

**General Register Office**

**Local Authority Annual Performance Report 2017-18**

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| **Local Authority:** Bath North East Somerset |

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| **Introduction** |
| Proper Officers are required to provide annual assurance to the Registrar General in relation to service delivery, performance, public protection & counter fraud and the requirements set out in the Registration Acts.  The Annual Performance Report is completed with reference to ‘The Proper Officers Guide to Registration Service Delivery’ (the PO Guide) and associated appendices.  The GRO Compliance & Performance Unit will use this report to identify future engagement requirements and will undertake local field checks to ensure that the information provided is accurate and appropriately reflects local authority performance. |

# Part A: Key Performance Indicators and Key Performance Targets

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| **Part A (i). Key Performance Targets / Indicators** | | | |
| **Registration timeliness** (national target) | **2016-2017** (CPU to populate) | **2017-2018**  (Please provide percentage attainment level) | **Comments** (e.g. explanation of trend and remedial actions/ good practice undertaken and expected timescales for KPT attainment. If considered to be a long-term issue, record reasons and improvement planning approach). |
| Births - 98% registered within 42 days | 97 | 98 |  |
| Still births - 98% registered within 42 days | 100 | 100 |  |
| Deaths with MCCDs (no coronial involvement) - 90% registered within 5 days | 71 | 81 | We have completed two separate analysis of MCCD to understand where there may be delays for registering. We have contacted all the doctors’ surgeries and reiterated the need for confirming with informants the responsibility to register within 5 days. We have been working with the hospital bereavement service to look at their systems and procedures to try and affect an improvement. |
| Deaths with Part As (MCCDs with coronial involvement) - registered within 5 days | 24 | 27 | We have worked with the coroners to ensure we have contact details for informants and are proactive in contacting to make their appointment. |
| Deaths excluding Part B’s and inquests - registered within 5 days | 59 | 69 | We have worked with the coroners to ensure we have contact details for informants and are proactive in contacting to make their appointment. |
| Deaths with Part B’s (Post Mortems excluding inquests - registered within 7 days | 2 | 2 | We have met with our neighbouring districts to discuss how we can affect this and both service mangers and proper officers have contact the coroner but as yet we have been unable to improve the timeframe for post-mortems. |

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| **Part A (ii). Key Performance Targets** | | | | | | |
| **Availability of appointments** (national target 95%) | **2016-2017**  (CPU to populate) | **2017-2018**  (Please provide percentage attainment level) | **Monitoring Methodology** | | | **Comments** (e.g. explanation of trend and remedial actions/ good practice undertaken and expected timescales for KPT attainment. If considered to be a long-term issue, record reasons and improvement planning approach). |
| Electronic diary reports  (tick) | Periodic diary checks (please state the frequency) | Other (please specify) |
| Births & declarations within 5 days | 95 | 100 | x | Monthly |  |  |
| Still-births within 2 days | 100 | 100 | x | Monthly |  | Walk-in appointments available daily at the Guildhall. |
| Deaths & declarations within 2 days | 83 | 100 | x | Monthly |  | Walk-in appointments available daily at the Guildhall. |
| Notices for marriage and civil partnership within 10 days | 100 | 100 | x | Monthly |  |  |

