

Appendix B: Service Performance (Quarter 2 2016/17)

This appendix aligns **performance**, **risk** and **finance** information for each service (Delivery Units and Service Providers) – focusing on key successes and challenges; any service indicators that are “below target” (RAG rated as Green Amber, Red Amber or Red); and revenue and capital budget variances. The full service reports are published on the website each quarter at www.barnet.gov.uk/currentperformance

Performance

281 indicators are reported in Q2 2016/17. Of these, 223 have been given a RAG rating: **74% (165)** are “on or above target” and **26% (58)** are “below target”. 193 indicators have been given a Direction of Travel (DOT) status: **73% (141)** have an “improved/same” DOT and **27% (52)** have a “worsened” DOT from the same period last year.

Service	No. reported Q2 2016/17	No. with a RAG rating Q2 2016/17	RAG Ratings				Monitor Q2 2016/17	No. with a DOT at Q2 2016/17	Long Term Direction of Travel	
			Green	Green Amber	Red Amber	Red			Improved/Same	Worsened
Adults and Communities	29	24	63% (15)	17% (4)	8% (2)	13% (3)	5	19	58% (11)	42% (8)
Barnet Homes	18	16	88% (14)	0% (0)	6% (1)	6% (1)	2	16	75% (12)	25% (4)
Cambridge Education	23	19	68% (13)	26% (5)	5% (1)	0% (0)	4	19	89% (17)	11% (2)
Commissioning Group	22	14	50% (7)	21% (3)	14% (2)	14% (2)	8	9	89% (8)	11% (1)
Customer and Support Group (CSG)	22	18	94% (17)	6% (1)	0% (0)	0% (0)	34	18	72% (13)	28% (5)
Family Services	31	20	75% (15)	15% (3)	0% (0)	10% (2)	11	10	80% (8)	20% (2)
HB Public Law	12	12	92% (11)	8% (1)	0% (0)	0% (0)	0	12	58% (7)	42% (5)
Mortuaries	0	0	0% (0)	0% (0)	0% (0)	0% (0)	0	0	0% (0)	0% (0)
Parking and Infrastructure	5	5	80% (4)	20% (1)	0% (0)	0% (0)	0	5	80% (4)	20% (1)
Public Health	25	23	48% (11)	17% (4)	4% (1)	30% (7)	2	21	57% (12)	43% (9)
Regional Enterprise (Re)	75	54	89% (48)	7% (4)	0% (0)	4% (2)	21	56	77% (43)	23% (13)
Registrar Service	10	9	44% (4)	33% (3)	0% (0)	22% (2)	1	0	0% (0)	0% (0)
Street Scene	9	9	67% (6)	0% (0)	22% (2)	11% (1)	0	8	88% (7)	13% (1)
Total	281	223	74% (165)	13% (29)	4% (9)	9% (20)	58	193	73% (141)	27% (52)

Service	No. reported Q2 2016/17	No. with a RAG rating Q2 2016/17	RAG Ratings			No. with a DOT at Q2 2016/17	Long Term Direction of Travel	
							Improved/Same	Worsened
YCB*	24	20	75% (15)	20% (4)	5% (1)	22	N/A	N/A

*YCB use a slightly different RAG rating

Revenue

Service	Original Budget £000	Revised Budget £000	Q2 Projected Outturn £000	Variance from Revised Budget Adv/(fav) £000	Variance from Revised Budget Adv/(fav) %
Adults and Communities	85,566	88,907	93,674	4,767	5.4
Assurance	3,793	3,862	3,862	0	0.0
Births Deaths and Marriages (Registrar Service)	(160)	(160)	25	185	115.6
Central Expenses	51,381	43,932	43,705	(227)	(0.5)
Commissioning Group	19,288	20,216	20,216	0	0.0
Customer and Support Group (CSG)	22,120	22,091	22,591	500	2.3
Cambridge Education	6,940	7,082	7,157	75	1.1
Family Services	46,481	50,550	51,057	507	1.0
HB Public Law	2,011	2,011	2,070	59	2.9
Housing Needs and Resources (Barnet Homes)	4,976	5,560	5,854	294	5.3
Parking and Infrastructure	(1,933)	(1,896)	(1,988)	(92)	(4.9)
Public Health	18,544	18,055	18,055	0	0.0
Regional Enterprise (Re)	1,134	1,134	1,231	97	8.6
Street Scene	13,896	13,624	14,021	397	2.9
Total	274,037	274,968	281,530	6,562	2.4

Capital

Service	2016/17 Budget £000	Additions/ (Deletions) £000	(Slippage)/ Accelerated Spend £000	Projected Outturn £000	Variance from Approved Budget Adv/(Fav) £000	Slippage %
Adults and Communities	6,793	(7,170)*	1,416	1,039	(5,754)	20.8
Commissioning Group	30,837	7,240*	(6,790)	31,287	450	(22.0)
Cambridge Education	73,665	-	(3,189)	70,477	(3,189)	(4.3)
Family Services	14,856	-	(5,444)	9,412	(5,444)	(36.6)
Housing Needs and Resources (Barnet Homes)	5,259	5,056	-	10,315	5,056	0.0
Parking and Infrastructure	1,707	-	(250)	1,457	(250)	(14.6)
Regional Enterprise (Re)	107,853	(5,618)	(15,400)	86,835	(21,018)	(14.3)
Street Scene	3,167	(120)	(510)	2,537	(630)	(16.1)
General Fund Programme	244,128	(612)	(30,167)	213,359	(30,779)	(12.4)
HRA (Barnet Homes)	46,444	-	(9,854)	36,590	(9,854)	(21.2)
Total Capital Programme	290,582	(612)	(40,021)	249,949	(40,633)	(13.8)

* The movement of £7.170m relates to the Sports and Physical Activity project for the construction of two leisure centres which has been transferred from Adults and Communities to the Commissioning Group.

Savings

Service	2016/17 MTFS Savings £000	Savings Achieved £000	Savings Expected to be Achieved £000	Savings Unachievable £000	Percentage of Savings Achieved %
Adults and Communities	3,383	2,590	541	252	76.6
Assurance	351	164	140	47	46.7
Central Expenses	6,995	6,640	155	200	94.9
Commissioning Group	2,411	2,180	231	-	90.4
Cambridge Education	85	85	-	-	100.0
Family Services	1,986	890	972	124	44.8
Parking and Infrastructure	1,130	650	480	-	57.5
Street Scene	960	785	125	50	81.8
Additional council tax and business rates	2,253	2,253	-	-	100.0
Total	19,554	16,237	2,644	673	83.0

Adults and Communities

Successes	Challenges
<ul style="list-style-type: none"> Strengths-based working - a training programme and delivery approach that aims to improve quality of practice; promote resilience for service users; and reduce the reliance on funded packages of care is core to the new operating model for adult social care. This has been rolled out across the operational teams following a successful pilot in Q1 2016/17. The programme has been shortlisted for the Creative and Innovative Social Work Practice award at the Social Worker of the Year awards. Other enablers for the new operating model have been successfully delivered. Mobile working technology is now in use across the Delivery Unit and the second wave of assessment hubs have been rolled out across the borough, enabling operational teams to make stronger links with local communities and service users to have better access to community resources. The rate of admissions to residential care remains low for both older and working age adults despite system-wide challenges, and the proportion of people with learning disabilities and mental health needs living in stable accommodation is consistently better than target. 	<ul style="list-style-type: none"> Resolving the issues with enablement provision, which have been exacerbating current shortages in capacity elsewhere in the provider market in key areas such as homecare and residential care. Mitigating the knock-on effects of pressures on the NHS – hospital discharges have been exacerbated by shortages in provider capacity and volumes have become resource-intensive to manage. More intensive management of discharge logistics will be introduced e.g. rationalising discharge lists and establishing quicker escalation routes to reduce delays. Controlling the financial position whilst managing other ongoing pressures - different approaches to supporting people, including community resources and non-funded care, are being explored as part of strengths-based improvement work; and better management information will be produced to improve understanding of the root causes of high spend.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	63% (15)	17% (4)	8% (2)	13% (3)	58% (11)	42% (8)

29 indicators are reported in Q2 2016/17. 24 have been given a RAG rating: 63% (15) are “on or above target” and 37% (9) are “below target”. 19 have been given a Direction of Travel (DOT) status: 58% (11) have an “improved/same” DOT and 42% (8) have a “worsened” DOT from the same period last year. Of the 9 “below target”, 3 are Corporate Plan Indicators and can be found in Appendix A:

- AC/S8 Percentage of new clients, older people accessing enablement
- AC/S4 Percentage of adults with learning disabilities in paid employment
- AC/S5 Percentage of adults with mental health needs in paid employment

