Leader Portfolio - Cllr. Martin Tett

Total number of measures with a RAG (shown in chart above): 3

Measures where data currently unavailable: 1

Key areas of good performance

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% of new floorspace developed in our 3 Enterprise Zones.	100%	109.5%	Green	N/A	The % Floorspace has increased from 105.7% in Q3 to 109.5% in Q4. This is due to completion of some additional B2 units at Westcott.
2	To improve availability of fixed fibre to residential and business premises.	Graduated target 2017/18 Q1: 91.0% Q2: 91.4% Q3: 91.8% Q4: 92.1%	94.1%	Green	Buckinghamshire 94.1% Central Bedfordshire 95.3% Hertfordshire 96.3% Milton Keynes 97.9% Northamptonshire 96.9% Oxfordshire 96.1% Windsor and Maidenhead 94.8%	Taken from 'Think Broadband' measures of access to superfast broadband (>30mbps), we have surpassed the Q4 target of 92.1% superfast coverage (>30mbps). Between Jan - Mar we had 15 brand new fibre enabled cabinets (side of road) installed, which will deliver superfast broadband to 1,313 premises (resi and non-resi) across Buckinghamshire.

There are no measures with lower than expected performance.

Community Engagement & Public Health Portfolio - Cllr. Noel Brown

Total number of measures with a RAG (shown in chart above): 14

Measures where data currently unavailable: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% of appointments offered within 48 hours to clients attending a sexual and reproductive health service.	98.0% Target is the same for both 2016/17 and 2017/18.	100.0% (3,611/3,611) This result is for Q3 2017/18 because the data runs one quarter behind.	Green	Benchmarking information is not available.	This indicator measures the timeliness of appointments offered at sexual health services. Performance for Q3 is 100%, above the target of 98%. There is no benchmarking data available with which to compare.
2	% of births that receive a face-to-face New Birth Visit within 14 days by a health visitor.	90.0% Target is the same for both 2016/17 and 2017/18.	95.9% (1,436/1,497) This result is for Q3 2017/18 because the data runs one quarter behind.	Green	84.5% (Q2 2017/18 South East) 88.3% (Q2 2017/18 England) 88.0% (Q2 2017/18 CIPFA peers)	This indicator measures the proportion of new birth visits undertaken within 14 days. Performance for Q3 is 95.9%, which is above target (90%).

% receiving an NHS Health Check of those who were offered an NHS Health Check.	48.0% This is the target for 2017/18 Target for 2016/17 was 50.0%.	49.6% (3,573/7,203) This result is for Q3 2017/18 because the data runs one quarter behind.	**Green**	54.2% (Q3 2017/18 South East) 51.1% (Q3 2017/18 England) 54.9% (Q3 2017/18 CIPFA peers)	This indicator measures the proportion of people invited for an NHS Health Check who attend. 49.6% of invited people in Buckinghamshire attended an NHS Health Check in Quarter 3, which is above our local target (48%) but is slightly below the national average for Q3 (51.1%), the regional average (54.2%) and our CIPHA peers (54.9%). However as the percentage invited in the region and CIPFA peers was lower than in Buckinghamshire, the comparison of % receiving of those offered is difficult to compare directly. An improvement in local uptake rate has been recorded for this quarter compared to Q2 – meeting our target. Continued quality assurance visits are used to support practices to address any issues - improved performance reporting supports targeting those practices with lower uptake. A campaign is planned for 2018 to boost awareness of the benefits of attending, particularly for at-risk groups. We have been promoting the use of the national standard invitation letter (behavioural insight research used to inform this) in order to keep to best practice and encourage take up.

