

**Appendix A:**  
**Corporate Performance Management Report Q2 2024/2025**

**Introduction**

This appendix provides the Corporate Performance Management Report for Q2 2024/2025, consisting of the following Corporate Priority areas.

- A Greener, More Sustainable Somerset
- A Healthy & Caring Somerset
- A Flourishing & Resilient Somerset
- A Fairer, Ambitious Somerset
- An Effective, Efficient & Sustainable Council







The performance indicators in this report form part of the interim approach agreed by Executive pending the implementation of a new suite of corporate indicators.

Each Corporate Priority section below sets out:




- A summary overview of performance, including context, areas for improvement, and/or achievements during the period.
- An outturn table with key performance indicators with Red Amber Green (RAG) rating where possible.
- Direction of Travel (DoT) arrows shows where performance is improving or getting worse between the most recent reporting periods whether August to September or Quarter 1 to Quarter 2. Where data is cumulative, the DoT is based on the same quarter of the previous year, for example Council Tax collection.

## A Greener, More Sustainable Somerset


Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CP01 Waste - Residual household waste per household (N191) cumulative outturns (Kg)	203.62	+ / - 5kg over the year	210.98	313.15	425.68	110.49	212.09	↓
<p>We were above the target set for Q2 (203.62 kg/household) by 8.47 kg/household, which equates to an increase in residual household waste of 2,319.31 tonnes.</p> <p>This increase in residual waste is mainly due to uplifts in the weights of 'Collected household waste: Regular collection' (251 tonnes), 'Collected household waste: Other' (120.20 tonnes), 'Civic amenity sites waste: Household' (974.24 tonnes) and 'KS Rejects - Residual Landfill' (Un-processable material and leachate from Walpole Anaerobic Digester 208.17 tonnes). This final increase is following the change in process at the anaerobic digester from a dry to a wet process and will continue throughout the rest of the year.</p> <p>There are also other unexpected increases in various residual streams which weren't built into the target model, therefore we are likely to remain slightly behind target for the remaining two quarters of this financial year.</p>								
SC/CP02 Waste -% of household waste reused, recycled or composted (NI 192)	59.13%	+ 4% / - 1% per year	59.2%	54.09%	51.14%	58.18%	57.67%	↓
<p>The target for NI192 was missed by 1.46%, at 57.67% and was made up of an increase in the weight of recycling, reuse &amp; composting of 355.12 tonnes as well as an increase in residual waste of 2,319.31 tonnes.</p> <p>This increase in residual waste is mainly due to uplifts in the weights of 'Collected household waste: Regular collection' (251 tonnes), 'Collected household waste: Other' (120.20 tonnes), 'Civic amenity sites waste: Household' (974.24 tonnes) and 'KS Rejects - Residual Landfill' (Un-processable material and leachate from Walpole Anaerobic Digester 208.17 tonnes). This final increase is following the change in process at the anaerobic digester from a dry to a wet process and will continue throughout the rest of the year.</p> <p>There are also other unexpected increases in various residual streams which weren't built into the target model, therefore we are likely to remain slightly behind target for the remaining two quarters of this financial year.</p>								

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CP03 Waste - Total amount of food waste (tonnes)	N/A	N/A	5,438	5,687.79	5,694.02	5,406.42	5,501.39	
SC/CP04 Waste - % of food treated at Somerset's anaerobic digester	N/A	N/A	100%	100%	100%	100%	100%	
SC/CP05 Waste - Total number of visits to recycling centres	N/A	N/A	497,234	366,801	378,060	520,194	542,810	
SC/CP06 Waste - Total amount of waste received at recycling centres (tonnes)	N/A	N/A	24,753.04	17,435.41	19,177.76	24,673.45	22,958.19	
SC/CP07 Waste - % of waste received at recycling sites that is recycled (incl composted, recovered, residual and hardcore)	N/A	N/A	56%	54.4%	52.2%	65.2%	64.7%	
SC/CS11 Reg & Op - Fly-tipping - incidents responded to within 5 working days (Somerset Wide)	TBC	TBC	86%	97%	87%	96%	98%	