6 are Service Indicators (in the Adults and Safeguarding Committee Commissioning Plan and/or Adults and Communities Management Agreement) and are set out below.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
AC/S11 ASCOF 2B (1)	Percentage of older people remaining at home 91 days after discharge	Bigger is Better	81.5%	81.5%	69.3% (R)	Not reported in Q1	Not reported in Q1	77.1%	Worsening	83.8% (CIPFA) 85.4% (London) ASCOF Comparators (2015/16)	Work has already been carried out to change the way in which enablement is provided in the borough and improvements will be ongoing as part of resolution of other issues with the main Barnet provider. Data for this indicator is collected via a survey which creates significant issues in capturing complete information.
AC/S16 (ASCOF 1C/2A)	Proportion of service users with a direct payment (ASCOF 1C/2A)	Bigger is Better	42.0%	41.1%	38.8% (RA)	39.2%	Worsening	39.2%	Worsening	29.5% (CIPFA) 27.6% (London) ASCOF Comparators (2015/16)	A number of reviews of direct payment recipients have been carried out using the external reviewer capacity available. Barnet remains a high performer nationally against this indicator even at 38.8% with benchmarking data for 2015/16 showing a comparator group average of 29.5% and a London average of 27.6%.
AC/S21	Number of carers' assessments	Bigger is Better	1045	418	390 (GA)	194	Improving	946	Worsening	No benchmark available	Carers' assessments have been a key focus of the first phase of the new carers' strategy. Training has begun for frontline practitioners and will continue to be rolled out until December and the strategy reference group will also work to increase awareness.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
AC/C10	Percentage of clients receiving an ongoing package of care reviewed	Bigger is Better	75.0%	37.0%	31.6% (GA)	13.9%	Improving	Not comparable with 2016/17	Not comparable with 2016/17	No benchmark available	<p>The number of clients reviewed in Q2 is almost 15% higher than in Q1 (1,260 against 1,010) and as a result performance is rated green/amber against the interim target.</p> <p>The Delivery Unit will continue to work with prioritised review cohorts and improve its allocation methods through greater use of assessment hubs and assignment of resources to particular client groups to maintain.</p>
AC/C13 (ASCOF 2C/2)	Number of delayed transfers of care from hospital, and those which are attributable to adult social care, per 100,000 population	Smaller is Better	2.5	2.9	3.8 (R)	3.3	Worsening	2.7	Worsening	<p>3.6 (CIPFA) 3.3 (London)</p> <p>ASCOF Comparators (2015/16)</p>	<p>Delayed transfers of care (DTCs) have remained above target for both NHS and Social Care delays in Q1.</p> <p>Systems are in place, including an Assessment Notification screening role, to ensure assessments are allocated, prioritised and acted on promptly. The comparator average was 14 (a rate of 6.17 per 100,000 population).</p>
AC/C12 (ASCOF 2c(1))	Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to both NHS and Adult Social Care	Smaller is Better	7.3	7.4	8.3 (R)	7.5	Worsening	6.5	Worsening	<p>8.8 (CIPFA) 7.8 (London)</p> <p>ASCOF Comparators (2015/16)</p>	As Above

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	3 (21%)	5 (36%)	6 (43%)

Adults and Communities has 14 risks. 3 (21%) are Medium Low, 5 (36%) are Medium High, and 6 (43%) are High. 9 risks (64%) scored 12 or above, and have been escalated to the Strategic Commissioning Board for review this quarter. The 6 risks (43%) that scored 15 or above have been published in the Corporate Risk Register (Appendix J). These are shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
Adults and Communities											
AC002	Failure of care provider	A care provider could suddenly be unable to deliver services, due to: - provider going into administration - failure of regulatory inspection relating to quality of service - care provider chooses not to deliver services - HS&E breach leading to operational disruption to manage the situation, harm to individuals by not having their care and support needs met, unexpected financial consequences, breach of statutory duty.	Head of Integrated Care Quality	Business continuity	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers. The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.	5	5	5	4	20	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC003	Unacceptable level of quality of services provided by care providers	Unacceptable levels of quality of services provided by care provider could lead to additional dedicated Barnet resource needing to be put in place to address the situation, resulting in reduced ability to manage BAU, and financial consequences. If the additional resource is not able to address the underperformance of the care provider, this could also lead to harm to individuals, and reputational consequences.	Head of Integrated Care Quality	Business continuity	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers. The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.	4	5	4	4	16	Treat
AC001	Increased overspend to meet statutory duties	Adults & Communities Delivery Unit could have insufficient starting budget to meet its statutory duties due to operating in an environment in which there is inherent uncertainty in future demand for services, exacerbated by a potential inability to deliver savings, reduced ability to raise income from clients, the rising cost of care, and legislative changes. This could result in harm to individuals, legal challenge, worsening budget overspend, and reputational damage.	Adults and Communities Director	Compliance	The council's budget management process (MTFS) forecasts demographic growth and pressures over a 3 year period. Budget and performance monitoring and management controls are used throughout the year. Work to reduce addressable spend (such as expenditure on agency staff) is being carried out in year. The Joint Strategic Needs Assessment will identify future demand pressures, and the council will undertake initiatives focused on reducing and managing future demand in response, including the Adults' New Operating Model/ Alternative Delivery Vehicle which focus on reducing demand for services.	5	5	5	4	20	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC004	Surge in demand from NHS	An unpredictable surge in demand from the NHS in situations where there is limited capacity could lead to the DU being unable to meet this demand within the NHS's required timescales. This could result in financial consequences, operational disruption leading to rushed decisions being made that have unintended negative consequences, potentially for individuals that have been discharged, and increased central government scrutiny.	Assistant Director Adult Social Care	Compliance	System-wide, resilience monies have been made available and these can be used to buy in extra capacity, subject to agreement by the NHS-led Improvement Board. There are monthly system resilience and operational resilience meetings between LBB, CCG and NHS Provider Trusts to discuss & manage pressures in the system, and to deliver action plans. Daily conference calls are in place to deal jointly with events as these happen.	4	5	3	5	15	Treat
AC008	Non-adherence to safeguarding policies and procedures	Insufficient competent staff (permanent and agency, at all levels) to meet rising demand and complexity could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act, and London-wide safeguarding policies and procedures), resulting in death or serious harm to individuals, legal challenge, financial loss, decreasing staff morale due to greater pressure and reputational damage.	Head of Safeguarding Adults	Compliance	Staff training is in place, supported by practice forums. Quality assurance framework, led by the Quality Board, to monitor supervision (and responds to, for example, e.g. supervision and other quality audits taken place). Regular case file audits take place (using a pool of auditors from across the Department). Monthly reporting to leadership team on safeguarding activity Monthly quality and safeguarding meeting with DASS, includes review of high risk cases. External case file audits are conducted. The Safeguarding Adults Board (multi-agency) also meets regularly. Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.	5	4	5	3	15	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC01 1	Breach of Mental Capacity Act or Code of Practice	Insufficient competent staff (permanent and agency, at all levels) to meet rising demand and complexity could lead to breach of the Mental Capacity Act or Code of Practice, resulting in Barnet not acting in someone's best interest (Mental Capacity Act), and as a result serious harm to individuals and/or the ongoing impact of such a breach on an individual's life; legal challenge, financial loss (legal costs) and reputational damage.	Assistant Director Social Care	Compliance	As with safeguarding, staff training is in place, supported by practice forums. Quality assurance framework, led by the Quality Board, monitors supervision (and responds to, for example, supervision and other quality audits). Regular case file audits take place (using a pool of auditors from across the Department). Monthly reporting to leadership team on safeguarding activity Monthly quality and safeguarding meeting with DASS includes review of high risk cases. External case file audits are conducted. The Safeguarding Adults Board (multi-agency) meets regularly. Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.	5	4	5	3	15	Treat

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	4,767 (5.4%)	(5,754)	2,590 (76.6%)

The projected **revenue** overspend of £4,767m within Adults and Communities represents 5.4 per cent of the total Delivery Unit budget (£88.907m). The current overspend position is likely to increase over the year if the council continues to see the impact of demand pressures and increased complexity of need. The Delivery Unit is continuing to take positive measures to mitigate the impact of this wherever possible.

Additional funding has gone in to the Adults budget for 2016/17 with the majority of this replacing one off funding received in 2015/16, for example removal of grants and contingency no longer available in 2016/17. The care budgets have seen significant overspends since 2014/15. The position for 2016/17 reflects the full year budget impact for a number of individuals placed part way through 2015/16 and continuing through into 2016/17. Alongside this, new pressure is coming from new placements in year and increases to existing packages reflecting increases in need.

Budget pressures continue to come through particularly in relation to dementia, learning disabilities and mental health and continued pressures from health referrals. The Deprivation of Liberty Safeguards (DOLs) service continues to have a significant pressure in 2016/17 (£0.5m), as a result of the Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16. Some of the current pressures are offset by underspends within the non-placement budget areas and these budgets continue to be closely monitored and managed.