▸ **All areas of lower than expected performance (Red or Amber)**

Measure	Target	Current position	RAG	Benchmarking	Commentary
% of the eligible population invited to an NHS Health Check.	100.0% Target is the same for both 2016/17 and 2017/18.	89.8% (7,203/8,023) This result is for Q3 2017/18 because the data runs one quarter behind.	**Red**	69.9% (Q3 2017/18 South East) 76.5% (Q3 2017/18 England) 79.7% (Q3 2017/18 CIPFA peers)	This indicator measures the proportion of people identified as eligible for an NHS Health Check who were invited to attend. 89.8% of eligible people in Buckinghamshire were invited for an NHS Health Check in Q3, which is below target (100%) but above national (76.5%) regional (69.9%)and comparator performance (79.7%). While the proportion of people invited for an NHS Health Check decreased compared to the previous quarter, this variation is within the usual tolerance (it is not unusual to see differences of up to 10% between quarters). This variation is due to general practices delivering NHS Health Checks in different ways (some practices send out most invitation letters at the start of the year) and seasonal variation in demands on general practice. We raise poor performing practices with the CCG. Overall, performance to date for Q1-Q3 in 2017/18 is over 90% (90.2%). The payment structure for practices was changed in 17/18 as they are now only paid to invite up to 100% of their eligible population. Previously practices who invited more than 100% would be paid for additional invites and this meant that practices who over-invited were increasing the overall performance across the County. However inviting extra individuals early created problems when they became eligible later in the 5 year programme. This change assists with the overall delivery of a 5 year programme, but has reduced the overall invitation level.

Number of current smokers achieving a 4 week quit.	Target for 2017/18 is 1,088 or 272 per quarter. Target for 2016/17 was 1,520 or 380 per quarter.	182 This result is for Q3 2017/18 because the data runs one quarter behind.	**Red**	Benchmarking information is not available.	This indicator measures the number of smokers who achieve a 4 week quit. 182 people in Buckinghamshire achieved a 4 week quit in Q3, which is below the quarterly target (272). No benchmarking information is available. The smoking cessation service is one of a number of lifestyle services which have been retendered and from 1 April 2018 and are integrated into one lifestyle service. A reduction in quitters was expected as existing providers have experienced staff shortages and other impacts as a result of the retender. We have delivered a social media campaign during Q3 to raise awareness and increase referrals to the service.
% of successful alcohol treatment completions of those in treatment.	40.0% This is the target for 2017/18. Target for 2016/17 was 45.0%.	34.3% (103/300) This result is for Q3 2017/18 because the data runs one quarter behind.	**Red**	37.4% (Q3 2017/18 South East) 39.9% (Q3 2017/18 England) 36.7% (Q3 2017/18 CIPFA peers)	This indicator measures the proportion of people receiving treatment for alcohol-related issues who successfully complete treatment. Our performance in Q3 was 34.3%, which is below target (40%). It is also below national (39.9%), regional (37.4%) and comparator performance (36.7%). The new adult substance service started in October 2017, so Q3 was the first three months of the new service. During transition it is vital for services like this to focus on stabilising existing service users through the change and minimising the risks of service users dropping out of treatment. As a result it is common for successful completion figures to drop during recommissioning and transition to a new service.

% of successful drug treatment completions of those in treatment.	15.0% Target is the same for both 2016/17 and 2017/18.	13.3% (101/762) This result is for Q3 2017/18 because the data runs one quarter behind.	**Red**	16.1% (Q3 2017/18 South East) 14.9% (Q3 2017/18 England) 16.1% (Q3 2017/18 CIPFA peers)	This indicator measures the proportion of people receiving treatment for drug-related issues who successfully complete treatment. Our performance in Q3 was 13.3%, which is below target (15%). It is below national (14.9%), regional (16.1%) and comparator performance (16.1%). The new adult substance service started in October 2017, so Q3 was the first three months of the new service. During transition it is vital for services like this to focus on stabilising existing service users through the change and minimising the risks of service users dropping out of treatment. As a result it is common for successful completion figures to drop during recommissioning and transition to a new service.