## A Healthy & Caring Somerset

Key Performance Indicators	Target	Tolerance	Outturn (Months)						DoT
			Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	
			Value	Value	Value	Value	Value	Value	
SC/AS01 ASC - Sourcing Care: Number of care packages on unmet need list	15	TBC	0	0	1	3	1	4	
<p>Figures are as of last working day of the month.</p> <p>Somerset has continued to see the impact of additional investment and focused commissioning activity, as well as some pick up in care provider recruitment, with sustained low levels of unmet homecare this financial year.</p> <p>There were only 4 homecare package marked as 'unmet need' / waiting to be sourced after a week of advertising as of end of September 2024.</p>									
SC/AS02 ASC - Number of returned packages of care (homecare 'hand backs')	14	TBC	15	7	6	15	10	16	
<p>Care package contract handbacks place additional pressure on Local Authority staff to find replacement care within a stretched care market and is therefore an indicator we monitor closely as part of both commissioning and quality activity. Although occasional care package handbacks are not uncommon and can occur for a variety of reasons, most commonly staffing capacity issues within the provider, these rose sharply during the pandemic as evidenced by annual stats below but pleasingly reduced by 34% when comparing 2023 numbers to those in 2022:</p> <p>2020 – 54 package handbacks                  2021 – 233 package handbacks                  2022 – 238 package handbacks                  2023 – 157 package handbacks.</p> <p>There have been 88 contract handbacks so far in 2024.</p>									
SC/AS03a ASC - No of new placements in residential and nursing care in month (18- 64)	0	TBC	5	4	5	5	2	0	
<p>New placements (both permanent and temporary) into residential and nursing care are closely tracked and monitored by the service.</p> <p>During 2023/24 we averaged 68.9 new placements per month for people aged 65+ (this compares to an average 64.2 placements per month in 2022/23).</p> <p>So far in 2024/25 we are averaging approx. 67 placements per month (65+).</p>									

Key Performance Indicators	Target	Tolerance	Outturn (Months)						DoT
			Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	
			Value	Value	Value	Value	Value	Value	
SC/AS03b ASC - No of new placements in residential and nursing care in month (65+)	52	TBC	84	70	62	69	52	65	↓
See above									
SC/AS04 ASC - % of total contacts handled and resolved with no costed service by Somerset Direct	60%	TBC	61.2%	59.3%	59.6%	60.5%	60.9%	61.1%	↑
<p>During the 2023/24 financial year, the average number of adult social care calls received per month was 5,205 – this is a decrease of approx. 10% when compared to 2022/23.</p> <p>The overall resolution rate in relation to total contacts handled and resolved with no costed service (e.g. through signposting, advice or information) for 2023/24 was 61.1%. This compares to 63.7% for 2022/23.</p> <p>Latest performance for September 2024 stands at 61.1% - above our 60% target.</p> <p>Where people are signposted to information, advice, and guidance, the customer contact centre follows up one week later to check this met their outcomes; this was recognised by our LGA March 2024 Assurance peer challenge as good practice. Work is planned during 2024 to improve the Council's public-facing website to ensure it is easier to navigate and obtain information people require supported by the Council's web team.</p>									
SC/AS05 ASC - Safeguarding risk outcomes – proportion of individuals for whom the risk was reduced or removed following safeguarding intervention	90%	TBC	91.2%	84.4%	83.6%	86.4%	85.3%	85.0%	↓
<p>The full year 2023/24 conversion rate overall was 38.6% - above the 2022/23 national average conversion rate of 33%. Latest performance for September was 43.9%.</p> <p>85.0% of Safeguarding Enquires resulted in the identified risk being reduced or removed between April and September 2024 – below our 90% target. This is a cumulative figure for the 6 month period.</p> <p>Routine validation work takes place to confirm outcomes are appropriate depending on the specifics of the case itself though it is notable that majority of cases where risk 'remained' the alleged perpetrator was known to the individual (in a non-professional capacity) and acknowledge the person's choice where they have capacity to make decisions about the preferred outcome.</p>									
SC/AS06 ASC stakeholder feedback - % rating service received from ASC as 'Good' or 'Excellent' overall	75%	TBC	84.2%	85.7%	95.5%	93.3%	90.0%	96.4%	↑
Since launch in January 2022, our ASC Feedback form responses have offered valuable insights on the experience of service users and carers, partner colleagues and other key stakeholders, and									

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			Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	
			Value	Value	Value	Value	Value	Value	
			<p>opportunities for learning and improvement. We know the single biggest element and influencer of both positive and negative feedback is communication – how clear, responsive, professional and compassionate we are in our respective job roles makes a fundamental difference to the experience of those we engage with and support.</p> <p>In September 2024 96.4% of the feedback received via this route rated the overall service received from our staff and teams as good or excellent – with performance continuing to trend well above our 75% target so far this financial year.</p> <p>Last financial year (from April 2023 to March 2024) 273 submissions were received and 77% of those were rated good or better overall, with some teams’ feedback exceeding this average. We are also now capturing feedback from people receiving services as part of our monthly practice quality auditing approach. The experience of people is critical to our understanding of our performance and plays an important part in future CQC assessment.</p> <p>A detailed report on the experience of people using adult social care services during 2023/24 was presented to our Practice Quality Board in April and will inform any CQC assessment as part of required evidence. An updated report for Q1 2024/25 will be presented to our PQB in August.</p>						
SC/AS07 ASC - Total number of overdue Care Act Assessments	200	TBC	620	581	525	424	435	407	
			<p>The methodology for this measure changed from 1 April 2024. This measure now reflects the number of pending Care Act Assessments – that is assessments where more than 28 days has elapsed since the start date and where the assessment does not have an allocated worker.</p> <p>Significant work has been undertaken to address the waiting times for assessments and reviews in Somerset, ensuring that our practice is robust and consistent across our frontline operational teams. We have focused on improving data visibility and control to support us in this work, and on improving productivity across our teams. In January 2024 we initiated a weekly Operational Oversight Meeting to develop a consistent set of indicators to minimise and monitor waiting lists and waiting times. We provided guidance issued by the LGA to support in monitoring how we are managing waiting lists and mitigating any risks to ensure individuals receive the support they require, whilst focusing on strength-based approaches.</p> <p>Whilst we remain above desired target, there is a downward trend evidence in the total number of overdue assessments, with more assessments being completed by our teams over recent months.</p>						

