Report to Cabinet

Title:	**Quarter 4 2016/17 Cabinet Performance Report**
Date:	26th June 2017
Author:	The Leader
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Local members affected:	All
Portfolio areas affected:	All

For press enquiries concerning this report, please contact the media office on 01296 382444.

Purpose of this report

This report provides information on four key elements of performance for the Council, covering Finance, Business Improvement, Customer and HR indicators.

An overview of each element appears in the summary below along with a series of summary graphs detailing key information for each quadrant within the Balanced Performance Scorecard.

The financial information reflects the outturn position in revenue and capital for the 2016/17 financial year.

Strategic priority indicators (Performance Indicators) information informs Cabinet of the progress in achieving the Council's priorities as detailed in the refreshed 2015-17 Strategic Plan agreed at Council. The performance indicators identified to monitor achievement of the priorities and performance against these indicators is shown in the tables in **appendix 1** of this report.

Background

This report reflects the outturn position for revenue and capital for the 2016-17 financial year, highlighting the reasons for significant variations.

Non-financial performance is provided based on the latest data available.

Summary

1. Managing Resources (Finance) – scorecard quadrant 1

Revenue
The overall revenue outturn is an underspend of £6.02m. This comprises portfolio overspends of £4.09m, offset by underspends in Corporate Costs of £10.11m.

Table 1 shows a breakdown of both the Portfolios forecast revenue overspend which is £4.09m (1.4%) against the net portfolio revenue budget of £298.47m, and the Corporate Costs and Funding position according to the Council's Financial System (SAP) for the end of the financial year 2016/17.

The most significant variances fall in the Education & Skills portfolio (£2.19m), largely due to home to school transport costs; the Health & Wellbeing portfolio (£1.82m), due largely to Bucks Care losses following insourcing and the Children's Service portfolio (£1.50m), largely due to placement and agency costs. Further details are reported in Appendix 1.

The significant underspend in Corporate Cost reflects contingencies not released (-£5.6m), the impact of the revised Minimum Revenue Provision policy (-£3.6m) and £1m saving in borrowing costs due to the active management of borrowing following the Energy from Waste plant.

Table 1 – Summary of Council revenue budget outturn

Portfolio Area	Outturn £000	Budget £000	Variance £000	Variance %
Leader	6,262	6,385	(123)	(1.9%)
Community Engagement	10,083	10,070	13	0.1%
Health and Wellbeing	129,130	127,315	1,815	1.4%
Children's Services	58,012	56,509	1,503	2.7%
Education and Skills	32,809	30,621	2,188	7.1%
Resources	23,743	24,943	(1,200)	(4.8%)
Planning and Environment	11,113	11,175	(62)	(0.6%)
Transportation	27,322	27,368	(46)	(0.2%)
Subtotal - Portfolios	**298,474**	**294,386**	**4,088**	**1.4%**
Corporate Costs (Non Portfolio)	(304,494)	(294,386)	(10,108)	3.4%
Overall BCC	**(6,020)**	**0**	**(6,020)**	

Capital Budget

Overall the Capital Programme shows a gross underspend of £13.92m (4.6%) against planned budgets for the year. A significant proportion of this relates to project slippage. The capital budgets are summarised in Table 2 below.
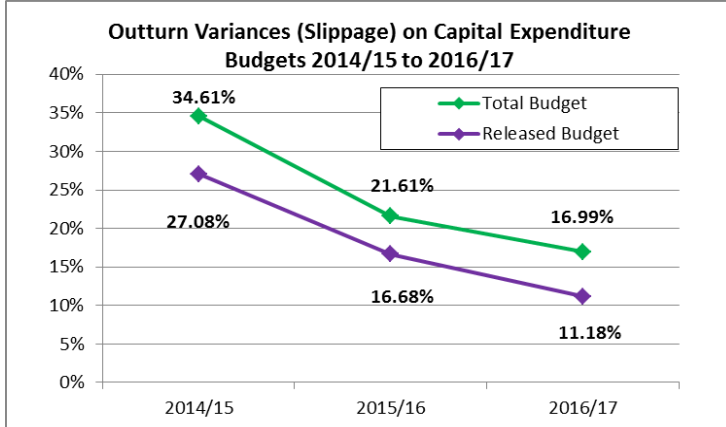
There is a total of £5.9m unreleased capital budget across the Authority, reflecting schemes which have yet to satisfy criter ia for the release of funding.

Excluding the exceptional items of the Energy from Waste Pant and the Investment properties, which account for approximately £205m of Capital expenditure, the budget was £89.5m and expenditure £74.4m, giving slippage of £15.1m (16.99%). A comparison of slippage over the last 3 years can be found in Ta ble 3 below.

Table 2 - Capital Budget Table as at March 2017

Portfolio Area	Outturn £000	Budget £000	Variance £000	Variance %
Leader	11,561	14,790	(3,229)	(21.8%)
Community Engagement	216	482	(267)	(55.3%)
Health and Wellbeing	37	814	(777)	(95.5%)
Children's Services	53	62	(9)	(14.0%)
Education and Skills	34,352	35,873	(1,521)	(4.2%)
Resources	48,287	50,216	(1,929)	(3.8%)
Planning and Environment	175,289	175,038	251	0.1%
Transportation	20,206	26,649	(6,443)	(24.2%)
Subtotal - Portfolios	**290,001**	**303,924**	**(13,923)**	**(4.6%)**

Table 3 – Capital slippage since 2014/15

Outturn Variances (Slippage) on Capital Expenditure Budgets 2014/15 to 2016/17

- Total Budget: 34.61% (2014/15), 21.61% (2015/16), 16.99% (2016/17)
- Released Budget: 27.08% (2014/15), 16.68% (2015/16), 11.18% (2016/17)

2. Service to customer indicators – scorecard quadrant 2

There has been an decrease in the proportion of people who phone the council who could have used the website compared to Q3 (23%) to Q4 (19%).

