

Third Quarter Performance Report – Recommendations from Value and Performance Committee

Responses to Recommendations

Recommendation 1

It is minuted at a previous Scrutiny Panel that we would go for EFLG accreditation in September 2011, moving it from March 2011. VAP Scrutiny were happy with that (and I think actually suggested it would be good idea to do so). We are on track to achieve September, currently completing a dry run assessment against the standard. The focus over the coming months will be measuring core service provision across equalities strands and focusing on some key improvements

Recommendation 2

We are currently producing our annual workforce equalities monitoring report (as required by the new Equalities Act) for publication in April. As part of this report we will pick up the new budget implications across the workforce. As you are aware we've been doing some good work on workforce equalities recently, including:

- Oxford Careers fest presence
- Job shop community coaching
- Mentoring OCVV students
- Caching in interview / confidence building on individual basis
- Mock interview day with Oxon MIND
- Work with Ranstatd re Access to Work support for disabled applicants / future employees

Recommendation 3

Performance in respect of NI 181 (Benefit Right Time Indicator), suffered at the start of the year due to a large backlog of work. In the summer of 2010 an Improvement Plan was put in place to first stabilise performance of Benefits Processing, and to embed resilience into the Service, to prevent the build up of any backlogs in the future.

This has seen monthly performance improve significantly since September 2010. New Claims were processed in 13.3 days in January, and Changes in Circumstances in 8.1 days, giving a figure of 8.8 days for NI 181 in that month. However due to the poor performance at the start of the year, the year to date (YTD) position has only improved incrementally each month. At the end of January the YTD figure for NI 181 was 15.4 days. This will continue to fall as weekly processing times are now in single figures for both New Claims and Changes in Circumstances. We are projecting that we will exceed the target of 14 days for the year.

The Service has improved by putting a lot of focus on Performance Management. All staff now have regular 121's where there is a significant focus on their performance. Team leaders also meet regular with the Benefits Manager and Head of Service, to discuss how they are keeping performance on track and what action might be needed to support staff who are not meeting their targets. A resilience contract is also in place to use a third party to help with processing in times of peak workload. This was put into effect in January to deal with the small backlog that occurred following the closure for Christmas. This contract will be maintained for the duration of the Fundamental Service Review, so that current performance levels will be maintained.

Recommendation 4

The VFM indicator was based on a non defined saving for BPI at the start of the year. The saving is being recorded as not achieved via the financial monitoring reports, however the saving will be delivered via the internal programme board benefits being monitored via the 2012 Board. Many of the savings start to come to fruition in 2011/12.

N1 179- This indicator is no longer reported to central government and the calculations that had to be done to provide a result (which could take up to a day a month) are not being done any longer. From 2011/12 we have two new Corporate Plan targets which will provide a VFM result

Cost of Council services per resident

Achievement of savings targets and delivering within budget.

Recommendation 5

In quarter 3, we experienced approximately 100% increase in calls in October at OCH due to the Blue Bin scheme being introduced, with nearly 4000 calls extra being answered with the same number of resources. So far in the last quarter, we have had a further increase in calls due to weather related incidents in January, and in February we have seen a reduction in call volume and an associated increase in the number of calls answered first time, resulting in an abandonment rate for February of 11.68% for both contact centres.

Recommendation 6

The procurement team has achieved the savings target however, some of the savings delivered sit in other service areas, hence the budget monitoring report shows as a different figure.

Recommendation 7

The number of online transactions being measured for this target is only a part of all of the online transactions that can be tracked within our current internet database. There are a larger number of online transactions taking place in relation to invoicing and payments not recorded in this total. The methodology for calculating the target is being reviewed and compared with how other authorities calculate it. We will be able to report back to the Scrutiny panel within the next 4 weeks.

Recommendation 8

The service is currently undergoing a complete restructure, which will result in a change of focus, moving from a performance reporting framework to supporting the delivery of performance improvement. The team is still in the process of being recruited to and the new Performance Improvement Officer commences with the Council on 21st March 2011. The Performance Improvement Manager's post is currently being advertised. The priority for the team is to first bring together the Council's four performance management databases into a single database, CorVu and set this up in time for April. This will enable the Council to have more accessible, user friendly and integrated reports available online. The system will also include risk management and hopefully finance information to facilitate dashboard reporting.

Once this is completed the team will be developing the wider performance improvement framework which will include the Council's approach to benchmarking, external challenge, fundamental service reviews etc and a rationale for developing and managing this approach to ensure that we can demonstrate ongoing continuous improvement and VFM.

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