



## REPORT of CHIEF EXECUTIVE

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to  
PERFORMANCE GOVERNANCE AND AUDIT COMMITTEE  
4 JUNE 2026

### BALANCE SCORECARD EXCEPTIONS REPORT

#### 1. PURPOSE OF THE REPORT

- 1.1 Maldon District Council has a range of performance reporting, this report covers the operational performance level, to compliment the Corporate Performance and Risk reports.
- 1.2 The Corporate Performance and Governance framework requires this Committee to be given visibility of any identified Balance Scorecard Key Performance Indicators (KPI) that have met their threshold, supported by an action plan to ensure targets are met. This gives assurance that Operational performance is being managed proactively and effectively.
- 1.3 To report exceptions to operational service reporting for Committee review and discussion.
- 1.4 To give visibility of statutory planning performance as well as appeals information.

#### 2. RECOMMENDATIONS

- (i) That the Committee review and comment on exceptions to service reporting provided in this report.
- (ii) That Members note the additional performance in **APPENDIX 1**.
- (iii) That Members confirm they are assured through this review; Operational performance is being managed effectively.

#### 3. SUMMARY OF KEY ISSUES

- 3.1 Services have been monitoring performance data, and officers have centralised this into an internal 'Balance Scorecard' that is reviewed monthly by the Senior Management Team to operationally track our performance.
- 3.2 The following indicators were exceptions in the last report but have since been removed due to improved performance.
  - Health and Safety service actions

3.3 The following KPIs have been noted for **over performance** covering the period of July 2025 to March 2026.

Area	Measure	Current Data	Target
Customer Services	Calls Handled	March - 98%	95%
Environmental Health, Waste & Climate	% of scheduled bins collected	March - 99.95%	99.9%

3.4 The following KPIs are reporting as exceptions and are **underperforming**, covering the period of July 2025 to March 2026.

Area	Measure	Current Data	Target	Explanation	Action
Across Authority	Service plan Red, Amber, Green (RAG) ratings	2 Amber 3 Unragged <i>(Out of 13)</i>	Not Applicable (N/A)	<p>Risks and issues are reported monthly to the Senior Leadership Team (SLT) through highlight reports.</p> <p>Out of 13 services, 2 services reporting as Amber (<i>Development Management &amp; Revenues and Benefits</i>). Following previously exception reporting, Planning Policy and Implementation &amp; Housing.</p> <p>Issues that are causing the Amber reporting are:</p> <ul style="list-style-type: none"> <li>• Staffing</li> <li>• New projects or government requirements impact to Business as Usual (BAU)</li> <li>• Decision making impacts on planned delivery.</li> <li>• Seasonal customer demand</li> </ul>	<p>To support the amber services back to a green rating the following actions are being progressed.</p> <ul style="list-style-type: none"> <li>• Management of resourcing gaps via officer recruitment</li> <li>• Prioritising officer workload to accommodate influx of demand.</li> <li>• Regular service reviews with management to track prioritisation, impacts and service delivery.</li> <li>• Meetings are taking place with both internal and external stakeholders to ensure progress and resolutions are sought where decisions are impacting delivery timescales</li> <li>• Implementation of a Development Management data reporting system to further support operational performance.</li> </ul>

