

Corporate quarterly performance management report **2022-2023**

Quarter 1 (1 April to 30 June 2022)

Contents

Click section name to go to that page

| | |
|--|----|
| Contents..... | 1 |
| Introduction | 2 |
| Council plan 2022-25 | 2 |
| Performance indicators dashboard | 3 |
| The borough of opportunity - scorecard and exceptions commentary | 7 |
| The safe and healthy borough - scorecard and exceptions commentary | 10 |
| The borough of ambition and enterprise - scorecard and exceptions commentary | 19 |
| Dudley the destination of choice - scorecard and exceptions commentary | 24 |
| Future council - scorecard and exceptions commentary | 26 |
| Actions dashboard | 29 |
| Further information..... | 31 |

Introduction

This Quarterly Corporate Performance Management Report highlights performance for the period 1 April to 30 June 2022. It provides specific information related to performance indicators and key actions that link to outcomes in the Council Plan 2022-25. Measuring indicators and actions allows us to monitor progress towards our Borough Vision 2030.

The main body of the report focuses on the four priorities contained in the Council Plan and provides a detailed review of the progress of the key performance indicators linked to those priorities.

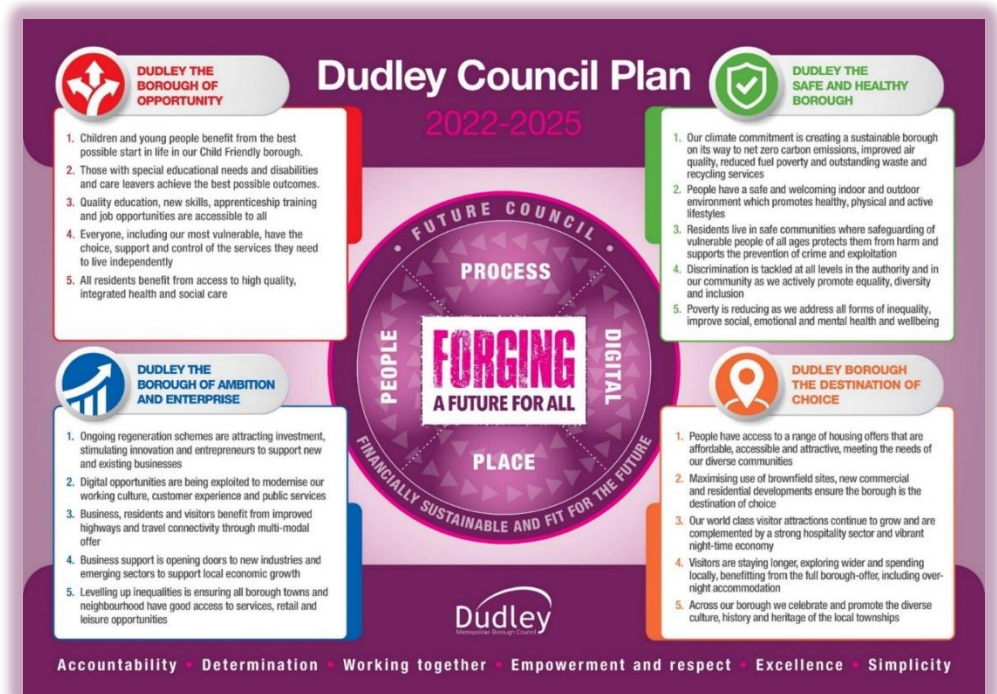
Council plan 2022-25

The Council Plan sets out our priorities and objectives, mapping out our journey to achieving the aspirations of Future Council and the Borough Vision. The plan is refreshed every three years with the current plan being effective from 1 April 2022.

The four priorities of the current council plan are:

- The borough of opportunity
- The safe and healthy borough
- The borough of ambition and enterprise
- The destination of choice

Further information on the Council Plan can be found on the [dudley.gov.uk council plan pages](https://www.dudley.gov.uk/council-plan-pages)



Performance indicators dashboard

Key performance indicators overview

Overview

| | |
|-----------------------------------|----|
| Corporate KPI's reported in total | 59 |
| Quarterly KPI's (inc. monthly) | 48 |
| 6 monthly KPI's | 1 |
| Annual KPI's | 7 |
| Biannual KPI's | 3 |

Performance indicators by Council Plan priority

| | |
|---|----|
| Dudley the borough of opportunity | 10 |
| Dudley the safe and healthy borough | 21 |
| Dudley the borough of ambition and enterprise | 10 |
| Dudley borough the destination of choice | 9 |
| Future council | 9 |

Key performance indicators this quarter

Data as at
3rd August 2022

KPI's due to be reported
48

KPI's reported
46
(3 KPI's targets N/A: no score available)

KPI's missing data
2
(Reporting in Q2 due to delays)

Corporate KPI performance summary 2022-23 Q1

46: KPI's reported

22: On target

6: Target tolerance

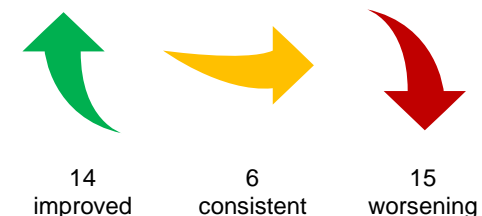
15: Below target

KPI short term trend

Short term trend data available at
Quarter 2

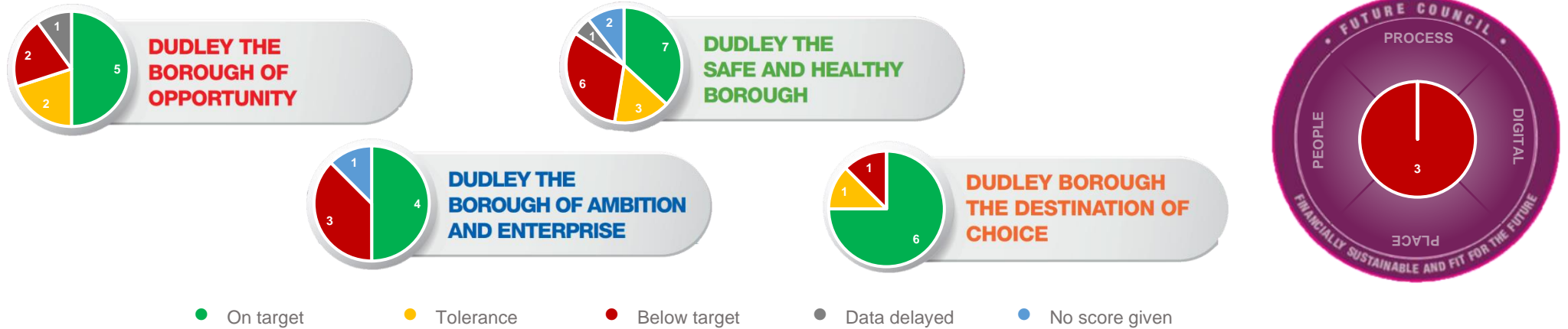
KPI annual trend

Comparing 2022-23 Q1 to 2021-22 Q1



KPI's new for 2022-23 cannot be compared

Corporate KPI performance by council plan priority



Corporate KPI performance by directorate



[Click here to return to contents page](#)

Key performance indicators below target

[Click on PI name to go to exception commentary](#)

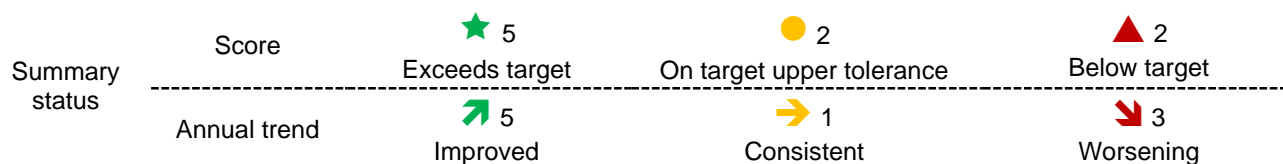
| Performance indicators below target ▲ | Council plan priority (scorecard pages) |
|--|--|
| PI 2133 % of working age service users (18-64) with learning disability support living alone or with family | Borough of opportunity (pages 7-9) |
| PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting | |
| PI 2390 % gullies cleansed as per annual programme | Safe and healthy borough (pages 10-17) |
| PI 2404 % trees with a valid inspection | |
| PI 2027 Satisfaction - way your anti-social behaviour complaint was handled? | |
| PI 1447 % of agency social workers | |
| PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team) | |
| PI 2260 Percentage smoking at time of delivery (Dudley residents) | |
| PI 47 % Corporate Complaints given a full response within 20 working days | Borough of ambition and enterprise (pages 18-24) |
| PI 2079 Number of Customer Complaints Received | |
| PI 2357 % capital programme spent (Highways) | |
| PI 1899 Rent loss: % of potential rent receipts lost (dwellings) | The destination of choice (pages 25-26) |
| PI 352 Working days/shifts lost per FTE due to sickness absence (excluding schools) | Future council (pages 27-29) |
| PI 370 Long-term sickness absence per FTE | |
| PI 371 Short-term sickness absence per FTE | |

