Smaller Is Bett	er tolerances, up	per 10, lower 0.01 %	% Variance				
	Jun 06	Sep 06	<b>Dec 06</b>	<b>Mar 07</b>			
Actual	18.6	25					ne staff deal with the complain
Farget	10	10	10	10	at Stage 1 to	avoid them e	escalating.
Performance			2	2			

#### 

IMPROVEMENT ACTION PLAN								
Key improvement actions	Timescale for completion	Responsible Officer	Date completed					
Managers to be reminded that the complaints Manager must be notified	Ongoing	Gillian Burrows						
about all complaints.								

	H	IGH LEVEL MONI	TORING			CO	MMENTS
					DIRECTOR J	OHN CHF	RISTIE
CC CMP2	D % of stage	e 1 complaints		<i>time</i>	the service area. have a statutory Additional briefin social care staff of statutory complai procedure. The September 2006 Stage 1 within 10	. However requirement on the new nints under new regul and inclu 0 working	15 days is the overall target fo some sections of the service ent to respond within 10 days. I is also being prepared for w regulations and guidance for the Children Act 1989 ations came into effect on 1 de a requirement to respond a days. Two training sessions or g are planned for the Autumn
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE ME	EMBER:	CLLR WHARTON
Bigger Is Bette	r tolerances, upp	er -0.01, lower -10 %	• Variance				
	<b>Jun 06</b>	Sep 06	<b>Dec 06</b>	<b>Mar 07</b>			
Actual	39.53	45					
Tanaat	85	85	85	85	Comments note	ed	
Target			2	0			

IMPROVEMEN	T ACTION PLAN		
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Two training sessions on Stage 1 complaint handling are planned for the January 2007	March 2007	Gillian Burrows	

	Н	IGH LEVEL MON	ITORING			CC	OMMENTS
	D 0/ Numbe			ildron oooking	DIRECTOR	JOHN CH	RISTIE
a school p The percentag alternative pro	<b>place granted</b> se of children not j	placed in school that	chool aged chi t have been assessed • - Target	-	applications for assessed and This indicator	or school pro l offered sch to be chang	admissions received 218 ovision of which 188 were ool places. led to the % of children who s for a school place.
90 80 70	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR WHARTON
Bigger Is Bette	·	er -0.01, lower -10 %	1				
	Jun 06	Sep 06	<b>Dec 06</b>	Mar 07			ven the shortage. I assume that
Actual	89.44	86.24					applying outside the normal vould have about 3,000 applying
	100	100	100	100	for the start of		
Target			2	2	11		

IMPROVEMENT ACTION PLAN					
Key improvement actions	Timescale for completion	Responsible Officer	Date completed		
Ongoing monitoring of the process over the year	ongoing	John Christie			

	GH LEVEL MON			CC	OMMENTS		
					DIRECTOR	JOHN CH	RISTIE
The number of of children loo that date. (PAI) $ \begin{array}{c} 8 \\ 6 \\ 4 \\ \end{array} $	f looked after child	arch who had been efinition)		centage of the number months or more at		• •	mance of children being ughout the year
2					EXECUTIVE	MEMBER:	CLLR WHARTON
<b>Bigger Is Bette</b> Actual	Jun-06 er tolerances, uppe Jun 06 0.69	Sep-06 er -0.01, lower -10 % Sep 06 0.66	Dec-06 % Variance Dec 06	Mar-07	Need to mon is in place	itor progress	s now that second adoption team
Target	1.75	3.5	5.25	7			
Performance			2	2			

IMPROVEMENT ACTION PLAN							
Key improvement actions	Timescale for completion	Responsible Officer	Date completed				
Second adoption team now in operation	June/July 2006	Jan Fishwick					
New adoption protocol implemented which will speed up the process of	April 2006	Jan Fishwick					
children being adopted nationally.	-						

HIGH LEVEL MONITORING						COMMENTS		
					DIRECTOR	JOHN CHE	RISTIE	
Stability of pla include childro 15 10 5					We have managed to reduce the numbers of looke children changing placement 3 or more time throug the year due to closer monitoring and regularly revie placement options			
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR WHARTON	
Smaller Is Bet		oer 10, lower 0.01 %		M 07				
Actual	<b>Jun 06</b> 2.11	Sep 06 6.72	<b>Dec 06</b>	Mar 07			the target range of 16% by year	
	2.11	5	8	11			owards this it may indicate that is not good enough.	
Target	2.5	5	0		monitoring of placements is not good enough.			