Key Performance Indicators	Target	Tolerance	Outturn (Months)						DoT
			Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	
			Value	Value	Value	Value	Value	Value	
		We reported to the Adults & Health Scrutiny Committee on assessments and reviews on 11 July 2024 and continue to present updates on a quarterly basis to the Somerset Safeguarding Adults Board also as part of wider governance arrangements.							

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CP12 Highways & Transport - No. of people killed and seriously injured (KSI) in road collisions	TBC	TBC	69	41	26	26	33	
		The PIC data remains live and subject to changes until closed by the DfT, usually in March of the following year. At this time PIC data for September is not complete enough to be uploaded. Considering the 2019 to 2023 data, July looks to be 92% of the average and August is 83%, and September is currently 21%. Overall, it takes about 8 weeks on average for PIC data to be processed by both Avon and Somerset Police. The Police are currently preparing to implement new software reporting system, this work could result in a delay in receiving PIC data.						
SC/CS06a Customer Services - Out of Hours Somerset Lifeline - Number of calls received in total within period	N/A	N/A	80,152	74,829	73,457	71,847	69,137	N/A
SC/CS06b Customer Services – Out of Hours Somerset Lifeline - Percentage of calls answered within 60 seconds	97.5%	No threshold as it is a pass / fail	97.18%	95.14%	94.86%	93.05%	94.39%	↑
SC/CS09 Environmental Health - Food Hygiene - Carry out 100% of all programmed high risk food hygiene inspections and interventions each quarter	100%	Amber within 10% of target Red below 10%	81%	104%	100%	80%		
SC/CS10 Environmental Health Requests - Responding to 95% of all service requests about Environmental Health, Private Sector Housing and Licencing within 7 working days	95%	Within 10% of target is amber	86%	82%	90%	91%		

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CSH16 – Housing - HAM15 Percentage of homes that do not meet the Decent Homes Standard	0.5%	0.5%-2.4% Amber, above 2.4% Red	5.93%	6.25%	5.31%	3.31%	3.33%	↓
<p>Now a combined figure for in-house and Homes in Sedgemoor results, backdated for Q1. This KPI is primarily driven by the number of components (e.g. kitchens, bathrooms, windows, heating systems, etc.) in properties reaching the end of their lifecycle requiring replacement (as any responsive repairs or Health and Safety issues are dealt with as soon as they are known). The ongoing Stock Condition Surveys (SCSs) undertaken will identify additional components and this, together with progress on undertaking the planned capital replacement programmes for component replacement, will mean the monthly non-compliance will vary during the year. However, the percentage of non-compliance is on a downward trajectory and full compliance is targeted for the end of the 2024/25 financial year.</p>								
SC/PH01 Public Health - Breastfeeding - Gold Award working to gold accreditation in July 24 RAG	Green	No tolerance as an assessment	Green	Green	Green	Green	Green	
<p>Breastfeeding Gold Award- In June Somerset was awarded the prestigious Gold accreditation by UNICEF Baby Friendly Initiative (BFI). The UNICEF Baby Friendly Gold award is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships. We are committed to continuing the work required to maintain Gold accreditation. Maintaining service standards in Public Health Nursing and engaging and continuing to work with all partners across the system to share the evidence base in relation to infant feeding and ensuring parents can make informed choices that will benefit child and mother's health, in addition to the economic, social and health benefits this can bring for Somerset.</p>								
SC/PH02 Public Health - Mental Health Promotion RAG based on range of metrics	Green	No tolerance as an assessment	Amber	Amber	Amber	Amber	Amber	
SC/PH03 Public Health - Coverage of 2.5 years developmental check	85%	Amber within 10% of target Red below 10%	86.6%	84.1%	75.8%	77.2%	77.3%	
<p>September saw a slight reduction in the coverage of the review. It is likely this figure will improve when all children due a review in this quarter have attended their appointments, as some parents, due to work commitments etc are unable to attend in the reporting window. The percentage uptake</p>								



Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
			for the quarter is being maintained in line with quarter 1 and remains higher than the previous year and the national average. However, we remain committed to ensuring this review has high uptake and is part of a suite of measures within the Best Start in Life programme.					
SC/PH04 Public Health - Rolling 12month total of adults in structured treatment for substance use. RAG against a target of 20% increase to be achieved by March 2025, from a baseline in December 2021	Green	No tolerance as an assessment	Amber	Amber	Amber	Amber	Amber	
			<p>We are continuing to see an increase in numbers of adults in treatment with SDAS as we work towards the targeted 20% increase. Although we remain below the required trajectory to meet this target in March 2025, the latest quarter's figures bring us closer to this trajectory.</p> <p>The latest quarter has seen a small change to the methodology behind this indicator. This has resulted in a small drop in our locally calculated numbers when compared to previous quarters, but does align us more closely with the methodology used to monitor this indicator nationally by OHID.</p>					
SC/PH05 Public Health - Smoking: Number of people who are quit at four weeks (SC Commissioned Services Go Smoke Free and Smoke Free Families)	250	Amber within 10% of target Red below 10%	283	247	275	241	169	
			<p>169 people who were referred this quarter achieved a 4- week quit. However, the service has supported 224 people to achieve a 4- week quit in this quarter. 55 of the total quitters began their quit journey in a previous quarter. The indicator is red as although we are achieving our overall quit target, this is not always for smokers who began treatment in the quarter. The discrepancy between total quitters and those quitting in quarter will slowly reduce as our capacity to start support for referrals within quarter increases.</p>					

## A Flourishing & Resilient Somerset

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CP15 Highways & Transport - No. of events applications received	N/A	N/A	71	74	134	122	74	
The figures are within the parameters we would expect for this service								
SC/CP17a Planning (major applications) Decisions total and % in time or extended time within reporting period	65%	Amber within 10% of target Red below 10%	87%	88.9%	68.6%	66.7%	82.9%	↑
SC/CP17b Planning (minor applications) Decisions total and % in time or extended time within reporting period	75%	Amber within 10% of target Red below 10%	91%	87.9%	87.4%	80.3%	84.1%	↑
SC/CP17c Planning (other applications) Decisions total and % in time or extended time within reporting period	85%	Amber within 10% of target Red below 10%	93%	94.5%	93%	91.1%	92.5%	↑
SC/CS01 Library Services - Events (total of: Reading, Digital and other)	N/A	N/A	1,838	1,832	2,015	2,003	2,040	N/A
SC/CS02 Library Services - Total Visitors (in person)	N/A	N/A	240,095	202,531	226,757	209,915	215,491	N/A
SC/CS08 Licensing - 90% of valid Licensing applications processed within required timescales from receipt of a valid application	90%	Amber within 10% of target Red below 10%	97%	98%	98%	93%	90%	↓

## A Fairer Ambitious Somerset

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CF01 The percentage of Somerset schools rated inadequate	3%	TBC	6%	5%	5%	5%	4%	↑
Positive improvement from 7% in October 2022								
SC/CF02 Overall School Attendance – please note target changed from Q4 23/24. Previous RAG's removed as reflect old RAG.	92.5%	TBC	93.8%	92.5%	92%	91.9%	94.2%	↑
Improving and above national average								
SC/CF02a Primary Attendance – please note target changed from Q4 23/24. Previous RAG's removed as reflect old RAG.	94%	TBC	95.7%	94.7%	94.3%	94.3%	95.8%	↑
Improving and above national average								
SC/CF02b Secondary Attendance – please note target changed from Q4 23/24. Previous RAG's removed as reflect old RAG.	90.7%	TBC	92.1%	90.4%	89.9%	89.8%	92.8%	↑
Improving and above national average								
SC/CF03 Children with SEND (EHCP & SEND support) Attendance – please note target changed from Q4 23/24. Previous RAG's removed as reflect old RAG.	86.7%	TBC	89%	87.3%	86.6%	86.6%	89.6%	↑
Improving and above national average								
SC/CF04a Children with a Social Worker (Children Looked After (CLA)) Attendance	TBC	TBC	84.7%	81.8%	80.7%	77%	81.6%	↑
Slightly lower than previous September reporting period (84.7%)								
SC/CF04b Children with a Social Worker (Children In Need (CIN) & Child Protection (CP)) Attendance	TBC	TBC	75.9%	74%	72.4%	73%	80%	↑
Steady increase – significant improvement on previous September reporting period (75.9%)								
SC/CF08 Overall Exclusions – Rolling 12 months	120	TBC	140	162	138	151	141	↑
Continuing high school exclusion rates, including a sharp increase in new exclusions at the end of the school year. Current numbers in line with same reporting period last year								
SC/CF08a Children with SEND (EHCP & SEN Support) Exclusions – Rolling 12 months	75	TBC	99	100	75	83	76	↑
Significant improvement on the same reporting period last year (99)								








Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CF08b Children with a Social Worker (CLA) Exclusions – Rolling 12 months	0	TBC	2	1	1	1	1	
SC/CF08c Children with a Social Worker (CIN & CP) Exclusions – Rolling 12 months	9	TBC	14	19	15	16	16	
SC/CF09 EHCPs – Request for Assessment	TBC	TBC	43	71	113	80	74	
SC/CF10 Percentage of Education Health and Care (EHC) Assessments Completed within 20 weeks	64%	TBC	37.93%	57.5%	31.88%	53.06%	26.09%	
Focus on place planning (phased transfers) for this quarter to support children moving schools								
SC/CF11 Total Number of EHCPs maintained	TBC	TBC	5,247	5,403	5,289	5,427	5,584	
SC/CF12a Not in Education Employment or Training (NEET) %	2.1%	TBC	2.4%	3.8%	4.2%	4.2%	Not Available	
Q2 data not valid due to cyclical September data lag (info from colleges). Destination data, which will include those who are NEET and not known, is produced. But in the autumn, in particular prior to December, we do not have definitive data as to who has enrolled and remaining in college . In October Colleges have a Day 42 function where they look at those who are attending and submit their census report. We are currently working our way through destinations for all young people to update CSW returns and check the outcomes for all young people . There is always a lag between a young person being secure in a destination and this being reported through the correct channels .								
SC/CF12b NEET – Unknown	6.3%	TBC	89.6%	3.8%	2.8%	3.1%	Not Available	
Q2 data not valid due to cyclical September data lag (info from colleges). Destination data, which will include those who are NEET and not known, is produced. But in the autumn, in particular prior to December, we do not have definitive data as to who has enrolled and remaining in college . In October Colleges have a Day 42 function where they look at those who are attending and submit their census report. We are currently working our way through destinations for all young people to update CSW returns and check the outcomes for all young people . There is always a lag between a young person being secure in a destination and this being reported through the correct channels .								
SC/CF13a Percentage of Children receiving a New Baby Review who are in receipt of a Universal Service at time of review	TBC	TBC	71.05%	72.67%	68.89%	71.35%	71.94%	
SC/CF13b Percentage of Children receiving a New Baby Review who are in receipt of a Targeted Level Service at time of review	TBC	TBC	23.68%	22.81%	27.5%	25.26%	24.16%	

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CF13c Percentage of Children receiving a New Baby Review who are in receipt of a Specialist Level of Support at time of review	TBC	TBC	5.26%	4.5%	3.59%	3.38%	3.88%	↑
SC/CF14a Proportion of Children receiving a New Birth Visit following discharge from midwifery at 10-14 days	82.7%	TBC	84.91%	89%	83%	86%	85%	↓
SC/CF14b Proportion of Children receiving a New Birth Visit following discharge from midwifery after 14 days	14.8%	TBC	13.4%	9%	13%	14%	15%	↓
SC/CF15 Overall proportion of children receiving their 2-2.5 year check	74.1%	TBC	78.11%	82%	73%	80%	75%	↓
SC/CF16 Children Looked After (Rate per 10,000)	70	TBC	52.36	54	54	55.2	54.65	↑
The numbers of children in care have dropped slightly this month. We continue to focus on proportionate intervention and keeping children in their family networks wherever it is safe to do so.								
SC/CF17 Number of children open to Social Care at Risk of Child Exploitation	N/A	N/A	94	106	113	118	118	▬
Exploitation - the recent JTAI outlined concerns re how the partnership identifies children at risk of serious youth violence - we know that this is closely linked with missing and exploitation. As we have set up initiatives across the partnership this has improved our identification of children at risk. There are increasing concerns re exploitation in the county and the impact this has on vulnerable children.								
SC/CF19 Number of children in residential care with external providers	TBC	TBC	88	97	98	101	91	↑
Numbers have decreased this quarter, but remain higher than the same period last year The increase in children in residential care is as a result of sufficiency issues - there are not sufficient foster carers to meet the demand for children and children with more complex needs. We continue to focus on the recruitment and retention of foster carers.								
SC/CF19a Number of children in Homes and Horizons homes	N/A	N/A	6	11	11	11	10	↓
SC/CF20 Number of children in Foster Care (combined internal and external provision)	N/A	N/A	357	361	365	367	361	
SC/CF21a Ratio of children in Foster Care (Internal provision)	70%	TBC	64.71%	63.99%	62.19%	62.67%	62.88%	▬
SC/CF21b Ratio of children in Foster Care (External provision)	30%	TBC	35.29%	36.01%	37.81%	37.33%	37.12%	▬





Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CF22 Number of children adopted over the last 12 months	N/A	N/A	52	35	34	44	44	
SC/CF23a Percentage of Children Looked After (CLA) in Residential Care who are placed outside of Somerset	TBC	TBC	40.99%	38.04%	36.16%	40.96%	44%	
Due to a lack of sufficiency in Somerset we are being forced to place children outside of Somerset. Wherever possible we are moving children back to Somerset or close to the county and this will continue to be a focus, e.g. opening of remaining Homes and Horizons Homes, working with local providers to secure beds homes for Somerset children.								
SC/CF24 Number of households with dependent children assessed as being at risk of homelessness	TBC	TBC	40	15	38	49	30	
SC/CF25 Increased number of Foster Carer Approvals (year to date)	3 per month	TBC					8	
NEW MEASURE - Behind target of 24 new approvals by end of September								
SC/CF26 Increased number of children in in-house foster placements (excludes Kinship and FFA)	March 2025 - 164	TBC					142	
NEW MEASURE - Behind target of 164 by March 2025								
SC/CF27 Education - Rolling Suspensions – number of suspensions that have occurred in the previous 12 month period.	N/A	N/A				12605	11917	
SC/CP08 Highways & Transport - % planning applications responded to within statutory 21-day deadline	TBC	TBC	92.06%	90.35%	86.74%	59.86%	91.09%	
Please note this includes Standing Advice applications.								
SC/CSH17 Housing - Percentage of cases where Prevention duty ended successfully in the period (note: circa 50% national average)	TBC	TBC	30%	32%	47%	38%	38%	
SC/CSH18 Housing - Number of households in temporary accommodation at the end of the period	TBC	TBC	255	233	265	279	272	
SC/CSH19 Housing - Number of families in B&B more than 6 weeks at the end of the reporting period	0	Nil	7	5	5	6	1	


## An Effective, Efficient & Sustainable Council

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/CP09 Highways & Transport - No. of parking penalties issued - On Street	N/A	N/A	6,903	8,123	7,681	8,383	8,203	N/A
SC/CP10 Highways & Transport - No. of parking penalties issued - Off Street (car parks)	N/A	N/A	6,100	6,664	6,544	7,935	8,053	N/A
SC/CP11 Highways & Transport - No. of parking penalties issued - Bus Gate	N/A	N/A	2,042	1,368	1,028	2,481	1,556	N/A
SC/CP13 Highways & Transport - No. of Street works permits processed	N/A	N/A	9,356	7,906	6,180	8,695	7453	N/A
These permit figures cover all work promoters including works by and on behalf of Somerset Council to include Works Cancelled, Works Completed, In Progress and Works Planned								
SC/CP14 Highways & Transport - No. of Traffic Regulation Orders (incl. TPCA's) processed	N/A	N/A	921	912	1,095	1,012	902	N/A
The figures are within the parameters we would expect for this service								
SC/CP16 Highways & Transport - No. of enquiries into Traffic Engineering (as logged onto SharePoint)	N/A	N/A	2,931	2,401	2,824	2,734	2882	N/A
The figures are within the parameters we would expect for this service								
SC/CS03 Contact Centre - Overall volume of calls received within period	N/A	N/A	174,683	150,614	175,742	180,771	163,695	N/A
SC/CS04 Contact Centre - Resolved at first point of contact - Percentage of calls which have been resolved or signposted	65%	Green 65% + Amber 50%+ Red <50%	75%	73%	74%	77%	82%	↑
SC/CS05 Customer Satisfaction - Represents how satisfied callers are with the service they have received	75%	Green 75% + Amber 60% + Red <60%	83.36%	84.59%	85.11%	83.78%	85.05%	↑
SC/CS07a Complaints - Percentage of complaints answered within 10 working days across all services	75%	Green >75% Amber 50-74% Red <50%	54%	53%	54%	54%	41%	↓
Complaints received –								

