



VITAL SIGNS PERFORMANCE DIGEST

Quarter four 2006/07

Executive

PRU 06/07 - 22

POLICY & REGENERATION UNIT

LONDON BOROUGH OF BRENT

Tel: (020) 8937 1030 Fax: (020) 8937 1050

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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 of 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. Previous and current quarterly performance
2. Distance between quarter target and performance




	Arrow signifies that performance has gone up between quarters and that this is the right direction it should be going.		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. Direction of travel against previous quarter's performance
4. Annual performance and target
5. Annual performance alert

It should be noted that for this reporting period only no quarterly performance alert has been included.

Annual review







For this reporting period only, the alert symbol relates to annual progress against target and not just for quarter four.

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





Section Two: High and medium risk monitoring for quarter four only

This section the information provided relates to quarter four only and as such may appear different than the annual review section of this report. For example performance may be on target for quarter four but previous quarters performance has been below target therefore a red alert will appear under annual performance alert.





As in previous quarters this section provides 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.









Vital Sign Central Unit Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
BV011a.02 D Women in top 5% earners (calculated on average)	46.00	44.00	42.95	-1.05		44.72	44.00		Bigger is Better
BV011b.02 D Black/ethnic in top 5%	16.33	20.00	16.67	-3.33		17.35	20.00		Bigger is Better
BV012 D Days lost to sickness (note quarter 4 excludes schools where as annual end of year has schools total is included)	2.31	2.00	2.01	0.01		8.16	7.00		Smaller is Better
LAA DV01.1.2.32 The proportion of domestic violence (DV) incidents where a suspect is present/ arrest is made an incident recorded as DV	No Data						37.90		Bigger is Better


Vital Sign Central Unit Q4 06/07







	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
LAA 01.1.2.33 The proportion of domestic violence incidents which result in sanctioned detections	32.51	30.00	41.27	11.27		35.54	30.00		Bigger is Better
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	13.24	N/A	16.57	N/A		3.33	N/A	N/A	Smaller is Better
BV175 D The percentage of racial incidents per 1000 pop reported to the LA, where the LA has a direct involvement in remedying the situation further action	100.00	N/A	100.00	N/A		77.78	N/A	N/A	Bigger is Better











Vital Sign Central Unit Q4 06/07









	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
REG EST LAA02.1.06 The number of people from a BME groups helped into employment	279.00	141.00	127.00	-14.00		774.00	487.00		Bigger is Better
REG EST LAA02.1.07 The number of people from a BME (non BME) groups helped into employment	11.00	81.00	10.00	-71.00		47.00	281.00		Bigger is Better

Vital Sign Children & Families Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CC CMP1 D % of complaints escalated from stage 1 to stage 2	18.75	10.00	10.87	0.87		18.01	10.00		Smaller is Better
CC CMP2 D % of stage 1 complaints responses within 15 working days	34.38	85.00	43.48	-41.52		40.99	85.00		Bigger is Better
CF SI LAA02.2.18 Number of schools attaining December 2005 National Health Schools Standard	34.00	42.00	35.00	-7.00		35.00	42.00		Bigger is Better
CF CY3.06 D Proportion of Schools offering access to the extended service	0.00	15.62	21.88	6.26		68.75	100.00		Bigger is Better











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	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CF LI1 The number of pupils excluded from Brent maintained schools	0.49	0.30	0.49	0.19		1.58	1.30		Smaller is Better
CYP3.08.2 Di % of children who waited more than six weeks for a primary school place after registration	10.00	0.00	16.96	16.96		24.32	0.00		Smaller is Better
BV163 D Adoptions of children looked after as a % of all children looked after at the end of the period	1.59	1.75	1.63	-0.12		4.90	7.00		Bigger is Better
BV049.04 D The number of looked-after children adopted during the year as a % of the number of children looked after who had been looked after for 6 months or more	4.51	2.00	3.20	1.20		14.29	11.00		Smaller is Better

Vital Sign Children & Families Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CF/C68 D % Timeliness of reviews of looked after children	97.78	80.00	93.75	13.75		84.97	80.00		Bigger is Better
2065SC D % U16 Looked after children in the same place for 2.5+ yrs or more adopted	50.41	68.00	58.20	-9.80		59.92	68.00		Bigger is Better
CF/C69 D Distance newly looked after children are placed from home (LAC placed 20 miles outside the borough	30.77	6.00	3.70	-2.30		7.07	6.00		Smaller is Better


Vital Sign Environment & Culture Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CC CMP1 D % of complaints escalated from stage 1 to stage 2	16.78	10.00	12.57	2.57		16.67	10.00		Smaller is Better
CC CMP2 D % of stage 1 complaints responses within 15 working days	76.82	85.00	82.64	-2.36		77.02	85.00		Bigger is Better
CYP1.12 No. visits by young people for sport at council owned	8690.00	8450.00	12323.00	3873.00		49760	37200		Bigger is Better
EC PLSS6 D Number of library visits per 1,000 population	1524.05	1950.00	1559.50	-390.50		6778.41	7800		Bigger is Better
EC C4 D Active borrowers as a percentage of population	9.47	6.25	7.89	1.64		35.76	25.00		Bigger is Better

Vital Sign Environment & Culture Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
BV091a.05 D % res's kerbside recyclables	90.08	93.00	91.49	-1.51		91.49	93.00		Bigger is Better
EC BV082 D % of household waste arising which has been sent to authority for recycling and composting	20.81	22.00	18.53	-3.47		21.83	22.00		Bigger is Better
BV084a.05 D Household Waste Collection in kilograms per head	100.52	89.73	97.86	8.13		406.98	411.00		Smaller is Better
BV199a.05 D Env. Cleanliness – Litter The proportion combined deposits of litter and detritus that fall below an acceptable level	32.00	26.00	37.00	11.00		32.33	26.00		Smaller is Better

Vital Sign Finance & Corporate Resources Q4 06/07





	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CC CMP1 D % of complaints escalated from stage 1 to stage 2	10.29	10.00	19.09	9.09		11.12	10.00		Smaller is Better
CC CMP2 D % of stage 1 complaints responses within 15 working	91.36	90.00	95.00	5.00		84.24	90.00		Bigger is Better
BV078a D Average time for new benefit claims	36.40	36.00	33.22	-2.78		34.80	36.00		Smaller is Better
FCR PM5 D Average processing time taken for change of circumstances affecting benefit claims	25.07	20.00	14.47	-5.53		20.33	20.00		Smaller is Better
FCR PM18 D Percentage of cases (benefit claims) referred to tribunal service within 4 weeks	10.00	65.00	33.33	-31.67		60.24	65.00		Bigger is Better

Vital Sign Finance & Corporate Resources Q4 06/07

	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
FCR PM19 D Percentage of cases (benefit claims) referred to tribunal service within 3 months	40.00	95.00	51.11	-43.89		75.90	95.00		Smaller is Better
BV009 D Council Tax collected	74.67	94.00	94.17	0.17		94.17	94.00		Bigger is Better
BV010 D NNDR collected	87.73	98.30	98.66	0.36		98.66	98.30		Bigger is Better
FCR PM7 D Over payments recovered	63.89	50.00	72.97	22.97		66.54	50.00		Bigger is Better