IMPROVEMENT ACTION PLAN						
Key improvement actions	Timescale for completion	Responsible Officer	Date completed			
Review to take place year end	March 2007	John Christie				

	IGH LEVEL MON		COMMENTS				
					DIRECTOR	JOHN CH	RISTIE
2065SC D % U16 LAC for 2.5+ yrs in same place or adopted The percentage of under 16s who have been looked after for 2.5 or more years, living in the same placement for at least two years, or placed for adoption Actual Target				National target identified by the DSCI and DfES is 68% 2008. We envisage meeting the target of 68% by year end 2007			
60	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR WHARTON
Bigger Is Better Actual Target Performance	tolerances, uppo Jun 06 68 68 €8	er -0.01, lower -10 % Sep 06 62.9 68	6 Variance Dec 06 68 ?	Mar 07 68 ?	May not be e	easy to recov	er after poor second quarter.

IMPROVEMENT ACTION PLAN						
Key improvement actions Timescale for completion Responsible Officer						
Monitor targets	ongoing					

	HI	GH LEVEL MON	IITORING			COMMENTS			
					DIRECTOR	RICHARD	SAUNDERS		
CC CMP1 L	D % of comp	laints escalat	ed from stage	1 to stage 2					
30 20 10	••••	Actual -	Target		related compl	aints during e being revie	articularly high in Planning the last quarter. These wed to identify any underlying olved.		
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:			
maller Is Bette	er tolerances, upp	oer 10, lower 0.01 %	6 Variance						
	<b>Jun 06</b>	Sep 06	<b>Dec 06</b>	<b>Mar 07</b>	CLLR VAN C	OLLE I am lo	ooking forward to seeing the		
A atrial	15.79	21.59			analysis of wh	nere these co	omplaints arise		
Actual	10	10	10	10					
Actual Farget	10								

IMPROVEMENT ACTION PLAN							
Key improvement actions	Timescale for completion	Responsible Officer	Date completed				
Targeted monitoring within unit to identify any trends	Ongoing	Richard Saunders	N/A				

	HI	GH LEVEL MON	IITORING			CC	OMMENTS
					DIRECTOR	RICHARD	SAUNDERS
CC CMP2	D % of stage	e 1 complaints	s responses il	n time			
90 85 80	• • • • • •	Actual •	• - Target		Emphasis cor	ntinues to be	provement since the last quarter. put on quality of response as well as speed.
75 70 65							
	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	
Bigger Is Better	r tolerances, uppe	er -0.01, lower -10 %	% Variance				
	<b>Jun 06</b>	Sep 06	Dec 06	Mar 07	CLLR VAN C		
Actual	72.84	75.29					t with more complaints even
Target	85	85	85	85			e planned percentage
Performance			?	?		OWN	

IMPROVEMENT ACTION PLAN							
Key improvement actions	Timescale for completion	Responsible Officer	Date completed				
Units are being regularly reminded about outstanding complaints	Ongoing	Ros Carson	N/A				

	ŀ	HIGH LEVEL MON	COMMENTS			
					DIRECTOR RICHARD	SAUNDERS
The proportion	n of relevant land	l detritus that fall be	ressed as a %) that i	s assessed as having vel.	The new waste managem	ent contract that starts on 1 <sup>st</sup> many of the issues that have to be missed.
	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE MEMBER:	CLLR VAN COLLE CLLR D BROWN
Smaller Is Bett	ter tolerances, u	pper 10, lower 0.01 %	6 Variance			
Sindher 15 Dett	Jun 06	Sep 06	<b>Dec 06</b>	<b>Mar 07</b>		
Jinunei 15 Dett	Juli Vu					
Actual	28	33				
		_	26	26		

