## Leader Portfolio - Cllr. Martin Tett

Helping to develop work opportunities and build self-reliance

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
1 BCC claimant count rate as % of national claimant count rate (contextual indicator)	Low	Quarterly	50%	43%	41%				GREEN	Rates:	

Helping make Bucks a desirable place to start and grow a business

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
% of new floor space developed in enterprise zones relative to projected amount in plan (performance measure)	High	Quarterly	100% at Q2 (no further delivery Q3/Q4)	110%	Not due until Q2				ŕ	Benchmark not currently available.	Floor space delivery is expected in Q2 (additional space is not expected in Q1).  Buckinghamshire Enterprise Zones (EZ) cover three areas: Silverstone, Westcott Venture Park and Arla/Woodlands.  The Revised EZ Implementation Plan (May 2018) set out the projected floor space to be developed across the 3 sites and estimates 306,041 sqm by 2040/41. So far (years 1 and 2), 12,307 sqm floor space has been delivered (4% of Cumulative Implementation Plan). In 2018/19, the Revised Implementation Plan (IP) forecast 1,700 sqm to be completed by end of Q2 2018/19 (achieving 4.6% of the Cumulative IP). As such the scheme is on track to deliver all floor space by 2040/41.  The EZ is currently generating £0.5m per annum from retained business rates – approximately £0.14m above the original forecast for end of Year 2 (March 2018). At the end of Year 2, 91 jobs have been created in the EZ compared to the forecast 43.

3 To improve availability of fixed fibre to residential and business premises (contextual indicator)	,	Quarterly	Graduated Target: Q1: 94.49% Q2: 94.57% Q3: 94.66% Q4: 94.74%	94.1% (based on >30mbps) . New baseline 94.4% (>24mbps )	94.7%		GREEN	94.7% Central Bedfordshire 96.0%	As at 31 March 2018 our coverage was at 94.4% (>24mbps) and is now (end June) at 94.7%, which is slightly above our quarterly target of 94.66% and suggests we are on track to hit the Connected Counties programme target (95% coverage by December 2019). 8 new structural units to provide fixed fibre broadband have gone live in and around Amersham, Aylesbury, Beaconsfield, Denham, Hampden Row, Iver, Marlow and Princes Risborough. Additionally, 3 new live structures are providing fibre to the premises in and around Bourne End, High Wycombe and Holmer Green.
4 Rank of number of New Business Registrations as defined by Companie House (contextual indicator)	High	Quarterly	Rank in Top 10/38 LEPs	8	10		GREEN	Local Enterprise Partnerships Ranking out of /38	There were 1,287 businesses registered in Buckinghamshire in this quarter (April to June 2018), according to Companies House. Company registrations in Buckinghamshire were almost unchanged compared to the 1,288 registrations in the same period last year, but fell 4.9 per cent compared to the previous quarter.  Only six of the 38 Local Enterprise Partnerships bettered England's rate of new company registrations in the last quarter, with Buckinghamshire ranking 10th with 30.2 registrations for every 10,000 residents aged 16 or over. Buckinghamshire ranked 4th among county council areas behind Warwickshire (45.4), Hertfordshire (41.0) and Northamptonshire (35.7).

## Helping make Bucks a desirable place for people to live their lives

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb E er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
5 Facilitating the delivery of Heathrow in an effective way	Green	Quarterly	Monitor	Monitor	N/A				N/A	No benchmark currently available.	Heathrow Airport Limited's Expansion project is on track. BCC are working to ensure that the emerging masterplan factors in opportunities for blue (e.g. flood mitigation betterment) and green (e.g. wildlife corridors and habitats and ecological improvements) infrastructure and linking to southern Buckinghamshire. To facilitate this the Cabinet Member is supporting the secondment of a BCC lead on blue infrastructure to work with the Colne Valley Park, other Councils near the airport and Heathrow Airport Ltd.
6 Successful delivery of key infrastructure schemes	Monitor	Quarterly	Monitor	Monitor	N/A				N/A	Local Target	Key infrastructure schemes (A355, A4 Taplow, Aylesbury Eastern Link Road South, SE Aylesbury Link Road, High Wycombe Town Centre Masterplan, A40, A418, & Oxford to Cambridge Expressway and Heathrow).  The majority of projects are on track and on budget with the exception of two: Firstly, A4 Taplow where current forecasts exceed available funding. We are negotiating with contractors to reduce scheme costs and investigating other funding streams to meet the shortfall. Secondly, the Eastern Link Road South, where finalisation of S106, land negotiations and funding is still required.

## Creating Opportunities & Build Self-Reliance

Continue to improve the health and wellbeing of our residents and address major health risks

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decem er 2018 r 201	Q4 hbe March 8 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
1 % of the eligible population invited to an NHS Health Check	High	Quarterly (in arrears)	100%	97.5% (2016/17)	74.8% (6,003/8,02 3)  This result is for Q4 2017/18 because the data runs a quarter in arrears.			RED	88.7% (Q4 2017/18 South East) 91.7% (Q4 2017/18 England) 87.4% (Q4 2017/18 CIPFA peers)	Although we are on target for the related measure regarding the percentage of people who receive a check from those who accepted an invitation, performance relating to the number of people who were initially invited is lower than target.  This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 74.8% (6,003/8,023). The target of 100% is to invite all those eligible for an NHS Health Check in the quarter. Achieving 100% requires every practice to invite all their eligible population. Benchmarking in Q4: 88.7%, South East; 91.7%, England; and 87.4%, mean of CIPFA peers.  Performance at Q4 has been impacted by lower invites from 10 practices who had achieved, or nearly achieved, 100% invites in previous quarters. These practices therefore sent out less invites in Q4, as a large proportion of those patients that were eligible in the year had already been invited and attended. A new list of eligible patients becomes available in the new financial year. Capacity issues have affected performance in another 6 practices.  Note that for the whole of 2017/18, the year-end position was RED at 87.1% (27,965/32,092). Benchmarks for 2017/18 are: 86.9%, South East; 86.4%, England; and 85.9%, mean of CIPFA peers. Despite the reduction in Q4, for the whole of 2017/18 Buckinghamshire has performed better than CIPFA Peers, South East and England. This is a mandated service.  Improvement Actions:  1. Work is being undertaken to provide support and improve performance in practices which are inviting less than 100%. After considering the Q4 reports, we will review the payment options for invitations to see if they can be structured to create an incentive to hit the target (a previous incentive payment was withdrawn).  2. The NHS Health Check team are exploring ways to work more closely with the Clinical Commissioning Group to influence practices with lower performance.
2 % receiving an NHS Health Check of those who were offered an NHS Health Check	High	Quarterly (in arrears)	48%	46.9% (2016/17)	64.3% (3,859/6,00 3 This result is for Q4 2017/18 because the data runs a quarter in arrears.				46.2% (Q4 2017/18 South East) 51.3% (Q4 2017/18 England) 53.4% (Q4 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 64.3% (3,859/6,003) against a local target of 48%. Benchmarking in Q4: 46.2%, South East; 51.3%, England; and 53.4%, mean of CIPFA peers. For 2017/18, the year-end position was GREEN at 53.0% (14,820/27,965). This is a mandated service.  64.3% of people invited for an NHS Health Check received a check. This is an improvement on previous quarters.