Area	Measure	Current Data	Target	Explanation	Action
Across Authority	Service plan monthly reporting compliance	6 out of 13 areas	Non-compliance (twice in a 6 monthly period)	<p>Of the 13 service plan areas, four have missed the reporting deadline on two or more reporting months between September 25 and March 26.</p> <p><i>(Commercial/Community Engagement/Development Management/Environmental Health/Finance/Resources)</i></p> <p>Annual leave and vacancies have contributed to compliance, as well as service pressures. Additionally, due to the transforming together programme some areas will no longer be reporting at a service level. (Commercial &amp; Resources)</p> <p><u>Note:</u> Areas with 100% compliance in the same period are:  <i>Asset Coast &amp; Countryside Strategy, Partners &amp; Communications Revenues &amp; Benefits Projects, Performance &amp; Governance Customer Services</i></p>	<p>Heads of Service are responsible for the delivery of the monthly highlight reporting.</p> <p>Areas of non-compliance are addressed as part of the Senior Leadership team monthly meetings. Where repeat non-compliance has been seen, specific area discussions are taking place with appropriate management to identify cause and mitigate future misses</p>
Across Authority	Overdue contact us cases	March: 64 Cases	Reduction &/minimal overdue cases	<p>There has been a steady increase of overdue contact us cases over the last 4 months due service area pressures and organisational changes</p> <p><u>Note:</u> 59 cases out of the 64 overdue are Development Management</p>	<p>The cases that are overdue as of March were shared with appropriate service areas for priority action/work prioritisation with the service. Additionally work continues with regular housekeeping exercises for historic cases, some of which were due to historic system issues and permission groups.</p>

Area	Measure	Current Data	Target	Explanation	Action
					<p>To ensure regular monitoring of cases being actioned within time, monthly Senior Management team meetings closely review the data and follow up with the relevant areas where cases are overdue for action, as well as individual service resource management.</p>
Across Authority	Freedom of Information (FOI)	March – 80%	Target – 95%	<p>There has been 5 out of the last 6 months where the Service Level Agreement (SLA) has not been met.</p>	<p>The cases that are overdue as of March were shared with appropriate service areas for priority action/work prioritisation with the service.</p> <p>As part of the new Transforming Together structure a new lead officer has been identified for FOIs in each department and a review of responsible officers has been undertaken.</p> <p>The legal team have begun monitoring response deadlines and providing assistance where required to respond t</p>
Strategy and Resources - Compliance	Data protection breaches	<p>September – 1</p> <p>March - 2</p> <p>All other months 0 breaches</p>	None	<p>One breach related to a posting error where two letters were placed in one envelope as part of a large bulk postal run.</p> <p>The second related to an error in inputting information into the computer system which resulted in a letter being sent to the wrong individual</p>	<p>A review was undertaken of the posting procedures which has been adjusted to ensure two staff members taking part in the process. This allows for matters to be checked. A reminder was given to all staff and additional training to advise news staff of the correct procedures.</p> <p>The breaches where not of such a level that a report was required to the Information Commissioners Office. They involved minimal personal data. This is in part due to the minimal information or</p>