IMPROVEMENT ACTION PLAN							
Key improvement actions	Timescale for completion	Responsible Officer	Date completed				
Implement officer: ENCAMS inspection feedback	October 2006	Ian Stewart	October 2006 (complete)				
Recommend contract renewal to members	November 2006	Keith Balmer	Draft report with Lead Member for				
			Environment				

			HIGH LEVEL MONITORING						
				DIRECTOR	RICHARD	SAUNDERS			
Number of	library visits p	oer 1,000 pop	ulation						
un-06	Actual -	• - Target • • • • • • • • • • • • • • • • • • •	•••• Mar-07	attractive to v increase the r issues will be	isitors, to mo number of ne considered	e done to make libraries more odernise the buildings and w books on the shelves. Thes in the 2007/08 budget round.			
				EXECUTIVE	MEMBER:				
	-0.01, lower -10 %	Variance		_					
Jun 06	Sep 06	<b>Dec 06</b>	Mar 07						
1,937.17	1,757.69				<i>.</i>				
1,950	1,950	1,950	1,950		can find add	itional budget this ought to			
		2	?	improve.					
	un-06 erances, upper Jun 06 1,937.17	un-06 Sep-06 rances, upper -0.01, lower -10 % V Jun 06 Sep 06 1,937.17 1,757.69	Actual = • Target Actual = • Target un-06 Sep-06 Dec-06 Prances, upper -0.01, lower -10 % Variance <u>Jun 06 Sep 06 Dec 06</u> 1,937.17 1,757.69 1,950 1,950 1,950	un-06 Sep-06 Dec-06 Mar-07 erances, upper -0.01, lower -10 % Variance <u>Jun 06 Sep 06 Dec 06 Mar 07</u> 1,937.17 1,757.69 1 1,950 1,950 1,950 1,950	Actual Target       More work stiattractive to vincrease the rissues will be         un-06       Sep-06       Dec-06       Mar-07         EXECUTIVE       EXECUTIVE         orances, upper -0.01, lower -10 % Variance       Provided we improve.	Actual Target More work still needs to be attractive to visitors, to mo increase the number of ne issues will be considered in the sep-06 Dec-06 Mar-07 EXECUTIVE MEMBER: Provided we can find add improve.			

IMPROVEMENT	T ACTION PLAN		
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitoring of data collection to ensure robustness and identify any unexpected changes.	Ongoing	Sue McKenzie /Neil Davies	

#### FINANCE & CORPORATE RESOURCES

	н	IGH LEVEL MON	ITORING		С	COMMENTS			
					DIRECTOR DUNCAN	MCLEOD			
CC CMP2	D % of stage	e 1 complaints	responses in	time					
400		Actual	<ul> <li>Target</li> </ul>		Performance has improv items of work and is on t	ed due to the clearance of aged rack to meet target in q3			
100 50	•		• • • • • • • • • • • • • • • • • • • •	•					
0									
	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE MEMBER:	CLLR BLACKMAN			
Bigger Is Bette	r tolerances, upp	er -0.01, lower -10 %	6 Variance						
	<b>Jun 06</b>	<b>Sep 06</b>	<b>Dec 06</b>	<b>Mar 07</b>					
	55.22	85.34							
Actual				90					
Actual Target	90	90	90	90					

IMPROVEMENT ACTION PLAN							
Key improvement actions	Timescale for completion	Responsible Officer	Date completed				
Ongoing monitoring	March 2007	Simon Hardwick					

### FINANCE & CORPORATE RESOURCES

	н	GH LEVEL MON	ITORING			CC	OMMENTS
					DIRECTOR	DUNCAN	MCLEOD
FCR PM5 i circumsta			• taken for cha	nge of	items of work	, which is on	d due to the clearance of ageo going. Performance is likely to I improve in Q4.
10	-		+		EXECUTIVE	MEMBER:	CLLR BLACKMAN
	Jun-06	Sep-06	Dec-06	Mar-07			
Smaller Is Bett	ter tolerances, upp	per 10, lower 0.01 %	% Variance				
	<b>Jun 06</b>	Sep 06	<b>Dec 06</b>	Mar 07			
	Juli VO						
Actual	14.87	27.32					
Actual Target		_					

IMPROVEMENT ACTION PLAN								
Key improvement actions	Timescale for completion	Responsible Officer	Date completed					
Continuing to monitor progress	ongoing	Simon Hardwick						