3 Appointment offered within 48 hours to clients attending GUM clinics	High	Quarterly (in arrears)	98%	98.1% (2016/17)	99.0% (3,888/3,92 7) This result is for Q4 2017/18 because the data runs a quarter in arrears.	GREE	Benchmarking information is not available.	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 99.0% (3,888/3,927) against a local target of 98%. Benchmarking data are not available. For 2017/18, the year-end position was GREEN at 99.7% (14,978/15,017). This is a mandated service.  The service delivered good performance against this standard for all quarters of the financial year.
4 % of successful alcohol treatment completions of those in treatment	High	Quarterly (in arrears)	40%	37.5% (2016/17)	35.4% (108/305) This result is for Q4 2017/18 because the data runs a quarter in arrears.	RED	38.8% (Q4 2017/18 South East) 40.1% (Q4 2017/18 England) 39.4% (Q4 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 35.4% (108/305) against a local target of 40%. Performance is slightly lower than the South East (38.3%) and around 5% lower than national and CIPFA peer averages (40.1% and 39.4% respectively). The year-end position is the same as at Q4 because this indicator is a 12-month moving average.  The new adult substance service started in October 2017, however, the recommissioning process started 10 months prior to this, so the whole of 17/18 data has been affected by the recommissioning. It is normal to see successful completion performance drop during recommissioning and the transition to a 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.  Improvement Action:  A robust Action plan has been implemented to improve successful completions. This is being monitored and reviewed by commissioners on a monthly basis to ensure that all aspects are developing as expected, and includes:  - A clinical and data audit to ensure that all successful completions are identified and reported. Further work is being undertaken to analyse the complexity of individual clients so that treatment and support options are appropriately targeted.  - A new case management tool to enable workers and managers to have a better oversight of caseloads and the expected process to successful completion, which will deliver better quality assurance.
5 % of successful drug treatment completions of those in treatment	High	Quarterly (in arrears)	15%	17.0% (2016/17)	12.3% (99/804)  This result is for Q4 2017/18 because the data runs a quarter in arrears.	RED	16.4% (Q4 2017/18 South East) 14.8% (Q4 2017/18 England) 16.4% (Q4 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 12.3% (99/804) against a local target of 15%. Performance is slightly lower than the South East (16.4%), national (14.8% and CIPFA peer averages (16.4%). Benchmarking in Q4: 16.4%, South East; 14.8%, England; and 16.4%, mean of CIPFA peers. The year-end position is the same as at Q4 because this indicator is a 12-month moving average.  The new adult substance service started in October 2017, however, the recommissioning process started 10 months prior to this, so the whole of 17/18 data has been affected by the recommissioning. It is normal to see successful completion performance drop during recommissioning and the transition to a 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.  Improvement Action:  A robust Action plan has been implemented to improve successful completions. This is being monitored and reviewed by commissioners on a monthly basis to ensure that all aspects are developing as expected, and includes:  A clinical and data audit to ensure that all successful completions are identified and reported. Further work is being undertaken to analyse the complexity of individual clients so that treatment and support options are appropriately targeted.  A new case management tool to enable workers and managers to have a better oversight of caseloads and the expected process to successful completion, which will deliver better quality assurance.

6 % of births that receive a face-to-face New Birth Visit within 14 days by a health visitor	, o	Quarterly (in arrears)	90%	89.9% (2016/17)	95.4% (1,397/1,46 4)  This result is for Q4 2017/18 because the data runs a quarter in arrears.		GREEN	85.6% (Q3 2017/18 South East) 88.4% (Q3 2017/18 England) 88.1% (Q3 2017/18 CIPFA peers)	This result is for Q4 2017/18 because the data are a quarter in arrears. Q4 performance was 95.4% (1,397/1,464) against a local target of 90%. Most recent benchmarking data is for Q3 2017/18: 85.6%, South East; 88.4%, England; and 88.1%, mean of CIPFA peers. For 2017/18, the year-end position was green at 95.4% (5,600/5,873). This is a mandated service.  Coverage for this mandated contact is good and is better than, or similar to, national and regional average up to Q3 2017/18.
7 Number of clients screened by Live Well Stay Well	High	Quarterly (in arrears)	6,000	New	Not due until Q2		N/A	No benchmark available	Live Well Stay Well is a free service commissioned by BCC that has helps people to lose weight, quit smoking, get more active, feel happier or manage their diabetes.  This indicator will be reported in Q2. Live Well Stay Well successfully launched on the 1st April 2018 and is now up and running.

## Improve community safety and reduce crime and the fear of crime

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
8 Improvement in risk category for those clients working with an Independent Domestic Violence Advocate (IDVA)		Annual (April)	65%	74.0%	Not due until Q4				N/A	Local Measure	Data expected April 2019.

	Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decembe er 2018 r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
	% of customers who rate the registration service as good or excellent	High	Quarterly	95%	99.5%	96.8% (120/124)			GREEN	Local Measure	96.8% (120/124) rated the registration service as good or excellent. This exceeds the local target of 95%. Benchmarking data are not available.
10	Total number of visitors to Bucks County Museum	High	Quarterly	91,088 annually. Graduated Target: Q1: 22,772 Q2: 45,544 Q3: 68,316 Q4: 91,088	96,963	26,200			GREEN	Local Measure	Indicator value of 26,200 in Q1 exceeded local target of 22,772. Benchmarking data are not available.
11	Number of downloads per annum in Libraries	High	Quarterly	102,000 annually Graduated target Q1: 25,500 Q2: 51,000 Q3: 76,500 Q4: 102,000	107,592	31,372				Local Measure (No benchmark available)	Indicator value of 31,372 in Q1 exceeded the local target of 25,500. New Bolinda e-audio books and e-mags continue to be popular. Benchmarking data is not available.
	Number of individuals in voluntary organisations supported through training (VCS infrastructure) (contextual)	High	Quarterly	240 per quarter	New	240			GREEN	Local Measure	Performance in Q1 (240) met the local target. Benchmarking data are not available.