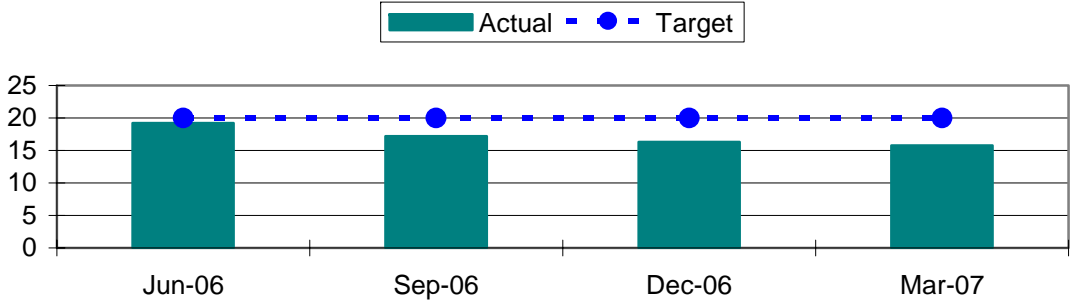
Vital Sign Housing & Community Care Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
CC CMP1 D % of complaints escalated from stage 1 to stage 2	23.66	10.00	52.80	42.80		28.52	10.00		Smaller is Better
CC CMP2 D % of stage 1 complaints responses within 15 working days	76.42	85.00	69.61	-15.39		74.41	85.00		Bigger is Better
HCC TA LAA03.1 The percentage change of families in temporary accommodation	7.00	12.00	8.00	-4.00		8.00	12.00		Smaller is Better
HCC TA LAA03.1.03 The number of families in temporary accommodation	4156.00	3923.00	4112.00	189.00		4112.00	3930.00		Smaller is Better
BV183a Length of stay in B&B accommodation	5.59	6.00	5.44	-0.56		4.98	6.00		Smaller is Better
BV183b Length of stay in hostel accommodation	13.03	15.00	12.42	-12.58		12.52	15.00		Smaller is Better
BV064.02 Private sector dwellings returned to occupation	144.00	167.00	138.00	-29.00		650.00	669.00		Bigger is Better

Vital Sign Housing & Community Care Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
BV 212 Average re-let times council property in days	30.00	30.00	31.00	1.00		31.00	30.00		Smaller is Better
HCC BHP.01 Percentage of repairs completed within government time limits	97.96	98.00	97.83	-0.17		97.91	98.00		Bigger is Better
BV201 Adults receiving direct payments of benefits	73.88	90.00	83.26	-6.74		83.26	90.00		Bigger is Better
BV056.03 D The percentage of equipment delivered within 7 days	85.65	85.00	86.10	1.10		86.10	85.00		Bigger is Better
BV195 D Acceptable waiting times for assessment	67.88	75.00	75.16	0.16		75.16	75.00		Bigger is Better
BV196 Acceptable wait for care packages	91.32	90.00	90.88	0.88		90.88	90.00		Bigger is Better

Vital Sign Partners Q4 06/07									
	Performance Q3	Target Q4	Actual Perf Q4	Distance between Q4 target and Q4 performance	Direction of Travel between Q3 and Q4	Annual performance 06/07	Annual target 06/07	Annual Performance Alert	Good Performance is?
LFB LAA01.1.2.27 BV142iii The number of accidental fires in residential properties	57.00	69.00	No data released				275.00		Smaller is Better
PCT SST LAA02.2.26 The number of people who quit smoking for 13 weeks	66.00	95.00	4.00	-91.00		148.00	240.00		Bigger is Better
PCT SST LAA02.2.27 The number of people who stop smoking for 4 weeks in NRF areas	149.00	204.00	77.00	-127.00		506.00	635.00		Bigger is Better

QUARTER FOUR HIGH RISK

CENTRAL

HIGH LEVEL MONITORING	COMMENTS																				
<p>BV011b.02 D Black/ethnic in top 5%</p> <p>The percentage of top 5% of earners from black and minority ethnic communities.</p>  <table border="1" data-bbox="147 708 1312 932"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>19.21</td> <td>17.2</td> <td>16.33</td> <td>16.67</td> </tr> <tr> <td>Target</td> <td>20</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>Performance</td> <td>●</td> <td>▲</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	19.21	17.2	16.33	16.67	Target	20	20	20	20	Performance	●	▲	▲	▲	<p>DIRECTOR VALERIE JONES</p> <p>Given the small numbers of staff included in this calculation the impact of staff changes has a significant impact on the figures. However, we continue to specifically target BME candidates in search and selection arrangements. We are also reviewing our management development intervention to ensure staff are provided with the necessary skills and expertise to develop their roles and progress up through the organisation.</p> <p>EXECUTIVE MEMBER: CLLR CASTLE</p> <p>Achieving a diverse work force in all services and at all levels of the organisation is a priority for the Council. Members recognise that a range of interventions as described here are necessary to achieve sustained improvements in this area</p>
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	19.21	17.2	16.33	16.67																	
Target	20	20	20	20																	
Performance	●	▲	▲	▲																	

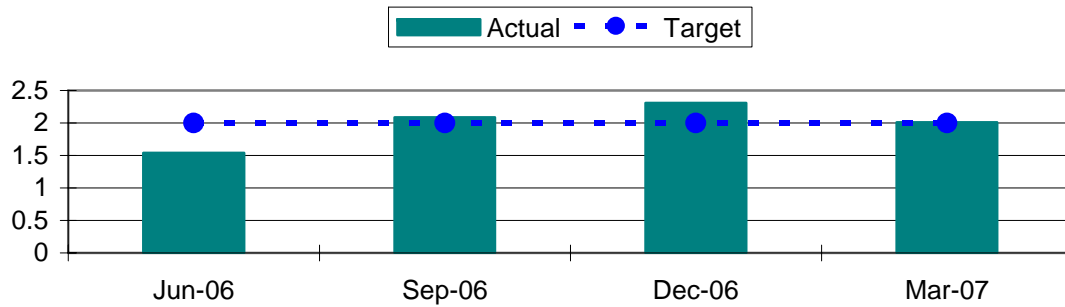
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Continue with the monitoring and targeted projects in particular BME candidates in search and selection	Ongoing	Valerie Jones	

CENTRAL

HIGH LEVEL MONITORING

BV012 D Days / shifts lost to sickness

The number of working days/shifts lost due to sickness absence.