The number of contact centre phone calls and emails in March 16/17 is below the number in March last year by 13%. The number of monthly calls and emails this year follows a similar pattern to last year.

The number of complaints upheld (of those ceasing) has decreased markedly in Q4 from 149 to 63. The number of complaints has seen an increase this quarter (182 received in Q3, to 224 in Q4). The number of compliments has once again risen this quarter; 94 were received in Q4. Most of the compliments received by the council relate to positive feedback on individuals.

3. Strategic priority indicators (Performance Indicators) – scorecard quadrant 3

During Q4 2016/17, the council achieved 63% of the performance indicators in this Cabinet report (75 of 119 indicators with results and targets that can be reported). Of the performance indicators that did not meet targets set, 16% (19) were within the target tolerance (Amber) and 21% (25) were out side of the target tolerance (Red).

4. Colleagues, self and partners (HR) indicators – scorecard quadrant 4

The number of full time equivalent employees has fallen by 17 (2,426 to 2,409) between Q3 and Q4, a drop of 1%. Salary costs have also fallen (£18.1m to £18.0m) in the same period.

Agency numbers and costs have fallen slightly in Q4, with agency costs seeing a 2% decrease (£2.3m (Q3) to £2.2m (Q4)). The total agency costs for the year 2016/17 are £10.1m, a reduction from £11.6m in 2015/16.

Staff turnover has seen a steady decline over recent quarters, with a further decrease in Q4 to 14.8% across the organisation . However voluntary turnover is still high in Children's Social Care & Learning where turnover for social workers averages at around 18.5%.   The Council is working towards a target of 16% for social workers.

Recommendations

Cabinet is asked to

1. Note the forecast outturn position for revenue and capital budgets.

2. Come to a view on the how the organisation is performing

3. Take action to improve performance where necessary

A. Narrative setting out the reasons for the decision

A full analysis of the financial outturn, financial performance and non-financial performance for the Council for the financial year 2015/16 is contained in the attached appendices.

B. Other options available, and their pros and cons

None arising directly from this report

C. Resource implications

Actions resulting from consideration of this report may influence future expenditure in areas of concern/interest

D. Value for Money (VfM) Self Assessment

All decisions involving finances are scrutinised to ensure that the best value for money is achieved

E. Legal implications

None arising from this report

F. Property implications

None arising from this report

G. Other implications/issues

None arising directly from this report

H. Feedback from consultation, Local Area Forums and Local Member views

This reports delivery against the refreshed Strategic Plan 2015-17. The content of the Strategic Plan was agreed at full Council on 16th July 2015 and published taking into account views of all local members.

I. Communication issues

Quarterly monitoring reports on budget and performance position are published on the Council's website.

J. Progress Monitoring

The budget and performance monitoring report is updated on a monthly basis.

K. Review

Not applicable

Background Papers

Previous monitoring reports

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by 5.00pm on Friday 23 June 2017. This can be done by telephone (to 01296 387969), or e-mail to democracy@buckscc.gov.uk

Cabinet Summary Performance Report

Leader Portfolio - Cllr. Martin Tett	■Red ■Amber ■Green	22%	78%

Total number of measures with a RAG (shown in chart above):	9
Measures where data currently unavailable:	0
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	500 new jobs created	500	519	Green	See narrative column	Creation of 519 jobs directly attributable to Buckinghamshire Business First intervention.
2	Bucks-Herts Broadband Project to provide broadband to 40,000 homes and the Superfast Extension Programme to achieve 95 % superfast broadband coverage	Green	Green	Green	No benchmark data available as this is a specific project.	Contract 1 (Phase 1) was delivered to time, under budget and exceeding premises targeted. Over 45,000 premises in Buckinghamshire benefited from fibre broadband infrastructure with over 42,000 of those premises now being able to access superfast broadband (>24Mbps). Bucks passed the 90% superfast coverage earlier this year, which is behind most counties, but work on Contract 2 (Phase 2) has started which will take Bucks to 95% by 2018. Take-up on the connections from contract 1 has now exceeded 44% which is in the top ten out of 44 projects nationwide.

▶ **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	'Business deaths' as defined by ONS	2,500	2,665	Red	Deaths per 10,000 residents (16+): BCC 63.3, SE 52.3, GB 48.3. Births: BCC 91.3, SE: 76.7, GB: 73.5. This means that BCC has a net increase of business births, with 28 more business births than deaths, compared to 24 for SE and 25 for GB	This metric measures number of business deaths per 10,000 residents. Increase in stock is 1,180. Gap between births and deaths results from more births and static deaths. (https://bbf.uk.com/news/new-firm-formation-2015)
2	Claimant count in Bucks	2,300	2,995	Red	Buckinghamshire 2,995; 0.9%; 6 of 27 Hertfordshire 8,335; 1.1% ; 6 of 38 Oxfordshire 2,940; 0.7%; 2 of 38 TV Berkshire 5,820; 1.0%; 5 of 38	Buckinghamshire's claimant count rate remains well below the national rate, ranking 3rd lowest among LEPs and 6th lowest among county council areas. However, the recent trend (since October) has been for Buckinghamshire's claimant count to rise faster than across the country as a whole and faster than in neighbouring authorities.

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2	Claimant count in Bucks	2,300	2,995	Red	Buckinghamshire 2,995; 0.9%; 6 of 27 Hertfordshire 8,335; 1.1% ; 6 of 38 Oxfordshire 2,940; 0.7%; 2 of 38 TV Berkshire 5,820; 1.0%; 5 of 38	Buckinghamshire's claimant count rate remains well below the national rate, ranking 3rd lowest among LEPs and 6th lowest among county council areas. However, the recent trend (since October) has been for Buckinghamshire's claimant count to rise faster than across the country as a whole and faster than in neighbouring authorities.