13 % of Customer Service Centre calls that are abandoned	Low	Quarterly	10%	12% (March 2018)	10%	GREEN	15%, Staffordshire 10%, Warwickshire <5%, Nottinghamshire <5%, Oxfordshire <5%	
14 % of Customer Service Centre calls that are answered in 29 seconds or less	High	Quarterly	40%	39% (March 2018)	49%	GREEN	not available	This indicator measures phone calls that people make to the Customer Service Centre that are answered within 29 seconds.  Half (49%) of all phone calls were answered within 29 seconds, which is above the 40% target. Training has been carried out with all staff in how to manage calls, which has enabled more calls to be answered. There has subsequently been a 10 percentage point increase in the proportion of calls that have been answered within 29 seconds since March 2018.  Improvement Actions:  1. To improve how people's contacts are answered, we are planning to make more customer services available online, so that they can be accessed quickly without having to telephone the Customer Services Centre.

# Mealth and Wellbeing Portfolio - Cllr. Lin Hazell

Safeguarding our vulnerable

Safeguard vulnerable adults including providing understanding and dignity in end of life care.

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decembe er 2018 r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
Delayed transfers of care from hospital per 100,000 population (attributable to Social Care)	Low	Quarterly	Awaiting formal guidance from NHS England to set target	2.40	No data			·	Awaiting 2017/18 benchmarking data. 2016/17 measure was based on people delayed not days delayed	No update this Quarter.
2 % repeat contacts in Adult Social Care	Low	Quarterly	Placeholder - New measure, baseline and targets to be worked up - reporting development required	New	33%				not yet available.	This indicator measures the amount of multiple contacts to Adult Social Care and how many of these are a repeat contact. This will help us to monitor if we are helping people with the right support and signposting at their first point of contact to avoid a repeat in contact. As this is a newly reported indicator we are currently establishing a baseline to inform a future target.  Performance for quarter 1 shows that there has been an increase from 21.3% (April 2018) of repeat contacts to 32.6% (June 2018). There is no comparator data available and this area will be closely monitored over the next quarter.
3 % contacts progressed to assessment in Adult Social Care	Low	Quarterly	Placeholder - New measure, baseline and targets to be worked up - reporting development required	New	38%				not yet available.	This indicator measures the amount of contacts to Adult Social Care and how many of these progress to an assessment.  Performance for quarter 1 shows a consistent amount of contacts which progress to an assessment with a variance of 1.5%. Reducing dependency and helping people stay independent for longer is an important area of work. Our aim is to have a longer more detailed discussion at the point of contact. This would help provide us with a better understanding of a person's needs and whether they do require a social care assessment.

4 % of assessments resulting in a service in Adult Social Care	High	Quarterly	Placeholder - New measure, baseline and targets to be worked up - reporting development required	New	60%	N	N/A	not yet available.	This indicator measures the amount of Adult Social Care assessments and how many of these result in services.  Performance for quarter 1 shows a decrease in the amount of services being provided following an Adult Social Care assessment. Reducing dependency and helping people stay independent for longer is an important area of work. This indicator shows there is an understanding at identifying when social care services are needed and when other help and support is more appropriate for the person.
5 % Adult Social Care clients receiving an annual review	High	Quarterly	Graduated Target: Q1: 20% Q2: 40% Q3: 70% Q4: 100% (9% points tolerance at year end)	84.0%	19.6%	AN	ИBER	not yet available.	This indicator measures the proportion of people receiving a review of their care package at least once during the year.  Performance for quarter 1 is 19.6%, which is slightly below the quarterly target (20.0%). As this is a local measure there is no national or comparator benchmarking.  Improvement Action:  1. We are identifying additional capacity to support the completion of the reviews in the form of Business Managers and Business Support alongside managing the quality of the reviews and embedding Strength-Based practice.  Note: The Strengths-Based Approach is a move away from 'fixing' someone's symptoms or problems towards supporting people by enabling them to recognise and use their strengths, talents, knowledge, skills and experience.
6 % of young people at age 15/16yrs (Year 11) who have a transitions plan	High	Quarterly	Placeholder - New measure, baseline and targets to be worked up - reporting development required	New	No data	N	N/A	Benchmarking not yet available.	No update this Quarter.

Ensure our older, disabled and vulnerable people receive support that is right for their needs, delaying the need for care through earlier diagnosis, intervention and reablement, including helping unpaid carers Improving outcomes for adults with special educational needs or disability

	Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb December 2018 r 2018	Q4 • March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
7	% of people re-abled with an outcome of Independence	High	Quarterly	45.0%	36.0%	35.1%			RED	Benchmarking not currently available.	This indicator measures the % of service users who were independent following a period of re-ablement.  Performance does fluctuate across the reporting year historically between c.35% - c.40% dependent upon complexity of referrals received and is influenced by seasonal factors. Our target is to raise the proportion of those who are independent when they exit (during 2018-19), to an average 45% (our current average is 38% (2017-18). An improvement in % independence at exit must be viewed in conjunction with improved sustainability measures post exit and the number of referrals received into the service.  Improvement Action:  1. We are embedding the strength based approach, assessment and ALT training and the alignment of the BCC and Rapid Response and Intermediate Care (RRIC) services. These are expected to drive improvements in the quality and efficiency of the service delivered and will drive an increase in the amount and acceptance of referrals received.
8	% of adults in contact with secondary mental health services who live independently	High	Quarterly	84.5%	81.0%	89.0%			GREEN	No benchmarking due to national data quality issues.	This indicator measures the proportion of people in contact with secondary mental health services who live independently.  Performance for quarter 1 is 89.0% which is above target (84.5%). There is no benchmarking data available for 2016/17 due to national issues with data accuracy.
9	% of clients using social care who receive direct payments	High	Quarterly	37.0%	41.7%	42.6%				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 1 was 42.6%, which is above the target of 37% and above national (28%) and comparator performance (32%). This shows an increase of 0.9% from the previous quarter.
10	Admissions of older people (65+) into residential and nursing care. Rate per 100,000 of population	Low	Quarterly (Cumulativ e)	Graduated target Q1: 100.2 Q2: 200.4 Q3: 300.6 Q4: 400.8	400.8	98.9				average of 610.7 and the 2016/17 comparator	This indicator measures the number of older people admitted to long term residential or nursing care, expressed as a rate per 100,000 population and is good to be low.  Performance for quarter 1 is 98.9, which is below target (100.2) for this quarter. The national and comparator group averages are based on the year end performance for this measure so cannot be compared until Q4.