	Jun 06	Sep 06	Dec 06	Mar 07
Actual	1.54	2.09	2.31	2.01
Target	2	2	2	2
Performance	★	●	▲	●

COMMENTS

DIRECTOR | VALERIE JONES

Performance in this quarter is marginally above target and is an improvement on previous two quarters

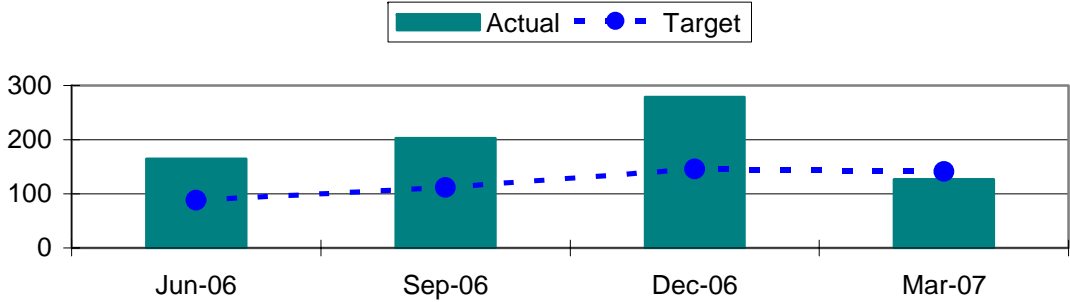
EXECUTIVE MEMBER: | CLLR CASTLE

Comment noted

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Continue to monitor on a regular basis sickness across the LA	Ongoing	Valerie Jones	

CENTRAL

HIGH LEVEL MONITORING	COMMENTS																				
<p>REG EST LAA02.1.06 No. of people from a BME group helped into employment ST</p> <p>Number of people from a BME group helped into work for a sustained period of at least 16 hours a week for 13 consecutive weeks or more</p>  <table border="1" data-bbox="147 804 1312 1029"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>165</td> <td>203</td> <td>279</td> <td>127</td> </tr> <tr> <td>Target</td> <td>88</td> <td>112</td> <td>146</td> <td>141</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>★</td> <td>●</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	165	203	279	127	Target	88	112	146	141	Performance	★	★	★	●	<p>DIRECTOR PHIL NEWBY</p> <p>77% of the overall LAA stretch target up to 2009 has already been met. Work will continue over the next year to increase number of people helped into employment</p> <hr/> <p>EXECUTIVE MEMBER: CLLR O'SULLIVAN</p> <p>Comments noted</p>
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	165	203	279	127																	
Target	88	112	146	141																	
Performance	★	★	★	●																	

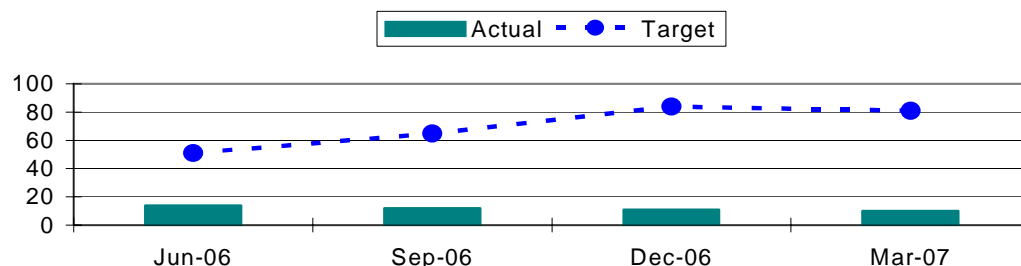
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Brent in2 work will continue to monitor this indicator	Ongoing	Illa Pattni	

CENTRAL

HIGH LEVEL MONITORING

REG EST LAA02.1.07 No. of people from a disadvantaged group (non-BME) helped into employment ST

Number of people from a disadvantaged group (excluding BME) helped into work for a sustained period of at least 16 hours a week for 13 consecutive weeks or more



Bigger Is Better tolerances, upper -0.01, lower -10 % Variance

	Jun 06	Sep 06	Dec 06	Mar 07
Actual	14	12	11	10
Target	51	65	84	81
Performance	▲	▲	▲	▲

COMMENTS

DIRECTOR PHIL NEWBY

Information to support this PI is now being captured effectively. Brent in2 Work worked with a total of 262 non BME clients during 2006/07. This is less than the annual target for this indicator. Brent in2 Work by diverting more resources into achieving this target will affect achievement of complimentary target LAA02.1 "No of people from a BME group helped into employment". This has been brought to the attention of the Government Office for London (GoL) at the regular LAA review meetings.

EXECUTIVE MEMBER: CLLR O'SULLIVAN

Comments noted

IMPROVEMENT ACTION PLAN

Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Liaise with service areas to improve referrals into the available clients.	Ongoing	Cathy Tyson	
Brent in2 Work to monitor the impact of their re-focussed outreach work	Ongoing	Ills Pattni	
Liaise with GoL on issues in relation to indicator grouping	Ongoing	Cathy Tyson	

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																				
<p>CC CMP1 D % of complaints escalated from stage 1 to stage 2</p> <table border="1"> <thead> <tr> <th></th> <th>Jun-06</th> <th>Sep-06</th> <th>Dec-06</th> <th>Mar-07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>18.6</td> <td>25</td> <td>18.75</td> <td>10.87</td> </tr> <tr> <td>Target</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>▲</td> <td>●</td> </tr> </tbody> </table>						Jun-06	Sep-06	Dec-06	Mar-07	Actual	18.6	25	18.75	10.87	Target	10	10	10	10	Performance	▲	▲	▲	●	<p>DIRECTOR JOHN CHRISTIE</p> <p>Whilst response times still need to be improved, complaints are acknowledged within 5 working days and in some cases a discussion or meeting is held prior to response. Improving Stage 1 responses and timescales will be a priority for 2007-08.</p>
	Jun-06	Sep-06	Dec-06	Mar-07																					
Actual	18.6	25	18.75	10.87																					
Target	10	10	10	10																					
Performance	▲	▲	▲	●																					
					<p>EXECUTIVE MEMBER: CLLR WHARTON</p> <p>Getting to the root causes will help to identify the issues.</p>																				
	Jun 06	Sep 06	Dec 06	Mar 07																					
Actual	18.6	25	18.75	10.87																					
Target	10	10	10	10																					
Performance	▲	▲	▲	●																					

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Managers to advise Complaints manager of any issues	Ongoing	Managers	
Monitor the key improvements in admin / policy / procedural changes co implemented together with the targets relating to S1 complaints in the Corporate Complaints Plan.	Ongoing quarterly review	Gillian Burrows	

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																					
<p>CC CMP2 D % of stage 1 complaints responses in time</p> <p>Legend: Actual (Teal Bar), Target (Blue Dotted Line)</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>39.53</td> <td>45</td> <td>34.38</td> <td>43.48</td> </tr> <tr> <td>Target</td> <td>85</td> <td>85</td> <td>85</td> <td>85</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun 06	Sep 06	Dec 06	Mar 07	Actual	39.53	45	34.38	43.48	Target	85	85	85	85	Performance	▲	▲	▲	▲	<p>DIRECTOR JOHN CHRISTIE</p> <p>The department will shortly have access to Non-Stop-Gov complaints recording system for complaints which should, with some additional admin support, facilitate better monitoring of complaint responses and the provision of additional support to managers. There are key improvement targets relating to S1 complaints in the Corporate Complaints Plan covering admin / policy / procedural changes considered, documented and implemented</p>	
	Jun 06	Sep 06	Dec 06	Mar 07																						
Actual	39.53	45	34.38	43.48																						
Target	85	85	85	85																						
Performance	▲	▲	▲	▲																						
					<p>EXECUTIVE MEMBER: CLLR WHARTON</p>																					
					<p>We have asked for analysis to be carried out into the type of complaint so that we can get to the root cause</p>																					