Red	Amber	Green
32%	8%	60%

Total number of measures with a RAG (shown in chart above):	25
Measures where data currently unavailable:	0
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Percentage of sexual health clients offered an appointment in 48 hours	98.0%	98.0%	Green	Data runs a quarter behind. Q4 data not yet due. No national data published.	This indicator is important because rapid access to sexual health services is key to prevent onward transmission of HIV and/or other sexually transmitted infections. Problems experienced with the new single point of telephone access in Q2 have now been resolved and performance is meeting the target with all patients offered a sexual health appointment within 48 hours (2 working days) in Q3 which meets the required national clinical standard.
2	Percentage of clients attending community weight management services who complete a 12 week attendance who achieve a 5-10% weight loss	40% (local target)	67.3%	Green	Data runs a quarter behind. Q4 data not yet due. 56% (England 2015/16)	Q1: 67/89. Q2: 282/415. Q3: 224/333. 67.3% (224/333) exceeds the local target of 40%. This measure of performance also exceeds the national benchmark (56%).
3	Successful completion of alcohol treatment	45.0%	47.8%	Green	Data runs a quarter behind. Q4 data not yet due. 39.2% (England 2015/16)	Q1: 136/270. Q2: 130/278. Q3: 129/270. 47.8% (129/270) exceeds the local target of 45%. We are in the top quartile compared to our local comparator areas. The proportion of service users coming back with drug or alcohol problems (following treatment) is also low.
4	Total footfall of people per year involved with health walks	28,000 (local target) Qtly target = 7,000	10,368 (Q3 result only)	Green	Data runs a quarter behind. Q4 data not yet due. No national data published	Simply Walk continues to engage and retain high numbers of Bucks residents with a total of 80 weekly walks now making up the programme including 16 new, short walks that were developed as part of Active Bucks. We believe this programme is now the biggest local authority health walk programme in the country.

► **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	a) Number of the eligible population invited to an NHS Health Check. Per quarter.	7,969 (each quarter)	6,738 (Q3 result)	Red	Data runs a quarter behind. Q4 data not yet due. Decrease of 1,627 in Q3 compared to Q2.	The majority of invitations are issued by GP practices. There were fewer invitations sent out in Q3 (which is the latest result) than in Q1 and Q2. This is expected as a result of the pressures in primary care over the Christmas and winter period. Work with GP practices will continue to encourage invitation letters to be sent. There is new national insight work on how letters can be worded to encourage participation and this is being shared with practice leads.
2	b) Number of the eligible population invited to an NHS Health Check. Year to date.	31,877 (annual)	22,863 (Q1-Q3)	Red	Data runs a quarter behind. Q4 data not yet due. Increase of 6,738 from Q2 to Q3 and performance is at 72% of the target performance at Q3 (not 75% of the annual target).	As above.
3	a) Number of people who received an NHS Health Check	15,939 (annual)	3,102 for Q3 only (9,992 Q1-Q3)	Red	Data runs a quarter behind. Q4 data not yet due. 63% of annual target delivered at Q3 (not 75% of annual target).	Well documented pressures in primary care have impacted on performance. However GP practices remain the most cost effective way to deliver the programme. The outreach provider has experienced understaffing and a high turnover of key staff, including their project coordinator for Buckinghamshire. A communications campaign is planned to improve uptake by residents in Buckinghamshire. GP practices which have not reached their target will be prioritised for quality assurance visits. The outreach provider is covering some of the capacity gap resulting from vacancies by bringing in staff from other areas for some sessions. However recruitment and retention remain a challenge.

4	b) % of people who were invited for a NHS Health Check that received an NHS Health Check	50% (each quarter)	46%	Red	Data runs a quarter behind. Q4 data not yet due (47.9% England 2015/16)	As above.
5	Number of current smokers achieving a 4 week quit	Local target: 1520 Qtly target: 380	301	Red	Data runs a quarter behind. Q4 data not due yet.	In Quarter 3, 301 current smokers achieved a 4-week quit which was below the local target of 380. This is due to a national fall in smoking quitters due partly to the availability of e-cigarettes. In addition the proportion of adults in Buckinghamshire who smoke has reduced to 11%. The National Institute for Clinical and Health Excellence has set a standard for the number of smoking quitters which should be achieved and is based on the proportion of adults who smoke. If the lower number of smokers is taken in to account, the number of local quitters does meet this standard and the target for number of quitters will be reduced for 2017/18 to reflect this.
6	Reduce re-offending when compared to the Force Average - Spent whole time in custody	30%	50%	Red	Force Average: 48% Data is 1 quarter in arrears at all times so Mar 17 is actually Q3 data (end Dec 2016). In previous qtrs, Bucks has consistently performed well when compared to other areas in the Thames Valley. The reasons for variations large variations between quarters (25% Q1, 17%Q2, 16% Q3, 50%Q4) relate to a particularly entrenched new incoming cohort of offenders and police practice enabling more arrests and charges.	This target monitors how we successful we are at rehabilitating offenders, which is the outcome we're working towards. However, the reality is that these offenders are some of the most entrenched and need long term and specialist interventions. Performance is under target as offenders have chaotic lifestyles and there is a significant struggle in obtaining the support they need to secure housing, mental health treatment and an alternative way of obtaining funds (e.g. a job). If an offender is not rehabilitated successfully (as will be the case for many) then them being in custody demonstrates that enforcement (as a less desired option to rehabilitation) is working. Our performance showing 50% of our cohort in custody means we have failed to rehabilitate them but, positively, they are not causing harm in the community because they have been removed. Offender Management is currently undergoing a review and Bucks is putting themselves forward as a pilot for a new approach which will improve the cohort and access to interventions.