	H	IGH LEVEL MON	ITORING			COMMENTS			
					DIRECTOR	MARTIN C	HEESEMAN		
30 20 10 0	IP1 D % of complaints escalated from stage 1 to stage 2					At present complaints that are received 14 days bef the end of the quarter might be responded to before 15 days deadline but in the following quarter. These complaints will not be counted in the present quarter is being reported on and can thus reduce the overall percentage of the indicator. However work is being carried out towards achieving the yearly target of 85			
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR ALLIE		
Smaller Is Bett		per 10, lower 0.01 %	1						
	Jun 06	Sep 06	<b>Dec 06</b>	Mar 07					
Actual	19.08	18.52							
-	10	10	10	10					
Target			2	2					

IMPROVEMENT ACTION PLAN								
Key improvement actions	Timescale for completion	Responsible Officer	Date completed					
Introduction of an upgraded complaints systems	In progress							
Creating an integrated H&CC complaints team								

	Н	IGH LEVEL MON	ITORING			COMMENTS			
					DIRECTOR	MARTIN C	CHEESEMAN		
CC CMP2	D % of stage	-	<b>responses in</b>	<i>time</i>	the end of the 15 days dead complaints wi is being repor percentage of	quarter mig line but in th Il not be cou t on and car f the indicato	at are received 14 days before ht be responded to before the e following quarter. These nted in the present quarter tha a thus reduce the overall or. However work is being ving the yearly target of 85%.		
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	CLLR ALLIE		
Bigger Is Better	tolerances, upp	er -0.01, lower -10 9	% Variance						
	<b>Jun 06</b>	Sep 06	<b>Dec 06</b>	<b>Mar 07</b>					
Actual	76.34	66.9	_						
Target	85	85	85	85					
			2	2					

IMPROVEMENT ACTION PLAN								
Key improvement actions	Timescale for completion	Responsible Officer	Date completed					
Introduction of an upgraded complaints systems	In progress							
Creating an integrated H&CC complaints team								

	HIG	GH LEVEL MONI	TORING			СО	MMENTS		
					DIRECTOR	MARTIN CH	HEESEMAN	1	
Age standardis	ed by age groups.		ents of four age bands: 18 percentage of the po		continues to	r of people rec increase. We get. By the end	are 6 peopl	le below our	
	alls into the relevar	nt age band.	<ul> <li>Target</li> </ul>		providing dir over, with a grand total b	ect payments further 27 peo reaks down to	to 114 clien ple referred 110 adults	ts aged 18 and and pending. This aged 18-64 & 31	
100 50			• • • • • • •	•				we are 49 clients ue to promote direc	
0	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	E MEMBER:	CLLR COL	WILL	
Bigger Is Better	·	• -0.01, lower -10 %						t payment continue	
Actual	Jun 06 58.37	Sep 06	<b>Dec 06</b>	Mar 07				ly below the target across all services	
Target	60	70	80	90		ain the continuous improvement			
Performance			?	?					
			IMPROVEM	IENT ACTION PL/	AN				
	Key in	provement actions			for completion	Responsib	le Officer	Date completed	
	direct payments for				ary 2007				
Project gro improveme		y to monitor perform	mance & identify	From A	April 2006	Christabel S	hawcross		

December 2006

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Increase publicity for service users

Christabel Shawcross

HIGH LEVEL MONITORING						COMMENTS		
					DIRECTOR	MARTIN C	HEESEMAN	
<b>BV195 D Acceptable waiting times for asst</b> For new older clients the av of % where time from contact to start of assessment is less than 48 hours, and % where time from first contact to completion of assessment <= 28 days				Figures for qua difficulties exp now been reso performance of oversee furthe action plans de	This is a key threshold indicator as defined by CSCI. Figures for quarter 2 are actuals as the reporting difficulties experienced with Frameworki database have now been resolved. Though some what below target, performance continues to improve. A project group to oversee further improvements has been established and action plans developed and implemented so that annual target can be reached			
70 65 60 55					EXECUTIVE	MEMBER:	CLLR COLWILL	
	Jun-06	Sep-06	Dec-06	Mar-07				
			Variance		Dorformonoo	haaimaray	ed slightly form last year, but we	
Bigger Is Bette	r tolerances, upper			Mor 07			go in order to reach the annual	
	Jun 06	Sep 06	Dec 06	Mar 07	are still has so target, Robust	me way to g measures a	go in order to reach the annual are in place to ensure that	
<b>Bigger Is Bette</b> Actual Target				<b>Mar 07</b>	are still has so	me way to g measures a	go in order to reach the annual are in place to ensure that	