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitor the key improvements in admin / policy / procedural changes co implemented together with the targets relating to S1 complaints in the Corporate Complaints Plan.	Ongoing quarterly review	Gillian Burrows	

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																							
<p>CF SI LAA02.2.18 Number of schools attaining December 2005 National Health Schools Standard ST</p> <table border="1"> <thead> <tr> <th></th> <th>Jun-06</th> <th>Sep-06</th> <th>Dec-06</th> <th>Mar-07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>27</td> <td>29</td> <td>34</td> <td>35</td> </tr> <tr> <td>Target</td> <td>42</td> <td>42</td> <td>42</td> <td>42</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun-06	Sep-06	Dec-06	Mar-07	Actual	27	29	34	35	Target	42	42	42	42	Performance	▲	▲	▲	▲	<p>DIRECTOR JOHN CHRISTIE</p>		<p>35 schools have achieved Healthy Schools status (31 primary schools and 4 secondary/specials schools), a further 28 schools are participating in the Programme and are actively working towards achieving Healthy Schools status. Year end target is for 42 schools to have gained the new Healthy Schools status</p>	
						Jun-06	Sep-06	Dec-06	Mar-07																			
Actual	27	29	34	35																								
Target	42	42	42	42																								
Performance	▲	▲	▲	▲																								
<p>EXECUTIVE MEMBER: CLLR WHARTON</p>																												
					<p>The target is set for September 2007 and we are on well placed to meet it</p>																							
IMPROVEMENT ACTION PLAN																												
Key improvement actions					Timescale for completion		Responsible Officer	Date completed																				
Healthy schools project officer appointed to due to be post by February					Feb 2007		Kate Crane	Appointment made																				
Monitoring of healthy schools programme					ongoing		Kate Crane																					

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																				
<p>CF LI1 The number of pupils excluded from Brent maintained schools</p> <table border="1"> <thead> <tr> <th></th> <th>Jun-06</th> <th>Sep-06</th> <th>Dec-06</th> <th>Mar-07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>0.41</td> <td>0.19</td> <td>0.49</td> <td>0.49</td> </tr> <tr> <td>Target</td> <td>0.3</td> <td>0.3</td> <td>0.4</td> <td>0.3</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>★</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun-06	Sep-06	Dec-06	Mar-07	Actual	0.41	0.19	0.49	0.49	Target	0.3	0.3	0.4	0.3	Performance	▲	★	▲	▲	<p>DIRECTOR JOHN CHRISTIE</p> <p>20 Children were excluded from Brent maintained schools during the period 1st January – 31st March 2007. The figure excludes Capital City Academy as it is not a Brent maintained school. Target for 06/07 is based on the average performance of our comparative / neighbouring boroughs for 04/05 which was 1.35%.</p>
	Jun-06	Sep-06	Dec-06	Mar-07																					
Actual	0.41	0.19	0.49	0.49																					
Target	0.3	0.3	0.4	0.3																					
Performance	▲	★	▲	▲																					
					<p>EXECUTIVE MEMBER: CLLR WHARTON</p> <p>This is an important indicator because pupils who are excluded are at risk of becoming looked after or getting involved in crime. We need to spread good practice of schools who are succeeding in keeping vulnerable groups engaged in education.</p>																				

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Continuing annual improvement programme through Exclusion Unit	Ongoing	Paul Ropier	

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																							
<p>CYP3.08.2 Di % of children who waited more than 6 weeks for a primary school place after registration</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>24.84</td> <td>36.24</td> <td>10</td> <td>16.96</td> </tr> <tr> <td>Target</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun 06	Sep 06	Dec 06	Mar 07	Actual	24.84	36.24	10	16.96	Target	0	0	0	0	Performance	▲	▲	▲	▲	<p>DIRECTOR JOHN CHRISTIE</p>		<p>During the period school admissions received 112 applications for primary school provision. 70 school places were offered and 13 had to wait 6 weeks or more after registration. At the end of the quarter 42 applications for school places were outstanding of which 21 were received in March 2007. Of the 42 applications 6 had been outstanding for 6 weeks or more. The average timescale for providing a school place April to June 2006 - 25 days July to September 2006 – 35 days October to December 2006 - 14 days. January to March 2007 – 15 days</p>	
						Jun 06	Sep 06	Dec 06	Mar 07																			
Actual	24.84	36.24	10	16.96																								
Target	0	0	0	0																								
Performance	▲	▲	▲	▲																								
<p>EXECUTIVE MEMBER: CLLR WHARTON</p>																												
<p>The indicators of waiting time for school places are our own indicators and reflect both:</p> <ul style="list-style-type: none"> • How well we are managing the allocation process and, • The under laying shortage of school places We cannot expect much improvement until expansion projects come on stream in 2008 																												
IMPROVEMENT ACTION PLAN																												
Key improvement actions				Timescale for completion		Responsible Officer	Date completed																					
Subject to regular review by Social Care Management Team				Ongoing		Janet Palmer	March 2008																					

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																
<p><i>BV163 D Adoptions of children looked after</i></p> <table border="1"> <thead> <tr> <th></th> <th>Jun-06</th> <th>Sep-06</th> <th>Dec-06</th> <th>Mar-07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>1.04</td> <td>0.66</td> <td>1.59</td> <td>1.63</td> </tr> <tr> <td>Target</td> <td>1.75</td> <td>1.75</td> <td>5.25</td> <td>7</td> </tr> </tbody> </table>						Jun-06	Sep-06	Dec-06	Mar-07	Actual	1.04	0.66	1.59	1.63	Target	1.75	1.75	5.25	7	<p>DIRECTOR JOHN CHRISTIE</p> <p>We were hoping the performance of children being adopted would improve throughout the year. Year end target 20 -22 children adopted. At the end of December 2006, 10 children had been adopted (6 adoptions, 4 special Guardianship Orders). At the end of march a further 5 children were adopted (4 adoptions and 1 special Guardianship Order). A total of 15 children were adopted.</p>	
	Jun-06	Sep-06	Dec-06	Mar-07																	
Actual	1.04	0.66	1.59	1.63																	
Target	1.75	1.75	5.25	7																	
					<p>EXECUTIVE MEMBER: CLLR WHARTON</p>																
					<p>Social Care is improving the interface between children in need teams and the adoption teams to ensure the process does not delay adoptions once it is agreed that adoption is in the best interest of the child</p>																
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	1.04	0.66	1.59	1.63																	
Target	1.75	1.75	5.25	7																	
Performance	▲	▲	▲	▲																	

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Subject to regular review by Social Care Management Team	Ongoing	Janet Palmer	March 2008