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7	Reduce re-offending when compared to the Force Average - Were charged	26%	36%	Red	Force Average: 31% Data is 1 quarter in arrears at all times so Mar 17 is actually Q3 data (end Dec 2016). In previous quarters Bucks has consistently performed well when compared to other areas in the Thames Valley. The reasons for variations large variations between quarters (23% Q1, 26%Q2, 29% Q3, 36%Q4) relate to a particularly entrenched new incoming cohort of offenders and police practice enabling more arrests and charges.	This target monitors how we successful we are at rehabilitating offenders, which is the outcome we're working towards. However, the reality is that these offenders are some of the most entrenched and need long term and specialist interventions. Performance is under target as offenders have chaotic lifestyles and there is a significant struggle in obtaining the support they need to secure housing, mental health treatment and an alternative way of obtaining funds (e.g. a job). If an offender is not rehabilitated successfully (as will be the case for many) then them being charged demonstrates that enforcement (as a less desired option to rehabilitation) is working. Our performance showing 36% of our cohort in custody means we have failed to rehabilitate them but, positively, they are not causing harm in the community because they have been removed. Offender Management is currently undergoing a review and Bucks is putting themselves forward as a pilot for a new approach which will improve the cohort and access to interventions.
8	Reduce re-offending when compared to the Force Average - Were not arrested and spent no time in custody	25%	14%	Red	Force Average: 20% Data is 1 quarter in arrears at all times so Mar 17 is actually Q3 data (end Dec 2016). In previous quarters Bucks has consistently performed well when compared to other areas in the Thames Valley. The reasons for variations large variations between quarters (35% Q1, 37%Q2, 33% Q3, 14%Q4) relate to a particularly entrenched new incoming cohort of offenders and police practice enabling more arrests and charges.	This target monitors how we successful we are at rehabilitating offenders, which is the outcome we're working towards. However, the reality is that these offenders are some of the most entrenched and need long term and specialist interventions. Performance is under target as offenders have chaotic lifestyles and there is a significant struggle in obtaining the support they need to secure housing, mental health treatment and an alternative way of obtaining funds (e.g. a job). This indicator reports that 14% of offenders have been successfully rehabilitated - i.e. ex-offenders are not showing any signs of offending whilst out in the community. Offender Management is currently undergoing a review and Bucks is putting themselves forward as a pilot for a new approach which will improve the cohort and access to interventions.
9	Number of e-materials (e-books, e-audio etc.) loaned	23,750 per quarter (95,000 per year)	23,471 (Q4 result)	Amber	Just short of target but up nearly 5% on previous year.	Library use during December is generally lower but there has been service disruption due to upgrades by all 3 e content suppliers during Q3 and loss of BCC library web pages over new year. Have increased the use of social media to publicise more e Content in Q4
10	Number of "Learn My Way" enrolments	119 per quarter (475 per year)	136 (Q4 result)	Amber	Final quarter showed a large increase from 79 enrolments in Q3 to 136 in Q4. However the year end figure of 402 is still short of the annual target (475) hence the amber RAG.	

Red	Amber	Green			
			9%	27%	64%

Total number of measures with a RAG (shown in chart above):	11
Measures where data currently unavailable:	0
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Permanent admissions of older people (65+) into residential care. Rate per 100,000 of population.	550.0	450.5	Green	2015/16 Benchmarks: 628.2 (national); 563.3 (comparator) The rate of OP admissions is low, has improved compared to the previous year's performance and is within the target for 2016/17.	This indicator measures the number older adults (65+) admitted to long term residential or nursing care and is expressed as a rate per 100,000 population. This rate is lower than the target (lower performance is better) and this represents excellent performance in the context of increases in the aging population of Buckinghamshire. This performance is substantially better than the national and comparator group outturns for 2015/16, further benchmarking will be conducted when 2016/17 comparator data is available. In terms of actual numbers, this rate represents 440 permanent admissions made in the year. Adult Social Care has developed preventative, reabling and other community-based services which support people to live independently and in the community. The success of these interventions is evidenced, in part, by the low rate of admission to residential and/or nursing care despite increasing demographic pressures.
2	Number of delayed transfers of care from hospital which are attributable to social care (Rate per 100,000 population)	2.0	1.1	Green	2015/16 Benchmarks: 4.8 (national); 6.4 (comparator) Performance has outperformed the target - BCC is top of the comparator group and 10th highest nationally.	This indicator measures the number of people who have a delayed discharge from hospital whilst waiting for a Social Care package, expressed as a rate per 100,000 population. Performance for Buckinghamshire has improved slightly compared to the previous year, which equates places us at the top of the comparator group, and 10th highest nationally. The overall rate of delayed transfers of care in Buckinghamshire, including delays attributable to health services, is 10.2. It is paramount that we maintain our current systems of work and facilitate discharges in a timely manner. There are at times capacity issues in the market which is critical we address to maintain this performance and build on it further.
3	Proportion of people receiving direct payments	33%	40.2%	Green	2015/16 Benchmarks: 28.1% (national); 29.8% (comparator) Performance has increased year on year and this has continued during 2016/17. The outturn for this indicator is above target.	Performance is above target at year end and this is the highest outturn we have achieved over the past 4 years. Our performance is above the 2015/16 national and comparator group performance and further benchmarking will be conducted when data is available for 2016/17. Although we have outperformed the target set for 2016/17, the migration of Pohwer Managed accounts over to the new digital solution may have made the end of year outturn may decrease slightly and we will be monitoring this closely over 2017/18.