11	Admissions of adults (under 65 yrs.) into residential and nursing care. Rate per 100,000 of population	Low	Quarterly (Cumulativ e)	Graduated target Q1: 2.3 Q2: 4.6 Q3: 6.9 Q4: 9.2	9.2	2.5	AMBER	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 and is good to be low.  Performance for quarter 1 is 2.5, which is above target (2.3) for this quarter. The national and comparator group averages are based on the year end performance for this measure so cannot be compared until Q4.  Improvement Action:  1. We will continue to review requests for placements to ensure that this is the last resort and in the best interests of service users. Further opportunities to help service users to remain at home where possible are also being explored.
12	% of adults with learning disabilities who live in their own home or with their family	High	Quarterly	69.8%	69.8%	69.0%	AMBER	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 1 is 69.0%, which is slightly below target (69.8%) and below national (76.2%) and comparator performance (75.1%).  Improvement Action:  1. We will continue to review requests for placements to ensure that where possible LD service users can retain independence. A Market Position Statement on housing and accommodation has been developed with partners to support these service users and performance in this area.
13	% of adults with a Learning Disability in paid employment	High	Quarterly	7.0%	7.0%	6.3%	AMBER	5.3%, National: 5.7%	This indicator measures the proportion of adults with a learning disability who are in paid employment. Supported Employment services are provided by our in house Direct Care Services who support these adults to prepare for work, find work and will continue to support them ongoing.  Performance for quarter 1 is 6.3% which is slightly below target (7%), however above national (6%) and comparator (5%) performance.  Improvement Actions:  1. Options for enabling more users to readily access employment opportunities are being explored as part of the review of the Direct Care and Support services.  2. We are working with the Supported Employment Service to increase referrals; work with adults earlier in the path to employment and move supported clients positively over to open employment where eligible.
14	% of adults with secondary MH services in paid employment	High	Quarterly	15.0%	15.0%	15.0%		No benchmarking due to national data quality issues.	This indicator measures the proportion of adults known to secondary mental health services who are in paid employment.  Performance for quarter 1 is 15% and therefore the target (15%) has been achieved. There is no benchmarking data available for 2016/17 due to national issues with data accuracy.
15	% of service users who have as much social contact as they would like	High	Annual	45.0%	45.0%	Not due until Q4	N/A	Comparators: 46.7%, National: 45.4%	No update this Quarter.

% of carers who have as much social contact as they would like	High	Annual	36.0%	39.0%	Not due until Q4		Comparators: 33.6%, National 35.5%	No update this Quarter.
Median age of entry in to Residential/Nursing care	High	Quarterly	New measure, baseline and targets to be worked up - reporting development required	New	No data		Benchmarking not currently available.	No update this Quarter.
Average length of stay in Residential/Nursing care	Low	Quarterly	New measure, baseline and targets to be worked up - reporting development required	New	797.9 days		not currently available.	This indicator measures the average length of time service users are placed in residential or nursing placements (permanent). Our aim, through the Transformation Programme is to reduce this time and delay long term placements as it is better for the service users to remain independent as long as possible. As this is a newly reported indicator we are currently establishing a baseline to inform a future target.

# © Children's Services Portfolio - Cllr. Warren Whyte

Safeguarding our vulnerable
 Safeguard vulnerable children; keep children in their own home where it is safe to do so and identify and take action where we find exploitation of children and young people

Demand									
Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q3 Q4 eembe Mare 2018 201		Benchmarks e	Q1 18/19 CABINET Commentary
1 Rate per 10,000 of children on Child Protection Plans	Monitor	Quarterly	Monitor	52.3 (March 2018)	51.90		N/A	SN 36.7, SE 41.3, National 43.3	This indicator measures the number of children on child protection plans, expressed as a rate per 10,000 of the 0-18 year old population.  At the end of June 2018, 634 children were on a child protection plan, equating to a rate of 51.9. Buckinghamshire's rate is above the England, South East and statistical neighbour averages.  To address this we have developed a high level action plan following the November 2017 Ofsted inspection. We are offering a 'wrap around' service to support children on child protection plans and ensure effective use of early help interventions to support families.  In addition, we are working with partners to review the volume of activity in the front door as well as improve the contribution of child protection Chairs.
2 Rate per 10,000 of children in need	Monitor	Quarterly	Monitor	209.5 (March 2018)	217.29		N/A	SN 261.6, SE 302.5, National 275.2	This indicator measures the number of children on children in need plans, including children looked after and those on child protection plans, expressed as a rate per 10,000 of the 0-18 year old population.  At the end of June 2018, there were 2,656 children in need. The number of children in need in Buckinghamshire is below the rates of England, South East and Statistical Neighbours.  We are conducting an audit of all children on children in need plans to identify learning and best practice, act on the findings from these audits and apply the learning in supervision and line management of social work teams.
3 Rate per 10,000 of children looked after (contextual)	Monitor	Quarterly	Monitor	39.4 (March 2018)	39.40		N/A	SN 40.5, SE 51, National 62	This indicator measures the number of children looked after, expressed as a rate per 10,000 of the 0-18 population. At the end of June 2018, there were 481 children looked after, equating to a rate of 39.4. Buckinghamshire's rate is below England, South East and statistical neighbour averages.  To improve permanence for children looked after we are refreshing our Placement Sufficiency Strategy and supporting the granting of Special Guardianship Orders where appropriate.