# Part B: Customer Engagement Strategy

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| **Part B. Customer Engagement Strategy** | | |
| **i)** | **Do you have a Customer Engagement Strategy?** | **Tick** |
|  | Yes (please attach or provide a link in the comments box below). | Yes |
| No (please provide an explanation in the comments below). |  |
| Comments | |
| **ii)** | **Do you measure the level of customer satisfaction for the Registration Service?** | **Tick** |
|  | Yes | x |
| No |  |
| **ii)** | **If you measure customer satisfaction and you have numerical values of customer satisfaction please provide the latest figures and the dates to which they relate.** | |
|  | Survey held 3 times a year.  Mystery customer questions for all aspects of registration work every 2-3 weeks. | |
| **iv)** | **Please provide details of how you measure the level of customer satisfaction including the methodology (e.g. survey, sample size and response rate).** | |
|  | Surveys  We survey over 2 weeks in April. August and December for all registrations at every outstation, and for every ceremony including the citizenship ceremony.  We encourage customers to complete the survey wherever possible at the point of registration or we provide a stamped addressed envelope for return.  Survey Results   |  |  |  |  | | --- | --- | --- | --- | | April 17 | Number of Surveys | Number returned | % Number returned | | Births | 75 | 33 | 44 | | Deaths | 75 | 28 | 37 | | NOM/CP | 35 | 7 | 20 | | Marriage and CP ceremonies | 20 | 10 | 50 | | Citizenship | - | - | - |  |  |  |  |  | | --- | --- | --- | --- | | August 17 | Number of Surveys | Number returned | % Number returned | | Births | 100 | 57 | 57 | | Deaths | 100 | 39 | 39 | | NOM/CP | 35 | 12 | 34 | | Marriage and CP ceremonies | 40 | 18 | 45 | | Citizenship | 10 | 6 | 60 |  |  |  |  |  | | --- | --- | --- | --- | | December 17 | Number of Surveys | Number returned | % Number returned | | Births | 100 | 54 | 54 | | Deaths | 100 | 49 | 49 | | NOM/CP | 35 | 16 | 46 | | Marriage and CP ceremonies | 40 | 17 | 43 | | Citizenship | 15 | 8 | 53 |   Over the year 98% of replies strongly agreed (the highest rating) that the overall service that they received from initial contact to the end of the ceremony/registration process was excellent.  2% stated that they mostly agreed.  There were some comments about the lack of parking particularly at the hospital where one person felt there was also a lack of signage.  There were many additional complimentary comments on the surveys for all types of registrations and all ceremonies.  Mystery Customer  24 questions on aspects of registration from April 2017 to February 2018 and the response recorded for understanding of information given, if the information was what was requested and helpful and if the staff were polite and courteous.  All customers were extremely satisfied but one had to ask for further clarification to gain full understanding of the information  We received one complaint this year and 155 written compliments. | |

# Part C: Public Protection and Counter Fraud (PPCF) Framework

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| **Criteria** | **Monitoring in place for each element** | | **Number of elements…** | **…of which** | |
| **Yes** | **No**  Please detail, by number and title, elements not being monitored and proposed remedial action / work in progress  (e.g. 7.3 Data protection: technical audits to be introduced ) | **Compliant** | **Not compliant**  Please detail, by number and title, non-compliant elements and proposed remedial action / work in progress (e.g. 1.1 Statutory deadlines: Training to be introduced to ensure earliest appointment offered) |
| 1. Pre-Registration | x |  | 6 | 6 |  |
| 1. Point of Registration | x |  | 8 | 8 |  |
| 1. Post-Registration | x |  | 12 | 12 |  |
| 1. Certificates | x |  | 4 | 4 |  |
| 1. Service Models (where applicable) | x |  | 4 | 4 |  |
| 1. Sham Marriage | x |  | 4 | 4 |  |
| 1. Data Protection | x |  | 10 | 9 | Data sharing and data deletion will be fully compliant by the end of May 2018 |
| 1. Registration Online (RON) | x |  | 5 | 5 |  |
| 1. Stock and Security | x |  | 8 | 7 | The repository of held in the basement of the Guildhall. |
| 1. Other |  |  | 6 | 6 |  |

# Part D: Statutory and Operational Service Delivery Standards

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| **Statutory Delivery Standards** | | |
| **Are all standards met? (tick)** | **Yes** | **No** |
| **Yes** |  |
| 1. Registration Appointments 2. Events registered 3. Declarations 4. Requisitioning 5. MCCD scrutiny 6. Statistics collection 7. Burial Certificates 8. Corrections/re-registrations 9. Notices of Marriage/CP 10. Ceremonies/formations 11. CP conversions 12. Marriage/CP registered 13. Bi-lingual Notices/Registrations 14. Approved Premises Applications 15. Office Plans 16. Custody of records 17. Index availability 18. Certificate issue 19. Quarterly Certified Copies 20. Notifications (weekly returns) 21. Sham marriage reporting 22. Citizenship Ceremonies 23. Citizenship certificates |  | |

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| **Operational Standards** | | |
| **Are all standards met? (tick)** | **Yes** | **No** |
| **Yes** |  |
| 1. Customer Service 2. Business Continuity and Resource 3. Leadership 4. Learning and Development |  | |

