

**APPENDIX C**  
**Agenda Item No. 6**

**FEEDBACK ON DETERIORATING PERFORMANCE INDICATORS**

Chief Executive

**IN THE BEST VALUE PERFORMANCE PLAN 2004**

**1 Purpose**

- 1.1 To report back to Members on the three performance indicators chosen at the 13 July 2004 meeting of Resources and Corporate Performance Scrutiny Committee for further review.

**2 Recommendation**

- 2.1 That the reasons for deteriorating performance and action taken for indicators BV12 (staff sickness), BV109a (planning performance on major applications) and BV126 (burglary rates) be noted.
- 2.2 That Members identify any further information they require or action they wish taken as a result of the performance reported.

**3 Supporting Information**

- 3.1 At its meeting of 13 July 2004, Resources and Corporate Performance Scrutiny Committee considered the Best Value Performance Plan 2004. As part of its deliberations, the Scrutiny Committee asked that the reasons for deteriorating performance in indicators BV12 (staff sickness), BV109a (planning performance on major applications) and BV126 (burglary rates) be reviewed and reported back.
- 3.2 The appendix to this report gives reasons for the apparent deterioration in performance, together with actions taken. Members are recommended to note this report.

**4. Reasons for Recommendations**

- 4.1 The indicators recommended for review all showed deteriorating performance between 2002/03 and 2003/04.

**5. Resource Implications**

- 5.1 There are no direct resource consequences arising from this report.

**6. Response to the Council's Key Aims**

- 6.1 Reviewing performance in all areas of the Council's work helps to ensure that our key aims and outcomes are achieved.

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Background Documents: E-mails from services

**DETERIORATING PERFORMANCE INDICATORS IN THE BEST VALUE PERFORMANCE PLAN 2004**

**1. BV12 – STAFF SICKNESS RATES**

1.1 Staff sickness is expressed in terms of “the number of working days/shifts lost to sickness absence per full time equivalent employee”. This equated to 10.7 days in 2002/03, which was below average performance (i.e. higher than average levels of sickness) for a district council. In 2003/4 our average was 11.6 days per person, which may have placed us in the bottom quartile. There was an increase in the number of industrial injury days recorded (extra 107 days) and increase in general sickness days recorded (extra 428 days).

1.2 In order to appear in the upper quartile for BVPI.12 the target is an average of 8.3 days sickness absence per person. The total sickness absence for the year 1 April 2003 to 31 March 2004 was 6819 days. This equated to an average of 11.6 days per person, against the target of 8.3 days.

**1.3 Sickness (Long Term)**

1.3.1 4330 days sickness absence were covered by GP’s medical certificates, which means each period was over 7 days in length. Some of the reasons for this sickness absence were recorded as:

	<b>Days</b>	
<b>Depression/Stress</b>	986	Taken by 10 people, 6 of whom have now left Use of the counselling service has increased
<b>One-Off Conditions</b>	280 359 76	Lost to operations (4 people) Lost to “heart problems”, (2 people) ill-health retired Lost to “pregnancy related problems” (2 people)
<b>Musculoskeletal</b>	265	Lost to back injury (1 person) now redeployed
<b>Industrial Injury</b>	195	Corporate Safety Advisor helping prevent accidents 1 person accounted for most of the above and has now left

1.3.2 The above reasons account for 2161 days sickness absence. Heads of Service are being urged to be more proactive in referring employees to Occupational Health (OH) at an earlier stage and to encourage phased returns to work, or temporary changes to duties.

**1.4 Sickness (Short Term)**

1.4.1 Short term sickness are periods of less than 10 days. In 2003/4 150 employees took over 10 days sickness, leaving approximately 510 who had less than 10 days, many of whom took no sick leave at all.

## **1.5 *Uncertified Sickness***

- 1.5.1 2489 days sickness absence were uncertified, which means that each period was less than 7 days in length. These include 'odd days' without notice, which can be very disruptive.
- 1.5.2 We have attempted to reduce this by issuing a checklist to be completed when an employee rings in sick, and are developing a step-by-step guide for Managers to manage sickness absence in their areas, to be presented to a future meeting of the Heads of Service Forum.

## **1.6 *Preventative Measures***

- 1.6.1 **Health Screening** continues to be offered to all staff over a 3 year period. This year employees within the 45 – 55 age group are being invited. In previous years this screening has allowed some potentially serious problems to be identified at an early stage.
- 1.6.2 **Flu jabs** are being offered to Customer Services Staff again this year. Sickness absence tends to be high in Customer Services, because of the high level of contact they have with members of the public. The flu jabs help prevent some sickness absence and the subsequent disruption that causes to the delivery of the service
- 1.6.3 **Counselling** is available to all staff by self referral. There have been instances where this support has enabled employees to continue work during a time of personal stress.
- 1.6.4 It is proposed to pilot a stress risk assessment which, if successful, could be carried out council wide. The purpose of this is to identify potential problems and suggest possible preventative measures which are within the control of the Council.
- 1.6.5 **Occupational Health Nurse on Site.** We are currently investigating the possibility of having a qualified OH Nurse on site for 1 day a month, to pick up staff health issues earlier by self referral, to assist with phased returns for employees who have been on long term sick leave and to investigate repeated short term absence. A future budget bid for 2005/6 is being proposed.
- 1.6.6 **Monitoring/Sickness Management Strategy.** Monthly reports and quarterly reports of sickness absence are sent to Directors, and a 6 monthly report goes to Management Team. The current strategy for managing sickness absence includes the following actions:
- Tackling management of short term sickness, by conducting interviews once the 10 day trigger has been reached.
  - Managing long term sickness, including notifying Personnel after 3 weeks of absence
  - Managers should implement the Council's Sickness and Absence Policy including taking formal action when required.
  - Reporting and monitoring regularly at Divisional meetings
  - Routinely carrying out return to work interviews and completing supporting forms