► **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Number of people receiving monitored assistive technology	6,500	5,729	Red	This is a local indicator and as such there is no benchmarking information available Performance has increased over the year but the rate of increase was too low to achieve the target. An ambitious target (18% increase on previous year performance) was set which did not align to the timescales for implementation of the new service.	The performance reported for 2016/17 is the highest number reported for this indicator over the past three years and represents an increase of 4% compared to the previous year. We are undergoing a redesign of the Assistive Technology service to deliver our ambition to support significantly more people to live independently with technology-based support. The focus during this year has been to implement a new referral pathway and ensure capacity and expertise is best deployed to support the increase. The new service will soft-launch in February 2017, with a full launch planned for May 2017. Action is to complete implementation of new referral pathway and commence wide scale rollout of the new service.
2	Percentage of older people still at home 91 days after hospital discharge. (re-ablement) (Measured for 1 qtr. of the year only)	75.0%	70.6%	Amber	2015/16 Benchmarks: 82.7% (national); 83.3% (comparator) Percentage of older people still at home 91 days after hospital discharge here is provisional, final data will be available in September 2017, but we are not expecting any significant change.	Reablement has now tightened up on the admission criteria through better screening and assessment process thus ensuring that people accessing the service have Reablement potential. Hitherto, people were supported in Reablement who were very ill, and/or end of life which would have had a negative impact on the performance indicator. The ASCOF measure is made up of performance data from BCC and BHT, for 2016/17 BCC performance was 75% whilst performance for BHT was 68% - both of which have improved from the previous year but are below the national and comparator group performance for 2015/16 of 82.7% and 83.3% respectively. A new system has been put in place to report specifically on outcomes from people who received BCC Reablement service – this will be reported monthly from AIS and direct contact with former service users – this will help to identify any issues affecting the BCC performance and we will be working with BHT colleagues to form a plan for improvement.
3	Social Care related quality of life	19.5	19.3	Amber	The user survey data here is provisional, final data will be available in September 2017, but we are not expecting any significant change. The performance for this measure has improved this year compared to last year and is just short of target. The measure is calculated from the results of a survey carried out between January and March and reflects how our users feel about their services during this period, and the only way we can directly influence this is to ensure that service users services improve their quality of life.	Part of our Client Review Plan for 2017/18, is to give further training to our social work practioners to have conversations which take a more holistic approach to clients and their needs and also asks them directly about how we can enable them to have more contact within their communities to enhance quality of life and satisfaction with our services.
4	Overall satisfaction of people who use services with their care and support	65.0%	60.1%	Amber	The user survey data here is provisional, final data will be available in September 2017, but we are not expecting any significant change. The performance for this measure is lower this year (60.1%) compared to last year (61.0%). The measure is calculated from the results of a survey carried out between January and March and reflect how our users feel about their services during this period, and the only way we can directly influence this is to ensure that service users are satisfied with the services they are given.	Part of our Client Review Plan for 2017/18, is to give further training to our social work practioners to have conversations which take a more holistic approach to clients and their needs and also asks them directly about how we can enable them to have more contact within their communities to enhance quality of life and satisfaction with our services.

Red	Amber	Green
58%	21%	21%

Total number of measures with a RAG (shown in chart above): 19

Measures where data currently unavailable: 0

Measures that are annual outturns only and the data is not currently due: 0

Measures where no target has been set: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	% of CLA (Children Looked After) have their reviews completed on time	95%	95%	Green	On average 97% of looked after children's reviews were held on time during 2016/17 compared to 91% in 2015/16. In March 2017 (Q4), performance is on target at 95%.	The permanent team established in 2016 continues to deliver good performance with consistency being achieved in standards and timeliness.
2	% of Child Protection Plans reviewed in timescales	95%	96%	Green	Positive performance can be seen across 2016/17 in relation to the timeliness of child protection reviews, with on average 96% being held on time. This is consistent with the performance during 2015/16. In March 2017 (Q4) there was an improvement to 96% versus Q3 (91%) and it is now above the target of 95%.	The service performance in this area is high with good systems in place to avoid cancellations and unnecessary re-bookings where possible.
3	% of children in need reviewed in last 3 months (not including Child Protection, Children Looked After)	85%	86%	Green	This measure shows the % of review meetings held during the month that were held on time. The due date for reviews on LCS (Childrens Social Care system) has now been changed to reflect the 3 month review cycle rather than 6 weeks. The predicted improvement in March 2017 (Q4) as new reviews (with 3 month due dates) filter through can be seen (86%).	Despite the increase in children in the Safeguarding Service, the performance in terms of timeliness of reviews has improved. Nearly all CIN cases are now within the CIN part of the Safeguarding Service following the restructure. Action Continue to monitor

► **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	% of case audits with a good or outstanding rating	60%	50%	Red	On average around 66% of audits have been rated as good or outstanding during 2016/17. Since September 2016, performance has been consistently above target (60%) and peaked at 100% in February, however has fallen to 50% during March 2017 (Q4).	There is evidence through audits and other forums such as Family Group Conferences that standards continue to improve. This is being reflected in what is recorded on a child's record as seen in the April Ofsted monitoring visit. The expectations of auditors remain appropriately high and moderations provide relevant challenge to ensure that there is consistency. The recent staff restructures have had an adverse impact on the number of audits completed while staff settle into their new teams and roles.
2	% of social work staff supervisions completed	89%	77%	Red	The % of supervisions completed has improved throughout the year and the best performance was seen in February 2017 (80%). It remains below target but is on an upward trend. The average % of supervisions completed for the full year 2016/17 is in line with 2015/16 (67% in March 2016).	Improvements in the consistency and quality of supervision continue. The pace of improvement expected will be accelerated through planned development sessions across the service with all managers starting in May 2017.
3	% repeat referrals	25%	30%	Red	% of repeat referrals has been above the target of 25% since April 2016 and is around 10% higher than other areas. Performance for our Statistical Neighbours is 20%, in the South East it's 24% and in England it's 22%. Improvements can be seen in the latest quarter (Q4) with a reduction to 30% which is the lowest it has been during 2016/17.	System issues have now been resolved, workshops with managers looking at decision making have been held. Managers themselves are being asked to audit repeat referrals which helps managers reflect on their own decision making. Domestic Abuse has been seen as a high repeat referral issue and we are putting in some bespoke training around risk assessments. Managers are now attending the Multi-Agency Risk Assessment Conferences giving better oversight of these high risk cases. Domestic Abuse Triage between agencies has been reintroduced and will be reviewed. A commissioned review by BI&I is also doing a deep dive into repeat referrals.
4	% of children in need (not including CP, CLA) seen in the last 4 weeks	100%	64%	Red	On average 70% of children in need have been seen during timescales throughout 2016/17. There has been a further reduction in March 2017 (Q4) to 64% versus 69% in Q3. Note that national guidance allows an additional 2 weeks (6 weeks in total); against this the performance is 74%.	The reduction in the % of children seen is due to an increase in the number of children in the CIN service. The established caseload for the service is 1,100 however the current caseload is 1,350. Action Business plan to go to SMT for additional resources.
5	% of children subject to a Child Protection Plan seen in the last 2 weeks	98%	81%	Red	On average 82% of children on a Child Protection Plan have been seen during timescales throughout 2016/17. Q4 (March 2017) shows a 4% improvement in performance in comparison to Q3 (77%). Note that national guidance allows an additional 2 weeks (4 weeks in total); against this the performance is 95%. After allowing a 5% margin for exceptions where children cannot be seen for legitimate reasons, the RAG against the national guidance would be green.	Timeliness has improved in Q4 however new Safeguarding Service is still bedding in.
6	% of contacts received actioned within 24 hours (1 working day)	90%	79%	Red	Performance around the timeliness of contacts has remained high since December 2016 (Q3) in comparison to previous months in the year, peaking at 84% in January 2017. In March 2017 (Q4), the performance is consistent with that of Q3 (79%) however it continues to fall below target.	Review and analysis of this work continues as does system review with IT colleagues to assist in process improvements. On site IT support weekly is also aiding practice improvements. Increase in stability and availability of work force has also improved. Traininig of staff around systems and HR management has complimented the stability of the work force. Managers have liaised with Bucks CC Contact Centre to share good practice to continue to improve performance.