CHILDREN & FAMILIES

HIGH LEVEL MONITORING		COMMENTS																					
<p>BV049.04 D % Children in care 3+ placement</p> <table border="1"> <thead> <tr> <th></th> <th>Jun-06</th> <th>Sep-06</th> <th>Dec-06</th> <th>Mar-07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>2.11</td> <td>4.48</td> <td>11.28</td> <td>14.29</td> </tr> <tr> <td>Target</td> <td>2.5</td> <td>5</td> <td>8</td> <td>11</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>			Jun-06	Sep-06	Dec-06	Mar-07	Actual	2.11	4.48	11.28	14.29	Target	2.5	5	8	11	Performance	★	★	▲	▲	<p>DIRECTOR JOHN CHRISTIE</p> <p>In comparison to the previous year, we managed to reduce the numbers of looked after children changing placements 3 or more times throughout the year. For the year ending 31 March 2007 53 children changed placements 3 or more times. Year end outturn of 13% has not exceeded the 16% limit, so we will receive 5 blobs in line with the Dfes bandings and ratings</p>	
	Jun-06	Sep-06	Dec-06	Mar-07																			
Actual	2.11	4.48	11.28	14.29																			
Target	2.5	5	8	11																			
Performance	★	★	▲	▲																			
		<p>EXECUTIVE MEMBER: CLLR WHARTON</p> <p>We are within the national target of 16% (or own target of 11% being stricter). The invest to save project should bring greater stability</p>																					

Graph shows cumulative performance

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Subject to regular review by Social Care Management Team	Ongoing	Janet Palmer	March 2008

CHILDREN & FAMILIES

HIGH LEVEL MONITORING					COMMENTS																
<p>2065SC D % U16 LAC for 2.5+ yrs in same place or adopted</p> <table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Period</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>68</td> <td>68</td> </tr> <tr> <td>Sep-06</td> <td>62.9</td> <td>68</td> </tr> <tr> <td>Dec-06</td> <td>50.41</td> <td>68</td> </tr> <tr> <td>Mar-07</td> <td>58.2</td> <td>68</td> </tr> </tbody> </table>					Period	Actual	Target	Jun-06	68	68	Sep-06	62.9	68	Dec-06	50.41	68	Mar-07	58.2	68	<p>DIRECTOR JOHN CHRISTIE</p> <p>The annual figure is a snapshot as at 31/03/2007. National target identified by the CSCI & Dfes is 68% by 2008. We were being ambitious by setting ourselves this target for year end 2007 which we did not meet, but close monitoring of children's placements for this cohort of children throughout 2007/08 will assist us in meeting the target of 68% by year end 2008.</p>	
Period	Actual	Target																			
Jun-06	68	68																			
Sep-06	62.9	68																			
Dec-06	50.41	68																			
Mar-07	58.2	68																			
					<p>EXECUTIVE MEMBER: CLLR WHARTON</p>																
					<p>Invest to save projects are designed to bring more stability and more support for foster carers.</p>																
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	68	62.9	50.41	58.2																	
Target	68	68	68	68																	
Performance	★	●	▲	▲																	

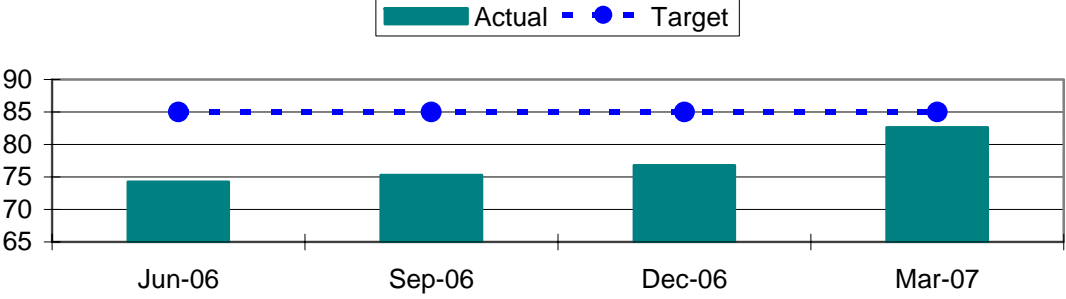
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Subject to regular review by Social Care Management Team	Ongoing	Janet Palmer	March 2008

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING					COMMENTS		
<p>CC CMP1 D % of complaints escalated from stage 1 to stage 2</p>					DIRECTOR		RICHARD SAUNDERS
							Escalation rates have improved at the end of this year the rate is only 2.57% above corporate target and shows that good progress is being made towards meeting the corporate target
					EXECUTIVE MEMBER:		
					CLLR Van Colle		
					Cllr D Brown		
					The improvement from quarter 2 is quite marked and we are now very close to target and moving in the right direction		
	Jun 06	Sep 06	Dec 06	Mar 07			
Actual	15.79	21.59	16.78	12.57			
Target	10	10	10	10			
Performance	▲	▲	▲	▲			

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Ongoing training for key officers will continue over next year	Ongoing	Ros Carson	
Regular reports and monitoring now established and will continue	Ongoing	Ros Cason	

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING	COMMENTS																				
<p>CC CMP2 D % of stage 1 complaints responses in time</p>  <p>Bigger Is Better tolerances, upper -0.01, lower -10 % Variance</p> <table border="1" data-bbox="147 845 1308 1066"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>74.27</td> <td>75.28</td> <td>76.82</td> <td>82.64</td> </tr> <tr> <td>Target</td> <td>85</td> <td>85</td> <td>85</td> <td>85</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>●</td> <td>●</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	74.27	75.28	76.82	82.64	Target	85	85	85	85	Performance	▲	▲	●	●	<p>DIRECTOR RICHARD SAUNDERS</p> <p>Slow progress continues to be made on speed of responses but quality (as achieved by escalation rates) is improving.</p> <p>We will continue to work to improve on performance so that next year we aim to meet the corporate target</p> <p>EXECUTIVE MEMBER: </p> <p>CLLR Van Colle</p> <p>Cllr D Brown</p> <p>We are gradually moving towards target</p>
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	74.27	75.28	76.82	82.64																	
Target	85	85	85	85																	
Performance	▲	▲	●	●																	

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Regular reminders are being issued about outstanding complaints	Ongoing	Ros Carson	
Regular reports and monitoring now established and will continue	Ongoing	Ros Carson	

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING				COMMENTS
BV199a.05 D Env. Cleanliness - Litter				DIRECTOR RICHARD SAUNDERS
				<p>We are now working with other LA's to understand why the Capital Standards scores are out of line with our own inspection scores and the increased resident satisfaction recorded by the resident's satisfaction survey undertaken this year by MORI. Areas of most concern have been specified to a higher cleaning standard in the new contract</p>
				EXECUTIVE MEMBER:
	Jul 06	Nov 06	Mar 07	<p>CLLR Van Colle Cllr D Brown</p> <p>Given the improvements seen on the streets these results need further analysis I expect to see more information on this within the next month</p>
Actual	28	32	37	
Target	26	26	26	
Performance	▲	▲	▲	