The adults **capital** programme is forecast to underspent by £5.754m. This is due to the transfer of the Sport and Physical Activities project (SPA) to the Commissioning Group (£7.170m). Prior to transfer, the SPA project brought forward expenditure planned in future years in anticipation of an earlier start date for construction than originally planned (£1.416m).

All **savings** relating to meals, contract changes and staffing have been delivered. For placements savings, all savings have been delivered or are deliverable, with the exception of part of the saving in relation to Independence of Young People 0-25 (which is transitioning over to Family services) and savings in relation to Disabled Facilities Grants. However, despite this, as detailed above, the overspend for Adults reflects the fact that care budgets within Adults have been under significant pressure since 2014/15 as a result of rising demand for services and increasing complexity in relation to those supported.

Barnet Homes

Successes	Challenges
<ul style="list-style-type: none"> Barnet Homes has secured the top ranking in London for the average re-let time for routine lettings based on the latest Housemark benchmarking data for Q1 (14.4 days against the London benchmark of 23 days). Improved performance in Q2 (12.4 days) means Barnet Homes expects to remain the best in London. Current performance is significantly better than last year (21.8 days). A review of the Housing Options Service in June 2016 has praised the strength of the service set up; approach to recruitment; and success of the supply service. The review described performance on procuring private sector properties as “exceptional when compared to the performance of all other London authorities”. 100% performance for the percentage of dwellings with a valid gas safety certificate has been maintained for five consecutive quarters and as a result has remained in the upper quartile in Housemark benchmarking. 	<ul style="list-style-type: none"> High demand for homelessness services and in particular the increasing reliance on General Fund temporary accommodation has exposed the council to a greater risk of cost inflation in relation to the cost of accommodation.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	88% (14)	0% (0)	6% (1)	6% (1)	75% (12)	25% (4)

18 indicators are reported in Q2 2016/17. 16 have been given a RAG rating: 88% (14) are “on or above target” 13% (2) are “below target”. 16 have been given a Direction of Travel (DOT) status: 75% (12) have an “improved/same” DOT and 25% (4) have a “worsened” DOT from the same period last year. Of the 2 “below target”, both are Corporate Plan Indicators and can be found in Appendix A:

- BH/S5 Temporary Accommodation (TA) current arrears as percentage of debit
- BH/KPI1 Numbers of households in Temporary Accommodation

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	1 (13%)	6 (75%)	1 (13%)

Barnet Homes has 9 risks. 1 (11%) is Medium Low, 7 (78%) are Medium High, and 1 (11%) is High. 4 risks (44%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. The 1 risk (11%) that scored 15 or above has been published in the Corporate Risk Register (Appendix J). This is shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
BG001	Unviable cost of development schemes	The Barnet Group are unable to deliver the portfolio of housing development schemes at a viable cost due to: - external factors (change of legislation, economic, confidence in the market, availability of finance) - recruitment and retention of skilled individuals within the development team - viability of house design - planning permission which results in the termination of the scheme, financial impact across Council and Barnet Group (impact on staffing and sunk costs), reputational damage, knock on effect on ability to deliver the homelessness agenda.	Strategic Lead Housing	Financial	Membership of professional bodies provides access to market intelligence. We undertake sensitivity analysis/stress testing of the financial business plan, with external support. There is a permanent team in place with relevant skills, and professional support from a team of advisors. TBG's governance structure, and reporting and to the senior leadership of the council and project boards, also contributes. Upfront work is undertaken with RE to ensure schemes are viable (e.g. planning), and there are upfront surveys of sites. There is also a stakeholder engagement plan, the council's project management toolkit, and council resource in place to support TBG. The council has agreed to use RTB receipts to help fund the scheme. Finally, there is an agreed procurement strategy.	5	4	5	3	15	Treat

Finance (Housing Needs and Resources)	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	294 (5.3%)	0	N/A

The projected **revenue** overspend of £0.294m within Housing Needs and Resources represents 5.3 per cent of the total Delivery Unit budget (£5.560m).

- The variance has been driven by increases in temporary accommodation costs due to rental income not fully covering the costs where a limit on the Local housing allowance rates that can be received is set.
- The Housing Needs and Resources **capital** programme has increased by £5.056m. This is due to the Development pipeline Tranche 1 budget being transferred from Re.

Cambridge Education

Successes	Challenges
<ul style="list-style-type: none"> The percentage of good or outstanding primary schools in Barnet has increased to 94%; above the London average of 93% and national average of 90%. The percentage of good or outstanding secondary schools has increased to 92%; above the London average of 89% and national average of 79%. The percentage of 16 to 18 year olds not in education, employment or training (NEET) was 3.6% in August 2016; significantly below the West London and Barnet combined average of 9%. 	<ul style="list-style-type: none"> Recruitment and retention of teachers and school leadership remains a challenge for schools within Barnet. The implementation of the new assessment and reporting arrangements for primary schools, based on the interim assessment frameworks, has created challenges for school teacher-assessment. The attainment and achievement of Barnet's looked after children remains below that of their peers.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	68% (13)	26% (5)	5% (1)	0% (0)	89% (17)	11% (2)

23 indicators are reported in Q2 2016/17. 19 have been given a RAG rating: 68% (13) are "on or above target" and 32% (6) are "below target". 19 have been given a Direction of Travel (DOT) status: 89% (17) have an "improved/same" DOT and 11% (2) have a "worsened" DOT from the same period last year. Of the 6 "below target", 2 are Corporate Plan Indicators and can be found in Appendix A:

- CES/S1 Percentage of primary schools rated as 'good' or better
- CES/S3 Percentage of secondary schools rated as 'good' or better

4 are Service Indicators (in the Children, Education, Libraries and Safeguarding Committee Commissioning Plan and/or Cambridge Education contract) and are set out below.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
CES/C13 (Annual)	The percentage of children offered one of their top three preferences of school (primary)	Bigger is Better	92% or 2016 level whichever is lower	92.0%	91.80% (GA)	Annual indicator	Annual indicator	90.9%	Improving	England 96.3% (London 94.4% (As at national offer day 2016/17, DfE)	There is pressure on the availability of school places across the Borough to meet parental preference. The council's strategy for 'Planning for New School Places 2016/17 to 2019/20' sets out Barnet's approach for working with both existing and proposed new schools to meet demand for pupil places.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
CES/C14 (Annual)	The percentage of parents offered one of their top three preferences of school (secondary)	Bigger is Better	90%	90%	88% (RA)	Annual indicator	Annual indicator	88.4%	Worsening	England 95% London 89.1% (As at national offer day 2016/17, DfE)	As above
CES/C85 (Annual)	Number of primary schools rated as 'good' or better	Bigger is Better	86	86	82 (GA)	New for 2016/17	New for 2016/17	New for 2016/17	New for 2016/17	No benchmark available	All community primary schools are currently rated good or outstanding by Ofsted. Barnet's monitoring and challenge policy sets out how schools are supported to achieve a good or outstanding grade at their next Ofsted inspection, however schools not yet good are awaiting their next inspection date
CES/C87 (Annual)	Number of secondary schools rated as 'good' or better	Bigger is Better	23	23	22 (GA)	New for 2016/17	New for 2016/17	New for 2016/17	New for 2016/17	No benchmark available	The monitoring, support and challenge school improvement policy sets out the level of support offered to schools.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	5 (24%)	16 (76%)	0 (0%)

Cambridge Education has 21 risks. 5 (24%) are Medium Low, and 16 (76%) are Medium High. 0 risks (0%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. The 0 risks (0%) that scored 15 or above have been published in the Corporate Risk Register (Appendix J).

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	75 (1.1%)	(3,190)	85 (100%)

The projected **revenue** overspend of £0.075m within Education and Skills represents 1.1 per cent of the total Delivery Unit budget (£7.082m). The variance relates to the CSG rebate of services that Cambridge Education are undertaking themselves.

The Education and Skills **capital** programme is forecast to underspend in total by £3.189m. This is due to slippage into future years as a result of the St Mary's and St John's expansion now not expected to complete until 2017/18.