7	% referrals completed within 3 working days	100%	72%	Red	After high performance at 92% for December, the % of referrals completed within 3 days has declined to 72% in March 2017 (Q4). This is below the average for 2016/17 (79%) and below the target of 100%.	There is now a full complement of Social Workers and this has led to an increase in MASH enquiries however delay in return of information by partners has led to a downturn in timescales of referrals being completed in 3 days. Managers have been challenged to ensure decisions are made in a timely way and partners challenged about delays.
8	% assessments completed in 45 working days	100% (5% tolerance against target)	89%	Red	Although our performance in relation to the timeliness of assessments has dipped in March 2017 (Q4), we generally perform well in this area with on average 93% of assessments completed within 45 days during 2016/17. This is well above the performance of our Statistical Neighbours (86%), the South East (77%) and England (83%). Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator (95-100% = Green, less than 95% = Amber, less than 90% = Red).	On the whole timescales have remained steady with a first dip in 6 months occurring in March 2017. This has been as a result of the increase in the number of new assessments. There has now been a temporary increase in staff to allow capacity for the increase in work.
9	% ICPC (Initial Child Protection Conference) held within 15 working days of the strategy discussion	100% (5% tolerance against target)	55%	Red	There has been a notable improvement in the timeliness of ICPCs across the year in comparison to March 2016. As at December 2016 (Q3) we were in line with the national average (77%), performing above the South East (72%) but were below our Statistical Neighbours (82%). Since then, performance has taken a significant fall to 55%. Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator (95-100% = Green, less than 95% = Amber, less than 90% = Red).	PIMS (Practice Improvement Managers) and CP Conference Managers are working together to address these issues. There is a 3 month forward facing plan in place to consider and address the issues. There has been a shortage of available Managers to monitor and drive this practice forward. An increase in available managers and the targeted piece of work should improve this timescale.
10	% of CLA are placed no more than 20 miles away from home	50%	38%	Red	The % of children placed within 20 miles from their home address has declined since March 2016 (where it was 43%). Our performance around this is significantly below our Statistical Neighbours (62%), the South East (63%) and England (74%).	The increase in the use of Bucks based carers has meant that children have been placed in Bucks localities which are further than 20 miles from their home. The strategic partnership with IFAs (Independent Fostering Agencies) will improve this target in the next periods. There are a number of children's records within LCS which are not reflecting their location. When these children's records are amended to reflect their locality the performance rises to 57%. Action: To monitor the effectiveness of the strategic partnership with Independent Foster Agencies.
11	Average time (in days) between Placement Order and matching to an adoptive family	122	208	Red	As at March 2017 (Q4), we are performing better than the average for England (226 days 2013-2016) and the South East (219 days), but not as well as our Statistical Neighbours (172.8 days). Nationally performance is below the recommended national target of 122 days.	Although there will always be a number of 'hard to place' children who take longer to secure placements, Bucks recent performance figures have been negatively impacted upon by the successful placement over the last year of 3 children - 2 siblings, male(4) and female (7), and single female (6) all of whom had experienced adoption disruptions prior to adoption order. The distance in days between entering care to placement with their current adoptive families is 1517, 1526 and 1625 days. The figures below give an indication of how those exception cases have had an adverse effect on the timescales but we can evidence the reasons for the delay and why adoption was still considered to be the right plan. If we remove the 3 exception cases the figures improve significantly with performance lower than the national target: Bucks National scorecard average 2013-16: 353 Bucks performance 2016/17: 87 England average 2013-16: 226
12	% of EH Panel referrals that meet level 3 threshold	85%	83%	Amber	The overall percentage of families meeting the appropriate Level 3 threshold has decreased to 83% in Q4, compared to 90% for the rest of the financial year (2016-2017). This is due to high volume of families coming through during this period (Q4).	Although the target of 85% was not met, the achievement of 83% remains a positive result given the increased volume of referrals in Q4.