Quality											
Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb I er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
% repeat referrals within 12 months	Low	Quarterly	28%	36% (March 2018)	33%				RED	SN 20.6%, SE 25.7%, National 21.9%	This indicator measures the proportion of repeat referrals we receive within 12 months.  At the end of June 2018 we had received 853 repeat referrals, which equates to 33%. This is above England, South East and statistical neighbour averages.  We have strengthened processes to ensure there is improved management oversight of referrals and are conducting multi-agency reviews to identify opportunities for service improvement.
% of Children who became the subject of a Child Protection Plan for a second or subsequent time	Low	Month only (not quarterly data)	19%	19% (March 2018)	18.7%				GREEN	SN 22.8%, SE 22.2%, National 18.7%	This indicator measures the proportion of children who have become subject to a child protection plan for a second or subsequent time.  Of the children who became subject to a child protection plan between 1 April 2018 and 30 June 2018, 18.7% were subject to a second or subsequent child protection plan. Buckinghamshire's performance is lower than England, South East and statistical neighbour averages.  We are conducting auditing, practice forums and peer challenge sessions to ensure that child protection plans achieve sustainable and positive change.
% of care leavers in employment, education, or training (EET)	High	Quarterly	60%	60% (March 2018)	61%				GREEN	SN 51.7%, SE 50.0%, National 50%	This indicator measures the proportion of care leavers who are in employment, education and/or training (EET). At the end of June 2018, 61% of care leavers were in EET. Buckinghamshire's performance is higher than the England, South East and statistical neighbour averages.  We are working to develop our offer to care leavers regarding training and employment opportunities.
% of children waiting less than 14 months between entering care and moving in with their adoptive family	High	Quarterly	75%	72% (March 2018)	38%				RED	SN 43%, SE 46%, National 47%	This indicator measures the proportion of children who wait for less than 14 months between entering care and moving in with their adoptive family.  At the end of June 2018, 38% of children had moved in with their adoptive family within required timescales. This performance is lower than the England, South East and statistical neighbour averages.  The adoption team continues to work with a significant number of children with complex needs who will often take longer to place. We have increased presence on social media, with dedicated Facebook and Twitter pages for adoption recruitment, to encourage interest from prospective adopters in sibling groups and children with complex needs.

#### Voice of the child

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Septemb	Q3 Decembe r 2018	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
8 % Children Looked After (CLA) seen in the last 6 weeks	High	Quarterly	91%	87% (March 2018)	87%			RED	Benchmarking information not currently available.	This indicator measures the proportion of children looked after who are seen at least once every 6 weeks.  At the end of June 2018, 87% of children looked after had been seen within required timescales. No benchmarking information is available for this indicator.  To improve performance we are developing a targeted action plan to ensure visit patterns are consistent and timely.

#### ► Timeliness of the journey of the child

Timeliness of the journey of the	e chila								
Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decemb er 2018 r 2018	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
9 % assessments completed in 45 working days	High	Quarterly	82%	83% (March 2018)	80%		AMBER	SN 81.3%, SE 83.8%, National 82.9%	This indicator measures the proportion of assessments that are completed within 45 working days.  At the end of June 2018, 80% of assessments had been completed within the 45 working day timescale, which is slightly below England, South East and statistical neighbour averages.  Performance has been improving month on month since April and all Team Managers now check in at 10, 20 and 30 days into the assessment timeline to identify and resolve issues, so that assessments can be completed on time.
10 % ICPC (Initial Child Protection Conference) held within 15 working days of the strategy discussion	High	Quarterly	80%	82% (March 2018)	89%		GREEN	SN 82%, SE 75%, National 77.2%	This indicator measures the proportion of Initial Child Protection Conferences (ICPC's) that are held within 15 working days from the Strategy Discussion.  At the end of June 2018, 89% of ICPC's were held within required timescales. This performance is currently above the 80% target and above the England, South East and statistical neighbour averages.  Requests for ICPC's are monitored weekly to ensure compliance with practice standards.

# Sufficiency of children's placements

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
11 % of CLA living more than 20 miles from home	Low	Month only (not quarterly data)	47%	53% (March 2018)	56%				SN 23.5%, SE 16%, National 14%	This indicator measures the proportion of children looked after who are placed more than 20 miles from their home.  At the end of June 2018, 56% of children looked after were placed more than 20 miles from their home. This performance is higher than England, South East and statistical neighbour averages.  Improvement actions to increase local in-house placement provision include opening Buckinghamshire County Council's first new children's home and implementing our Fostering Recruitment and Retention Strategy to increase in-house foster carers.  It is important to note that placements within the geographical boundary of Buckinghamshire may exceed 20 miles in some cases. However, this is still accessible compared to other areas of the country where placements are within 20 miles but less accessible.

# © Education & Skills Portfolio - Cllr. Mike Appleyard

 Safeguarding our vulnerable Improve outcomes for children with special educational needs or disability
 Deliver effective interventions and family support to achieve better outcomes for all children, reducing the need to access statutory services

► Improving Education Standards for Disadvantaged Pupils

	Measure	Good to be	Data period	Target	Last years outturn 2017	2015	2016	2017	2018	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
1	Year 1 Phonics - expected standard gap between disadvantaged pupils % and others %	Low	Annual outturn only	16%	16%	18%	17%	16%			2017 England = 14% (disadvantaged = 70%, other = 84%)	Annual outturn - No update this Quarter.
	Key Stage 2 - expected standard (reading, writing & maths) gap between disadvantaged pupils % and others %	Low	Annual outturn only	27%	30%	N/A	24%	30%			2017 England = 20% (disadvantaged = 48%, other = 68%)	Annual outturn - No update this Quarter.
3	Key Stage 4 - Attainment 8 gap between disadvantaged pupils and others	Low	Annual outturn only	12.8	14.3	N/A	13.9	14.3		·	2017 England = 12.8 (disadvantaged = 37.1, other = 49.9)	Annual outturn - No update this Quarter.
4	Early Years Foundation Stage Profile - 'good level of development' gap between disadvantaged pupils % and others %	Low	Annual outturn only	19%	19%	18%	19%	19%			National data is not available for this group of pupils	Annual outturn - No update this Quarter.