Commissioning Group

Successes	Challenges
<ul style="list-style-type: none"> Continuing progress has been made on the growth and regeneration programme, including identification of two additional one-bedroom flats in the Moreton Close scheme and design of the community hub in Grahame Park. An exercise to masterplan Heybourne Park is being jointly commissioned to provide a quality public space; and Dollis Valley (Phase 2) has been handed over to the developer, with demolition starting on site. Also in Dollis Valley, the official opening of Hope Corner Community Centre took place in September 2016 with over 300 guests attending. The council's work to help Barnet's local labour market thrive has seen the second Entrepreneurial Barnet competition get underway, with the grand final scheduled for January 2017. The Customer and Support Group will also be leading on commissioning a business directory, which will be delivered in early 2017. The council and partners have promoted Apprenticeship options through the 'Get In, Go Far' campaign. The Opportunities for Young People project continues to work to offer early support to young people at risk of becoming NEET (Not in Education, Employment and Training). The Keep Barnet Clean trial started in July 2016 with communications and an education campaign, and enforcement started at the end of July 2016. The trial has gone well to date, with a high level of public support for the council and encouragement to tackle behaviour that results in the degradation of the street scene. The first Fixed Penalty Notices for flipping (which were enacted in May 2016) have been issued in Barnet as part of the trial. Work is also ongoing regarding enforcement of footway damage. 	<ul style="list-style-type: none"> Tackling rising demand for help with housing through work to prevent homelessness. The high demand for homelessness services and in particular the increasing reliance on General Fund temporary accommodation has exposed the council to a greater risk of cost inflation in relation to the cost of accommodation. To help relieve pressure on homelessness services, Barnet Homes has developed further proposals to help manage demand, including a targeted resource to move households out of temporary accommodation. This should start to deliver results towards the end of Q3 2016/17. Decrease in the level of crime across the Mayor's Office for Policing and Crime (MOPAC) set of crimes. The 18% reduction, against a target of 20% reduction, is a slight improvement on Q1 2016/17. The reduction is below target mainly due to 'violence against the person', which has shown an increase of over 40% in the last two years compared to the 2011/12 baseline figure. This increase is in line with a London wide trend that is likely to be linked to changes in reporting and recording practices. Older people who take up leisure services (participation of over 45s). GLL (Barnet's leisure operator) has made a concerted effort to target and increase engagement of members aged 45plus. In addition, they have been commissioned to deliver a 'Better You' programme in Chipping Barnet which will continue to enhance participation amongst older people. Commencing in June 2016, this is a 12 month programme that seeks to engage 600 people aged 65 plus in physical activity within the locality. The 'Better You' programme will deliver satellite community based physical activity sessions, with a view to increase participation and signpost to leisure centres / membership options to facilitate an 'active habit'.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	50% (7)	21% (3)	14% (2)	14% (2)	89% (8)	11% (1)

22 indicators are reported in Q2 2016/17. 164 have been given a RAG rating: 50% (7) are "on or above target" and 50% (7) are "below target". 9 have been given a Direction of Travel (DOT) status: 78% (7) have an "improved/same" DOT and 22% (2) have a "worsened" DOT from the same period last year. Of the 7 "below target", 3 are Corporate Plan Indicators and can be found in Appendix A:

- CG/S3 Decrease in the level of crime across the Mayor’s Office for Policing And Crime set of crimes;
- CG/S15 Performance of services;
- CG/S26 Customer cases that are closed within the agreed timescales

4 are Service Indicators (in the Theme Committee Commissioning Plans and/or Commissioning Group Business Plan) and are set out below.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where “below target”
CG/S17	Number of older people who take up leisure services – participation of over 45s	Bigger is Better	20.4%	20.4%	19.3% (RA)	20%	Worsening	19%	Improving	No benchmark available	GLL has been commissioned to deliver a ‘Better You’ programme in Chipping Barnet which will continue to enhance participation amongst older people.. The ‘Better You’ programme will deliver satellite community based physical activity sessions, with a view to increase participation.
CG/C23	Sickness absence	Smaller is Better	6 days	6 days	8.23 days (R)	8.35 days	Improving	New for 2016/17	New for 2016/17	Group Average 8.1 days (Q1 2016/17, LAPS)	Outturn reflects that sickness absence could not be reported during shutdown for Unified Reward, so should be read with caution.
CG/C24	Running costs of estate (designated civic buildings only)	Smaller is Better	£4.47m	£1.12m	£1.56m (GA)	£1.20m	Improving	New for 2016/17	New for 2016/17	No benchmark available	An agreed overspend of £1.1m is forecast as a result of leasing in additional real estate from staff parking and the Mill Hill depot relocation. Of the £1.56m this quarter, £605k is actual spend, £960k is committed spend.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
CG/S28	Increasing participation in sport and physical activity	Bigger is Better	37.9%	37.9%	37.2% (GA)	37.2%	Same	New for 2016/17	New for 2016/17	No benchmark available	The most recent Active People Survey results APS10 (37.2%) is an interim result. A full data set and confirmed position will be available later in the year.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	3 (14%)	17 (81%)	1 (0%)

The Commissioning Group has 21 risks. 3 (14%) are Medium Low, 17 (81%) are Medium High, and 1 (5%) is High. 7 risks (33%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. The 1 risk (5%) that scored 15 or above has been published in the Corporate Risk Register (Appendix J). This is shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
SPPC 011	Depot Relocation - Service Disruption	Potential unsuccessful delivery of depot project could lead to inefficient fragmentation of services delivered from depots resulting in service disruption, poor customer satisfaction, financial impact, loss of operating licence, and/ or reputational damage.	Chief Operating Officer	Compliance	There is service representation on governance boards, with regular engagement with senior managers across services, and the detailed requirements are understood. Project management methodology is being utilised, with detailed project plans and risk registers, and we have a contracted delivery partner. Additional resources for coordination of service transition have been agreed. The initial moves are progressing well, such as the Passenger Transport Service, which has moved to North London Business Park. Construction of the new site at Oakleigh Road is progressing to plan.	5	4	5	3	15	Tolerate

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	0 (0.0%)	(450)	2,180 (90.4%)

The Commissioning Group **capital** programme is forecast to overspend by £0.450m. The forecast includes the transfer in of the Sports and Activities project from Adults and Communities (£7.170m) and slippage in relation to the ITC Strategy which has now been re-profiled and extended to 2019/20 (£6.790m).

Customer and Support Group (CSG)

Successes	Challenges
<ul style="list-style-type: none"> The Barnet Customer Services face-to-face customer satisfaction achieved first place in the national GovMetric channel satisfaction league table in July 2016, having held the second place for two consecutive months. This is across the 70 councils that use GovMetric. Extra resources and improved work allocation has helped to reduce revenues work outstanding from 7,541 items to 3,740 and benefits outstanding from 5,779 items to 2,140. This has been achieved while still meeting the two benefits KPI's and council tax accuracy only narrowly missed the council tax speed of processing target (14.28 days against a target of 14 days). This should further improve customer satisfaction and assist ongoing collection. The HR Service has continued to work closely with the Family Services Delivery Unit to reduce their agency staffing levels, resulting in a reduction from 32% to 2%. This has been achieved through either transition of staff to a permanent contract or bringing new staff in through direct and permanent recruitment. The result has been a reduction in agency spend and a reduced risk for the service in terms of stability of staffing and continuity to the children and families. In the longer term, through deployment of the new employment model HR expects Barnet to become an employer of choice, with improvements in quality of applicants through the interview and selection process already being seen. 	<ul style="list-style-type: none"> Significant difficulties have been experienced with the preparation and audit of the Pension Fund accounts, with the accounts not being signed-off by the external auditor on time for the July Pension Fund Committee. A special Pension Fund Committee was arranged for 13 September 2016 to approve the accounts. The audit certificate was received by the statutory deadline of 30 September 2016. A detailed review is being undertaken to ensure the lessons are learnt for next year. Overall, performance and client perception in the IT Projects and Programmes area has not been satisfactory. Formal performance management has been undertaken during September combined with strengthening the team. Management of new projects being specified have transferred to a dedicated resource to ensure the project team are focused on delivery, but still review new proposals. Moving forward there will be greater alignment with the CSG Corporate Programmes team which have demonstrated robust programme delivery in Barnet.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	94% (17)	6% (1)	0% (0)	0% (0)	72% (13)	28% (5)

22 indicators are reported in Q2 2016/17. 18 have been given a RAG rating: 94% (17) are “on or above target” and 6% (1) is “below target”. 18 have been given a Direction of Travel (DOT) status: 72% (13) have an “improved/same” DOT and 28% (5) have a “worsened” DOT from the same period last year. The 1 “below target”, is a Service Indicators (in the CSG contract) and is set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
HR17a CSG/C14	Payroll Accuracy - Payroll Error Rates	Smaller is Better	0.1%	0.1%	0.12% (GA)	0.0%	Worsening	0.1%	Worsening	No benchmark available	Payroll accuracy has a marginal fail for July, outturn for September is being reviewed to confirm the degree of error.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	4 (18%)	16 (73%)	2 (9%)