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
			Q1 – 1049 Q2 - 1089					
SC/CS07b Complaints - Number of Ombudsman enquiries received in period across all services	N/A	N/A	24	34	43	28	40	
SC/CS07c Complaints - Number of complaints which have been upheld across all services	N/A	N/A	61%	53%	56%	50%	49%	
SC/CSH12 – Housing - TSE06 Percentage of tenants are overall satisfied with the housing services provided by Somerset Council	77%	Amber within 10% of target Red below 10%	76%	73%	73%	74%	74%	
This result is from the May 2024 Survey								
SC/CSH12a – Housing - Percentage of tenants are overall satisfied with the housing services provided by Homes in Sedgemoor	84%	Amber within 10% of target Red below 10%				86.2%	84.12%	
NEW MEASURE								
SC/CSH13 – Housing - TRS01 True current tenant arrears at the end of month percentage	2%	2.0-2.2% is Amber	1.84%	1.96%	1.44%	1.42	1.25%	
Now a combined figure for in-house and Homes in Sedgemoor results, backdated for Q1								
SC/CSH14 – Housing - PSC01 Percentage of housing dwellings with a valid gas safety certificate	100%	No threshold as this is a pass/fail	100%	100%	100%	99.67%	99.72%	
Now a combined figure for in-house and Homes in Sedgemoor results, backdated for Q1. This KPI is a Health and Safety requirement and therefore has a 100% compliance target. Q2 2024/25 performance target shortfall of 0.28% is due to tenants failing to provide access for the necessary annual gas checks to be undertaken. We are currently reviewing our legal options to further enhance our robust approach to processes to gain access.								
SC/CSH14b – Housing - PSC05 Percentage of housing dwellings with a valid electrical safety certificate.	100%	No threshold as this is a pass/fail	94.01%	94.24%	95.4%	97.28%	97.34%	



Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
			Now a combined figure for in-house and Homes in Sedgemoor results, backdated for Q1. This KPI is a Health and Safety requirement and therefore has a 100% compliance target. Q2 2024/25 performance target shortfall of 2.66% is also due to tenants failing to provide access for the necessary 5 yearly property electrical checks (and any consequent remedial repairs) to be undertaken. We are also currently reviewing our legal options to further enhance our robust approach to processes to gain access in this area.					
SC/CSH15 – Housing - HC11 Percentage of communal areas with a Fire Risk Assessment (FRA) in place and FRA Review complete (where applicable)	100%	No threshold as this is a pass/fail	100%	100%	100%	100%	100%	
			Now a combined figure for in-house and Homes in Sedgemoor results, backdated for Q1					
SC/CSH20 – Housing - Proportion of homes for which all required legionella risk assessments have been carried out	100%	No threshold as this is a pass/fail				99.41%	99.87%	
			NEW MEASURE - to include in-house and Homes in Sedgemoor results. This KPI is a Health and Safety requirement and therefore has a 100% compliance target. Q2 2024/25 performance target shortfall of 0.13% is also due to access issues on one block which are being addressed.					
SC/CSH21 – Housing - % of housing dwellings with a valid asbestos management survey	100%	No threshold as this is a pass/fail				99.16%	99.24%	
			NEW MEASURE - to include in-house and Homes in Sedgemoor results. This KPI has a 100% compliance target. Q2 2024/25 performance target shortfall of 0.76% is also due to access issues with tenants. We are continuing to contact tenants to gain access to undertake the surveys.					
SC/CSH22 – Housing - % of passenger lifts and through floor lifts with annual and 6 monthly service and inspection complete	100%	No threshold as this is a pass/fail				100%	100%	
			NEW MEASURE - to include in-house and Homes in Sedgemoor results.					
SC/RC01 Resources - Council Tax collection rate (%)	56.72%	Amber within 10% of target Red below 10%	58.01%	85.16%	96.68%	30%	57.04%	

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
			<p>The target in-year collection rate for the Council Tax for 2024/25 is 96.75%. This represents the proportion of the £484.7m net collectable debit for the year that is actually collected within the year.</p> <p>At the end of quarter 2 we have collected 57.04% against a target of 56.72%, which in monetary terms equates to £276.4m.</p> <p>Whilst the actual collection rate is slightly above target, this could drop in future quarters with the Revenues and Benefits service continuing a major project to consolidate four different software systems into a single system. This project, which is expected to be completed by December 2025, is likely to impact on collection rates at times during this period, as there will be delays in issuing bills and recovery notices whilst we are migrating data. However, work is underway to minimise any adverse effect on collection rates as a result of this project, including reviewing levels of staff and processes/procedures that are currently in place, as well as the overall data migration plan.</p> <p>There is also work underway to complete a targeted Direct Debit take-up in the latter part of the year to increase Direct Debit take up across Somerset.</p>					
SC/RC02 Resources - Business Rate collection rate (%)	54.08%	Amber within 10% of target Red below 10%	55.19%	79.82%	96.57%	29.17%	56.33%	
			<p>The target in-year collection rate for Business Rates for 2024/25 is 96.52%. This represents the proportion of the £181.8m net collectable debit for the year that is actually collected within the year.</p> <p>At the end of quarter 2 we had collected 56.33% against a target of 54.08%, which in monetary terms equates to £102.4m.</p> <p>Whilst the actual collection rate is slightly above target, this could drop in future quarters with the Revenues and Benefits service starting a major project to consolidate four different software systems into a single system. This system, which is expected to be completed by December 2025, is likely to impact on collection rates at time during this period, as there will be delays in issuing bills and recovery notices whilst we are migrating data. However, work is underway to minimise any adverse effect on collection rates as a result of this project, including reviewing levels of staff and processes/procedures that are currently in place, as well as the overall data migration plan</p>					