Key performance indicators below target – with annual trend

Click on PI name to go to exception commentary

| Performance indicators below target ▲ | Q1 2021-22 | Q1 2022-23 | 2022-23 target | Annual trend status |
|--|---------------|---------------|----------------|--------------------------|
| PI 2133 % of working age service users (18-64) with learning disability support living alone or with family | 49% | 46% | 50% | See exception commentary |
| PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting | 10.8% | 9% | 11% | ↘ |
| PI 2390 % gullies cleansed as per annual programme | New measure | 10.4% | 21% | - |
| PI 2404 % trees with a valid inspection | New measure | 12% | 16% | - |
| PI 2027 Satisfaction - way your anti-social behaviour complaint was handled? | 66.7% | 63.1% | 70% | ↘ |
| PI 1447 % of agency social workers | - | 19.2% | 15% | - |
| PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team) | £1,236,100 | £135,000 | £150,000 | ↘ |
| PI 2260 Percentage smoking at time of delivery (Dudley residents) | 8.9% | 11.5% | 10% | ↗ |
| PI 47 % Corporate Complaints given a full response within 20 working days | 70% | 69% | 85% | ↘ |
| PI 2079 Number of Customer Complaints Received | 488 | 482 | 275 | ↗ |
| PI 2357 % capital programme spent (Highways) | New measure | 16% | 25% | - |
| PI 1899 Rent loss: % of potential rent receipts lost (dwellings) | 1.8% | 1.92% | 1.8% | ↘ |
| PI 352 Working days/shifts lost per FTE due to sickness absence (excluding schools) | 2.98 days | 3.36 days | 2.625 days | ↘ |
| PI 370 Long-term sickness absence per FTE | 2.3 days | 2.34 days | 1.875 days | → |
| PI 371 Short-term sickness absence per FTE | 0.68 days | 1.02 days | 0.75 days | ↘ |

The borough of opportunity - scorecard and exceptions commentary

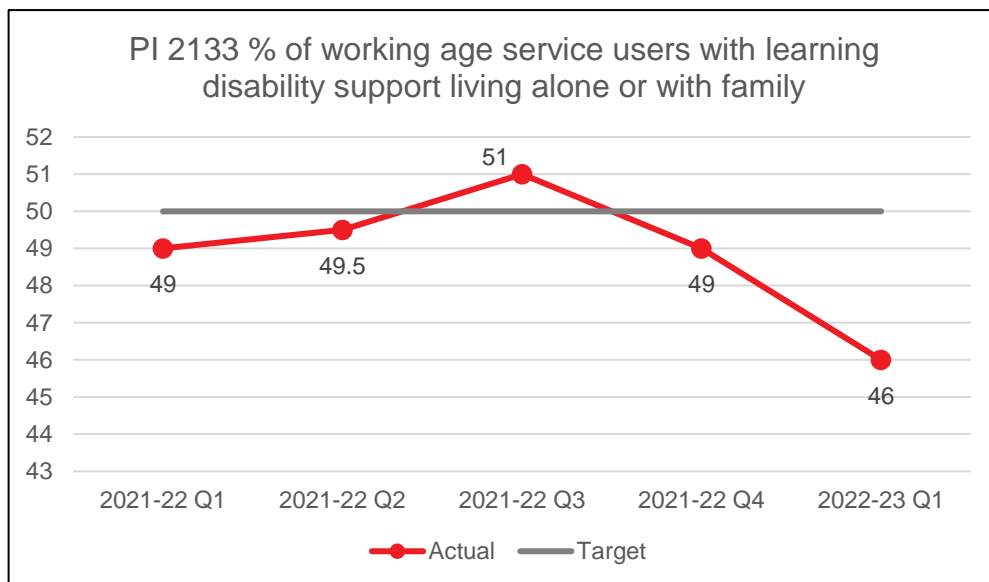


| Performance Indicator | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data |
|--|-----------------------|----------------|----------------|----------------|---|--------|-------|------------------|--------------|--|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | Annual trend | |
| PI 2129 % of eligible children who take up a 'Time for Two's' place in the Dudley Borough | 63% | 77.7% | 100% | 76.5% | 76.5% | 80% | ● | Available Q2 | ↗ | Local measure |
| PI 2427 % safer routes to school schemes completed against annual programme | New measure | | | | Outturn / Target available in Q2 | | | Available Q2 | - | Local measure |
| PI 863 Proportion of children and young people who attend a good or outstanding school | 76.4% | 76.4% | 74.3% | 74.9% | 76.11% | 78% | ● | Available Q2 | → | DfE monthly management information |
| PI 120 16 to 18-year old's who are not in education, employment or training (NEET) | 3.4% | 3.4% | 1.9% | 1.8% | 2% | 2.8% | ★ | Available Q2 | ↗ | 2.8% W Mids. region data |
| PI 1690 Number of adults 16+ participating in learning | 429 | 996 | 1902 | 2432 | 633 | 300 | ★ | Available Q2 | ↗ | Local measure |
| PI 1706 Number of adults gaining employment | 38 | 66 | 101 | 195 | 50 | 40 | ★ | Available Q2 | ↗ | Local measure |
| PI 1709 Number of employers supported with ACL funding streams | 102 | 66 | 75 | 32 | 22 | 15 | ★ | Available Q2 | ↘ | 93% against 88.3% target 17/18 Overall |
| PI 2133 % of working age service users (18-64) with learning disability support living alone or with family | 49% | 49.5% | 51% | 49% | 46% | 50% | ▲ | Available Q2 | - | 77.3% England 19/20 |
| PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting | 10.8% | 10.6% | 10.9% | 9% | 9% | 11% | ▲ | Available Q2 | ↘ | Local measure |
| PI 501 (ASCOF2B) - Prop of 65+ at home 91 days after discharge from hospital into reablement services | 97% | 93% | 92% | 86% | 98% | 83% | ★ | Available Q2 | ↗ | 82% England 19/20 |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

PI 2133 % of working age service users (18-64) with learning disability support living alone or with family

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|--------|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | Outturn | Target | S | T |
| PI 2133 | 49 | 49.5 | 51 | 49 | 46% | 50% | ▲ | - |



Performance: what is the data telling us?

The data is showing a fall in the number of people living in supported living or with families.

This data is not in line with the activity in Dudley Disability Service (DDS) which has seen an increase in people moving from residential to the community either into supported living or with families.

There has also been a significant decrease in voids in supported living. The service has been prioritising filling void placements as new people are looking for supported living. It is possible as these are funded by DDS even if empty that these were being counted in previous figures hence the discrepancy.

A detailed investigation into the data that informs this performance indicator is required to understand where the data comes from and why this may not be reflecting current activity.

Impact: what are the issues/risks for service delivery?

If the data is correctly showing that supported living placements have reduced, then this would indicate that there is a risk that current process to ensure that this is a priority housing option for people with a disability in Dudley are not effective. A mitigation against this is that DDS is advertising a new supported living lead role within the service. The focus of this role will be to facilitate and support people accessing supported living which should ensure we are maximising this opportunity.

Assurance: evidence that actions are in place and having an impact

Supported living lead role has been through grading and will be advertised in the next quarter. Investigation into data behind this PI will be completed by end of next quarter and explanation re issues will be provided. Report commissioned by DDS from Housing LIN which shows the currently Supported Living Provision in Dudley and projected future demand and ongoing work with commissioning is ensuring that we are working with the market to have appropriate levels of supported living available for people with disabilities in Dudley.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

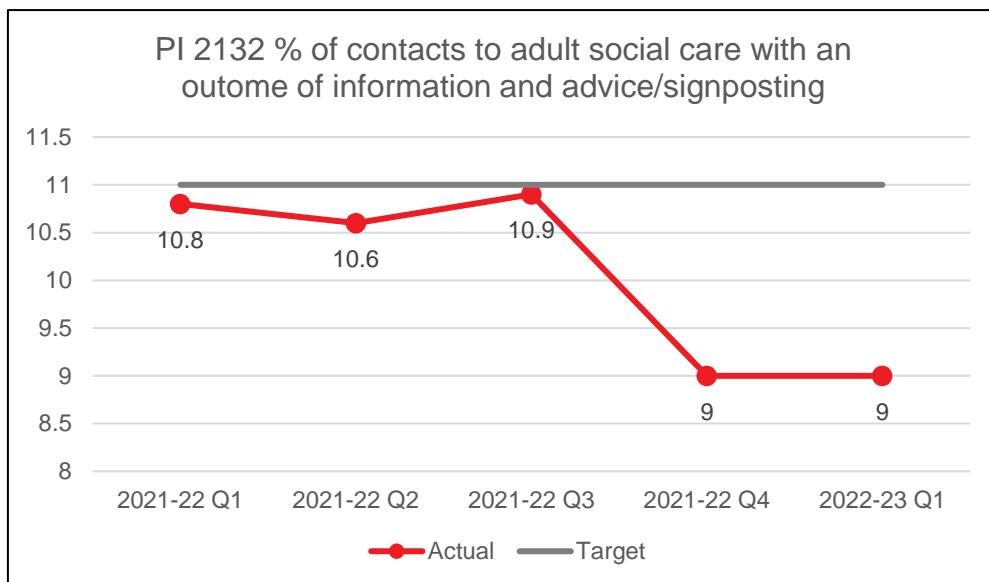
Scorecard: Destination

Scorecard: Future Council

Actions dashboard

PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|--------|------|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | Outturn | Target | S | T |
| PI 2132 | 10.8 | 10.6 | 10.9 | 9 | 9% | 11% | ▲ | - |



Performance: what is the data telling us?

There was a spike in proportion of contacts with an outcome of advice/signposting demonstrated at Q3 2021/22 and this then reduced due to a recording change within Liquidlogic.