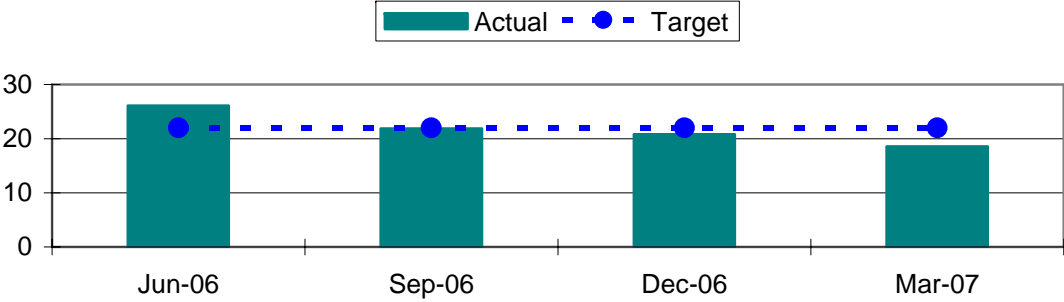
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Implement officer ENCAMS inspection feedback	October 2006	Ian Stewart	October 2006
Recommend contract renewal to members	November 2006	Keith Balmer	Draft report April 2007

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING					COMMENTS																				
<p>EC PLSS6 D Number of library visits per 1,000 population</p> <p>Legend: Actual (Teal Bar), Target (Blue Dashed Line with Circle)</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>1,937.17</td> <td>1,950</td> </tr> <tr> <td>Sep-06</td> <td>1,757.69</td> <td>1,950</td> </tr> <tr> <td>Dec-06</td> <td>1,524.05</td> <td>1,950</td> </tr> <tr> <td>Mar-07</td> <td>1,559.5</td> <td>1,950</td> </tr> </tbody> </table>					Month	Actual	Target	Jun-06	1,937.17	1,950	Sep-06	1,757.69	1,950	Dec-06	1,524.05	1,950	Mar-07	1,559.5	1,950	<p>DIRECTOR RICHARD SAUNDERS</p> <p>There were inaccuracies in the way visitor data was collected in individual libraries and work has been carried out to uniform the collection method. These changes have meant that our performance appears to have dropped, though this has not been the case in real terms. In 2007/08 the relocation of Kingsbury Library and increased opening hours at Ealing Road will significantly improve performance against this standard. However, work still needs to be done to make libraries more attractive to visitors, to modernise the buildings and increase books on the shelves.</p>					
Month	Actual	Target																							
Jun-06	1,937.17	1,950																							
Sep-06	1,757.69	1,950																							
Dec-06	1,524.05	1,950																							
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<p>Bigger Is Better tolerances, upper -0.01, lower -10 % Variance</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>1,937.17</td> <td>1,757.69</td> <td>1,524.05</td> <td>1,559.5</td> </tr> <tr> <td>Target</td> <td>1,950</td> <td>1,950</td> <td>1,950</td> <td>1,950</td> </tr> <tr> <td>Performance</td> <td>●</td> <td>●</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun 06	Sep 06	Dec 06	Mar 07	Actual	1,937.17	1,757.69	1,524.05	1,559.5	Target	1,950	1,950	1,950	1,950	Performance	●	●	▲	▲	<p>EXECUTIVE MEMBER:</p> <p>CLLR Van Colle Comments noted</p>
	Jun 06	Sep 06	Dec 06	Mar 07																					
Actual	1,937.17	1,757.69	1,524.05	1,559.5																					
Target	1,950	1,950	1,950	1,950																					
Performance	●	●	▲	▲																					

IMPROVEMENT 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	

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING	COMMENTS																				
<p><i>EC BV082 D) % of household waste arising which has been sent to authority for recycling and com</i></p>  <p>Bigger Is Better tolerances, upper -0.01, lower -10 % Variance</p> <table border="1" data-bbox="145 895 1308 1117"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>26.1</td> <td>21.89</td> <td>20.82</td> <td>18.53</td> </tr> <tr> <td>Target</td> <td>22</td> <td>22</td> <td>22</td> <td>22</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>●</td> <td>●</td> <td>▲</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	26.1	21.89	20.82	18.53	Target	22	22	22	22	Performance	★	●	●	▲	<p>DIRECTOR RICHARD SAUNDERS</p> <p>Performance against this target is very close to target. Further progress will be helped by the addition of plastics to the dry recycling system from 1/4/2007.</p> <p>Almost on target – just 0.12% behind.</p> <p>EXECUTIVE MEMBER: </p> <p>CLLR Van Colle Comments noted</p>
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	26.1	21.89	20.82	18.53																	
Target	22	22	22	22																	
Performance	★	●	●	▲																	

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitoring success of plastic and dry recycling system	Ongoing from April 07	Chris Whyte	Ongoing

ENVIRONMENT & CULTURE

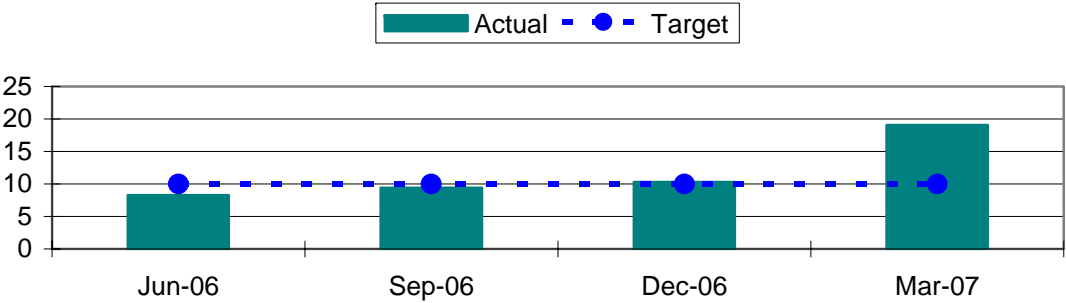
HIGH LEVEL MONITORING					COMMENTS	
<p>BV084a.05 D Household Waste Collection</p> <p>No. of kilograms of household waste collected per head of the population.</p>					<p>DIRECTOR RICHARD SAUNDERS</p> <p>Annual target has been met indicator will continue to be monitored</p>	
					EXECUTIVE MEMBER:	
					<p>CLLR Van Colle</p> <p>Comments noted</p>	
	Jun 06	Sep 06	Dec 06	Mar 07		
Actual	101.04	107.56	100.52	97.86		
Target	108.87	114.12	98.28	89.73		
Performance	★	★	●	●		

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Continue to promote waste reduction in our publicity	Ongoing	Nicola Percival	Ongoing
Continue to monitor tonnages in all streams and identify trends for action	Ongoing	Tony Talman	Ongoing