Health and Wellbeing Portfolio - Cllr. Lin Hazell

Total number of measures with a RAG (shown in chart above): 8

Measures where data currently unavailable: 1

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% of clients using social care who receive direct payments.	37.0%	41.7% (provisional)	Green	The Q4 outturn of 41.7% is above the target of 37.0% and our position this time last year 40.6%. We are also performing better than the 2016/17 national average of 28.3% and the 2016/17 comparator average of 31.8%.	This indicator measures the proportion of people who receive a direct payment to arrange and purchase their own care. Performance for quarter 4 is 41.7%, which is above target (37%) and above national (28.3%) and comparator performance (31.8%).
2	Admissions of adults (under 65 yrs.) into residential and nursing care. Rate per 100,000 of population.	Graduated target Q1: 2.8 Q2: 5.6 Q3: 8.4 Q4: 11.2	9.2 (provisional)	Green	The Q4 outturn of 9.2 is below the target of 11.2 (good to be low) and our position this time last year 11.2. We are also performing better than the 2016/17 national average of 12.8 and the 2016/17 comparator average of 11.4.	This indicator measures the number of younger adults admitted to long term residential or nursing care, expressed as a rate per 100,000 population. Performance for quarter 4 is 9.2, which is below target (11.2) and below national (12.8) and comparator performance (11.4). This measure is good to be low.

Admissions of older people (65+) into residential and nursing care. Rate per 100,000 of population.	Graduated target Q1: 130.0 Q2: 260.0 Q3: 390.0 Q4: 520.0	250.9	**Green**	Our Q3 outturn of 250.9 is well below the Q3 target of 390.0 for this measure. It is good to be below the target. This puts us on track to be below target for year end of 520.0. We are also performing better than we were at Q3 last year where the outturn was 287.5. The national and comparator group averages are based on the year end performance for this measure so can not be compared until Q4.	This indicator measures the number of older people admitted to long term residential or nursing care, expressed as a rate per 100,000 population. Performance for quarter 4 is 400.8, which is below target (520.0) and below national (610.7) and comparator performance (560.4). This measure is good to be low.
% of CBS clients receiving an annual review (community based services).	Graduated target Q1: 25.0% Q2: 50.0% Q3: 75.0% Q4: 100.0% (20% target tolerance at end of year)	86.4%	**Green**	The Q4 outturn of 86.4% is above the tolerance target (target 100% - 20% tolerance = 80%) and our position this time last year 71.1%. As this is a local measure there is no national or comparator benchmarking.	This indicator measures the proportion of people receiving community-based services who are reviewed at least once per year. Performance increased significantly from January and for quarter 4 is 86.4%, which is below the annual target (100%) but within the 20% target tolerance and above our quarter 4 position last year 71.1%.

% of adults with learning disabilities who live in their own home or with their family	67%	69.8% (provisional)	**Green**	The Q4 outturn of 69.8% is above the target of 67.3% and in line with our position this time last year 69.2%. We are performing slightly below the 2016/17 national average of 76.2% and the 2016/17 comparator average of 75.1%	This indicator measures the proportion of adults with learning disabilities who live independently or with their family Performance for quarter 4 is 69.8%, which is above target (67.3%) and below national (76.2%) and comparator performance (75.1%)

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

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% timely CYP transitions (children and young people).	Graduated target Q1: 12.5% Q2: 25.0% Q3: 37.5% Q4: 50.0%	35.1%	**Red**	The Q4 outturn of 35.1% is below the target (50%) however is a significant improvement on Q3 and the first time there has been a 25% increase in the number of transitions plans. As this is a local measure there is no national or comparator benchmarking.	This indicator measures the proportion of children and young people who transition from Children's Services to Adult Social Care in a timely manner. Performance showed a marked increase from January onwards and for quarter 4 is 35.1%, which is below the annual target (50%) however a significant improvement on previous quarters. Adult Social Care and Children's Services are working together on a plan to drive improvement. The aim is to ensure that more children and young people who need to transition are identified at an early age.
2	% of placement clients receiving an annual review.	Graduated target Q1: 25.0% Q2: 50.0% Q3: 75.0% Q4: 100.0% (20% target tolerance at end of year)	74.3%	**Red**	The Q4 outturn of 74.3% is below the tolerance target (target 100% - 20% tolerance = 80%) but we are performing better than our position this time last year 61.0%. As this is a local measure there is no national or comparator benchmarking.	This indicator measures the proportion of people in residential or nursing care who are reviewed at least once per year. Performance increased significantly from January and for quarter 4 is 74.3%, which is below the annual target (100%) and not within the 20% target tolerance. We have implemented actions to sustain recent improvement and are currently developing a delivery plan for reviews to increase our performance in 2018/19.