Contacts are only recorded for new clients and 'contacts' for existing clients are recorded within case notes, which do not form part of the figures reported.

The more recent drop in proportion in Q4 21/22 is considered to be related to the implementation of the "Dudley Adults Portal" <https://adultsocialcare.dudley.gov.uk/web/portal/pages/home>

This provides more information/advice upfront and so has likely contributed to a fall in the proportion of contacts that come in through other front door mechanisms that only require advice/signposting. Pattern remains consistent for Q1 2022/23.

Impact: what are the issues/risks for service delivery?

The implementation of the Adults Portal will continue to be monitored throughout Q2 as this becomes further embedded in working approaches.

Assurance: evidence that actions are in place and having an impact

An upgrade to the portal in summer 2022 will provide greater functionality in regards to analytics of its usage. We will then be able to conduct a more in-depth review of how this is changing the way citizens access information about services.

Once this exercise is conducted the definition and/or target of this measure may need to be reviewed to ensure that it is fit for purpose.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

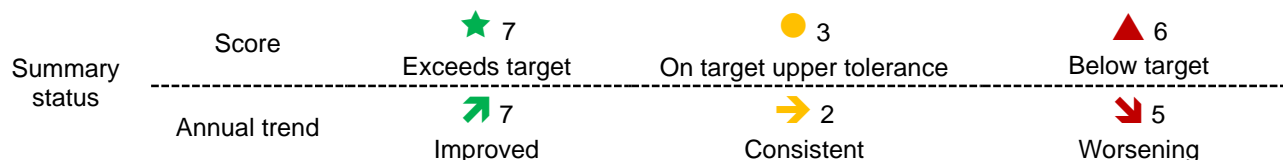
Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

The safe and healthy borough - scorecard and exceptions commentary



Scorecard 1 – physical environment

| Performance Indicator | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data |
|--|-----------------------|----------------|----------------|----------------|-------------------------|---------------------|-------|------------------|--------------|------------------------------|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | Annual trend | |
| PI 1441 Air Quality completed in actions in accordance with the timetable in the approved Air Quality Action Plan | 100% | 100% | 100% | 100% | 97.7% | 75% | ★ | Available Q2 | ↘ | |
| PI 2416 % street cleansing waste recycled | New measure | | | | 98.6% | 98.6% | ★ | Available Q2 | - | |
| PI 2390 % gullies cleansed as per annual programme | New measure | | | | 10.4% | 21% | ▲ | Available Q2 | - | |
| PI 2404 % trees with a valid inspection | New measure | | | | 12% | 16% | ▲ | Available Q2 | - | |
| PI 2406 No. incidents of fly-tipping | 414 | 406 | 432 | 474 | 398 | No target available | N/A | Available Q2 | ↗ | |
| A target cannot be set for the number of incidents of fly-tipping. The aim is to achieve an ongoing reduction in the number of fly-tipping incidents | | | | | | | | | | |
| PI 2407 No. fly-tipping enforcement actions | 156 | 171 | 102 | 103 | 117 | No target available | N/A | Available Q2 | ↗ | |
| A target cannot be set for number of fly-tipping enforcement actions as it is dependent on the number of fly-tips and evidence available. | | | | | | | | | | |
| PI 2417 % of local road safety schemes completed against annual programme | New measure | | | | Outturn available in Q2 | 10% | | Available Q2 | - | Local Measure |
| PI 2074 Proportion of premises in the borough that are broadly complaint with food hygiene law (star rating of 3 or more). | 81.1% | 86.6% | 86.8% | 86.8% | 89.5% | 90% | ● | Available Q2 | ↗ | |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

Dudley the safe and healthy borough scorecard continued

| Scorecard 2 – other | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data |
|--|-----------------------|--------------------|--------------------|--------------------|--------------------------|-----------------|--------|--------------|------------------|---|
| | Performance Indicator | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | |
| PI 2266 Percentage of applicable contracts awarded that include Social Value outcomes | New measure | | 70% | 63% | 81.6% | 80% | ★ | Available Q2 | - | Local measure |
| PI 2134 % of the conversion of safeguarding concerns to enquiry | 7.5% | 8.4% | 8.1% | 10% | 6% | 20% | ★ | Available Q2 | ↗ | 37% England 19/20 |
| PI 1447 % of agency social workers | - | - | - | 19.2% | 19.2% | 15% | ▲ | Available Q2 | → | |
| PI 432 Number of children looked after per 10,000 of the population | 90.5 | 86.6 | 84.9 | 85.6 | 85.2 | 83.5 | ● | Available Q2 | ↗ | 85.3 Statistical neighbours 19/20 |
| PI 426 Percentage of single assessments authorised with 45 days (For Assessment Service Only) | 77.6% | 90.3% | 72.1% | 71.5% | 85.4 | 85.5 | ● | Available Q2 | ↗ | Local Measure |
| PI 433 Number of children subject to child protection plan per 10,000 of the child population | 34.1 | 37.5 | 43.1 | 44.8 | 38.2 | 49 | ★ | Available Q2 | ↘ | 52.6 Statistical neighbours 19/20 |
| PI 2027 Satisfaction - way your anti-social behaviour complaint was handled? (ASB)Star-T [CP] [DSP] [HM] [DB] | 66.7% (64/96) | 68.3% (103/151) | 65.5% (133/203) | 62.8% (152/242) | 63.1% (24/38) | 70% | ▲ | Available Q2 | ↘ | 76.8% HouseMark Median |
| PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team) | £1,236,100 | £410,400 | £414,300 | £518,100 | £135,000 | £150,000 | ▲ | Available Q2 | ↘ | Local measure |
| PI 2260 Percentage smoking at time of delivery (Dudley residents) | 8.9% | 6.8% | - | 13% | 11.5% | 10% | ▲ | Available Q2 | ↗ | Local Measure |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

Dudley the safe and healthy borough scorecard continued

There is a time lag for the following KPI's due to the nature of their collection and validation from the Waste Data flow. Waste Data Flow is the national database for municipal waste data reporting by UK local authorities to government therefore will be reported as actual 3 months in arrears i.e., Quarter 3 data presented in Quarter 4.

| Scorecard 3 – waste | 2021-22 financial year | | | | | | | | Benchmarking comparator data |
|---|------------------------|----------------------|---------------------|------------------------------------|--------|-------|------------------|--------------|---|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Target | Score | Short term trend | Annual trend | |
| PI 1498 % household waste sent for reuse, recycling and composting (NI 192) <i>Cumulative outturns shown (measured in tonnes)</i> | 43.1% (15,875.00) | 42.5% (30,386.76) | 39% (39,177.82) | 36.4% (46,387.68) | 36% | ★ | ↗ | → | 38.5% CIPFA Family Group Average (Q4 2021/22) |
| PI 1499 % municipal waste land filled (NI 193) <i>Cumulative outturns shown (measured in tonnes)</i> | 3.9% (1,594.0) | 2.61% (2,075.71) | 2.17% (2,211.67) | 1.9% (2,724.05) | 3% | ★ | ↘ | ↘ | 7.81% CIPFA Family Group Average (Q4 2021/22) |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

[Contents page](#)

[KPI dashboard](#)

[KPI below target](#)

[Scorecard: Opportunity](#)

[Scorecard: Safe](#)

[Scorecard: Ambition](#)

[Scorecard: Destination](#)

[Scorecard: Future Council](#)

[Actions dashboard](#)

PI 1447 % of agency social workers

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|-------------|----|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 1447 | New measure | | | | 19.2% | 15% | ▲ | - |

Insufficient data to produce trend chart

Performance: what is the data telling us?

Overall, the proportion of agency staffing remains stable when compared with data @ 31/3/22.

Impact: what are the issues/risks for service delivery?

Challenges remain regards recruitment and with almost 1 in 5 social workers being temporary, this brings a level of instability to the workforce. However, Dudley to date has not experienced high agency staff turnover.

Assurance: evidence that actions are in place and having an impact

Continue to try and increase the number of permanent new starters, which will reduce reliance on agency staffing. However, recruitment of social workers remains a challenge in Dudley and is echoed both regionally and nationally. Workforce Board continues to focus on recruitment of social workers and a review is underway of information that is sent to candidates detailing the benefits of working for Dudley. It is also hoped that the new join venture with Kent Commercial which starts in September 2022, will improve recruitment of agency staff.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

PI 2390 % gullies cleansed as per annual programme

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|-------------|----|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 2390 | New measure | | | | 10.4% | 21% | ▲ | - |

Insufficient data to produce trend chart

Performance: what is the data telling us?

The contractor will get back on track with the gully cleansing programme by the end of Q2.

Assurance: evidence that actions are in place and having an impact

The Team have secured an additional contractor to support ambitions to move from a 5-year cycle to a 3 year cycle, it is expected that the programme will be as planned by the end of Q2.

Impact: what are the issues/risks for service delivery?

Low impact - The contractor will get back on track with the gully cleansing programme in Q2.

PI 2404 % trees with a valid inspection

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|-------------|----|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 2404 | New measure | | | | 12% | 16% | ▲ | - |

Insufficient data to produce trend chart

Performance: what is the data telling us?

Recruitment challenges are evident in this area, which is being experienced by many Councils.

Impact: what are the issues/risks for service delivery?

It is anticipated that once recruitment challenges have been addressed the tree inspection programme will be back on track.