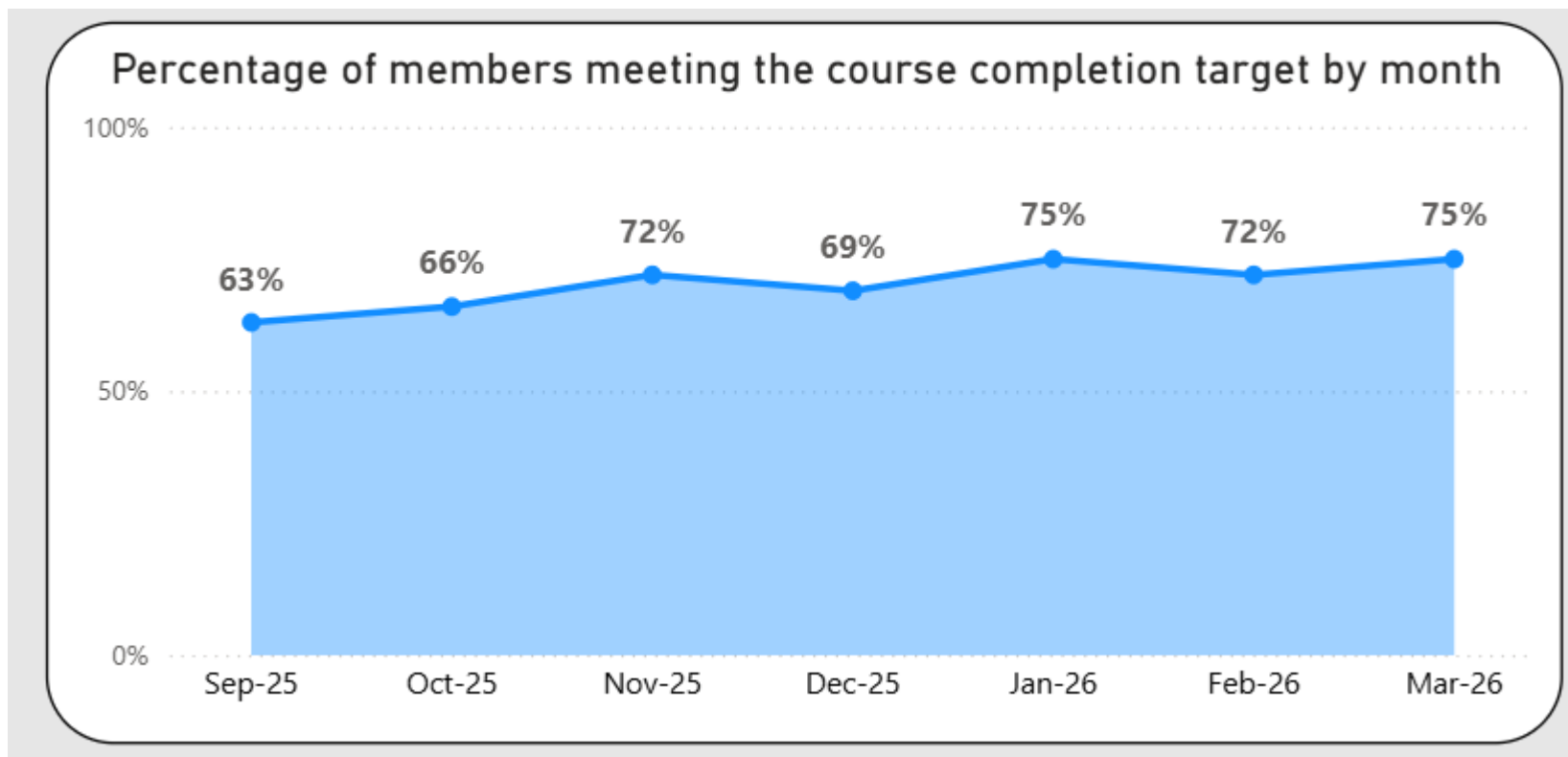
Area	Measure	Current Data	Target	Explanation	Action
					<p>redacted information within the correspondence.</p> <p>While this was human error staff have been reminded of their obligations under data protection act legislation and the importance of checking data when it is first entered onto our systems.</p> <p>Staff have annual training on data protection requirements and were identified by line managers additional team training can be provided</p>
Strategy and Resources – Resources	Sickness Levels	<p>Long term sick as of Q4: 5.69 days</p> <p>Short term sick as of Q4: 4.96 days</p> <p><u>Total:</u> 10.65 days</p>	8 days	<p>Quarter 4 results are slightly over target, but significant improvement in sickness absence primarily due to reduction in long term sickness cases.</p> <p>However, due to high levels throughout the year, the rolling absence levels continue to breach the KPI target.</p> <p><b>Long Term Absence</b> 35% Full Time Equivalent (FTE) days lost long term absences (six employees)</p> <p>1 x termination of employment due to medical capability 4 x successful managed return to full duties/hours 1 x continued absence, non-work</p>	<p>HR continue to work closely with managers to manage sickness and do all they can to support staff and help them return to work or find more suitable employment.</p> <p>As can be seen in the narrative this continues to very effective for long term and short-term sickness.</p> <p>Absence Management briefings were held with managers during Q4.</p> <p>The recruitment reviews underway to ensure vacancies are quickly covered should also help staff not feel the strain of teams that are not fully resourced.</p>