% of adults in contact with secondary mental health services who live independently.	84.5%	81% (provisional)	**Amber**	The Q4 outturn of 81.0% is below the target of 84.5% and our position this time last year 84.5%. There is no benchmarking data available for 2016/17 due to national issues with data accuracy.	This indicator measures the proportion of people in contact with secondary mental health services who live independently. Performance for quarter 4 is 81% which is slightly below target (84.5%). We will monitor this closely through our practice forums & placement reviews and will work together with the mental health trust to improve recording.

Children's Services Portfolio - Cllr. Warren Whyte

Total number of measures with a RAG (shown in chart above): 17

Measures where data currently unavailable: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% ICPC (Initial Child Protection Conference) held within 15 working days of the strategy discussion	100% (18% tolerance)	82%	Green	Statistical Neighbours (82%), South East (72%) and England (77%).	This indicator measures the proportion of Initial Child Protection Conferences (ICPC) which take place within 15 working days of the Strategy Discussion. At the end of Quarter 4, 82% of ICPC's were held within 15 working days which has achieved the target tolerance. Our performance is equal to that of statistical neighbours (82%) and better than the South East (72%) and national averages (77%). We routinely monitor and review all ICPC requests received to ensure these are conducted in a timely and efficient manner.
2	% of children who became the subject of a child protection plan for a second or subsequent time	18%	18%	Green	Statistical Neighbours (23%), the South East (22%) and England (19%).	This indicator relates to children who are placed on a Child Protection Plan again after previously being on a child protection plan. At the end of Quarter 4 18% of children became the subject of a Child Protection Plan for a second or subsequent time. This has achieved our target of 18% (good to be low), and is better than our Statistical Neighbours (23%), the South East (22%) and England (19%). Since March 2018 we have been conducting monthly reviews of children who are on a Child Protection Plan for a second or subsequent time and learning from these reviews is shared across the service.

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

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% assessments completed in 45 working days	100% (14% tolerance)	83%	Amber	Statistical Neighbours (86%), South East (83%), England (83%). Note: There is a 14% tolerance against the target of 100% to align with Statistical Neighbour performance (86%-100% = Green, less than 86% = Amber, less than 77.4% = Red).	This indicator measures the proportion of assessments which are completed within 45 working days. At the end of Quarter 4, 83% of assessments were completed within 45 working days which is 3% below the target tolerance of 86%. Our performance is lower than statistical neighbours (86%) but equal to the South East (83%) and national averages (83%). We are improving management oversight and offering targeted support to teams. We will be introducing an assessment tracking system to secure further improvement.
2	% repeat referrals	20%	36%	Red	Statistical Neighbours (21%) and England (22%), South East (26%).	This indicator reflects children who have been referred to Children's Social Care more than once within a 12 month period as a proportion of total referrals received. At the end of Quarter 4 our performance is 36%. This is above the 20% target and above our Statistical Neighbours (21%), the South East (26%) and National (22%) averages. Action is being taken in partnership with Police and Health colleagues to implement a domestic abuse triage system as part of the MASH and review existing assessment tools to improve management oversight and reduce the number of repeat referrals. At the end of April, performance had improved to 29%.

3	% of Children in Need (not including CP, CLA) seen in the last 6 weeks	100% (5% tolerance)	90%	Amber	Benchmarking information is not available.	This indicator relates to the requirement for children who are being supported through a Child in Need plan to be seen by a Social Worker every 6 weeks. At the end of Quarter 4, 90% of Children in Need were seen in the last 6 weeks which is 5% below the tolerance target of 95%. Benchmarking information is not available. An audit programme of all Children in Need cases is underway to ascertain the most appropriate way to meet their needs, and regular reflective supervision ensures that visits to children are purposeful and progress actions relevant to improve outcomes.
4	% of Children in Need (CIN) reviewed in time (not including Child Protection, Children Looked After)	100% (15% tolerance)	80%	Amber	Benchmarking information is not currently available.	This indicator measures the proportion of Children in Need who are reviewed regularly. Children and their families who are subject to a Child In Need plan are required to have a first review of this plan one month after it has been agreed, and subsequently the plan should be reviewed every 3 months. At the end of Quarter 4, 80% of Children in Need had been reviewed within timescales, which is 5% below the tolerance target of 85%. Benchmarking information is not available. We have identified lower performance within some teams and are developing remedial action plans with these teams to target all upcoming reviews.