The Customer and Support Group has 21 risks. 4 of these (18%) are Medium Low, 16 (73%) are Medium High, and 2 (9%) are High. 6 risks (29%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. The 2 risks (10%) that scored 15 or above have been published in the Corporate Risk Register (Appendix J). These are shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
CSG1 3	IT service obsolescence	Inability of current infrastructure to handle multiple service applications due to portfolio of systems not being managed properly, with many approaching end-of-life, resulting in outdated and unusable systems, poor-performing systems and potential security breaches	Head of Information Management	Business continuity	<p>Network design is validated through Public Services Network certification and Capita third party assurance.</p> <p>Dedicated infrastructure staff within Capita are focused on the control of the Barnet infrastructure.</p> <p>Capacity checks on wireless network are currently taking place to increase speed and resilience.</p>	4	5	4	4	16	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
CSG12	IT service failure	Poor or non-maintenance by supplier of IT infrastructure, network services and applications at desired levels of speed resilience and security due to mismanagement and/or inadequate technical specification, leads to an IT service failure resulting in loss of critical service provision and associated ability to provide service continuity with accompanying reputational damage and cost to remedy (and potential litigation in event of breach of statutory obligations)	Head of Information Management	Business continuity	To address this risk, we have a validated network design and dedicated infrastructure staff. Network design is validated through Public Services Network certification and Capita third party assurance. Dedicated infrastructure staff within Capita are focused on the control of the Barnet infrastructure. Capacity checks on wireless network are currently taking place to increase speed and resilience.	5	4	5	3	15	Treat

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	500 (2.3%)	N/A	N/A

The projected **revenue** overspend of £0.500m within the Customer and Support Group represents 2.3 per cent of the total Delivery Unit budget (£22.091m). The anticipated overspend includes additional security costs and reduced income.

Family Services

Successes	Challenges
<ul style="list-style-type: none"> Children's Service Practice Academy for Social Work Students first phase has been launched, with 14 students enrolled. An Award ceremony for Foster Carers has been held, with 10 Foster Carers receiving an 'Outstanding Carer' Award and six Foster Carers receiving an award for long service (20 years+) as Barnet Foster Carers. Parkfield Nursery has received an Ofsted rating of 'Good'. 	<ul style="list-style-type: none"> The Practice Improvement Plan has gained momentum. This focuses on practice quality; systems and tools; and recruitment and retention. The progress of actions has been monitored using an agile project management methodology, with regular reporting into the Social Work Improvement Board, including the Chief Executive and external challenge through improvement partners, to ensure appropriate oversight. In autumn 2016, the Signs of Safety practice model will be launching, with a Resilient Families: Resilient Children staff conference taking place on 19 October 2016. This will focus on the development of resilience based practice. Workshops and meetings on embedding resilience based practice will be held with boards and partners. The recruitment campaign has continued, with some success. The service will continue to focus on social care recruitment and reduction of vacant and locum posts. Delivery of the libraries strategy implementation plan across HR, IT and operations.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	75% (15)	15% (3)	0% (0)	10% (2)	80% (8)	20% (2)

31 indicators are reported in Q2 2016/17. 20 have been given a RAG rating: 75% (15) are "on or above target" and 25% (5) are "below target". 10 have been given a Direction of Travel (DOT) status: 80% (8) have an "improved/same" DOT and 20% (2) have a "worsened" DOT from the same period last year. Of the 5 "below target", 1 is a Corporate Plan Indicator and can be found in Appendix A:

- FS/S2 Children made subject to Child Protection Plan for a second or subsequent time.

4 are Service Indicators (in the Children, Education, Libraries and Safeguarding Committee Commissioning Plan and/or Family Services Management Agreement) and are set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
FS/C26	Percentage of CLA visits taken place within timeframes	Bigger is Better	95.0%	95.0%	90.2% (GA)	84.6%	Improving	New for 2016/17	New for 2016/17	No benchmark available	The Service is following up on a weekly and daily basis and holding surgeries for those social workers who have any out of date visits recorded on the system.
FS/C37	Percentage of CLA who have had a timely initial health assessment in the last 6 months	Bigger is Better	95.0%	95.0%	10.2% (R)	30.4%	Worsening	New for 2016/17	New for 2016/17	No benchmark available	Meetings with Health partners have taken place around the recording of Initial Health Assessments within 28 days of coming into care and we expect to see rapid improvements.
FS/C38	Percentage of CLA who have had a health timely assessment (under 5 6 months, over 5 annual)	Bigger is Better	95.0%	95.0%	82.7% (GA)	97.5%	Worsening	New for 2016/17	New for 2016/17	Statistical Neighbours 90.9% (2014/15, DfE)	An investigation is taking place with Health partners to understand the recent decline with health assessment and dental recording.
FS/C39	Percentage with dental checks in the previous 12 months	Bigger is Better	85.0%	85.0%	57.9% (R)	90.7%	Worsening	New for 2016/17	New for 2016/17	Statistical Neighbours 88.4% (2014/15, DfE)	An investigation is taking place with our Health partners to understand the recent decline with health assessment and dental recording.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	1 (6%)	12 (75%)	3 (19%)

Family Services has 17 risks. 1 of these (6%) is Medium Low, 13 (76%) are Medium High, and 3 (18%) are High. 9 risks (53%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. The 3 risks (18%) that scored 15 or above have been published in the Corporate Risk Register (Appendix J). These are shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
FS001	Significant child safeguarding incident	Inappropriate response or poor decision-making around a case leads to a significant children's safeguarding incident, resulting in increased risk of significant harm or death of a child, and reputational damage.	Assistant Director, Social Care	Health & Safety	Elements of the Practice Improvement Plan have been implemented (including training). Delivery of the plan is monitored regularly and overseen by a Board chaired by the Chief Executive. Supervision and practice standards help to control this risk, as well as quality assurance activity. We provide assurance reports to the lead member, SCB Assurance, Barnet Safeguarding Board, and the Social Work Improvement Board, to ensure scrutiny and oversight. The lead member meets monthly with service leads to provide oversight.	5	5	4	4	16	Treat
FS004	Serious gang-related incident	As a result of inappropriate decision making, which could be exacerbated by a lack of timely access to information, a gang related incident could occur involving one or more young people within the borough resulting in a child death and reputational damage.	Head of Youth & Family Support	Health & Safety	Our Gangs and Serious Youth Violence Strategy is overseen by the Community Safety Partnership Board and Youth Offending Partnership Board. We also have a gang's operational group, and a gangs, missing and child sexual exploitation strategic group. Our gang's operational protocol and screening tool helps control this risk, as well as the Keeping Young People Safe preventative project.	5	5	4	4	16	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
FS01 1	Inability to recruit and retain qualified staff	A challenging job market could lead to an inability to recruit and retain sufficiently qualified permanent staff resulting in reliance on agency workers, impacting on budget, inability to carry out quality work, lower morale, significant safeguarding incident	Assistant Director, Social Care	Staffing & Culture	Our Practice Improvement Plan includes a workforce recruitment strand. There is also an organisational development workforce board, and a market factors supplement is available. An innovative model is in place which is successfully converting agency social workers to permanent contracts.	5	5	4	4	16	Treat

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	(507) (1.0%)	(5,444)	890 (44.8%)

The projected **revenue** overspend of £0.507m within Family Services represents 2.6 per cent of the total Delivery Unit budget (£50.550m). This is primarily due to an increase in the number of agency staff covering vacant posts and pressure on the unaccompanied asylum seeking children budget. The delivery unit has been working with Capita to reduce the level of agency staff. The overspends are partially offset by managing contractual increases.

The Family services **capital** programme is forecasting slippage of £5.444m. This is largely due to slippage on the 2 Year Old Offer where places are not needed in 2016/17 but will be required in future years (£1.215m) and the Meadow Close Children's Home and the Youth Zone Programme which are both still in the design phase and so construction is now not planned to start until 2017/18 (£1.8m and £2.4m respectively).

HB Public Law

Successes	Challenges
<ul style="list-style-type: none"> HB Public Law has successfully prosecuted a confiscation case related to a planning enforcement case that involved the sub-division of property. This resulted in a £500k confiscation order, £65k fine and £80k costs. Three new permanent senior property lawyers have been successfully recruited, including a team leader, to strengthen the property support. 	<ul style="list-style-type: none"> Some IT difficulties have been experienced over the past quarter, which have been escalated to the IT provider. Due to a shortage of senior planning lawyers recruitment has been difficult in this area. A business case is being put forward for a market supplement.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	92% (11)	8% (1)	0% (0)	0% (0)	58% (7)	42% (5)

12 indicators are reported in Q2 2016/17. 12 have been given a RAG rating: 92% (11) are “on or above target” and 10% (1) are “below target”. 12 have been given a Direction of Travel (DOT) status: 58% (7) have an “improved/same” DOT and 42% (5) have a “worsened” DOT from the same period last year. The 1 “below target” is a Service Indicator (in the HB Public Law contract) and is set out below.