Assurance: evidence that actions are in place and having an impact

This is a 5 year programme and it is expected to inspect 35,000 trees per year.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

PI 2027 Satisfaction - way your anti-social behaviour complaint was handled?

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|------|------|------|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 2027 | 66.7 | 68.3 | 65.5 | 62.8 | 63.1% | 70% | ▲ | - |

Performance: what is the data telling us?

This result represents all residents and shows 24 residents were satisfied out of 38 who responded to this question.

Satisfaction for DMBC tenants only = 57.9% (11 out of 19 satisfied)
Satisfaction for other tenures = 68.4% (13 out of 19 satisfied)



Assurance: evidence that actions are in place and having an impact

Customer casework resolution satisfaction has been discussed at team meetings and included in all supervision meetings, managers are closely monitoring expectation for officers to communicate more frequently and effectively with customers. The ASB Focus Group have helped design a shorter ASB survey which is being launched at the start of Q2 and we are considering how we can encourage greater levels of responses from customers.

The Housing Restructure assumes that lower level ASB casework will be managed by Housing Managers from which will, from October, enable the ASB Team to have the capacity to focus on serious casework. For this reason we expect to see improving feedback later from the autumn.

Impact: what are the issues/risks for service delivery?

This is a key measure showing the customer/complainant's perception of the effectiveness of the resolution to their report of ASB. This is a challenging measure which relies on managing expectations which are not always possible to legally deliver! There are several performance and resourcing issues in this team which are being worked through with HR support. This is a particularly small sample survey but the trend is still of concern.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

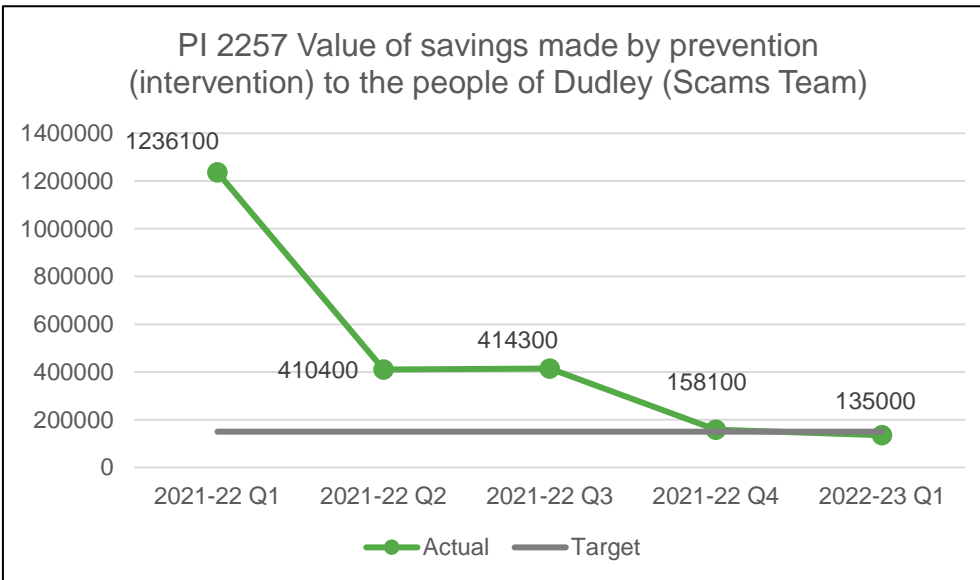
Scorecard: Destination

Scorecard: Future Council

Actions dashboard

PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team)

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|---------|---------|---------|-----------|----------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 2257 | 1236100 | 410,400 | 414,300 | 518,100 | £135,000 | £150,000 | ▲ | - |



Performance: what is the data telling us?

Data is compiled using the national trading scams calculator in the following categories;

- Total initial contacts (Inc. postal/ telephone/ visits)
- Total initial visits completed
- Of total initial contacts, number referred from Compass
- Events attended
- Living Well Feeling Safe referrals made
- MASH referrals
- Victim Support referrals
- Call blockers installed
- Guard cams installed
- Scam marshals signed up
- FAS e-learning complete
- FAS training complete
- Total FAS training complete
- SCAMchampion Training complete
- SCAMBassador training complete

Impact: what are the issues/risks for service delivery?

Protection of the elderly from financial abuse by scammers is an essential contribution to the public health goal of tackling loneliness and isolation, and a statutory duty under the Care Act.

Assurance: evidence that actions are in place and having an impact

Although the figure is slightly below target this quarter, this does not represent the full impact of the team in dealing with victims and providing support. It is expected that the figure in the year overall will exceed target.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

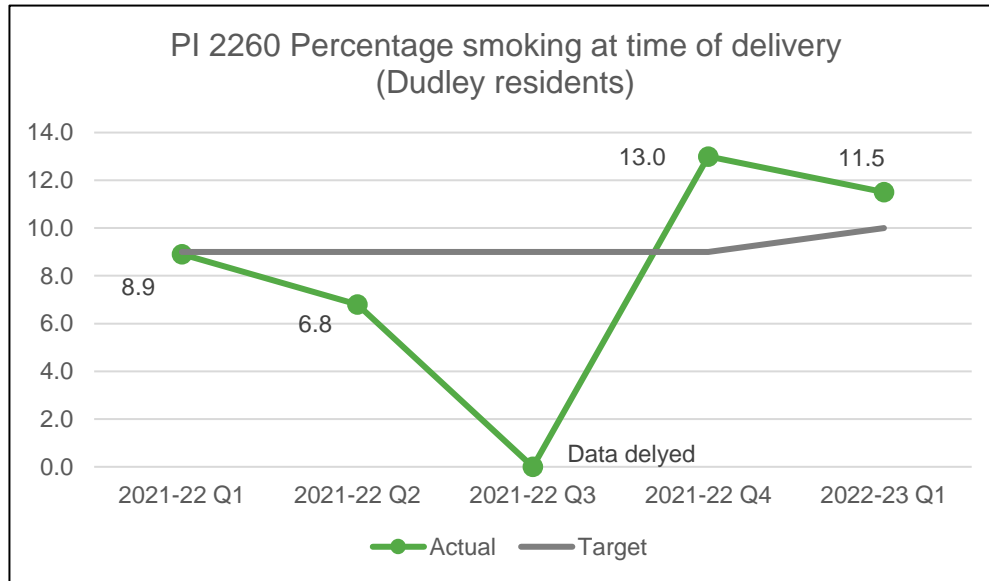
Scorecard: Destination

Scorecard: Future Council

Actions dashboard

PI 2260 Percentage smoking at time of delivery (Dudley residents)

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|--------|----|-----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | Outturn | Target | S | T |
| PI 2260 | 8.9% | 6.8% | 0% | 13% | 11.5% | 10% | ▲ | - |



Performance: what is the data telling us?

The actual data is currently above the target set.

Impact: what are the issues/risks for service delivery?

We have included this performance indicator in the PH&WB Business plan 2022/2023 as an indicator to monitor progress made in seeing a reduction of women who smoke at time of delivery. Public Health and wellbeing will continue to work with our partners to reduce the health risks to the pregnant women, baby, children and the address the financial and health inequalities impact of smoking.

Assurance: evidence that actions are in place and having an impact

We commission a healthy pregnancy service, who work with parents to stop smoking and avoid excessive weight gain. Following the pathway, all women should be asked about smoking behaviour and be offered carbon monoxide monitoring at their booking visit. The healthy pregnancy service is an opt out service, so mums who smoke are referred unless they specifically ask not to be. Women are provided with both behavioural interventions and NRT to support their quit as part of the commissioned service. There is further work ongoing to ensure we receive accurate data around smoking at booking, carbon monoxide monitoring, referrals into the healthy pregnancy service and quit rates.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

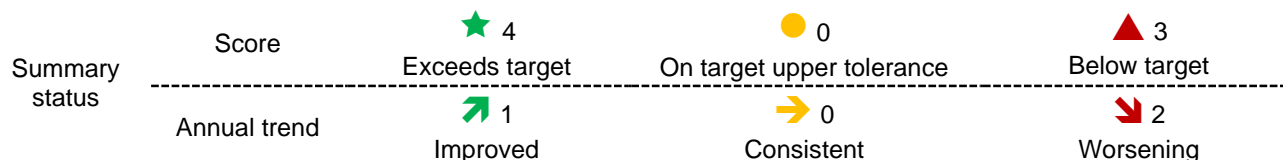
Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

The borough of ambition and enterprise - scorecard and exceptions commentary



| Performance Indicator | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data |
|--|-----------------------|----------------|----------------|----------------|------------------------|--------|-------|------------------|--------------|------------------------------|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | Annual trend | |
| PI 47 % Corporate Complaints given a full response within 20 working days | 70% | 63% | 64% | 68% | 69% | 85% | ▲ | Available Q2 | ↘ | Local measure |
| PI 2078 Number of Customer Compliments Received | 274 | 235 | 240 | 230 | 196 | 150 | ★ | Available Q2 | ↘ | Local measure |
| PI 2079 Number of Customer Complaints Received | 488 | 451 | 390 | 490 | 482 | 275 | ▲ | Available Q2 | ↗ | Local measure |
| PI 2357 % capital programme spent (Highways) | New measure | | | | 16% | 25% | ▲ | Available Q2 | - | |
| PI 2380 Sq. metres of highway defect repairs completed | - | - | - | 62,550 | 32,151 | 15,000 | ★ | Available Q2 | - | |
| PI 2381 No. Penalty Charge Notices issued for parking offences | - | - | - | 12,639 | 2,540 | N/A | N/A | Available Q2 | - | |
| Guidance for Local Authorities on Enforcing Parking Restrictions - Section 2.2 does not allow Local Authorities to set targets. | | | | | | | | | | |
| PI 2383 % Highway Safety Inspections completed on time | - | - | - | 2% | 3% | 3% | ★ | Available Q2 | - | |
| PI 2272 % spend with local suppliers within the wider West Midlands region on contracts awarded via the Procurement Team. | - | - | - | 45% | 83.2% | 30% | ★ | Available Q2 | - | |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