ENVIRONMENT & CULTURE

HIGH LEVEL MONITORING		COMMENTS																						
<p>BV091a.05 D % residents kerb-side recyclables</p> <p>% of households resident in the authority's area served by kerbside collection of recyclables</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>91</td> <td>91</td> <td>91</td> <td>91.49</td> </tr> <tr> <td>Target</td> <td>91</td> <td>91</td> <td>92</td> <td>93</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>●</td> <td>●</td> </tr> </tbody> </table>			Jun 06	Sep 06	Dec 06	Mar 07	Actual	91	91	91	91.49	Target	91	91	92	93	Performance	★	★	●	●	<p>DIRECTOR RICHARD SAUNDERS</p> <p>Significantly more effort needs to be made to improve performance in this area. The review board has moved this to a monthly monitoring regime in 2007/08 to ensure better progress is made.</p>		
	Jun 06	Sep 06	Dec 06	Mar 07																				
Actual	91	91	91	91.49																				
Target	91	91	92	93																				
Performance	★	★	●	●																				
		<p>EXECUTIVE MEMBER:</p>																						
		<p>CLLR Van Colle</p> <p>The new contract with Veola should improve this.</p>																						
IMPROVEMENT ACTION PLAN																								
Key improvement actions		Timescale for completion	Responsible Officer	Date completed																				
Continue to promote kerbside recycling in our publicity		Ongoing	Nicola Percival	Ongoing																				

FINANCE & CORPORATE RESOURCES

HIGH LEVEL MONITORING	COMMENTS																										
<p>CC CMP1 D % of complaints escalated from stage 1 to stage 2</p>  <p>Smaller Is Better tolerances, upper 10, lower 0.01 % Variance</p> <table border="1" data-bbox="147 845 1308 1061"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>8.29</td> <td>9.42</td> <td>10.29</td> <td>19.09</td> </tr> <tr> <td>Target</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>●</td> <td>▲</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	8.29	9.42	10.29	19.09	Target	10	10	10	10	Performance	★	★	●	▲	<table border="1" data-bbox="1339 271 2092 654"> <tr> <td>DIRECTOR</td> <td>DUNCAN MCCLEOD</td> </tr> <tr> <td colspan="2">Removal of Stage 1 follow-up complaints has led to an increase in Stage 2 complaints in the quarter. Target has been increased to 20% next year, which is more achievable.</td> </tr> <tr> <td>EXECUTIVE MEMBER:</td> <td>CLLR BLACKMAN</td> </tr> </table> <p>Comments noted</p>	DIRECTOR	DUNCAN MCCLEOD	Removal of Stage 1 follow-up complaints has led to an increase in Stage 2 complaints in the quarter. Target has been increased to 20% next year, which is more achievable.		EXECUTIVE MEMBER:	CLLR BLACKMAN
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EXECUTIVE MEMBER:	CLLR BLACKMAN																										

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Maintain monitoring and staff training in dealing and reporting complaints	ongoing	Sev Zacharia	

FINANCE & CORPORATE RESOURCES

HIGH LEVEL MONITORING					COMMENTS																				
<p><i>FCR PM18 D Percentage of cases referred to tribunal service within 4 weeks</i></p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>74.65</td> <td>77.5</td> <td>10</td> <td>33.33</td> </tr> <tr> <td>Target</td> <td>65</td> <td>65</td> <td>65</td> <td>65</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun 06	Sep 06	Dec 06	Mar 07	Actual	74.65	77.5	10	33.33	Target	65	65	65	65	Performance	★	★	▲	▲	<p>DIRECTOR: DUNCAN MCCLEOD</p> <p>During the quarter a backlog of appeals that had built up over the past two quarters were cleared. This had an adverse effect on performance which was just below target for the year. A detailed recovery plan is now in place to clear backlogs and to ensure that future delays do not re-occur.</p>
	Jun 06	Sep 06	Dec 06	Mar 07																					
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					Comments noted																				

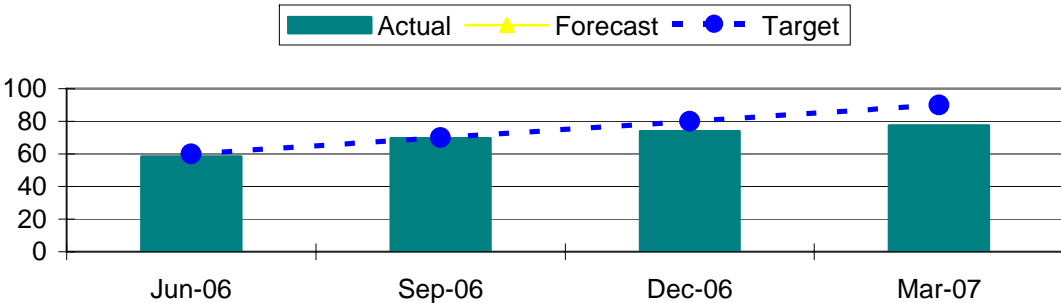
IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitor and review recovery plan	ongoing	Simon Hardwick	

FINANCE & CORPORATE RESOURCES

HIGH LEVEL MONITORING					COMMENTS																					
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					EXECUTIVE MEMBER:	CLLR BLACKMAN																				
					Comments noted																					

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitor and review recovery plan	ongoing	Simon Hardwick	

HOUSING & COMMUNITY CARE

HIGH LEVEL MONITORING	COMMENTS																				
<p>BV201 Adults receiving direct payments</p> <p>Age standardised by age groups. Weighted average of four age bands: 18-64, 65-74, 74-84, and 85 or over. Weightings are according to the percentage of the population of England that falls into the relevant age band.</p>  <p>Bigger Is Better tolerances, upper -0.01, lower -10 % Variance</p> <table border="1" data-bbox="145 941 1305 1157"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>58.37</td> <td>69.63</td> <td>73.88</td> <td>83.26</td> </tr> <tr> <td>Target</td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> </tr> <tr> <td>Performance</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> </tbody> </table>		Jun 06	Sep 06	Dec 06	Mar 07	Actual	58.37	69.63	73.88	83.26	Target	60	70	80	90	Performance	●	●	●	●	<p>DIRECTOR MARTIN CHEESEMAN</p> <p>In 2006-07 we have failed to meet this ambitious target, but the number of people taking up direct payments has increased considerably. There has been considerable improvement in some service areas. Further increase in uptake of direct payments and other self determined services is a key priority within the Transformation Programme for Adult Social Care in 2007-08.</p> <p>EXECUTIVE MEMBER: CLLR COLWILL</p>
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	58.37	69.63	73.88	83.26																	
Target	60	70	80	90																	
Performance	●	●	●	●																	

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

HOUSING & COMMUNITY CARE

HIGH LEVEL MONITORING					COMMENTS																			
<p>BV064.02 Private sec dwellings used/demolished</p> <p>The number of private sector vacant dwellings that are returned into occupation or demolished during 2002/03 as a direct result of action by the local authority</p>					<p>DIRECTOR MARTIN CHEESEMAN</p> <p>The overall target of 669 has been missed by 19 (650). There a number of teams who contribute to this indicator. One team in particular has had changes in personnel, reliance on agency staff & limited marketing opportunities, whilst another team has experienced staffing issues. This has contributed to the overall yearly target just being missed. Furthermore, we are trying to meet the government target of reducing the amount of temporary accommodation that is being used; this essentially is having a negative effect on the figures for this indicator</p>																			
<table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>204</td> <td>164</td> <td>144</td> <td>138</td> </tr> <tr> <td>Target</td> <td>168</td> <td>168</td> <td>166</td> <td>167</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>●</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>							Jun 06	Sep 06	Dec 06	Mar 07	Actual	204	164	144	138	Target	168	168	166	167	Performance	★	●	▲
	Jun 06	Sep 06	Dec 06	Mar 07																				
Actual	204	164	144	138																				
Target	168	168	166	167																				
Performance	★	●	▲	▲																				
					<p>EXECUTIVE MEMBER: CLLR ALLIE</p>																			