5	% of Child Protection Plans reviewed in timescales	100% (5% tolerance)	94%	Amber	Benchmarking information is not currently available.	This indicator measures the proportion of children with Child Protection Plans who are reviewed within timescales. Children who are on a child protection plan are required to have the first review of their plan within 3 months of the initial conference and further reviews of the plan should be held at 6 month intervals. At the end of Quarter 4, 94% of children with Child Protection Plans had been reviewed within timescales, which is 1% below the tolerance target of 95%. Benchmarking information is not available. We are reviewing all Child Protection Review conferences to ensure these can proceed as scheduled, taking remedial action where necessary.
6	% of children subject to a Child Protection (CP) Plan seen in the last 4 weeks	100% (5% tolerance)	94%	Amber	Benchmarking information is not available.	This indicator measures the proportion of children with a Child Protection Plan who are seen at least once every 4 weeks. At the end of Quarter 4, 94% of children with a Child Protection Plan had been seen in the last 4 weeks which is 1% below the tolerance target of 95%. Benchmarking information is not available. Team Managers receive twice weekly reports on visits that are due for children on Child Protection Plans, and weekly team meetings identify concerns and pressures which may affect visits. Contingency plans are put in place to support visits which may be at risk.

7	% Children Looked After (CLA) seen in the last 6 weeks	100% (5% tolerance)	87%	**Amber**	Benchmarking information is not available.	This indicator measures the proportion of children in care who are seen by a Social Worker every 6 weeks. At the end of Quarter 4, 87% of children in care had been seen in the last 6 weeks which is 8% below the tolerance target of 95%. Benchmarking information is not available. We are developing a targeted action plan to ensure that a consistent visiting pattern for all children is resumed without delay.
8	% of CLA living within 20 miles of home	56%	47%	**Red**	Statistical Neighbours (62%), South East (63%), England (74%).	This indicator measures the proportion of children in care who are placed within 20 miles of their home address. At the end of Quarter 4, 47% of children in care were placed within 20 miles, which is below our target of 56%. Our performance is worse than that of statistical neighbours (62%) and also worse than the South East (63%) and national averages (74%). Through the Children Looked After Project Board we are focusing on increasing local in-house placement provision so that children can be placed closer to home when we become their corporate parent.

9	% of children in care placed with own provision (in-house foster care and Buckinghamshire Children's home)	24%	15%	**Red**	CIPFA neighbours (44%) - Source: Children Looked After CIPFA report 2016.	This indicator measures the proportion of children in care who are placed with in-house foster care, or within our Children's home. At the end of Quarter 4, 15% of children in care were placed in our own provision, which is below our target of 24%. Our performance is worse than that of statistical neighbours reported in the 2016 CIPFA report (44%). Action is underway to launch the new Fostering Recrutment & Retention Strategy, to deliver a year on year increase of internal foster places.
10	% of Children Looked After (CLA) in residential care	10%	14%	**Red**	Comparative CIPFA neighbours (9%) - Source: CLA CIPFA report 2016.	This indicator measures the proportion of children in care who are in residential placements. At the end of Quarter 4, 14% of children in care were placed in residential services, which is above our target of 10%. Our performance is worse than that of statistical neighbours reported in the 2016 CIPFA report (9%). 4 new local residential care homes are in development and this will help to strengthen the local placement sufficiency strategy. This will improve the local authority's capacity to meet the needs of children looked after by meeting their care needs by placing them in local provision.