PI 47 % Corporate Complaints given a full response within 20 working days

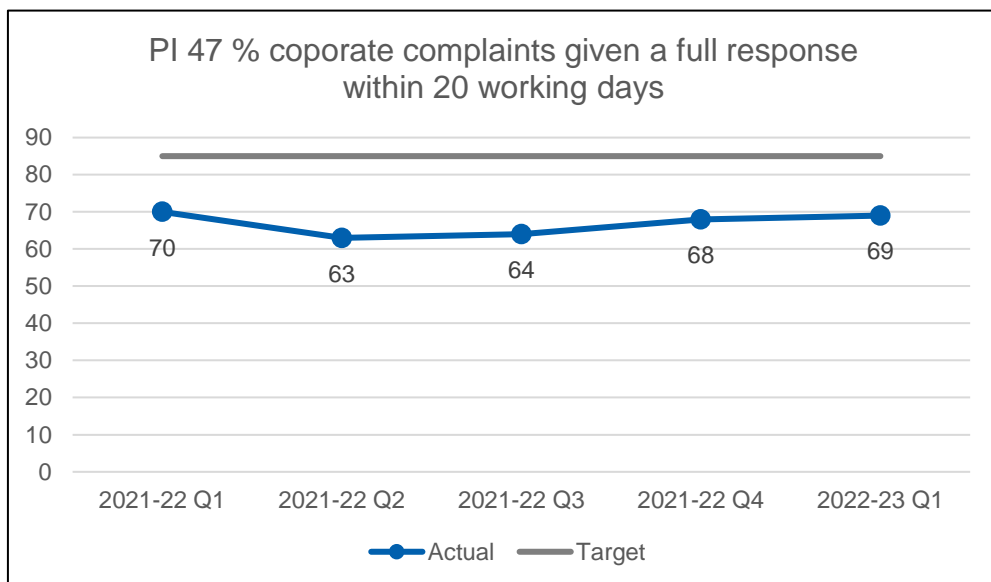
| PI | 2021-22 | | | | 2022-23 | | | |
|-------|---------|----|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 47 | 70 | 63 | 64 | 68 | 69% | 85% | ▲ | - |

Performance: what is the data telling us?

Whilst remaining under target, the percentage of complaints responded to within the 20 day target is slowly creeping up over the past 6 months. This needs to remain the trend, stepping further upwards.

The initial reporting this quarter started with 516 complaints submitted. However, 34 of these were later withdrawn, discounted as duplicated or resolved informally at first contact, reflecting the new procedure underpinning the updated complaints policy, which drives everyone involved in complaints handling to try to resolve matters less formally for the benefit of our customers and therefore the approach naturally resolves in less totals of complaints.

2 complaints remaining open are still in date for a response within the 20 day target, as they were received at the end of June and corporate reporting deadlines this month mean their due dates fall just after this report has been run. However, these have been included in figures as remaining open for complete transparency. All areas with complaints remaining open have been chased 3 times in the month leading up to reporting, in addition to the original logging and allocating to teams of these complaints.



Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

The complaints manager for **Social Care and Education** reported that they had seen an increase overall in the number of complaints received 2021/22 compared to the previous year, this is not due to any specific service area, however there has been a significant increase in complex complaints for both Adults and Children, with an increase in SEN complaints in relation to Children. Adults and Children’s statutory complaints are being continually reviewed, this can result in an increase the number of corporate complaints and reduce the statutory complaints.

The complaints manager for **Housing** offered an extensive report which she creates for service area management. Headlines from the report are a reduction in complaints for Housing overall, compared to both Q4 this year and the same period (Q1) 2021/22. Housing have overseen more cases coming through their complaints team handled as service requests, thus resolved informally hence the reduction in the formal complaint totals. They also note a reduction in the number of the formal complaints handled being categorised as upheld or partially upheld. Housing demonstrate learning outcomes proformas having been completed and 46% of them containing genuine learning opportunities/action. 12% of formal complaints did not results in learning outcomes information being returned, which is detailed in a report for Housing Managers and Heads of Service.

The administrative lead for complaints in **Planning & Regeneration** noted that she is new and junior to this role. She will be linking with others in the corporate Resident Action Group to learn how she can use complaints information, data and chasing to help improve turnaround times and responses.

The Business Support Officer from **Health & Wellbeing** reported new working processes for complaints, which has proved successful with minimal formal complaints for Trading Standards and Environmental Health in Q1.

The complaints manager for **Public Realm** reported that there have been a large number of complaints this quarter for Green Care, mainly grass cutting, weeds and vegetation, which is a seasonal issue. Given the number of complaints received by Waste Care that are upheld, work is being undertaken to identify where there may be issues with specific crews and rounds. This work is ongoing. We are also working with Green Care, in particular around complaints relating to trees, to ensure that the responses we send to residents are clear and informative which will also speed up the response time. The Directorate continue to look at processes for dealing with complaints to increase response rates further.

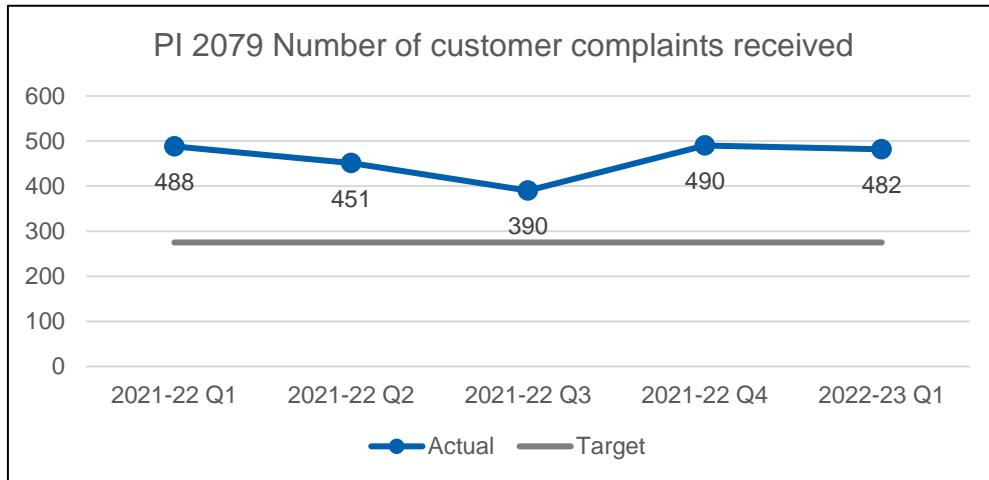
The complaints lead officer for **Revenues & Benefits Services** reported:

- The percentage of complaints answered within 20 days in Q1 was 96%
- The number of complaints received in Q1 was 129 compared to Q4 in 20/21 37 and 29 in Q1 (20/21)
- Within the division, the number of complaints received by Revenues in Q1 is 121 and in Q1 for 20/21 25 and the number received by Benefits in Q1 is 8 and Q1 in 20/21 4.

A significant number of complaints relate to Energy Support from beginning of the year. This extra work has put more pressure on the Revenues and Benefits “day job” causing increased backlogs. Whilst the increase in complaints is unfortunate it is pleasing to see that nearly all complaints have been responded to in the required times.

PI 2079 Number of Customer Complaints Received

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|--------|-----|-----|-----------|-----|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | | | | |
| PI 2079 | 488 | 451 | 390 | 490 | 482 | 275 | ▲ | - |



Performance: what is the data telling us?

The initial reporting this quarter started with 516 complaints submitted. However, 34 of these were later withdrawn, discounted as duplicated or resolved informally at first contact, reflecting the new procedure underpinning the updated complaints policy, which drives everyone involved in complaints handling to try to resolve matters less formally as early as possible for the benefit of our customers and therefore the approach naturally resolves in less formal complaints and outcomes.

Corporately, 34% of complaints closed showed an upheld or partially upheld status. 59% of complaints were not upheld. The remainder used outdated coding which is being followed up, however, the trend in this area is clear.

Assurance: evidence that actions are in place and having an impact

The corporate Resident Action Group, established just under 12 months ago, continues to work hard to drive the new procedure, ensure timely and effective complaints resolution and learning from complaints.

Corporately, work is almost complete on a new complaints web page.

The new complaints policy and procedure have now been signed off via the Decision Sheet process, which is currently published to complete by Friday 5th August.

Impact: what are the issues/risks for service delivery?

Numbers of complaints in total are marginally lower than the last quarter and the same quarter last year. It is clear that similar/more complaints are coming in, however, service areas are tackling these as early as possible and in some cases are able to resolve them without following the formal route thereafter. It is critical that this continues to be the norm and is adopted as standard approach corporatewide. There is full awareness of this from teams that see high volumes of complaints so have targeted complaints teams and officers to do the work. Dudley Council Plus also tries to resolve matters early and informally wherever possible, both through staff and duty managers. However, areas less used to complaints handling have needed chasing or prompting for quicker and more thorough responses which normally results in their complaints remaining formal - an example most recently is complaints coming through about Commonwealth Games approaches and road closures, which a very small project team have needed to react to rather than having a proactive plan for complaints or any early attempts to resolve.