13	% children seen during assessment	100% (5% tolerance against target)	94%	Amber	Performance is consistently high in relation to children seen during assessment. There are slight fluctuations month on month however performance generally remains within the tolerance of the 100% target. During March 2017 (Q4), performance (94%) has dipped slightly below the 95% tolerance. 3 assessments make up the difference between 94% and 95%. Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator where a child cannot be seen for legitimate reasons (95-100% = Green, less than 95% = Amber, less than 90% = Red).	There has been significant improvement in this area because we have effectively used data to monitor the performance. Action Continue to use the data to inform on the timeliness of assessments and thereby improve outcomes for children by avoiding delay.
14	% Children Looked After seen in the last 6 weeks	100% (5% tolerance against target)	94%	Amber	On average 95% of CLA have been seen within timescales during 2016/17. The performance has dropped slightly below the 5% tolerance for exceptions in March 2017 (Q4). Note: There is a 5% tolerance against the target of 100% to allow for exceptions for this indicator where a child cannot be seen for legitimate reasons (95-100% = Green, less than 95% = Amber, less than 90% = Red).	The number of children looked after has remained steady throughout the year. The publication and use of Social Work Standards has set the targets for good practice. Twice weekly reporting to managers has evidenced children being seen and reviewed within timescales with appropriate actions taken for any children which fall outside expected timescales. These appropriate actions focus on tracking children and countering any drift.
15	% of CLA (Children Looked After) placed in county	55%	51%	Amber	There has been an improvement in the % of our children who are placed in-county since Q1 (47%) and therefore we are now more in line with our Statistical Neighbours (54%), however remain below the South East (63%) and England (74%).	This is an area of concern and requires an increase in the amount of carers accessible to children in Buckinghamshire. There has been greater utilisation of inhouse provision and targeted use of IFA (Independent Fostering Agency) fostering placements. There are a number of children's records within LCS which are not reflecting their location. When these children's records are amended to reflect their locality the performance rises to 60%. New entrants to care during 2016-17 show a better performance level of 65% placed within Buckinghamshire. Action: To create a strategic partnership with local IFAs to utilise their Bucks carers more effectively.

Red	Amber	Green
9%	23%	68%

Total number of measures with a RAG (shown in chart above):	22
Measures where data currently unavailable (unable report due to small cohort):	1
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

► **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	KS2: % meeting expected standard in Reading (Buckinghamshire Looked After Children pupils including those out of the authority)	72%	75%	Green	Annual measure, no new data to report. The rate is aligned with the Bucks pupil average (72%). The National CLA rare is 41%, Bucks is significantly above this value.	Termly education review meetings ensure progress is closely monitored and supported.

► **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Year 1 Phonics - expected standard gap between disadvantaged pupils % and others %	13%	16%	Red	The national gap in 2016 is 13%, and our target is to be at or below national gap. Buckinghamshire results have been improving at a faster rate than national over the last 3 years - the Buckinghamshire gap has improved by 7 percentage points compared to a national improvement of 2 percentage points.	Results for disadvantaged pupils in the Year 1 phonics screening check have improved, but their results are still below the national level. Action: The Bucks Learning Trust (BLT) has devised a package of support and challenge to schools which have been identified with lower achievement for disadvantaged pupils compared to others. The BLT also works to challenge and support leaders and governors of all schools to best utilise their pupil premium funding to raise the educational attainment of their disadvantaged pupils.
2	Key Stage 4 - Attainment 8 gap between disadvantaged pupils % and others %	12.3	18.4	Red	New accountability measures were introduced in 2016, so previous results are not comparable. The National gap in 2016 is 12.3, and our target is to be at or below national gap.	Action: The Bucks Learning Trust (BLT) provides a package of support and challenge to schools which have been identified with lower achievement for disadvantaged pupils compared to others. The BLT also works to challenge and support leaders and governors of all schools to best utilise their pupil premium funding to raise the educational attainment of their disadvantaged pupils.

Red	Amber	Green

#	Measure					
3	Key Stage 2 - expected standard (reading, writing & maths) gap between disadvantaged pupils % and others %	22%	23%	Amber	New assessments were introduced in 2016, so previous results are not comparable. The National gap in 2016 is 22%, and our target is to be at or below national gap.	Please see earlier section on the performance of disadvantaged pupils.
4	Key stage 2 % Looked After Children (LAC) reaching the expected standard in reading, writing and maths (Buckinghamshire LAC pupils including those out of the authority)	56%	35%	Amber	35% of the group reach the expected standard. The LAC cohort is a small group of 24 pupils who attend schools in several counties. 10 pupils were in Bucks schools. The National benchmark for LAC is 25.7%, Bucks CLA exceed this value.	This result is lower than we had hoped due to lower performance in the Maths element. Action: The Virtual School is working hard with schools and tutors to support pupils with the harder maths paper.
5	KS2 :% meeting expected standards in Maths (Buckinghamshire Looked After Children (LAC) pupils including those out of the authority)	72%	50%	Amber	Rate is below the level of all Bucks pupils (72%). The national CLA rate is 42%,Bucks has a higher value.	The maths paper was seen to be particularly hard this year. Action: The Virtual School is putting in extra support to help LAC pupils.
6	% of pupils attending schools rated good and outstanding	90%	88%	Amber	Bucks performs slightly better than the latest available national rate (31/08/2016) = 86%	The percentage of pupils attending good and outstanding schools in Buckinghamshire continues to rise and is above the national level. Action: The Bucks Learning Trust (BLT) are commissioned to provide challenge and support for any school deemed as Requires Improvement or Inadequate by Ofsted. There is also targeted support for any school identified as 'at risk' of dropping into these Ofsted categories.
7	Key Stage 1 - % of pupils reaching the expected standard in mathematics	73%	72%	Amber	New assessments were introduced in 2016, so previous results are not comparable. Our target is to be at or above national averages. England (state funded schools) = 73% South East (state funded schools) = 74%	Results of pupils in KS1 mathematics in Buckinghamshire are slightly below national results. Action: KS1 assessment was based on teacher assessment, informed by tests. This was the first year of the new system and there has been little national guidance. The Bucks Learning Trust (BLT) will continue to support teacher assessment through training events for moderators and standardisation meetings to ensure that the interim assessment framework has been applied consistently across moderated schools. The focus remains on improving standards for under achieving groups and disadvantaged pupils, which will also improve overall attainment.