IMPROVEMENT ACTION PLAN				
Key improvement actions	Timescale for completion	Responsible Officer	Date completed	
Project group to oversee improvements meets monthly	Ongoing	Ros Howard		
Recording system reviewed	September 2006	Ros Howard		
Database reporting tools reviewed	October 2006	Ros Howard		
Staff trained in new system	October 2006	Ros Howard		

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#### PARTNERS

HIGH LEVEL MONITORING						CC	OMMENTS
					DIRECTOR	Partners	
PCT SST LAA02.2.26 The number of people who quit smoking for 13 weeks borough wide ST Increase the number of people who stop smoking (1) 13 week quit Borough-wide							
100 <u>-</u> 50 <u>-</u>		Actual -	• - Target	••••			
0 +	Jun-06	Sep-06	Dec-06	Mar-07	EXECUTIVE	MEMBER:	
Bigger Is Bette Actual Target	er tolerances, upper Jun 06 24 34	r -0.01, lower -10 % Sep 06 0 38	Variance Dec 06 58	<b>Mar 07</b> 95			

IMPROVEMENT ACTION PLAN				
Key improvement actions Timescale for completion Responsible Officer Date completion				

GLOSSARY					
INDICATOR REFERENCE NUMBER:	DCLG DESCRIPTION:	PURPOSE/AIM			
BV011a.02 D Women in top 5% earners	Percentage of top-paid 5% of local authority staff who are women	To monitor progress towards equal opportunities			
BV011b.02 D Black/ethnic in top 5%	The percentage of the top 5% of Local Authority staff who are from an ethnic minority	To monitor the outcome of equal opportunities policies			
BV012 D Days lost to sickness	The number of working days/shifts lost to the Local Authority due to sickness absence	To monitor the level of sickness absence in local authorities			
BV174 D Racial incidents reported to the local authority per 100,000 pop	The number of racial incidents reported to the Local Authority, and subsequently recorded, per 100,000 population	To monitor the reporting of racial incidents where the authority has some measure of direct involvement in remedying the situation. It is important that there are clear arrangements within the Authority for reporting racial incidents. Furthermore it is important that those arrangements make victims feel confident that any incidents reported will be met appropriately. BV174 is meant to set the context for BV175 rather than measure performance in itself: therefore there is no preferred Good Performance for this indicator.			
BV175 D Racial incidents reported to the local authority resulting in further action BV197 D Percentage change in the rate of teenage pregnancies amongst 15 – 17 year olds in Brent	The percentage of racial incidents reported to the Local Authority that resulted in further action Percentage change in number of conceptions amongst 15-17 year olds	To monitor the incidence and handling of racial incidents where the authority has some measure of direct involvement in remedying the situation. This BVPI should be viewed in the context of BV174. To measure progress in reducing conception rates amongst 15-17 year olds			