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q4 2015/16)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where “below target”
HBPL/C1	Acknowledge emails within 1 working day	Bigger is Better	95.0%	95.0%	94.9% (GA)	87.2%	Improving	97.0%	Worsening	No benchmark available	Not all emails require a response and there are occasions where the fee earner will meet with the clients in response to new instructions. During the next quarter a review of KPIs will be carried out

HBPL measures risk in accordance with the Lexcel (Law Society). Risk cases are reported to the Barnet Monitoring Officer.

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	(59) (2.9%)	N/A	N/A

The projected **revenue** overspend of £0.059m within HB Public Law represents 2.9 per cent of the total Delivery Unit budget (£2.011m). The variance relates to planned purchase of additional hours.

Mortuaries

Successes	Challenges
<ul style="list-style-type: none"> The shared service has provided additional temporary storage refrigeration equipment at its site at Northwick Park to support mass fatalities or excess deaths, which could, for example, occur in a flu epidemic or during a very cold winter. It had been recognised that coping with large volumes of bodies over a relatively short period would put unnecessary risk on normal storage; therefore a temporary pop up storage unit has been obtained within existing budgets. This provides an additional 12 emergency spaces and / or ability to store the increasing number of larger bodies. High standards have been maintained despite a rise in forensic and complex cases. During the quarter there has been a notable rise in more 'complex post mortems' and also crime cases. Staff have managed this process, which involved a significant amount of out of hours work during the evenings and weekend. During this time the standards have been maintained and the service has received positive comments for its flexibility in responding to the demand. A new database system has been installed that accurately records details of persons stored at the mortuary, their status in terms of any post mortem, any tissue samples and details of personal possessions. This is to ensure compliance with the Human Tissue Authority's Licence requirements – and helps maintain quality records to ensure the dignity of the deceased and risk of any mistakes are as low as possible. The mortuary is one of very few using a dedicated mortuary database, which was designed by one of our mortuary technicians. This has now been transferred to modern computer platform and upgraded with new features to improve service delivery. 	<ul style="list-style-type: none"> Long term recruitment of permanent staff to replace member who left in July 2016. Currently agency staff are being used to ensure service quality is maintained. High volumes of deaths and complex cases. Staffing and resources will be reviewed to ensure service is maintained A shortage of Pathologists is affecting service delivery. This matter will be raised at a meeting with the coroner to ensure that systems are in place to maintain regular consistent service.

No service indicators (set out in the Mortuaries contract) are reported in Q2 2016/17.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	2 (25%)	6 (75%)	0 (0%)

Mortuaries has 8 risks. 2 of these (25%) are Medium Low, and 6 (75%) are Medium High. 0 risks (0%) scored 12 or above this quarter.

Parking and Infrastructure

Successes	Challenges
<ul style="list-style-type: none"> Despite requiring the PFI consortium banks to agree the change request Street Lighting savings have been identified that will enable budget expectations to be met this year. This has been achieved through implementing a number of trial changes which having proven successful have been rolled out further with the co-operation of the PFI contractor. There has been an improvement in the Appeal outcomes following the implementation of new process and resources. There has been a continued increase in parking transactions both in car parks and on-street, which assists in increasing Town Centre activity and boosts trade. 	<ul style="list-style-type: none"> The relocation of the Highway DLO activity from Mill Hill Depot to Harrow depot. There has been regular engagement with the Relocation Project Team and direct involvement in progress meetings with Harrow. Risks and been identified and actions to deal with them. Dealing with the increased volumes of parking activity whilst experiencing difficulties in recruiting appropriately trained and knowledgeable staff to manage the workload. Daily volumes are being monitored and available resources rotated to appropriate priorities. A revised Winter Maintenance Service has been planned due to the relocation of the service to Harrow, including a review of gritting routes to take account of increased travel time; resource requirements and in particular vehicles.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	80% (4)	20% (1)	0% (0)	0% (0)	80% (4)	20% (1)

5 indicators are reported in Q2 2016/17. 5 have been given a RAG rating: 71% (5) are “on or above target” and 29% (2) are “below target”. 7 have been given a Direction of Travel (DOT) status: 80% (4) have an “improved/same” DOT and 20% (1) have a “worsened” DOT from the same period last year. The 1 “below target”, is a Service Indicator (in the Environment Committee Commissioning Plan and/or Parking and Infrastructure Business Plan) and is set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where “below target”
PI/C3	Parking - Response processing in time: response provided within legislative timescales in relation to correspondence	Bigger is Better	99.5%	99.0%	98% (GA)	89%	Worsening	99.9%	Worsening	No benchmark available	There is a Service Improvement Plan in place for various KPIS related to the NSL Contract. The matter has been raised at the Monthly Contract Meeting with the NSL management team.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	6 (85%)	1 (14%)	0 (0%)

Parking and Infrastructure has 7 risks. 6 of these (86%) are Medium Low and 1 (14%) is Medium High. 0 risks (0%) scored 12 or above this quarter.

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	(92)(4.9%)	(250)	650 (57.5%)

The projected **revenue** underspend of £0.092m within Parking and Infrastructure represents 4.9 per cent of the total Delivery Unit budget (£1.896m).

- There is an anticipated underspend of £0.055m within Street Lighting relating to carbon emissions.
- The Commercial – Parking and Infrastructure **capital** programme is forecasting an in year reduction of £0.250m. The movement is slippage into 2017/18 in relation to Lines and Signs work as weather conditions have created a backlog.

Public Health¹

Successes	Challenges
<ul style="list-style-type: none">• After presenting a literature review on the growing issue of shisha in Barnet, a report has been presented to the Health and Wellbeing Board with a series of key recommendations. These included the setting up of a shisha Task and Finish Group to roll out a health education and promotion campaign on the dangers of smoking shisha.• Following the Quality Assurance Board meeting on 8 June 2016, Underhill Children's Centre has achieved the Healthy Children's Centre status and awarded a plaque and qualification. Now all 10 Children's Centres in Barnet have been awarded Healthy Children's Centre status, which recognise their work in helping to improve the health of children and families in Barnet.• Following a successful procurement, Barnet's new Young People's Substance Misuse Service commenced on 1 September 2016, delivered by Westminster Drug Project. The Young People's Service will be based on outreach and co-location, i.e. within Children and Family Services, Youth Justice Service, Accident and Emergency departments, Children and Adolescent Mental Health Services (CAMHS), and schools and colleges, and will also provide support to parents of young people with alcohol and drug problems. Joint working across Young People's and Adult Substance Misuse Services will provide identification and support to young people whose parents misuse drugs or alcohol.• There have been good results for employment outcomes following successful completion of treatment for opiate clients (part of the Barnet Adult Substance Misuse Service): the percentage of clients who, on exit from the service, were working more than 10 days in the last 28 days continues to be higher than the national average.• There are also good results for hepatitis B vaccinations (part of the Barnet Adult Substance Misuse Service): 64.8% of Barnet clients had no record of completing a course of hepatitis B vaccinations, compared to 71.8% nationally. However, blood-borne virus testing and harm minimisation is a priority for the new Adult Service, which has developed quarterly programmes to increase uptake further.	<ul style="list-style-type: none">• There is a new local quality assurance process to review Healthy Schools London (HSL) silver and gold award applications, with application review dates now set up once a month. This may discredit the quality of awards in some boroughs and affect London summary review tables, making some boroughs look better than others because their quality assurance is not as strict. The GLA intends to conduct audits to address this.• The six monthly follow-up of completers of children's tier 2 weight management programme is poor (only 6 out of the 46 completers in Q4 attended a 6 month follow up) and more work is underway to encourage previous participants to attend. The provider is following up with participants and arranging to see parents and children at their school 'drop off' and 'pick up' times to make it more convenient.• The Healthy Children's Centres programme continues to meet performance targets; however some of the measurement tools should be reviewed as we are now into the third year of the programme. A number of indicators, which were relevant to establishment of the programme are now normal practice and are audited during the Quality Assurance Board Meeting. These no longer require monitoring quarterly. A new quarterly data monitoring form is being introduced for Children's Centre staff to resolve some issues with data reporting.

¹ Reported a quarter in arrears, so refers to Quarter 1 2016/17

Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	48% (11)	17% (4)	4% (1)	30% (7)	57% (12)	43% (9)

25 indicators are reported in Q1 2016/17. 23 have been given a RAG rating: 48% (11) are “on or above target” and 52% (12) are “below target”. 21 have been given a Direction of Travel (DOT) status: 57% (12) have an “improved/same” DOT and 43% (9) have a “worsened” DOT from the same period last year. Of the 12 “below target”, 3 are Corporate Plan Indicators and can be found in Appendix A:

- PH/S4 Rate of hospital admissions related to alcohol (per 100,000)
- PH/S3 Excess weight in 10-11 year olds (overweight or obese)
- PH/S5 Smoking prevalence

9 are Service Indicators (in the Public Health & Wellbeing Commissioning Plan and/or Public Health Management Agreement) and are set out below.