PI 2357 % capital programme spent (Highways)

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|-------------|----|----|----|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 2357 | New measure | | | | 16% | 25% | ▲ | - |

Insufficient data to produce trend chart

Performance: what is the data telling us?

Operationally structural highways maintenance schemes have a minimum of a 4 months lifespan and longer if the start is delayed or the settlement of accounts.

The figures below relate to schemes completed on site and rough costs for the first 3 months.

Assurance: evidence that actions are in place and having an impact

The programme and spend will catch up by the year end.

Impact: what are the issues/risks for service delivery?

This years Classified programme rollout has been compromised by the CWG which has created considerable logistical problems following virtually no notice of intended embargos. We have had to concentrate resources on Unclassified roads instead which take as much planning as Classified roads, but the value of work is much less.

This year has also seen the start of a new contract revising delivery from previously one contractor to 4 contractors. Two of these contractors aren't as familiar with Dudley's highways set up and is taking a little longer to deliver works. All 4 contractors have undertaken schemes in the first 4 months. We are in a healthy delivery position.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

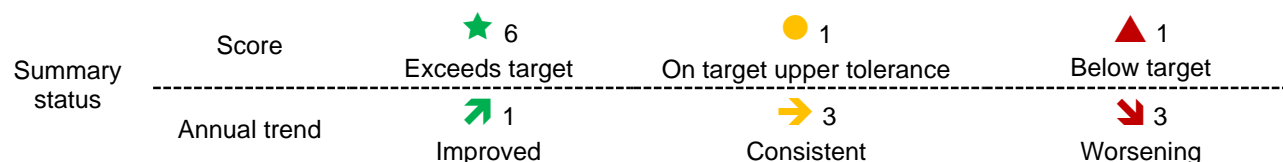
Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

Dudley the destination of choice - scorecard and exceptions commentary

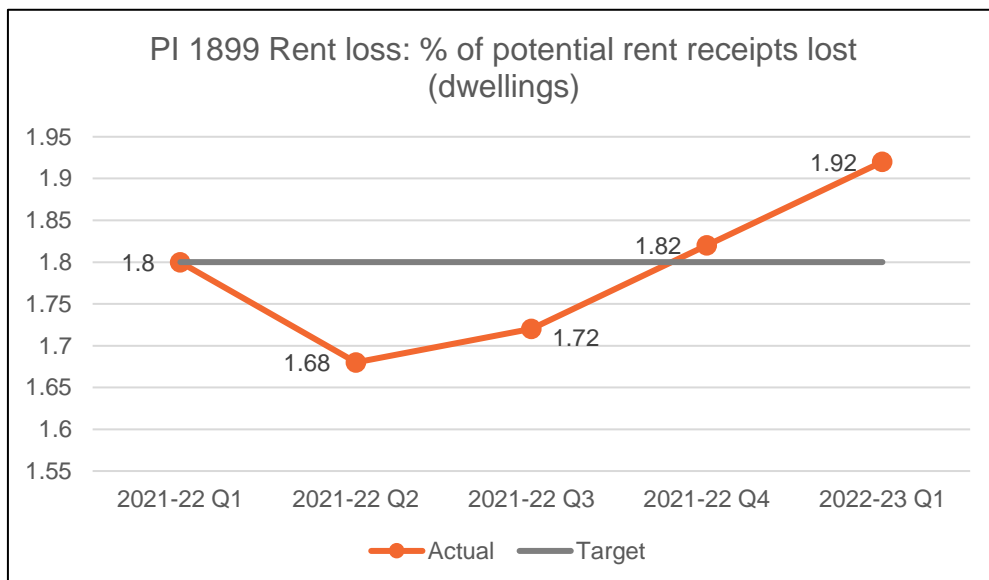


| Performance Indicator | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data |
|---|-----------------------|--------------------|--------------------|-------------------|------------------------|---------------|-------|------------------|--------------|------------------------------|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | Annual trend | |
| PI 2194 % Compliance Gas | 99.59% | 99.34% | 99.43% | 99.66% | 99.67% | 100% | ● | Available Q2 | → | 99.98% HouseMark Median |
| PI 2009 ST10 Satisfaction - repairs service (Responsive Repairs) Star-T | 100% (12/12) | 93.7% (180/192) | 92.9% (2204/2373) | 93.6% (4029/4306) | 92.4% (217/235) | 91% | ★ | Available Q2 | ↘ | 91.2% HouseMark Median |
| PI 1319 (Q) / PI.2172 (M) Current tenant arrears as a % of the annual rent due-Dwellings | 1.09% (£952,351) | 1.18% (£1,039,711) | 1.43% (£2,287,592) | 1.15% | 1.27% | 2.5% | ★ | Available Q2 | ↘ | 3.1% HouseMark Median |
| PI 1899 Rent loss: % of potential rent receipts lost (dwellings) | 1.8% (£410,290) | 1.68% | 1.72% | 1.82% | 1.92% | 1.8% | ▲ | Available Q2 | ↘ | 1.42% HouseMark Median |
| PI 1691 % of major applications determined within 13 weeks | 100% | 100% | 100% | 100% | 100% | 65% | ★ | Available Q2 | → | 1st DCLG ranking (June 2020) |
| PI 1692 % of minor applications determined within 8 weeks | 100% | 97.97% | 95.45% | 100% | 100% | 70% | ★ | Available Q2 | → | 4th DCLG ranking (June 2020) |
| PI 1693 % of other applications determined within 8 weeks | 99% | 84.95% | 99.18% | 97.64% | 100% | 70% | ★ | Available Q2 | ↗ | 4th DCLG ranking (June 2020) |
| PI 2348 Number of hits to the Discover Dudley Website | New measure | | | | 65,517 | 10,500 | ★ | Available Q2 | - | |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

PI 1899 Rent loss: % of potential rent receipts lost (dwellings)

| PI | 2021-22 | | | | 2022-23 | | | |
|---------|---------|-------|-------|-------|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 1899 | 1.8% | 1.68% | 1.72% | 1.82% | 1.92% | 1.8% | ▲ | - |



Performance: what is the data telling us?

The cumulative rent loss due to voids shows an increase from 1.82 in Q4 2021/22 to 1.92 in Q1 2022/23. This is an increase from 1.80 for the same period last year.

£61,824.09 is directly attributable to void loss where we are carrying out improvement programmes in our sheltered stock or decanting people to facilitate them.

£ 13,159.37 is attributable to properties being used for decant or held for future decant (not as part of the sheltered improvement programme)

£ 52,908.36 is attributable to 50 properties awaiting an investment decision.

Therefore a total of £127,891 of rent loss in Q1 (29% of rent loss) is attributable to 134 properties that were at these statuses at the end of the quarter.

Assurance: evidence that actions are in place and having an impact

Currently the position is poor but the teams involved are working together to plan and implement improvements.

Impact: what are the issues/risks for service delivery?

As a result of delivering our Asset Management Strategy we will continue to have a certain level of rent loss associated with strategic voids, which will be managed through efficient decision making and project management.

We also recognise that routine voids therefore account for over 70% of rent loss, so there is a significant opportunity to increase our income by improving processes and performance.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