#### ► Improving Education for SEND Pupils

Measure	Good to be	Data period	Target	Last years outturn 2017	2015	2016	2017	2018	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
5 Key Stage 2 - % of pupils with a statement of SEN or EHCP reaching the expected standard in reading, writing and mathematics	High	Annual outturn only	8%	8%	N/A	9%	8%			England 2017 = 8% South East 2017 = 7%	Annual outturn - No update this Quarter.
6 Key Stage 4 - average Attainment 8 score for pupils with a statement of SEN or EHCP	High	Annual outturn only	16.0	16.5	N/A	19.9	16.5			England 2017 = 13.9 South East 2017 = 14.2	Annual outturn - No update this Quarter.
Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
7 % new Education, Health & Care plans issued within 20 weeks (excluding exceptions)	High	Quarterly	32.0%	8.5%	30.7% (Calendar year to date)					year Buckinghamshire = 50.9 South East = 43.1 England = 58.6 2017 calendar	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.  For the period 1/1/2018 - 30/6/2018, a total of 292 EHCPs were issued, and 30.7% of these were issued within the 20 week timescale. Timescales for EHCPs issued in the last 2 months have improved significantly, with 50% of the plans issued in May and 60% of the plans issued in June being issued within 20 weeks.  This process is now being managed robustly with weekly monitoring meetings.

Creating Opportunities & Build Self-Reliance
 Ensure that our pre-school children grow up 'school ready' and enable and support all our children to be successful and cared for throughout their school years

Exclusions and Attendance

Measure	Good to be	Data period	Target	Last years outturn 2017	2015	2016	2017	2018	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
8 Overall attendance rate - primary schools	High	Annual outturn only (Academic Year in Arrears)	96.0%	96.2%	96.3%	96.1%	96.2%		N/A	England 2017 = 96.0%, South East 2017 = 96.1%	Annual outturn - No update this Quarter.
9 Overall attendance rate - secondary schools	High	Annual outturn only (Academic Year in Arrears)	95.0%	94.6%	94.5%	94.5%	94.6%		N/A	England 2017 = 94.6%, South East 2017 = 94.6%	Annual outturn - No update this Quarter.
10 Permanent exclusion rate - primary	Low	Annual outturn only (Academic Year in Arrears)	0.03%	0.05%  This result is for the academic year 2015/16 because the data runs one year behind.	data not available	This result is for the acade mic year 2014/1 5 becaus e the data runs one	This result is for the acade mic year 2015/1 6 becaus		N/A	England = 0.02 South East = 0.02	Annual outturn - No update this Quarter.

(Academic Year in Arrears)	O.24% O.08% O.13% O.24% N/A  This result is for the result result is academic year the acade mic because mic year 2015/1 runs one year 5 becaus behind.  Decause the data data runs runs one year year behind.  Decause the data data runs runs one year year behind.	England = 0.17 South East = 0.12  Annual outturn - No update this Quarter.
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## Quality of schools

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb I er 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
12 % of pupils attending schools rated good and outstanding by Ofsted	High	Quarterly	88.0%	90.2%	89.0%				31/8/2017 = 88% South East 31/8/2017 = 88%	At the end of Q1 89% of pupils attended a school judged to be good or outstanding - this is above national average. 9 schools are classed as inadequate based on Ofsted's new reporting methodology. Of these 6 have since closed and reopened as sponsored academies which have not yet been inspected. 9 schools have been judged as Requires Improvement.  Support through our "Side by Side" partnership model is in place for all schools judged to be "not yet good" or of concern to the LA.

#### ► Improving Education Standards for All Pupils - Attainment

Measure	Good to be	Data period	Target	Last years			Academic Academi	Latest	Benchmarks	Q1 18/19 CABINET Commentary
				outturn 2017/18		c Year 2016/20 17	Year c Year 2017/201 2018/19 8	performance (RAG)		
13 Early Years Foundation Stage Profile - % of pupils achieving a good level of development	High	Annual outturn only (Academic Year in Arrears)	74%	74%	68%	71%	74%	·	England 2017 = 71% SE 2017 = 74%	Annual outturn - No update this Quarter.
14 Year 1 Phonics - % of pupils reaching the expected standard	High	Annual outturn only (Academic Year in Arrears)	82%	82%	77%	81%	82%	·	England (state- funded schools) = 81% South East = 82%	Annual outturn - No update this Quarter.
15 Key Stage 1 - % of pupils reaching the expected standard in reading	High	Annual outturn only (Academic Year in Arrears)	79%	79%	N/A	77%	79%		England (state- funded schools) = 76% South East = 78%	Annual outturn - No update this Quarter.
16 Key Stage 1 - % of pupils reaching the expected standard in writing	High	Annual outturn only (Academic Year in Arrears)	69%	69%	N/A	65%	69%		England (state- funded schools) = 68% South East = 70%	Annual outturn - No update this Quarter.

17 Key Stage 1 - % of pupils reaching the expected standard in mathematics	High	Annual outturn only (Academic Year in Arrears)	76%	76%	N/A	72%	76%	N/A	England (state- funded schools) = 75% South East = 77%	Annual outturn - No update this Quarter.
18 Key Stage 2 - % of pupils reaching the expected standard in reading, writing and mathematics	High	Annual outturn only (Academic Year in Arrears)	64%	64%	N/A	56%	64%	N/A	England (state- funded) 2017 = 62% SE 2017 = 63%	Annual outturn - No update this Quarter.
19 Key Stage 4 - average Attainment 8 score	High	Annual outturn only (Academic Year in Arrears)	53.0	52.6	N/A	55.4	52.6	N/A	England (state- funded) 2017 = 46.1 SE 2017 = 47.2	Annual outturn - No update this Quarter.

Achieving best value for money and delivering services as efficiently as possible