Ref	Indicator description	Polarity	Annual 2016/17 Target	Q1 2016/17 Target	Q1 2016/17 Result	Q4 2015/16 Result	DOT Short Term (From Q4 2015/1)	Q1 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where “below target”
PH/C10	Successful treatment - opiate users (Proportion of adults who successfully completed treatment in a year and did not re-present 6 months, of the total number of adults in treatment in a year)	Bigger is Better	8.0%	8.0%	7.0% (GA)	6.4%	Improving	9.7%	Worsening	National 6.9% (30/8/16, Adult Partnership Activity Report)	Performance has improved from Q4 (6.4%) and is better than the National Drug Treatment Monitoring System baseline period; it is just 1% below the 2016/17 year-end target (8%).
PH/C11	Successful treatment - non-opiate users (Proportion of adults who successfully completed treatment in a year and did not re-present 6 months, of the total number of adults in treatment in a year)	Bigger is Better	33.0%	33.0%	32.1% (GA)	31.5%	Improving	33.6%	Worsening	National 40.0% (30/8/16, Adult Partnership Activity Report)	Performance has improved from Q4 and 0.9% below the 2016/17 year-end target (33%). The Senior Commissioning Manager and provider have met with the Public Health England Programme Manager to review the Recovery Diagnostic Tool for Barnet.

Ref	Indicator description	Polarity	Annual 2016/17 Target	Q1 2016/17 Target	Q1 2016/17 Result	Q4 2015/16 Result	DOT Short Term (From Q4 2015/1)	Q1 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
PH/C12	Successful treatment - alcohol users (Proportion of adults who successfully completed treatment in a year and did not re-present 6 months, of the total number of adults in treatment in a year)	Bigger is Better	42.0%	42.0%	37.6% (R)	37.8%	Worsening	38.7%	Worsening	National 39.5% (30/8/16, Adult Partnership Activity Report)	Performance is a 0.2% decrease from Q4 and from the National Drug Treatment Monitoring System baseline period, and is 4.4% below the 2016/17 year-end target.
PH/C13	Successful treatment - non-opiate and alcohol users (Proportion of adults who successfully completed treatment in a year and did not re-present 6 months, of the total number of adults in treatment in a year)	Bigger is Better	32.0%	32.0%	29.1% (R)	24.0%	Improving	31.2%	Worsening	National 35.2% (30/8/16, Adult Partnership Activity Report)	Performance has improved from Q4, and 2.9% below the 2016/17 year-end target (32%). The Senior Commissioning Manager and provider have met with the Public Health England Programme Manager to review the Recovery Diagnostic Tool for Barnet.
PH/C14	Re-presentations - opiate users (Proportion of adults who successfully completed treatment in the first 6 months of the latest 12 month period but re-presented after 6 months)	Smaller is Better	12.0%	12.0%	15.8% (R)	28.6%	Improving	16.7%	Improving	National 18.1% (30/8/16, Adult Partnership Activity Report)	Improved performance from Q4 (28.6%) and equates to three clients returning to the service within six months.

Ref	Indicator description	Polarity	Annual 2016/17 Target	Q1 2016/17 Target	Q1 2016/17 Result	Q4 2015/16 Result	DOT Short Term (From Q4 2015/1)	Q1 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
PH/C15	Re-presentations - non-opiate users (Proportion of adults who successfully completed treatment in the first 6 months of the latest 12 month period but re-presented after 6 months)	Smaller is Better	8.0%	8.0%	22.2% (R)	0.0%	Worsening	5.3%	Worsening	National 5.7% (30/8/16, Adult Partnership Activity Report)	Due to the overall low numbers of clients even a single re-presentation would have resulted in the target of 8% not being met. The Senior Commissioning Manager and the provider have met with the Public Health England Programme Manager and reviewed the Recovery Diagnostic Tool for Barnet.
PH/C19	Number of schools registered for the Healthy Schools London awards - (a) primary	Bigger is Better	6 Additional Schools (86 in total)	2	1 (R)	3	Worsening	3	Worsening	England N/A London N/A	The provider has focused efforts on ensuring that applications for awards have been sent off on time (i.e. before the end of the summer term). Barnet currently has the highest number of schools registered for the Healthy Schools London scheme in London.

Ref	Indicator description	Polarity	Annual 2016/17 Target	Q1 2016/17 Target	Q1 2016/17 Result	Q4 2015/16 Result	DOT Short Term (From Q4 2015/1)	Q1 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
PH/S11	Excess weight in adults	Smaller is Better	56.8%	56.8%	57.82% (GA)	New for 2016/17	New for 2016/17	New for 2016/17	New for 2016/17	England 64.6% London 58.4% (16/9/16, Public Health Outcomes Framework)	Work has continued to develop the Tier 2 service specification and is now out to tender. There has been a discussion held with the Whittington Hospital with regards to the delivery of Tier3 and how this interacts with the current tier 4 service.
PH/S13	Percentage of new attendances of all under 25 year olds tested for chlamydia	Bigger is Better	70.0%	70.0%	52.0% (RA)	New for 2016/17	New for 2016/17	New for 2016/17	New for 2016/17	England N/A London N/A	Most young people who present to the sexual and reproductive health service for the first time do so to access contraception, and many do not feel comfortable discussing or accepting sexual health or chlamydia screening.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	2 (50%)	2 (50%)	0 (0%)

Public Health has 4 risks. 2 of these (50%) are Medium Low, and 2 (50%) are Medium High. 1 risk (25%) scored 12 or above and has been escalated to the Strategic Commissioning Board for review this quarter. 0 risks (0%) scored 15 or above.

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	0 (0.0%)	N/A	N/A

Regional Enterprise (Re)

Successes	Challenges
<ul style="list-style-type: none"> • The London Borough of Barnet has been awarded Cleaner Air Borough (CAB) status for effectively monitoring and reducing air pollution. This was following the Greater London Authority (GLA) acceptance of the 2015 Air Quality Annual Status Report (ASR) in fulfilment of requirements within the Environment Act 1995. Particular areas of commendation included the council's active engagement with schools and the local public through the Air Quality Champion scheme run jointly with Harrow and progress on a number of sustainable measures as part of the North Finchley Clean Air project. • Significant milestones for the multi-billion pound Brent Cross Cricklewood scheme have been reached this quarter with the signing of Delivery Partnership agreements for the Brent Cross North and Brent Cross South developments; and the formation of a new The Joint Venture Limited partnership for the Brent Cross South development between the council and Argent Related (Development Partner). The scheme will create a new town centre, incorporating 7,500 homes, 27,000 jobs, three re-built schools, redevelopment of Brent Cross shopping centre, new parks and community facilities, an additional Thameslink train station, as well as major road and public transport improvements. • The official opening of the new family-friendly Hope Corner Community Centre took place in September with over 300 guests in attendance. The new Centre is part of Barnet's regeneration of the Dollis Valley Estate with aims to create a new integrated community and a new mixed tenure housing development of 631 homes. • The Japanese community in Barnet celebrated the 80th anniversary of the special relationship between the Japanese Residents Association and Hendon Cemetery where a specific section of the cemetery is reserved for Japanese people who have passed away and are buried in accordance with their cultural and religious customs. The Japanese Deputy Prime Minister was in attendance at the ceremony with the Ambassador for Japan. The Mayor of Barnet and the Leader of the Council were also in attendance. The event was hailed a complete success, and the Japanese association was extremely thankful. • Following a successful lengthy and complex planning and proceeds of crime investigation and subsequent prosecution, a landlord guilty of 	<ul style="list-style-type: none"> • Reactive repairs on 7 day turnaround highways defects, continues to be a challenge. Whilst repairs are being done, there have been backlogs at the start of the quarter and limited data to track performance on turnaround times. The contractor has reported problems with its technology and communication systems used for capturing defect completion data live on site, and have also raised concerns with having adequate resources in place to meet demand. Re continues to work collaboratively with the Authority in discussions and measures with Authority's 3rd party contractor towards a speedy resolution of the performance issues. An extraordinary Contract Management meeting between the Authority's 3rd party Contractor and Re was held on 4th August and a rectification plan is now in place with a timeline to restoring performance to the 7 day timescales by the end of October 2016. Further meetings and reviews are scheduled and a request for a comprehensive plan to be provided for review that addresses the IT issues affecting the timely reporting of their performance data. • Rectification of outstanding issues regarding thin surfacing on the Network Recovery Plan (NRP) programme are still to be satisfactorily resolved. Inspections and closer monitoring of works has been undertaken and Re has issued an updated Snagging List to the contractor on 2015/16 Micro and Surface Dressing schemes, which identifies 12 sites with defects requiring rectification and 38 sites under observation. Tests have been carried out on the binder material and discussions are ongoing with the contractor to rectify issues. • Difficulty forecasting requirements for planning resources in-line with the Delivery Partners' submission programmes is an issue when considered against the context of challenges faced with obtaining scarce resources from within the recruitment market place. The concern is being monitored and escalated with Delivery Partners at the Integrated PMO Board, and more robust programmes requested. Following further submissions from Delivery Partners, requests have been made for more information in certain areas (on planning submission dates for RMA and pre-Commencement activities, as well as start on site, funding drawdown, and shopping centre opening dates) and for a combined programme including all submissions. • With a third of Colindale housing delivery complete, implementation of