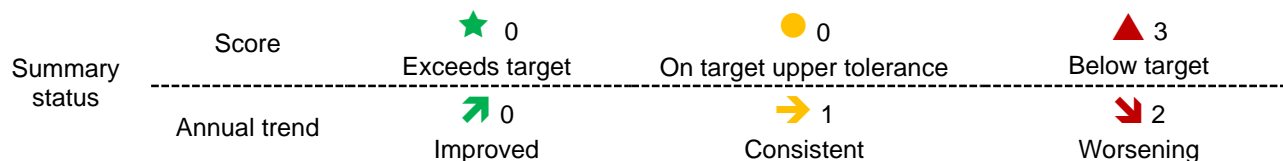
Scorecard: Ambition

Scorecard: Destination

Scorecard: Future Council

Actions dashboard

Future council - scorecard and exceptions commentary



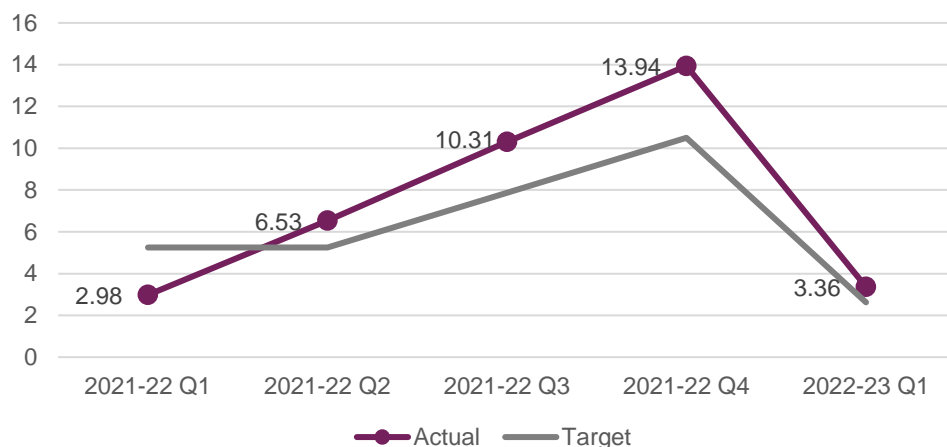
| Performance Indicator | Comparator to 2021-22 | | | | 2022-23 financial year | | | | | Benchmarking comparator data | |
|---|-----------------------|----------------|----------------|----------------|------------------------|------------|-------|------------------|--------------|------------------------------|------------------------|
| | Qtr. 1 outturn | Qtr. 2 outturn | Qtr. 3 outturn | Qtr. 4 outturn | Qtr. 1 outturn | Target | Score | Short term trend | Annual trend | | |
| PI 352 Working days/shifts lost per FTE due to sickness absence (excluding schools) <i>cumulative calculation</i> | 2.98 days | 6.53 days | 10.31 days | 13.94 days | 3.36 days | 2.625 days | ▲ | Available Q2 | ↘ | 2.84 days (English Met) | 1.86 days WM Employees |
| Sickness as % of FTE days | 5.38% | 5.88% | 6.19% | 6.28% | 6.06% | | | | | | |
| PI 370 Long-term sickness absence per FTE (excluding schools) <i>cumulative calculation</i> | 2.3 days | 5 days | 7.61 days | 9.88 days | 2.34 days | 1.875 days | ▲ | Available Q2 | → | 1.94 days (English Met) | 1.49 days WM Employees |
| Long-term sickness as % of FTE days | 4.15% | 4.5%% | 4.57% | 4.45% | 4.21% | | | | | | |
| PI 371 Short-term sickness absence per FTE (excluding schools) <i>cumulative calculation</i> | 0.68 days | 1.53 days | 2.7 days | 4.06 days | 1.02 days | 0.75 days | ▲ | Available Q2 | ↘ | 0.90 days (English Met) | 0.69 days WM Employees |
| Short-term sickness as % of FTE days | 1.23% | 1.38% | 1.62% | 1.83% | 1.85% | | | | | | |

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

PI 352 Working days/shifts lost per FTE due to sickness absence (excluding schools)

| PI | 2021-22 | | | | 2022-23 | | | |
|--------|---------|------|-------|-------|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | | | | | Outturn | Target | S | T |
| PI 352 | 2.98 | 6.53 | 10.31 | 13.94 | 3.36 | 2.625 | ▲ | - |

PI 352 Working days/shifts lost per FTE due to sickness absence (excluding schools)



Performance: what is the data telling us?

Sickness Days Lost per FTE at 3.36 for Q1 2022-23 - above the corporate target of 2.625 Days lost per FTE. Days Lost per FTE have increased from 2.98 last year and there has been a 12% increase in sickness days lost (from 11974 FTE days last year to 13372). This is due to an increase in short term sickness (49% increase in sickness days lost) due to Covid - Symptoms/Positive Test which was not included in the sickness figures for the majority of Q1 last year (this was logged as other absence until 01 June 2021). If sickness for Covid Symptoms/Positive Test is excluded from the current quarter figures then sickness would be at a similar level to the same period last year and pre covid Q1 2019-20. Long term sickness has stayed at a similar level to Q1 last year.

Stress related sickness makes up 29% of total sickness, with Mental Health/Anxiety/Depression being the top reason for sickness. Levels of sickness for this reason have however seen a decrease (9%) compared to Q1 last year. Sickness for Non Work Related Stress has also seen a 27% decrease in days lost. Work Related Stress has however seen an increase of 54% (from 845 FTE days lost to 1306) with the highest levels of this sickness being seen in Housing, Public Realm and Children's Services. Sickness for Covid Symptoms/Positive Test makes up 11% of total sickness and has seen a significant increase compared to levels seen in Q1 last year (including Clinically Diagnosed COVID and Covid-Symptoms logged as sickness and 'other' absence prior to 01/06/2021). Housing and Public Realm have seen the highest levels of this sickness in Q1. Long Term sickness for Muscular Pain/Joint Problems, Cancer/Tumour related, Bereavement and Long Covid have seen a decrease compared to Q1 last year.

Impact: what are the issues/risks for service delivery?

All Directorates: Sickness absence will impact service delivery due to reduced resources and result in additional pressure for staff remaining at work.

Contents page

KPI dashboard

KPI below target

Scorecard: Opportunity

Scorecard: Safe

Scorecard: Ambition

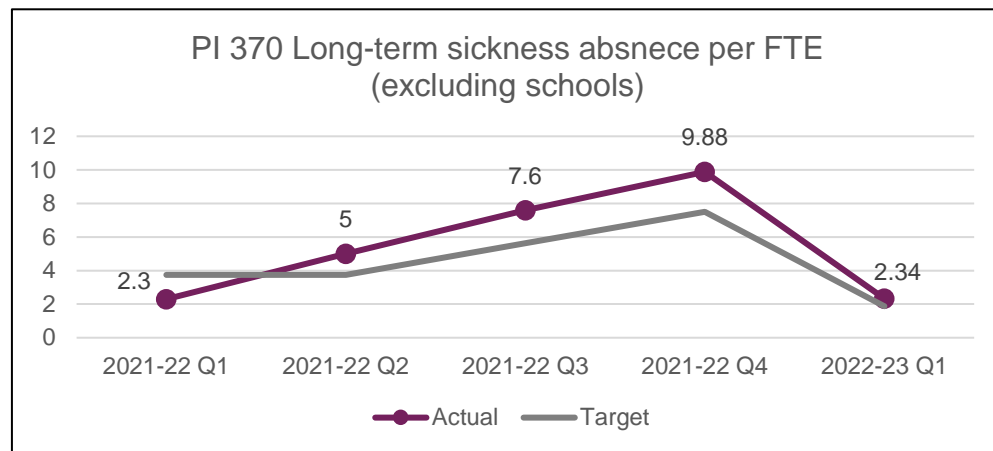
Scorecard: Destination

Scorecard: Future Council

Actions dashboard

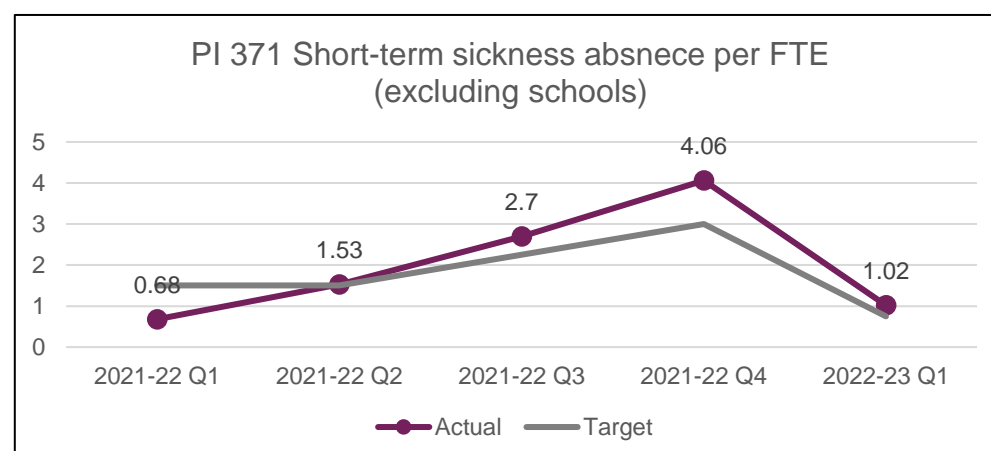
PI 370 Long-term sickness absence per FTE (excluding schools) - cumulative calculation

| PI | 2021-22 | | | | 2022-23 | | | |
|--------|---------|--------|-----|------|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | Outturn | Target | S | T |
| PI 370 | 2.3 | 5.0 | 7.6 | 9.88 | 2.34 | 1.875 | ▲ | - |



PI 371 Short-term sickness absence per FTE (excluding schools) - cumulative calculation

| PI | 2021-22 | | | | 2022-23 | | | |
|--------|---------|--------|-----|------|-----------|--------|---|---|
| | Q1 | Q2 | Q3 | Q4 | Quarter 1 | | | |
| | Outturn | Target | S | T | Outturn | Target | S | T |
| PI 371 | 0.68 | 1.53 | 2.7 | 4.06 | 1.02 | 0.75 | ▲ | - |



Performance: what is the data telling us?

Long term sickness days lost have stayed at a similar level to Q1 last year (from 9234 sickness days lost last year to 9295 this year) with long term sickness days lost per FTE at 2.34 - above the target of 1.875 and a minimal increase from 2.30 last year.) 316 employees have taken long term sickness with the average length of a period of long term absence being 29 FTE days. Children's Services, Finance & Legal, Public Realm and Regeneration & Enterprise have seen an increase in long term sickness rates compared to Q1 last year. Long Term sickness for Work Related Stress, Post Operation Recovery and Back Ache/Pain have seen an increase compared to Q1 last year, however there has been a decrease in long term sickness for Mental Health/Anxiety, Muscular Pain/Joint Problems, Cancer/Tumour Related, Non Work Related Stress and Bereavement.

Performance: what is the data telling us?

