



**TAI A DATBLYGIAD CYMUNEDOL  
HOUSING & COMMUNITY DEVELOPMENT**

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## Housing & Community Development

### Quality & Performance Team

### Quality & Performance Challenge Framework

Document Control	
Title:	Quality & Performance Challenge Reporting Guidelines & Framework
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Controllers:	One
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## Governance & Reporting

The Quality & Performance Team (Q&P) developed the first Performance Management Framework (PFM) in December 2012. Performance surgeries have now evolved into performance challenge meetings, which are the driver for continuous improvement. Below is the reporting schedule that has been put in place until

. The Governance and reporting will be supported by the Q&P team.

Date information sent out to Senior managers	Date When report needs to be updated and returned by	Date report will be sent out to management by Q & P	Performance Challenge Date
3rd January 2014	10th January 2014	21st January 2014	28th January 2014
3rd February 2014	10th February 2014	18th February 2014	25th February 2014
3rd March 2014	10th March 2014	18th March 2014	25th March 2014
1st April 2014	8th April 2014	22nd April 2014	29th April 2014
1st May 2014	8th May 2014	20th May 2014	27th May 2014
2nd June 2014	9th June 2014	17th June 2014	24th June 2014

Reports for the quality and performance surgery meetings will be produced quarterly by the Q&P team, with exception reporting in the intervening months.

## Overarching Department / Service Level balanced score card for Housing and Community Development

A balance scorecard approach has been developed which includes:

### Overarching Departmental

- Finances - DCC's finance report to highlight exceptions, over and underspend to ensure a balanced budget
- Sickness
- Complaints, compliments cross cutting service standards e.g. response times, how feedback has shaped service generally



## Service Level Reports

### 1) Finance

- Service level financial performance

### 2) Customers

- Service level complaints & compliments cross
- Any changes made to services as a result of complaints/ feedback
- Development & monitoring of outcomes for customers
- Customer satisfaction information
- Stakeholder feedback
- Development & monitoring of service specific standards.

### 3) Internal - Indicators & measures that the service is on track:

#### a) Staff:-

- Service level sickness
- Performance appraisals monitoring
- Management support/supervision monitoring
- Responses to issues raised from staff surveys.
- Monitoring of compliance with key requirements eg Respect booklet
- Monitoring of restructure progress

#### b) Service Improvement Plans progress

#### c) Performance Indicators & Target:-

- Key Performance Indicators
- Local / tenant Performance Indicators
- Benchmarking information

#### d) Plans & Risks:-

- Progress with Team Plans
- Monitoring of risk management.
- Progress against Service business plan actions
- Progress against other plans (eg Town & Area Plans)

### 4) Innovation, Development & Research – things we are doing to take the service forward:

- Progress against internal audit reports
- Progress in the Excellent Housing Project Plan
- Highlight reports for all project plans
- Awards & recognition for the month



In addition to the above, any reports scheduled to go Scrutiny, Cabinet, elected members, the Welsh Government or general public should be reported in the Q&P surgery meetings, where ever possible, prior to going externally within the department.

## Next Phase Improvement

Two versions of the reports will be produced for each performance challenge meeting. One will be for challenge purposes and will include details of actions/ issues brought forward from the previous meeting to ensure continuity in the challenge process.

Detailed sub service BSC's will be developed building on progress so far. eg in asset management, we would have a mini score card for each contract ranging from painting to gas servicing.

A Risk Based Approach will be introduced, ie the Q&P team will consider relaxing detailed monitoring and reporting where there is confidence that the service is able to grow and develop independently. Monitoring would then focus only on key Critical Success Factor indicators only.

Consideration of a split between strategic & operational BSC's.

Integration of service challenge reporting and service action plan follow up.

Mapping actions and progress against HQN review recommendations and identifying if there are any gaps.

A review of KPI's to ensure the indicators we are reporting against are still relevant and fit for purpose.

A review of benchmarking to ensure we are measuring our performance against the most appropriate comparable groups.

## Planning Links

We will be introducing Quality Assurance into the service planning process. This will ensure actions not completed or only partly completed from the performance challenge process are carried forward addressed in future team and/ or service business plans.

We are also conducting a review of the planning process and will be producing a clear planning timeline document with deadlines to enable proactive strategic analysis and integrated business planning for 15/16 onwards.

We intend to review the TOP template in 2014 to further improve the implementation of the "Golden Thread" which links corporate and strategic actions and priorities to team and individual actions within the department.

The "Delivery Framework" will also be revised and integrated into the planning cycle to ensure the concept of the Golden Thread is can be tracked from corporate and strategic priorities down to team plans and staff appraisal,



where this does not happen in service, this will be reported in the quality & performance challenge reports.