Resources Portfolio - Cllr. John Chilver

■ Red ■ Amber ■ Green

100%

Total number of measures with a RAG (shown in chart above): 5

Measures where data currently unavailable: 0

Measures that are annual outturns only and the data is not currently due: 0

Measures where no target has been set: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Revenue expenditure keeps to budget (Best to have no under or overspends)	Breakeven	£6.020m underspend	Green	Although the Portfolio budgets are overspent, our contingency budgets (held to mitigate the risk of uncertainties and overspends), and the change in Minimum Revenue Provision (MRP) policy have resulted in significant underspends in non-Portfolio budgets, which more than offset the Portfolio position.	See previous column
2	Released capital expenditure keeps to budget (Best to spend allocated budget)	Breakeven	£13.923m Slippage	Green	Slippage reported in the capital programme has significantly reduced, both in value and as a percentage of the programme in comparison to previous years due to the introduction of new monitoring and budget release processes.	See previous column
3	Remain in the bottom 50% of County Councils for level of council tax	Bottom 50% of Counties	12th of 27	Green	Council Tax levels were set in February 2016, and we remain in the lower 50% of all County Councils.	See previous column

▶ **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	none					

■ Red ■ Amber ■ Green

18%	82%

Total number of measures with a RAG (shown in chart above):	11
Measures where data currently unavailable:	0
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Country Park Visitor Numbers 2016/17	908,166	1,000,058	Green	See narrative column	Visitor park numbers are consistently increasing by 5-10% pa with visitor numbers nearly 11% ahead of 2015/16 figures supported by the recent extension to the car parking facilities. By the end of the year visitor numbers reached over 1m.
2	Increase re-use, recycling, composting and diversion from landfill for waste delivered at our Household Waste Recycling Centres (HWRCs) across Buckinghamshire	71.0%	74.2%	Green	See narrative column	The volume of recyclable waste is increasing at the Household Recycling Centres (HRCs).
3	Energy produced for export to National Grid by EfW facility. Measure is Mega Watt Hours (MWH) of electricity produced each month.	134,620	174,947 mwh	Green	No benchmark data available as this is a specific project.	The Energy from Waste (EfW) plant came online in June 2016 and is performing better than expected in terms of energy output. Furthermore, our EfW plant continues to exceed anticipated performance in terms of waste processed and energy produced (approx. 200mwh) which equates to powering around 44,000 households.

▶ **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	% of Environment (ecology) planning consultations responded to within 21 days	95%	83.0%	Amber	No benchmark data available as this is a specific project.	Pressures continue to exist in this area in relation to responding to forthcoming HS2 consultations.
2	% of Archaeology planning consultations responded to within 21 days	95%	92.0%	Amber	No benchmark data available as this is a specific project.	Although slight dip in Q4 performance we envisage performance to return to target by Q1 17/18.

	Red	Amber	Green
	6%	17%	78%

Total number of measures with a RAG (shown in chart above):	18
Measures where data currently unavailable:	0
Measures that are annual outturns only and the data is not currently due:	0
Measures where no target has been set:	0

► **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	The target for the delivery of the Capital Maintenance Programme is met	90.0%	94.0%	Green	No benchmark data available as this is a specific project.	The Capital Maintenance Program (CMP) involves resurfacing roads. Targets were met by the year end.
2	The 28 day target for responding to customer requests, including freedom of information enquiries, is met (28 days)	90.0%	93.7%	Green	No benchmark data available as this is a specific project.	Continue to respond to customer enquiries within time and continue to improve.
3	The production of focused transport strategies for specific areas based on proposed growth, identifying appropriate solutions and funding requirements	Green	Green	Green	No benchmark data available as this is a specific project.	All transport evidence to support Local Plans are on time. Aylesbury and Buckingham Transport Strategies have been adopted by BCC. Work testing the impact of Chiltern and South Bucks preferred housing locations and possible mitigation measures is nearing completion.
4	% of Highways Development Management (DM) Planning Application consultation and strategic advice responded to within deadline	70%	80.0%	Green	No benchmark data available as this is a specific project.	Performance increased from 68% in April 2016 to 80% in March 2017. 2,246 applications and 1,537 pre-applications were received in 2016/17

	Red	Amber	Green
	6%	17%	78%

► **Areas of lower than expected performance (Red or Amber)**

	Measure	Target	Current position	RAG	Benchmarking & Commentary	Narrative & Action
1	Delivery of Stocklake Link Road (urban) and Eastern Link Road (South) highway improvement projects to support strategic growth and development in the area east of Aylesbury	Green	Red	Red	No benchmark data available as this is a specific project.	Stocklake: The project is substantially complete and issues typical of this stage such as defects and snagging are being resolved by the project team. Eastern Link Road (South): In addition to the original planning application submitted in March 2016, the updated Transport Assessment (TA) was submitted in March 2017. BCC Development Management Team is reviewing the TA for standalone & cumulative modelling scenarios. Section 106 negotiations, including transport, are ongoing during April/ May 2017. AVDC's Strategic Planning Committee (June 2017) will determine the Aylesbury Woodlands planning application which includes the Eastern Link Road (south).
2	The target for the delivery of Cyclic Maintenance Programme (gullies) is met	97.0%	94.0%	Amber	No benchmark data available as this is a specific project.	Largely delivered but issues with aged plant. New machines ordered and expected delivery imminent (Q1).
3	The target for making safe Category 1 pot hole defects, per published definition, by the next working day is met	98.0%	95.1%	Amber	No benchmark data available as this is a specific project.	The results reflect an increase in number of repairs reported.
4	The compliance target for inspected transport repairs meeting agreed quality requirements is met	95.0%	90.1%	Amber	No benchmark data available as this is a specific project.	Joint audit of performance continues and performance monitored at a senior level.