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Resolve staffing issues. Improve marketing of HAS scheme.	Ongoing	Housing DMT members	

HOUSING & COMMUNITY CARE

HIGH LEVEL MONITORING		COMMENTS																					
<p>BV212.05 D Average time to re-let</p> <p>Average time taken to re-let local authority housing.</p> <p>Legend: Actual (Teal Bar), Target (Blue Dashed Line with Circle)</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>26</td> <td>30</td> </tr> <tr> <td>Sep-06</td> <td>27</td> <td>30</td> </tr> <tr> <td>Dec-06</td> <td>30</td> <td>30</td> </tr> <tr> <td>Mar-07</td> <td>31</td> <td>30</td> </tr> </tbody> </table>		Month	Actual	Target	Jun-06	26	30	Sep-06	27	30	Dec-06	30	30	Mar-07	31	30	<p>DIRECTOR: MARTIN CHEESEMAN</p> <p>BHP's performance improved from 33 days in 05/06 to 31 days in 06/07. BHP let a new borough wide void contract in April 06 and introduced new tenancy sign up processes. These measures have led directly to the improved overall performance of 31 days which is 1 day over target. BHP anticipates that these measures will now lead to further improved performance in 07/08</p>						
Month	Actual	Target																					
Jun-06	26	30																					
Sep-06	27	30																					
Dec-06	30	30																					
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<p>Smaller Is Better tolerances, upper 10, lower 0.01 % Variance</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>26</td> <td>27</td> <td>30</td> <td>31</td> </tr> <tr> <td>Target</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> </tr> <tr> <td>Performance</td> <td>★</td> <td>★</td> <td>★</td> <td>●</td> </tr> </tbody> </table>			Jun 06	Sep 06	Dec 06	Mar 07	Actual	26	27	30	31	Target	30	30	30	30	Performance	★	★	★	●	<p>EXECUTIVE MEMBER: CLLR ALLIE</p>	
	Jun 06	Sep 06	Dec 06	Mar 07																			
Actual	26	27	30	31																			
Target	30	30	30	30																			
Performance	★	★	★	●																			

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Monitoring and report against new void contract	Ongoing	Gerry Doherty	

HOUSING & COMMUNITY CARE

HIGH LEVEL MONITORING					COMMENTS																					
<p>CC CMP1 (Housing only) % of complaints escalated from stage 1 to stage 2</p> <p>Legend: Actual (Teal Bar), Target (Blue Dashed Line with Dot)</p> <table border="1"> <thead> <tr> <th></th> <th>Jun 06</th> <th>Sep 06</th> <th>Dec 06</th> <th>Mar 07</th> </tr> </thead> <tbody> <tr> <td>Actual</td> <td>19.08</td> <td>18.52</td> <td>23.66</td> <td>52.8</td> </tr> <tr> <td>Target</td> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> <tr> <td>Performance</td> <td>▲</td> <td>▲</td> <td>▲</td> <td>▲</td> </tr> </tbody> </table>						Jun 06	Sep 06	Dec 06	Mar 07	Actual	19.08	18.52	23.66	52.8	Target	10	10	10	10	Performance	▲	▲	▲	▲	<p>DIRECTOR: MARTIN CHEESEMAN</p> <p>Whilst at first sight performance seems poor, the volume of escalations has decreased significantly</p>	
						Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	19.08	18.52	23.66	52.8																						
Target	10	10	10	10																						
Performance	▲	▲	▲	▲																						
					<p>EXECUTIVE MEMBER: CLLR ALLIE</p>																					

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Presently reviewing Correct Action Procedures and their effectiveness	June 2007	Martin Beasley	

HOUSING & COMMUNITY CARE

HIGH LEVEL MONITORING					COMMENTS																
<p>CC CMP2 (Housing only) % of stage complaints responded in time</p> <p>Legend: Actual (Teal Bar), Target (Blue Dashed Line with Marker)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Jun-06</td> <td>75.76</td> <td>85</td> </tr> <tr> <td>Sep-06</td> <td>75.85</td> <td>85</td> </tr> <tr> <td>Dec-06</td> <td>76.42</td> <td>85</td> </tr> <tr> <td>Mar-07</td> <td>69.61</td> <td>85</td> </tr> </tbody> </table>					Period	Actual (%)	Target (%)	Jun-06	75.76	85	Sep-06	75.85	85	Dec-06	76.42	85	Mar-07	69.61	85	<p>DIRECTOR: MARTIN CHEESEMAN</p> <p>There has in general been an increase in the volume of complaints received. The complaints function has been split between housing and BHP in order to concentrate resources in different areas more effectively</p>	
					Period	Actual (%)	Target (%)														
Jun-06	75.76	85																			
Sep-06	75.85	85																			
Dec-06	76.42	85																			
Mar-07	69.61	85																			
					<p>EXECUTIVE MEMBER: CLLR ALLIE</p>																
	Jun 06	Sep 06	Dec 06	Mar 07																	
Actual	75.76	75.85	76.42	69.61																	
Target	85	85	85	85																	
Performance	▲	▲	▲	▲																	

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Regular meetings are being held with service units. Work is being carried out towards achieving the target over the coming months	Ongoing	Martin Beasley	

PARTNERS

HIGH LEVEL MONITORING					COMMENTS	
<p>PCT SST LAA02.2.26 The number of people who quit smoking for 13 weeks borough wide</p>					<p>DIRECTOR PCT</p>	
					<p>Although numbers have fallen remain on track to reach target. Note final figures will not be collated until 7th July 2007</p>	
					EXECUTIVE MEMBER:	
	Jun 06	Sep 06	Dec 06	Mar 07		
Actual	38	40	66	4		
Target	34	38	58	95		
Performance	★	★	★	▲		

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Conduct more phone calls to target 13 week quitters as soon as client is at 13 week stage	Ongoing	Sunita Sidhu	

PARTNERS

HIGH LEVEL MONITORING					COMMENTS	
<p>PCT SST LAA02.2.27 The number of people who stop smoking for 4 weeks in NRF areas ST</p>					DIRECTOR PCT	
					Although numbers have fallen remain on track to reach target. Note final figures will not be collated until 7 th July 2007	
					EXECUTIVE MEMBER:	
	Jun 06	Sep 06	Dec 06	Mar 07		
Actual	157	123	149	77		
Target	70	80	121	204		
Performance	★	★	★	▲		

IMPROVEMENT ACTION PLAN			
Key improvement actions	Timescale for completion	Responsible Officer	Date completed
Rolling programme support 4 week quitters through telephone support	Ongoing	Sunita Sidhu	