I	Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
þ	6 of BCC Website pages that meet accessibility standards	High	Quarterly	Graduated Target Q1: 68% Q2: 69% Q3: 70% Q4: 75%	64%	65%				AMBER	BCC: 65%  Local Authority Average: 68%	This indicator measures the percentage of pages on the BCC Website that meet equal access standards, which enables everyone to be equally able to use and access information on the BCC Website. Existing websites need to be 100% accessible by September 2020.  At the end of Quarter 1, 65% of pages on the BCC Website met accessibility standards, which is below the 74% target for this quarter. Although below target, accessibility is part of the SOCITIM rating for the BCC Website, which has recently improved from a Two Star rating to a Three Star rating. We also commissioned a report on accessibly from SOCITM to show areas where improvement is required.  Improvement Action:  1. The changes that need to be made to the BCC Website to improve accessibility standards have been identified. A plan is in place to re-design the website to meet accessibility standards including specific improvements highlighted by SOCITM. The percentage of BCC Website pages meeting accessibility standards will therefore improve at Q3 and throughout the year.
а	6 total capital spend across BCC (forecast) compared to Budget	Breakeven	Quarterly	100% (to remain between 90- 110% of capital budget)	New	96.1% (forecast EOY underspen d)				GREEN	Benchmark not currently available	As reported in the Q1 2018/19 Finance Monitoring Report July 2018, the council is forecasting an underspend of 3.9% (£4.6m) for the financial year 2018/19. The target for this indicator is for capital spending (forecast) to remain between 90% and 110% of the capital budget.  Note that this indicator measures progress on delivering the capital programme for property and assets.  Improvement Actions:  The main reasons for the capital variance and the associated actions are:  1. Health & Wellbeing (respite service) with a -£2,800k variance - a review of capital requirements is being undertaken.  2. Growth & Strategy schemes funded by the Local Enterprise Partnership, which experienced a £701k slippage on gross expenditure.  3. There is a £331k slippage within the freight strategy capital budget, due to delays in implementation.  4. Within Education, there is a forecast 2018/19 slippage of £444k on primary schools, £22k on secondary schools and £109k on SEN.
(	6 Overall revenue forecast) variance across the council	Breakeven	Quarterly	£0 overspend (0%)	-1% (underspe nd) (March 2018)	0.38% (forecast EOY overspend)				AMBER	Benchmark not currently available	As reported in the Q1 2018/19 Finance Monitoring Report July 2018, the council is forecasting a 0.38% (£1.2m) overspend of its revenue budget for the end of 2018/19. This includes a £1.95m overspend in Children's Services, £1.34m overspend in Education, with smaller overspends forecast in Community Engagement, Health and Wellbeing and Resources. These forecast overspends are partially offset by a forecasted underspend of £2.76m in Corporate Costs.  Improvement Actions:  1. The spending position will be monitored on a monthly basis.  2. All Portfolios forecasting an overspend are drawing up action plans to mitigate these pressures.  3. All Portfolios are carrying out a detailed review of their budgets in order to identify actions to bring the overall Council spend to within the approved budget.

4 Value of all unsecured debt that is over 90 days	Low	Quarterly	£3.5m (to be below)	£3.4m	£3.6m		AMBER	Benchmark not currently available	This indictor measures outstanding debt that is not secured against a property or other asset that is over 90 days old. In quarter one, £3.6m of the council's total unsecured debt was over 90 days old.  We have introduced new process to improve how debt is collected, which has reduced the amount of outstanding debt overall, but older debt still remains more difficult to collect.  The overall level of unsecured debt has reduced by £3.2m (23% to £8.8m) in the last 12 months, with the unsecured debt that is over 90 days old reducing by £0.9m (14% to £3.6m).  Improvement Actions  1. All outstanding unsecured debt is being reviewed, focusing on the largest and oldest debts within each Business Unit.  2. We are tackling 'high risk' unsecured debt in Adult Social Care (totalling £1.4m), through a Task and Finish Group that is focusing on improving processes to recover unsecured debt and improving the reporting of unsecured debt to the Business Units Budget Board.  3. New processes are being introduced to address unsecured debt between services and the debt management teams, including improved reporting of debt across the council.
5 % of empty properties across the County Council estate that are void (excluding schools)	Low	Quarterly	5% (less than)	New	1.8%		GREEN	Benchmark not currently available	This indicator measures the number of empty properties that are part of the councils property estate. Across the whole of the councils property estate (excluding schools) 1.8% of properties are empty, which is meeting the 5% target (its good to be low).  There were a total of 11 vacant properties at the end of Q1, where plans are either being developed to change how the properties are being used or for the properties to be sold where they are no longer needed.

Measure Good to be Data period Target Last years O1 Q2 Q3 Q4 Latest Benchmarks Q1 18/19 CABINET Commentary  outturn June 2018 Septemb Decembe March performance er 2018 / 2019 (RAG)	
6 Apprenticeship Levy - High Annual 60 at year 75 Not due N/A Provisional <b>This is an annual statutory indicator and data is no</b>	ot due until Q4.
Number of existing end until Q4 average	
staff and new proportion of Performance for BCC (excluding schools) last year v	was 19% above of the government target (75 apprenticeships
employees taking up take up against a target of 63).	
apprenticeships compared to	
(excluding schools)	
target is 57% for	
2017/18	
(excluding	
schools) (based	
on a survey of 78	
LAs)	
BCC Result:	
119%	

# Planning & Environment Portfolio - Cllr. Bill Chapple

Working with partners to manage waste effectively

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decemb er 2018 r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
1 NI192: % of waste collected for recycling, reuse, composting or anaerobic digestion from HH Sources (household collection and HRCs) (contextual indicator)	High	Quarterly (in arrears)	60.0%	56.6%	50.8% This result is for Q4 2017/18 because the data runs a quarter in arrears			RED	2016.17 Ranked 33/350 for the total household waste recycling, composting and reuse rate for English local authorities.	This indicator is based on waste collected at the County Councils Household Recycling Centres and District Council kerbside collections. Note that recycling, reuse and composting rates are generally lower for kerbside collected
Working with partners to be m	indful of environ	mental factors in I	Planning							

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 <b>CABINET</b> Commentary
2 % of Sustainable Drainage planning applications responded to within 21 days or agreed timeframes (performance measure)	High	Quarterly	100% (>85% locally) (15% points tolerance every quarter)	100%	93%				GREEN	No benchmark currently available.	BCC is a Lead Local Flood Authorities (LLFA). LLFA's have a statutory duty to respond to planning applications for sustainable drainage schemes for all major developments (>10 houses or >1 hectare). It is our responsibility to determine whether the proposed drainage scheme and ongoing maintenance for a major development complies with the relevant technical standards and policies.  The current position is 93%, which is in keeping with the same period last year (92%) (around 100-130 applications). Discussions and negotiations are ongoing with Districts to help manage the number of applications. Following support from Cabinet Members, we have recruited additional resource to help screen the applications as they come in, to manage the workload.