**Part E: Service Delivery Plans, Local Service Developments and Business Continuity**

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| **E1. Progress against 2017/18 Service Delivery Plan** |
| Service Provision  The service provision across the district has responded to the changing needs of the customer with longer provision at Keynsham to allow for increased demand for appointments when the Hospice opened in August 2017. We have maintained our provision at all outstations and within the Guildhall and now have walk-in death appointments available in the Guildhall to increase the availability to register deaths within 5 days. In March 2018 we increased the birth appointment provision to account for the limiting of declaration appointments in Wiltshire. We achieved the extra appointments but reducing the appointment times from 45 minutes to 40 minutes.  Registration Service Team  The structure of the service and its delivery provision following the review has been fully embedded in 2017-2018. Leadership is strong and standards have improved and remained consistently high.  The Service has invested in the training of all staff with the requirement of all officers to be multi-skilled. This not only provides a higher level of customer service but also make the Service more flexible and resilient. The managers monitor and evaluate standards across the service and we have begun to set out the rolling training programme to support continuous improvement.  Monitoring Standards  We continue to be responsive to change from customer need, GRO, or the Council. We monitor the KP targets and the PPCF and report monthly to the Proper Officer. Where we do not meet performance targets we have taken appropriate action with the appropriate people.  Staff Training and Development  All officers have completed GRO e-learning and some assessments of officers have been completed. Staff are required to attend at least 2/3 training course a year and the Service has embraced the health and well-being initiatives in the Council so providing a holistic approach to work and training.  Progress against Key Targets from 2017-2018  The Service achieves and maintains excellence across most of the service. As staff develop their knowledge experience and competence they have grown in confidence and ability. The Service and its staff are better placed to provide an excellent that benefits all our customers.  The online agenda is still in progress with online appointments of births and deaths achieved.  We have begun our assessment programme and will continue this more widely in 2018-2019.  We survey our customers 3 times a year and respond to the results. Staff have enjoyed confirmation from the survey comments that the work they achieve is recognised and valued by the customer. We have also received over 150 cards, letters or emails of thanks.  We are working to continually improve the webpages and have developed a ceremony brochure to promote and market our ceremonies and venues which is available as a hardcopy, online or as a download.  We have reviewed our discretionary ceremonies and have begun to promote them across the district.  We are working with Stopford and our IT service to develop the online agenda and increase access to the customer.  We have delivered the Service within budget and are engaging with the new NDRs and JCAP provision to increase the service to the public and our income.  We have successfully supported the Health Champion initiative with one of the officers being a health champion for the Council. Staff have taken part in a number of health and well-being activities and opportunities which has led to an increase in well-being for individual staff and for the team as a whole. Staff are encouraged to attend all manner of well-being courses or coaching as appropriate. It has been very successful in building confidence and contentment at work.  NAP – National Accredited Programme for Registration - In Bath and North East Somerset we have 3 candidates, an assessor who support 5 candidates and a verifier who support 2 assessors (7 candidates). So far 2017-2018 has been successful for all candidates but the amount of work exceeds by far the 200 hours stated to complete the programme which is a commitment not only for the candidates but for the supporting services. |

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# Part F: Registration Scheme Related Issues and Service Delivery Plan 2018/19

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| **F1. Please confirm that the following information, which is required for registration**  **scheme purposes, is included in your current Service Delivery Plan** | **Tick** |
| The number, names and boundaries of registration districts and sub-districts within the local authority | x |
| The number of principal officer posts appointed within each district and sub-district | x |
| The location of register offices, head offices and other service delivery points within each registration district (e.g. including hospitals and other outstations) | x |
| Access and service availability times including emergency ‘out of hours’ arrangements; telephone numbers | x |

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| **F2. Changes to Registration Service Provision** | | | | | |
|  | During  2017-2018 | | Planned  for 2018-2019 | | If Yes please provide details below: |
| Yes | No | Yes | No |
| (i) Boundaries and districts |  | x |  | x |  |
| (ii) Principal Officer Posts  abolished and/ or created | x |  |  |  | Appointment of the District Registrar |
| (iii) Service point locations |  | x |  | x |  |
| (iv) Service opening times  and telephone numbers | x |  |  | x | Extended opening times at Keynsham |