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/RC03 Revs & Bens - Average number of days for processing new Housing Benefit claims	15	Amber within 10% of target Red below 10%	12.79	12.45	11.87	14.95	13.38	↑
SC/RC04 Revs & Bens - Average number of days for processing Housing Benefit change of circumstances	7	Amber within 10% of target Red below 10%	5.51	4.31	2.56	7.01	5.49	↑
<p>The indicators measure the time taken to process new claims for Housing Benefit and Changes in Circumstances. The target for new claims is to process them within 15 days and we have achieved an average in Q2 of 13.38 days. For Changes of Circumstance the target is 7 days and we have achieved an average of 5.49 days.</p> <p>The prompt processing of claims and changes is critical to both ensuring that claimants quickly receive help towards paying their rent and in preventing overpayments and debt problems. These indicators show the impact of performance to our customers and are monitored by the Department of Work and Pensions who will intervene if required. These indicators only cover a limited element of the overall workload undertaken within the Benefits teams.</p> <p>Whilst the processing rate of new claims and the target for Changes in Circumstances are on track, this could change in future quarters with the Revenues and Benefits service starting a major project to consolidate four different software systems into a single system. This project, which is expected to complete by December 2025, will at times impact on the speed with which we can process claims and changes of circumstance whilst we are migrating data between systems. Detailed project planning is underway and this will include taking steps to minimise downtime.</p> <p>Processing times may also be affected by the different levels of claims we now receive, following the commencement of the migration of working age Housing Benefit claims to Universal Credit. This will be monitored and any impact assessed accordingly.</p> <p>More rounded and representative performance indicators, including those around Overpayment collections, are still under development. Once the service is on one singular system, the collection of the require performance indicator data will be simpler and easier to collect and report on.</p>								

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/RC05 Resources - An average for all building compliance across Somerset Council	100%	Amber within 10% of target Red below 10%	78%	91%	92.5%	87.7%	92%	↑
Composed of M&E servicing and statutory building compliance tasks								
SC/SW03 FOI/EIR: The number of requests received in period	N/A	N/A	472	426	574	496	475	N/A
SC/SW04 FOI/EIR: Percentage of requests received that were acknowledged within 2 days (when ack required)	95%	Green 95%+ Amber 80-94% Red <80%	97%	90%	91%	93%	97%	↑
SC/SW05 FOI/EIR: The number of FOI requests completed in period	N/A	N/A	390	399	526	477	407	N/A
SC/SW06 FOI/EIR: The percentage of completed requests where all information was sent	N/A	N/A	57%	63%	62%	63%	52%	N/A
SC/SW07 FOI/EIR: The percentage of completed requests where response was a full refusal	N/A	N/A	14%	13%	11%	11%	16%	N/A
SC/SW08 FOI/EIR: The percentage of completed requests where response was a partial refusal	N/A	N/A	8%	9%	5%	6%	16%	N/A
SC/SW09 FOI/EIR: The percentage of requests which did not result in disclosure for other reasons (e.g. info not held, invalid or lapsed request)	N/A	N/A	21%	15%	22%	19%	16%	N/A
SC/SW10 FOI/EIR: Percentage of requests completed within 20 working days	95%	Green 95%+ Amber 80-94% Red <80%	92%	84%	83%	80%	86%	↑
SC/SW11 FOI/EIR: The number of internal reviews requested in period	N/A	N/A	10	8	9	13	7	↑
SC/SW12 FOI/EIR: The number of requests outstanding at the end of the period	N/A	N/A	82	117	123	96	111	N/A

Key Performance Indicators	Target	Tolerance	Outturn (Quarters)					DoT
			Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	
			Value	Value	Value	Value	Value	
SC/SW13 Workforce - Staff sickness – Working Days lost per Full Time Equivalent (FTE)	2.2	2.2 days per quarter or 8.8 days per annum	2.27	2.64	2.57	2.24	2.46	↓
SC/SW15 Workforce - Number of vacancies	N/A	N/A	964	911	885	1,013	1,184	N/A
SC/SW16 Workforce - Number of new starters	N/A	N/A	175	133	86	93	140	N/A
SC/SW17 Workforce - Number of leavers	N/A	N/A	218	182	174	187	315	N/A
SC/SW19 Workforce - Apprentices	N/A	N/A					243	N/A
<p>UPDATED MEASURE - Measure previously reporting on those with apprentice in job role. Data now available in more depth. 243 people are currently completing apprenticeship qualifications, of which 114 apprentices are in our maintained schools and 129 within the Council. In addition, 91 members of staff have successfully completed apprenticeship qualifications in the last 12 months.</p>								