11	% of children waiting <14 months between entering care and moving in with their adoptive family	100%	56%	**Red**	Statistical Neighbours (43%), England (47%).	This indicator measures the length of time children who are placed for adoption wait before they move into an adoptive family. At the end of Quarter 4, 56% of children in care were placed in our own provision, which is below our target of 100%. Our performance is worse than that reported by statistical neighbours (43%) and nationally (47%). We continue to robustly implement planned recruitment for those children with complex needs for whom adoption in in their best interests, and are working closely with Social Workers to identify suitable adopters.

Education & Skills Portfolio - Cllr. Mike Appleyard

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

Measures where data currently unavailable: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% of pupils attending schools rated good and outstanding by Ofsted	90.0%	90.2%	Green	England 31/8/2017 = 88% South East 31/8/2017 = 88%	This indicator measures the proportion of pupils in Buckinghamshire who attend a school rated as Good or Outstanding by Ofsted. 90.2% of pupils in Buckinghamshire currently attend a school within these rating categories which above both national and regional averages (both 88% as at 31/08/2017) and is just above target (90%). Our Education and Skills Strategy sets out the ambitions for ALL children and this is driving our approach to maintain and improve this performance.
2	Overall attendance rate - primary schools	96%	96%	Green	England 2017 = 96.0%, South East 2017 = 96.1%	This indicator measures the attendance rate at Primary Schools in Buckinghamshire. Performance in Buckinghamshire has increased by 0.1% to 96.2%. This is slightly higher than both national and regional averages. Nationally results decreased by 0.1%. We will continue to monitor this closely.

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

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% new Education, Health & Care plans issued within 20 weeks (excluding exceptions)	100.0%	8.5%	**Red**	2016 calendar year Buckinghamshire = 50.9 South East = 43.1 England = 58.6 2017 calendar year data is due to be published in July 2018.	This indicator measures the number of young people with Special Educational Needs and/or Disability who receive a support plan in a timely manner. Figures reported are cumulative for the calendar year to date. Performance at the end of the 2017 calendar year of 19.4% is below target (100%), regional (42.5%) and national averages (55.7%). Performance for January to March is 8.5% and this process is now being managed robustly with weekly monitoring meetings.
2	Key Stage 4 - average Attainment 8 score for pupils with a statement of SEN or EHCP	22.0	16.5	**Amber**	England 2017 = 13.9 South East 2017 = 14.2	This indicator measures across 8 subjects including English and Mathematics for pupils with an Education, Health and Care Plan for Special Educational Needs and/or Disability. In 2017 the average Attainment 8 score for pupils with a statement or EHCP in Buckinghamshire was 16.5 compared to 13.9 for similar pupils nationally. A new SENDIAN pilot (Special Education Needs and Disabilities, Inclusion and Additional Needs) is being delivered which aims to identify children's needs at the earliest stage and ensure that the specific needs of children are managed effectively in mainstream settings. The Side by Side initiative will include an 'Inclusion Project' to share share outstanding practice for raising attainment of SEN pupils in mainstream classrooms.

3	Key Stage 4 - Attainment 8 gap between disadvantaged pupils and others	12.3	14.3	**Red**	2017 England = 12.8 (disadvantaged = 37.1, other = 49.9)	This indicator measures the gap in attainment between disadvantaged and non-disadvantaged pupils across 8 subjects including English and Mathematics. In 2017 the average Attainment 8 score for disadvantaged pupils in Buckinghamshire was 35.6, compared to a score of 49.9 for other (non-disadvantaged) pupils nationally. A whole school improvement model has been developed called 'Side by Side,' which is supporting under performing schools with expertise from the wider school community.
4	Overall attendance rate - secondary schools	94.8%	94.6%	**Amber**	England 2017 = 94.6%, South East 2017 = 94.6%	This indicator measures the attendance rate at Secondary Schools in Buckinghamshire. Performance in Buckinghamshire has increased by 0.1% to 94.6%. Buckinghamshire results are in line with both national and regional averages. Nationally results decreased by 0.2%. We are working closely with CAMHS to produce a toolkit for schools on improving mental health amongst the school community.