GLOSSARY				
INDICATOR REFERENCE NUMBER:	DCLG DESCRIPTION:	PURPOSE/AIM		
BV163 D Adoptions of children looked after	The number of children who ceased to be looked after during the year as a result of the granting of an adoption or special guardianship order, as a percentage of the number of children looked after at 31 March (excluding unaccompanied asylum seekers) who had been looked after for 6 months or more on that day	To increase the use of adoption and special guardianship as options for over looked after children		
BV049.04 D % of children in care with 3 or more placements in a year	The percentage of Looked After Children at 31 March with three or more placements during the last financial year	To encourage the stability of looked after children		
BV199a.05 D % of streets not reaching cleanliness standard	The proportion of relevant land and highways (expressed as a percentage) assessed as having combined deposits of litter and detritus that fall below an acceptable			
BV091a.05 D % of residents receiving kerbside collections of recyclables	Percentage of households resident in the authority's area served by kerbside collection of recyclables	To measure the ease with which householders are able to recycle. Under the Waste Recycling Act 2003, every waste collection authority, subject to certain exceptions, is required to provide kerbside collection of at least two recyclables by 2010		
EC BV082 D % of household waste arising which has been sent to authority for recycling and composting	Total tonnage of household waste arisings which have been sent by the Authority for recycling	This indicator together with BV82 (b) measures each local authority's achievement against its Statutory Performance Standards for recycling and composting household waste in 2005/06. This is a key measure of local authorities' progress in moving management of household waste up the hierarchy, consistent with the Government's national strategy for waste management. The Government expects local authorities to maximise the tonnage of waste recycled.		
BV084a.05 Household Waste Collection in kilograms per head of population	Number of kilograms of household waste collected per head of the population	In line with the position of waste reduction at the top of the waste hierarchy, the Government wishes to see the quantity of household waste collected per head reduced over time		

GLOSSARY				
INDICATOR REFERENCE NUMBER:	DCLG DESCRIPTION:	PURPOSE/AIM		
BV078a D Average time taken for new benefit claims in days	The average processing time taken for all new Housing and Council Tax Benefit (HB/CTB) claims submitted to the Local Authority, for which the date of decision is within the financial year being reported.	To monitor the administration of Housing and Council Tax Benefit		
BV009 D Council Tax collected due within the quarter	The percentage of council tax collected by the Authority in the year	To monitor the rate of collection of council tax		
BV010 D NNDR collected due within the quarter	The percentage of non domestic rates collected by the Authority in the year	To monitor the collection rate of national non-domestic rates		
BV183a Length of stay in B&B accommodation in weeks	The average length of stay in bed and breakfast accommodation of households that are unintentionally homeless and in priority need	To measure authorities' success in reducing the inappropriate use of temporary accommodation		
BV183b Length of stay in hostel accommodation in weeks	The average length of stay hostel accommodation of households that are unintentionally homeless and in priority need	To measure authorities' success in reducing the inappropriate use of temporary accommodation		
BV064.02 Number of private sector dwellings returned into occupation	Number of non-local authority- owned vacant dwellings returned to occupation or demolished during the financial year as a direct result of action by the local authority	To encourage the occupation or demolition of empty homes		
BV066b.05 D % tenants with rent arrears of 7 weeks or more	Rent collected by the local authority as a proportion of rents owed on Housing Revenue Account (HRA) dwellings	This indicator, along with BV66b, 66c & 66d is a key measure of the effectiveness and efficiency of a local authority's rent collection and arrears recovery service. These indicators are four discrete parts but should be looked at holistically.		
		An efficient rent collection service is important to ensuring that as much of the rent due, and thus potential income is collected and received.		

GLOSSARY				
INDICATOR REFERENCE NUMBER:	DCLG DESCRIPTION:	PURPOSE/AIM		
BV212.05 Average Time to re-let council property in days	Average time taken to re-let local authority housing	To monitor housing management performance With the present pressure on authority-provided housing it is important that re-let times are kept to a minimum		
BV201 Number of adults receiving direct payments for purchase of care	Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised)	To measure the number of adults and older people receiving direct payments		
BV056.03 D % of occupational health equipment delivered within 7 days	Percentage of items of equipment delivered and adaptations made within 7 working days	To encourage prompt delivery of items of equipment		
BV195 D % of people who had acceptable waiting times for needs assessment (within 28 days)	For new older clients (that is over 65 years of age), the average of (i) the percentage where the time from first contact to beginning of assessment is less than or equal to 48 hours (that is, 2 calendar days), and (ii) the percentage where the time from first contact to completion of assessment is less than or equal to four weeks (that is, 28 calendar days).	To monitor the waiting time for assessments		
BV196 % of people who had an acceptable wait for care packages (within 28 days)	For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks	To monitor the waiting time for care packages		

GLOSSARY				
INDICATOR REFERENCE NUMBER:	DCLG DESCRIPTION:	PURPOSE/AIM		
BV142iii Number of accidental fires in residential properties				