- Setting targets for divisions, in line with the council wide target of 8.3 days on average.
- Continue to present statistics to Management Team at six monthly intervals showing progress or highlighting poorly performing Divisions
- Continue the informal annual interviews between Personnel and Service Heads to discuss any problems and possible solutions
- Offer training in stress management to all staff

1.6.7 Following the last review of sickness levels by Management Team, it was agreed that the Heads of Service for the four Divisions having a pattern of high levels of sickness absence over a period of 3 years would meet Management Team, to develop an understanding of why the sickness levels have been high and what action has been and is being taken to reduce future sickness absence levels.

1.6.8 The current priority for managing sickness absence is to improve the management of long term sickness absence, ie more than 10 days.

## **2. BV109a – PLANNING PERFORMANCE ON MAJOR APPLICATIONS**

2.1 BV109a relates to the percentage of "major" planning applications we decide within 13 weeks, compared with the government's target of 60%. In 2003/4 our performance was 36%, a 4% drop on the 2002/3 figure.

2.2 The definitions of "major" applications include schemes of more than 10 dwellings or 1000 square metres of other development or with a site area of more than 1 Hectare. They make up only a small proportion of roughly 3000 cases we decide as "applications" each year.

2.3 In 2003/4 we dealt with 44 major applications. This relatively small number means that the decision on any particular case causes a significant change in the percentage rate. Of these 44 applications 16 were dealt with in the 13-week target. To meet the target we would have had to have decided a further 11 applications within 13 weeks.

2.4 The changes to procedures and priorities we have put in place, combined with a somewhat more stable staffing situation have shown performance benefits. For the April to June 2004 quarter our performance against the "minor" and "other" application categories increased significantly on 2003/4 figures and exceeded the Government target. Whilst we have seen improvements in major applications the overall figures are highly variable, depending on the applications concerned. In the April to June 2004 quarter we achieved 78%, but the prediction for the year ending 30<sup>th</sup> September 2004 is for 45%. There are a number of factors that constrain higher performance: -

- As these are the more complex applications we generally need to receive and draw together the advice from a wider range of technical consultees.
- Whilst we can often reach a decision to refuse within the target time, applications would often require some revision if we are to approve them. Negotiating these revisions and reconsulting the Parish and our technical advisers is often unachievable within 13 weeks.

- Some of the schemes are critical for meeting other corporate objectives (e.g. major employment related schemes), and we really do need to work to negotiate a scheme we can approve rather than reach a swift refusal.
- In the majority of cases we do approve schemes, but the decision can only be formally taken after a S106 agreement has been entered into to secure developer contributions or other controls. It is almost impossible under the current regimes to complete S106 agreements within the 13-week period.
- These are generally the more contentious applications that come to Committee for decision rather than being dealt with under delegated powers.

2.5 These factors do not mean we are complacent about our performance, and we recognise the need to keep focused on ways of improving. However the difficulties of achieving sustained performance at or above the government target on this indicator, without prejudicing other Council objectives needs to be recognised.

### **3. BV126 – BURGLARY RATES**

3.1 There was an increase of 23% in the rate of domestic burglaries in Aylesbury Vale between 2002/03 and 2003/04. Thames Valley Police have provided the following explanation of this variance:

“During the year 2003/04 Aylesbury Vale Police Area/CDRP experienced a rise of 23% in domestic burglaries (158 offences) when compared to the previous year. 90% of this rise occurred outside of Aylesbury Town in the more rural areas of the vale.

“With improved household security it is likely that a dedicated criminal will have to ‘attempt’ more burglaries before actually breaking in. During 2003/04 there were 44 more attempted burglaries. In addition there were 50 more burglaries where nothing was stolen. If criminals can not find saleable items in one property they are likely to move on to another property.

“Improved car security has led to a rise in burglaries specifically to steal the car keys. During 2003/04 there were 13 more burglaries where cars were stolen. However, despite increased awareness regarding locking doors and closing windows there were an additional 29 burglaries to insecure properties.”

3.2 New targets for the reduction of domestic burglary are currently being agreed by the Community Safety Partnership to start from 1 April 2005. Two community safety targets are being discussed at present - (a) safer homes and (b) safer neighbourhoods. The work and re-targeting of the handyman scheme towards home security in areas of greatest risk of burglary is being discussed under the safer homes theme. The Partnership have focused on this by identifying and mapping burglary “hot spots” and latest figures show the figure is coming down again. The Partnership will continue to monitor progress and adjust solutions as necessary.