Resources Portfolio - Cllr. John Chilver

Total number of measures with a RAG (shown in chart above): 4

Measures where data currently unavailable: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	Forecast revenue expenditure keeps to budget	Breakeven (underspends are positive)	£2.888m underspend (actual for end-of-year)	Green	No benchmarking is available as this is an internal BCC specific financial PI.	Portfolio budgets overspend by £0.8m due to pressures in Children's Social Care, however this was offset by contingency budgets not required in year. Note that Scorecard figures relate to Portfolio finance only.
2	Forecast released capital expenditure keeps to budget	Breakeven (underspends and slippages are positive)	£17.1m slippage (actual for end-of-year)	Green	No benchmarking is available as this is an internal BCC specific financial PI.	Slippage largely related to Schools and Strategic Transport projects. Underspends were the result of the Southern Area Office and 3rd Lift projects which have been stopped / are under review. Note that Scorecard figures relate to Portfolio finance only.
3	Increase revenue through additional income	£6.613m	£6.808m (actual for end-of-year)	Green	No benchmarking is available as this is an internal BCC specific financial PI.	Although some income targets were not met, these were offset by over delivery of income from other projects.

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

Measure	Target	Current position	RAG	Benchmarking	Commentary
Reduce revenue expenditure through service efficiencies	£16.532m	£15.624m (actual for end-of-year)	**Red**	No benchmarking is available as this is an internal BCC specific financial PI.	Although some income targets were not met, these were offset by over delivery of income from other projects.

Planning & Environment Portfolio - Cllr. Bill Chapple

Total number of measures with a RAG (shown in chart above): 2

Measures where data currently unavailable: 0

Key areas of good performance

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	% of waste collected for recycling, reuse, composting or anaerobic digestion from household sources (household collection and Household Recycling Centres) [National Indicator 192]	56%	56% (this result is for Q3 2017/18 because the data runs one quarter behind)	Green	Ranked 32 of 352 for the total household waste recycling, composting and reuse rate for English local authorities from April 2014 to March 2015. South Oxfordshire ranked 1 (66.6%), Buckinghamshire ranked 32 (55.5%), Newham ranked 352 (14.7%) http://www.letsrecycle.com/councils/league-tables/	The Countywide target is 56% and we ended this year slightly above at 56.2%. It should be noted that Countywide Recycling figures are always one quarter in arrears (this data covers to the end of Dec 2017). There remains a longer term aspirational target of 60%, but this is unlikely to be met in the short-term due to reduced recycling/composting volumes. A significant part of performance is from green waste composting, which is seasonal, HRC recycling volumes remained steady around 75%. During Q3 there have been countywide behaviour change and communications campaigns to help improve recycling performance. It is too early to understand/correlate if this is having a direct impact.
2	% of re-use, recycling, composting and diversion from landfill for waste delivered at our Household Recycling Centres (HRCs) across Bucks	70%	74%	Green	Not Available	This measures the % of Household Waste that is sent for Recycling as a % of Total Waste i.e. excludes Residual (black bin bag) waste. Household Recycling Centre year to date performance is on track to meet target - YTD figures, allowing for seasonal variation i.e. reduced green waste in winter.

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

Measure	Target	Current position	RAG	Benchmarking	Commentary
There are no measures with lower than expected performance.					

Transportation Portfolio - Cllr. Mark Shaw

Total number of measures with a RAG (shown in chart above): 4

Measures where data currently unavailable: 0

▶ **Key areas of good performance**

	Measure	Target	Current position	RAG	Benchmarking	Commentary
1	Deliver congestion management for major infrastructure schemes	Green	Green	**Green**	Not Available	All 7 projects are on track. However, the A4 Sustainable Travel Scheme (Taplow) and the Eastern Link Road (South) Aylesbury are showing as amber owing to additional work needed to reduce the construction costs (A4 Taplow) and uncertainty around scheme costs (ELR-south). Both projects remain on track to be delivered on schedule.

▶ **There are no measures with new results at Q4 where performance is lower than expected.**