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb er 2018	Q3 Decembe r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
3 NHT Public Satisfaction Survey: (KBI 15) % of customers satisfied with their local Rights of Way Network (contextual indicator)	High	Annual (November )	60%	58%	Not due until Q3	Not due until Q3			N/A	Ranked 69/112 authorities surveyed. We were exactly average across all authorities this year for public satisfaction.	Annual measure due in Q3.
4 Country Parks: Visitor Numbers (performance measure)	High	Quarterly	Graduated Target: Q1: 293,000 Q2: 596,000 Q3: 798,000 Q4: 1,010,000	Q4 2017.18 1,010,385	297,169				GREEN	Local Target (No benchmark available)	The annual target for this measure is 1,010,386 visitors by year end. In Q1 we had 297,169, which is 5% lower than the same quarter last year (315,846 visitors). The reason for this drop is attributed to the record high numbers of visitors in April last year owing to the unseasonably dry weather. Visitor numbers in both May and June of this year were higher than last year: 4.9% higher in May and 7.8% higher in June. If the good weather continues we expect the increases in visitor numbers to continue as well. There is work underway to improve the cafe at Denham Park.

## © Transportation Portfolio - Cllr. Mark Shaw

Managing existing Highways Infrastructure using a risk-based asset management approach to reflect local needs and priorities

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Q3 Septemb Decembe er 2018 r 2018	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
1 % of principle roads where structural maintenance should be considered (our 'A' roads) (performance measure)	Low	Annual (Mar)	5.0%	3.5%	Not due unitl Q4			N/A	Benchmark data not currently available.	Annual measure due in Q4.
2 % of individual Capital schemes (Network Safety, Safety Fencing and Drainage) completed by year end (performance measure)	High	Quarterly	90.0%	97.0%	100%			GREEN	Local Target (No benchmark available)	Performance during Q1 has been very good with all activities planned during this period delivered to programme. Delivery of schemes during this period have centred around the delivery of the drainage programme with 11 schemes delivered to date. Other work completed during this period includes the successful delivery of two network safety schemes together with a scheme from the safety barrier programme.
3 % of overall Capital Carriageway Maintenance Programme delivered by year end (performance measure)	High	Quarterly	90.0%	98.9%	100%			GREEN	Local Target (No benchmark available)	Despite periods of unseasonal weather, performance during Q1 has been very good (100% for April, May and June), with all activities planned during this period delivered to programme. This trend is consistent with the performance during 2017/18. Delivery during Q1 has centred around the delivery of the conventional surfacing programme with 8 schemes delivered to date. Other work completed during this period includes the successful delivery of the joint sealing programme with 9 schemes delivered, as well as the ongoing delivery of preparatory work associated with both the surface dressing & micro-surfacing programmes of work.
4 % of Category 1 defects repaired in 2 working days (as per current Highways Safety Inspection Policy) (performance measure)	High	Quarterly	93.0%	74.4%	43.0%			RED	Local Target (No benchmark available)	This indicator measures how many revenue defects (non-emergency) e.g. potholes, gullies, are repaired within 2 working days.  The current position is 43% which is lower than the 93% target and which is markedly lower than 85% for Q1 in 2017-18. The decrease in performance seen this year is a consequence of the deterioration of the carriageway following the severe weather conditions experienced during the winter. Q1 2017-18 we recorded 986 CAT1 defects, whereas Q1 2018-19 we recorded 2527 - which is a 156% increase (300% increase for all defects). It is worth nothing that although the two day deadline was not achieved, all potholes were addressed using a risk based approach i.e. most severe defects first, with 95% completed within 4 working days.  Improvement Points:  1. Since Q1, normal levels of performance have now been resumed.

Managing the reliability and quality of journeys against a backdrop of projected growth across the County

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Septemb	Q3 Decembe r 2018	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
5 NHT Public Satisfaction Survey: Tackling Congestion (contextual indicator)	High	Annual (November )	48.0%	46.0%	Not due unitl Q3				Theme Group Average in 2017 48%	Annual measure due in Q3.

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb De er 2018 r	Q4 March 2019	Latest performance (RAG)	Benchmarks	Q1 18/19 CABINET Commentary
6 % Footways requiring structural maintenance (AM04M) (performance measure)	Low	Annual (March)	10.0%	9.7%	due Q4			N/A	Benchmark data not currently available.	Annual measure due in Q4.
7 % of overall Capital Footway Programme delivered by year end (performance measure)	High	Quarterly	90.0%	95.3%	0% (Zero)			RED	not currently available.	To enable resources to focus on the delivery of the capital carriageway surfacing programme during Q1 and into Q2, the construction phase of the footway structural repair programme has been planned to commence between September and February 2019.  Improvement Action:  1. Eighteen schemes have been identified for delivery with design/pre-construction activities commencing in August.

#### Facilitating the delivery of effective new Highways Infrastructure for the future

Measure	Good to be	Data period	Target	Last years outturn 2017/2018	Q1 June 2018	Q2 Septemb Dec er 2018 r	embe Ma	rch performai 19 (RAG)	Benchmarks ce	Q1 18/19 CABINET Commentary
8 Successful delivery of congestion management schemes (A41 Bicester Road & East West Rail)	Monitor	Quarterly	Monitor	Monitor	N/A			N/A	Local Target (No benchmark available)	All projects are on track, with the A41 Bicester Road expected to complete by 2021 and East West Rail by 2023-24.
9 % of Highways Development Management planning applications responded to within 21 days or agreed timeframes (performance measure)	High	Quarterly	100% (>72% Locally) (28% points tolerance every quarter)	80%	81%			GREEN	No benchmark currently available.	The role of Highways Development Managment (HDM) is to ensure that new developments do not have a material impact on the safety, capacity or sustainability of the road network or transport systems (e.g. buses). As such developers submit applications for major (>10 houses) and minor (<10 houses) schemes and the HDM team have a statutory responsibility to respond to these applications within 21 days or agreed timeframes, otherwise the developer can go ahead with their scheme and the safety, capacity or sustainability of the road network and transport systems might not be taken into account.  Performance at 1 2018/19 is 81% (467/577), which is markedly improved on the same period last year Q1-2017/18 = 67% (414/621), however there were considerably more applications received in Q1 last year (621) compared to this year (577).  As the number of planning applications have started to stabilise below 600 per quarter, the performance has also started to stabilise (around 80% Q2-2017/18 = 82% (480/587), Q3-2017/18 = 76% (360/474), Q4-2017/18 = 80% (239/505)).  The next quarter is likely to be impacted by local plan examinations and submission of EWR Transport Works Act Order, which means resources will have to be realigned across the team. This could impact on performance in this area.