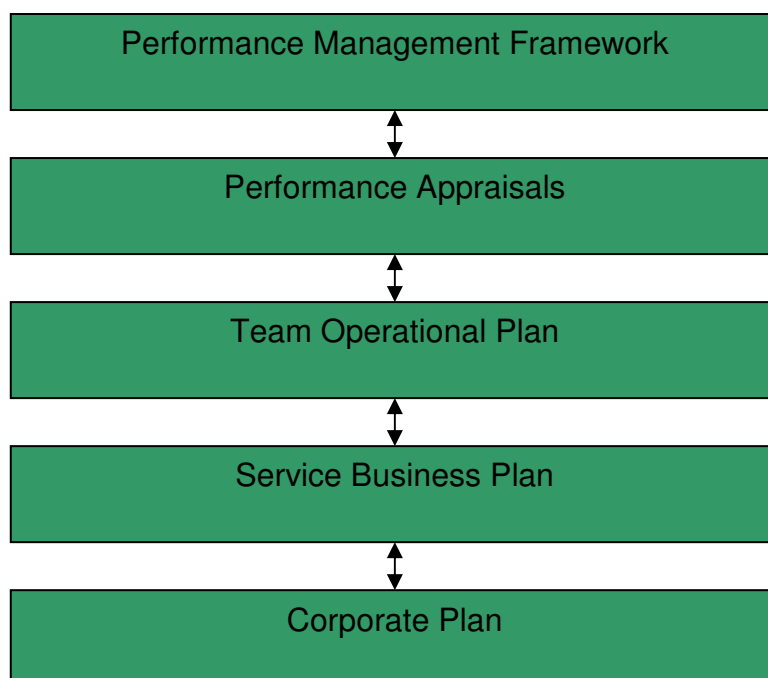
All of the above improvements will deliver an integrated and streamlined Business Planning process that is driven by a robust and comprehensive Q & PMF. This will support the Housing & Community Development aim of becoming an excellent organisation putting the customer at the heart of everything we do.

There are areas that we will need to develop further and will need to consult and work with you to do this. The areas below are some that we will be reviewing but this list is not exhaustive and will evolve as the PFM develops:

- Health & Safety reporting
- Compliance with regulation and legislative frameworks, Policy & Procedures
- Service quality & Total Quality Management (TQM) approaches
- Value For Money
- Benchmarking against best practice and research
- Results Based Accountability (RBA)
- Aligning terminology and language used, eg outcome indicators and performance measures.

## Business planning

Business Planning is one of the other areas that the Q&P team are looking to formalise. The current structure of business planning is below:



## Team Plans

The template for the team plan is included in appendix 1

## Service Business Plan

The Service Business Plan will be finalised by end April 2014 and by the end of February, (prior to the rent setting by cabinet), in subsequent years.

Both of these plans will evolve and develop over time but as a start, below are some examples of the issues that will need highlighting in the Team Operational & Service Business Plans:

- Internal strengths & weakness
- External environmental opportunities e.g. political, economic, social, technological, ecological and legal
- Corporate and departmental priorities e.g. aiming for excellence, closer to communities etc
- Issues picked up from monitoring Key Performance Indicators, SIP's & project plans
- Service challenge - issues which have come out of service challenge which need to be followed up
- Void Reporting

## Complimentary Review Processes

We have started to roll out "Systems Thinking Reviews" within the department:-

- Responsive repairs concluded in December 2013.
- Contractual review of the SIL service concluded in March 2014
- A review is currently underway looking at allocations and voids which will conclude by end May 2014.

We will be using "Pareto Analysis" techniques to target Systems Thinking reviews in future within each section of the department. This process has been coordinated with and will will complement internal audit reviews.



## Appendix 1



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**Appendices**

**Appendix 1**

**Housing & Community Development Team Operational Plan**

<b>Head of Service</b>	<b>Team</b>	<b>Team Manager</b>

<b>Service Information</b>	
<b>Aims of the Service</b>	
<b>Staffing (FTE)</b>	

<b>Team SWOT</b>	
<b>Strengths</b>	<b>Weaknesses</b>
<b>Opportunities</b>	<b>Threats</b>

<b>SELF ASSESSMENT</b>
<b>Relevant KLOE Areas</b>
<b>What we do well</b>
<b>What we are improving</b>
<b>What we need to improve</b>



<b>How we compare in relation to other service providers</b>

**Team Risk Log**

No	Description of Risk	Gross Risk Score			What's already in place to control/mitigate risk?	What else can we do to reduce risk further?	Is this a business continuity risk?	Risk Manager / Owner	Actions to be address by when & whom?
		L o w	M e d	H i g h					

<b>Cross Cutting Improvements 01 – Access &amp; Customer Care</b>			
<b>Corporate Culture &amp; Governance</b>			
<b>Key Actions</b>	<b>ID</b>	<b>Team Tasks</b>	<b>Lead Officer Timescale</b>
<b>Access To The Service</b>			
<b>Key Actions</b>	<b>ID</b>	<b>Team Tasks</b>	<b>Lead Officer Timescale</b>
<b>Complaints – what we have learnt from complaints?</b>			
<b>Key Actions</b>	<b>ID</b>	<b>Team Tasks</b>	<b>Lead Officer Timescale</b>


**Cross Cutting Improvements 02 - Diversity**

**Access and Customer Care**

Key Actions	ID	Team Tasks	Lead Officer Timescale

**Diversity**

Key Actions	ID	Team Tasks	Lead Officer Timescale

**Partnerships**

Key Actions	ID	Team Tasks	Lead Officer Timescale

**ISO Audit / Review**

KLOE Area	Policy / Procedure	Lead	Timescale


<b>Performance Indicators</b>				
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<b>Key Action</b>	<b>Indicator</b>	<b>Target</b>	<b>Frequency</b>	<b>Lead Officer</b>

<b>Service Standards</b>				
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<b>KLOE Area</b>	<b>Standard</b>	<b>Target</b>	<b>Frequency</b>	<b>Lead Officer</b>