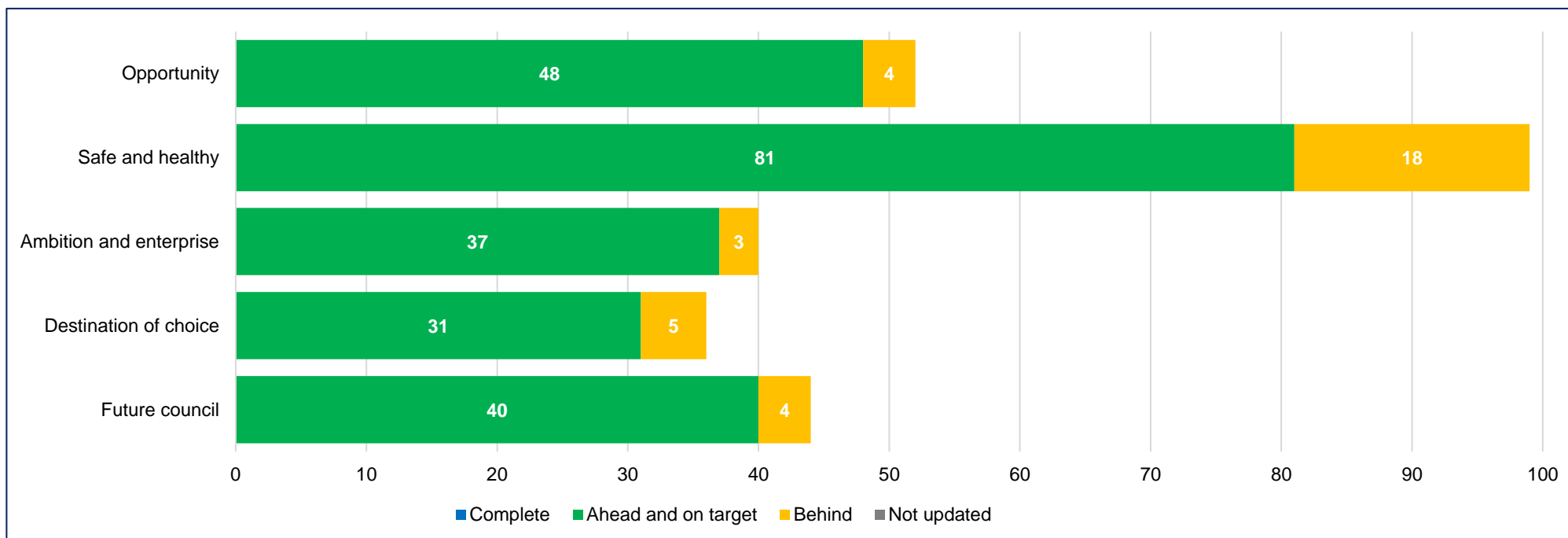
Short term sickness days lost have seen a significant increase (49%) compared to Q1 last year (from 2739 days lost to 4077). Short term days lost per FTE have therefore increased from 0.68 to 1.02 in this period, which is above the corporate short-term target of 0.75. This however is due to short term sickness relating to Covid Symptoms/Positive Test (1432.04 FTE days lost - 11% of total sickness) which has seen a significant increase compared to levels seen in Q1 last year (including Clinically Diagnosed COVID and Covid-Symptoms logged as sickness and 'other' absence prior to 01/06/2021). Housing and Public Realm have seen the highest levels of this sickness in Q1. If sickness for Covid Symptoms/Positive Test is excluded from the current quarter figures then short term sickness would be at a similar level to the same period last year and lower than pre covid Q1 2019-20.

Actions dashboard

This dashboard shows the progress made on actions recorded in Spectrum. Actions are identified in Directorate plans and replicated in Spectrum journals. Teams then provide narrative regarding progress as well as assigning a status of either behind, on target, ahead or completed.

The below is intended as an overview of status only as at Q1 data entry deadline for all quarterly reported actions.

Directorate plan actions status by council plan priority



[Contents page](#)

[KPI dashboard](#)

[KPI below target](#)

[Scorecard: Opportunity](#)

[Scorecard: Safe](#)

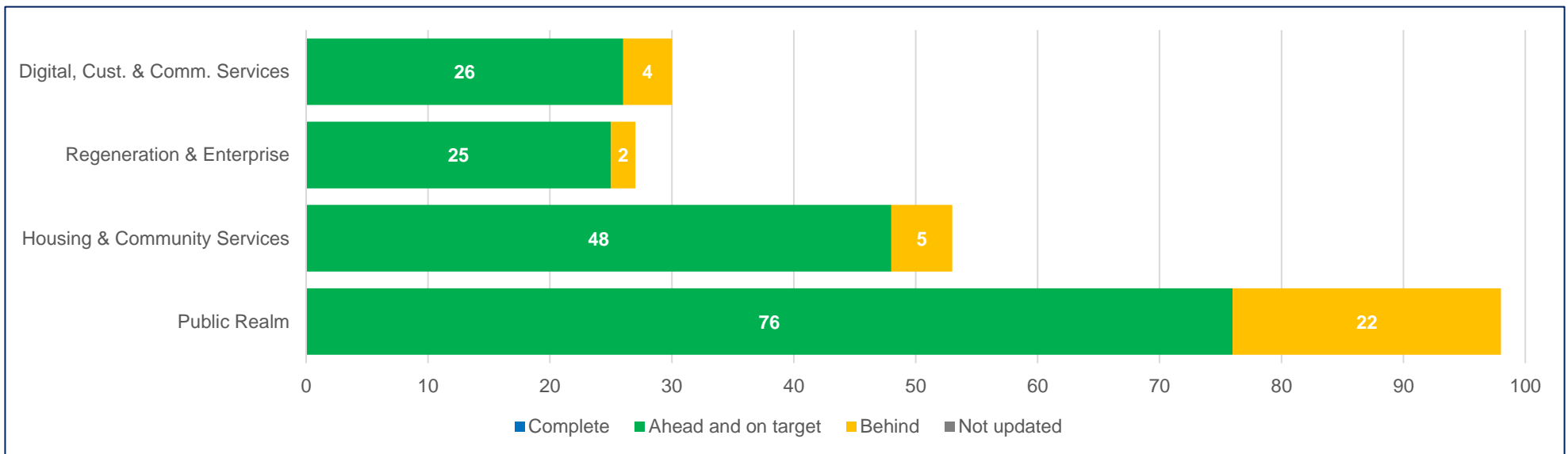
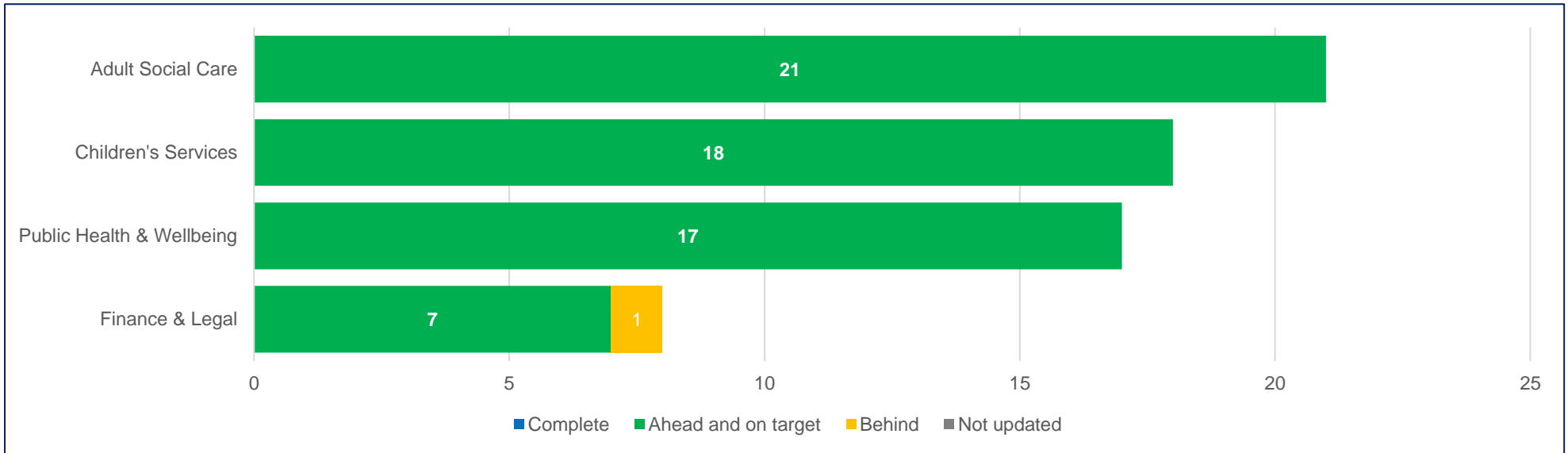
[Scorecard: Ambition](#)

[Scorecard: Destination](#)

[Scorecard: Future Council](#)

[Actions dashboard](#)

Directorate plan actions status by directorate



[Contents page](#)

[KPI dashboard](#)

[KPI below target](#)

[Scorecard: Opportunity](#)

[Scorecard: Safe](#)

[Scorecard: Ambition](#)

[Scorecard: Destination](#)

[Scorecard: Future Council](#)

[Actions dashboard](#)

Further information

For further information with reference to the corporate quarterly performance report, please contact:

Clair Blunn

Corporate Performance Manager

Tel: 01384 816931

CorporatePerformance@dudley.gov.uk

Sally Haycox

Corporate Performance Support Officer

Tel: 01384 815379

CorporatePerformance@dudley.gov.uk

For additional performance data please visit: <http://appsrvr4/spectrum#>