Area	Measure	Current Data	Target	Explanation	Action
				<p>related psychological.</p> <p><b>Short term absence</b> 54 employees were absent due to sickness in Q4.</p> <p>41% absences due to minor illness 34% Psychological (work/non work related).</p>	
Environmental Health, Waste & Climate	Environmental Health service requests responded to within 5days	March - 59%	95%	Performance has been impacted due to short term staff sickness	Sickness levels have stabilised within the team since the end of Q4. Officers are now responding to Service Requests within 5 days and meeting performance targets. Additional resource is also in discussion which will increase resilience.
Environmental Health, Waste & Climate	Environmental Health planning consultation requests responded to within 20days	March – 73%	100%	Staff training and system issues impacted application administration and performance reporting in Q4.	The service has a dedicated officer who responds to planning consultations within timescales but has had issues updating the system. This is now being resolved. Housekeeping system support has been put in place within the team as well as new applications now starting to reflect accurately going forward.
Housing	Decisions that breach legislative time frames	March - 7	Minimal/None	The delays in homelessness decisions have been caused by a combination of staff sickness and resignations, which has understandably affected abilities to meet legislative timeframes.	There is now more stability within the service, having recruited interim resource and successfully filled one of the vacant posts, so we expect the backlog to reduce and decisions to be made more promptly going forward

3.5 The following KPIs have been noted for **closer monitoring**.

Area	Measure	Current Data	Target	Explanation
Across Authority	Mandatory Staff Training. (E-Learning & Boxphish)	Boxphish March - 81% (Staff - 82% Members – 75%)  E Learning March – N/A	85% Completion Rate	Boxphish completion rate overall is 81% as of March. All Mandatory Learning is monitored monthly, with completion rates provided broken down by directorates to Service Managers who are responsible for completions with Senior Leadership Team ensuring compliance.  Indicator noted as closer monitoring as there has been a change to the E-Learning system and rollout currently being reviewed. Completion rates for all modules were under target before migration (February)
Development Management	Quality of decision making – Majors planning appeals	Published for the 2-year period up to March 25 – 9.6%	Less than 10%	The Planning Policy Working Group (PPWG) on the 10 <sup>th</sup> March 2026, amongst other matters, considered the quality of decision making. In that report it was highlighted the previous published data from March 2024 where performance of major applications allowed at appeal compared with all major applications was 8.9%. In the minutes it was highlighted to Members as a post meeting note that the latest figures is now 9.6%

3.6 Additionally, further to the meeting of this Committee on 22 January 2026 Members agreed to receive six-monthly updates on mandatory learning completions. Below is completion data as of the end of March 2025



*Full details can be found on the member reporting app.*

3.7 **APPENDIX 1** illustrates the application statistics submitted to the Ministry of Housing Communities and Local Government (MHCLG) covering period October to December 2025. There was a decrease in delegated decisions made and percentage decided in time in comparison to the previous quarter as well as the same period in 2024. Applications granted saw an increase predominately with Minor and Other application types. For appeals decided between January to December 2025, 58% were dismissed, of the appeals that were allowed only one had a cost awarded.

#### 4. CONCLUSION

- 4.1 The exceptions reported in this paper are provided for Member review. Where thresholds have been met, the supporting action will be executed to enable KPI to be bought back on track

#### 5. IMPACT ON PRIORITIES AS SET OUT IN THE CORPORATE PLAN 2025 – 2028

- 5.1 It is important that performance is monitored and managed effectively, to ensure that Maldon District Council progresses towards and/ or achieves its stated priorities.

#### 6. IMPLICATIONS

- (i) **Impact on Customers** – Performance management covers the monitoring of key operational performance indicators to support customer service and delivery of our corporate plan which includes delivery for our customers.
- (ii) **Impact on Equalities** – None.
- (iii) **Impact on Risk (including Fraud implications)** – If performance is not managed effectively by the Council, it puts the Council's corporate outcomes' delivery at risk and increases unnecessary exposure to potential, operational, reputational, or regulatory consequences.
- (iv) **Impact on Resources (financial)** – All performance management is undertaken within existing planned budgets.
- (v) **Impact on Resources (human)** – All performance management is undertaken within existing planned budgets.
- (vi) **Impact on Devolution and Local Government Reorganisation** -If performance is not managed effectively by the Council, it puts the Councils strategic delivery at risk and increases unnecessary exposure to potential, operational, reputational, or regulatory consequences

Background Papers: None.

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