Successes	Challenges
breaching a planning enforcement notice has been ordered to pay a record fine and costs to Barnet Council. The landlord has been ordered to pay £700,000 for unlawful house conversion under the Proceeds of Crime Act (PoCA). The sentence and confiscation award are the highest for Barnet Council in a case of this nature. Re carried out the planning enforcement case.	infrastructure to support the doubling of homes in the ward is lagging behind. There is a need to undertake a review of infrastructure projects designated for Colindale, identifying scope, funding sources, at what stage they are at, issues delaying the progress of the project and actions required to progress each schemes. All infrastructure projects, their current status, expected completion date and programme, are in the process of being compiled. This will be accompanied by the delivery phases of the major private developments and a map of all activities being undertaken. Significant challenges on the junction schemes and a challenge to TfL regarding the new tube station, requires a response. Furthermore, detailed analysis on Colindale Avenue widening is still underway. This should be resolved by the end of November 2016

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	89% (48)	7% (4)	0% (0)	4% (2)	77% (43)	23% (13)

75 indicators are reported in Q2 2016/17. 54 have given a RAG rating: 89% (48) are “on or above target” and 11% (6) are “below target”. 56 have been given a Direction of Travel (DOT) status: 77% (43) have an “improved/same” DOT and 23% (13) have a “worsened” DOT from the same period last year. Of the 6 “below target”, 1 is Corporate Plan Indicator and can be found in Appendix A:

- KPI 2.1-2.3 Highways defects made safe within agreed timescale.

5 are Service Indicators (in the Assets, Regeneration and Growth Committee Commissioning Plan and/or Re contract) and are set out below.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where “below target”
KPI 1.2 NM (Annual)	Annual Programme relating to Carriageway Resurfacing schemes	Bigger is Better	100%	100%	96.4% (GA)	Annual indicator	Annual indicator	100%	Worsening	No benchmark available	1 of the 27 carriageway schemes due in September was delayed due to water leak. As a result the quarter performance was less than the 100% target.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
KPI 1.1 NM	Implementation of the Annual programme relating to Highway Safety Inspections	Bigger is Better	100%	100%	98.2% (GA)	100%	Worsening	100%	Worsening	No benchmark available	Q2 performance is based on the first two months data only (July & August) as September data is yet to be determined. Based on the two months, the 100% target was not achieved because 28 out of the 716 inspections in August were completed late.
KPI 2.3 NM	Number of Highways Category 2 Defects Rectification completed on time	Bigger is Better	100%	100%	Data not available (Fail) (R)	99.9%	Not comparable	99.5%	Not comparable	No benchmark available	Reported as a "fail", as no data has been available from the contractor this quarter. Whilst repairs are being done, there have been backlogs at the start of the quarter and limited data to track performance on turnaround times. The contractor has reported problems with its technology and communication systems used for capturing defect completion data live on site, and have also raised concerns with having adequate resources in place to meet demand.

Ref	Indicator	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
KPI 2.8 NM	Construction of Vehicle Crossovers within timescales following receipt of payment	Bigger is Better	100%	100%	84.9% (GA)	100.0%	Worsening	100.0%	Worsening	No benchmark available	Q2 performance is based on the first two months data only (July & August) as September data is yet to be received from the 3rd Party Contractor. Based on the two months, the 100% target was not achieved because the contractor completed 8 of 53 constructions outside of timescales. Personnel issues and bad weather were cited as reasons for the delay.
TSLKPI02	Appropriate response to statutory deadlines in relation to the Licensing and Gambling Act. Service requests (e.g. applications) dealt with to pre-set standards / Total number of service requests	Bigger is Better	100%	100%	99% (GA)	100%	Worsening	100.0%	Worsening	No benchmark available	1 out of 148 responses was out of timeline achieving 99% against a target of 100%.

Re is still to finalise its risk register. However, 1 risk is known to have scored 15 or above and has been escalated to the Strategic Commissioning Board this quarter; and has been published in the Corporate Risk Register (Appendix J). This is shown below.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
RE001	Development pipeline: Property build exceeds target cost	<p>LBB is unable to commission the construction of the properties specified within the development pipeline at the target cost defined within the business plan due to:</p> <ul style="list-style-type: none"> - construction inflation - team skills and experience, or - ineffective management of delivery. <p>All of this could result in reduced profit or loss on properties, potential abandonment of the project and lost sunk costs, reputational damage.</p>	Commissioning Director, Growth & Development	Financial	<p>Development management is provided by GL Hearn. There is a project management toolkit (including the gateway process). There is also contingency within the target cost. This work is the subject of a competitive procurement process.</p> <p>Current contractor prices are being challenged through a benchmarking process. Schemes have been reappraised and value engineered at supply chain costs. Negotiations with the selected contractor are continuing.</p>	4	5	4	4	16	Treat

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	97 (8.6%)	(15,063)	N/A

The projected **revenue** overspend of £0.097m within Regional Enterprise represents 8.6 per cent of the total Delivery Unit budget £1.134m.

- There is an anticipated overspend of £0.317m on the Re Management Fee due to additional payments required to ensure the completion of work outside the scope of original contract.
- Realisation of income from the Local Implementation Plan (LiP) being reduced following decisions to reduce charge out rates to TfL. The reduction in fees has been offset by potential savings on reactive maintenance works. The 2016/17 Managed Budgets are currently under review.

The **Re** delivery unit capital programme has decreased by £21.018m. This is largely due the transfer to Housing Needs and Resources of the Development Pipeline project (£5.056m) and slippage across a number of other projects. The main areas of slippage are the General Fund regeneration projects for Colindale, Graham Park and Town Centres, the start of which are delayed (£13.273m), the refurbishment of Hendon Cemetery and Crematorium which is still in the planning phase (£1.063m) and new affordable homes now planned for 2017/18 (£1.416m).

Registrar Service

Registrars

Successes	Challenges
<ul style="list-style-type: none"> The number of private citizenship ceremonies held this quarter have doubled; with a total of 47 compared to 23 in Q1 2016/17. Each private ceremony attracts a charge of £100, so the increase of 24 ceremonies has increased the income generated by 104%. Private citizenship ceremonies have been offered at weekends and other slots that had not filled in the diary to maximise income generation. There has been a notable increase in the number of marriages officiated in Q2 2016/17 (221) compared to those in Q1 2016/17 (166) bringing the total income to £39,670. The income generated from marriages this quarter has seen an increase of £10,875 compared to Q1 2016/17. This is one of the busiest periods of the year and this quarter also saw an increase in ceremonies at approved premises in Barnet that have higher fees. The Nationality Checking Service (NCS) has seen an increase in demand for Q2 2016/17 (335) compared to Q1 2016/17 (241). The total income generated by the 335 customers that were seen for NCS was £19,875, which compared to the previous quarter's 241 customers (£15,180). This shows an increase in the income generation by 31%. 	<ul style="list-style-type: none"> The service has been operating with limited staffing resources. The training progression to have an officer cover all aspects of the registration and nationality process is approximately 3-6 months. Recruitment has been undertaken and training completed for Marriages and Nationality Checking Service but further training is required on births and deaths, which will be completed by the end of Q3 2016/17. This will allow for more double diaries for birth appointments to take place to improve performance and enable additional appointments for the Nationality Checking Service. Increasing the percentage of deaths registered within the required legal period. Staff will be rotated from 3 October 2016 to facilitate extra diaries and appointments will be reviewed, including extra appointment times for death registrations. The results will be reviewed in December 2016. Income generation and maximisation. A review of service fees and charges will be carried out to harmonise these across both authorities. Diary and appointment times will also be reviewed. The planned relocation to Hendon Town Hall in early 2017 will offer new opportunities for maximising income.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	44% (4)	33% (3)	0% (0)	22% (2)	0% (0)	0% (0)

10 indicators are reported in Q2 2016/17. 9 have been given a RAG rating: 44% (4) are "on or above target" and 56% (5) are "below" target". None have been given a Direction of Travel (DOT) status. Of the 5 "below target", all are in the Registrar Service contract and are set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
R/1	Percentage of births registered within 42 working days of request	Bigger is Better	95%	95%	91% (GA)	94%	Worsening	New for 2015/16 – first reported in Q3	New for 2015/16 – first reported in Q3	No benchmark available	<p>The increase in birth appointments requests is due to the closure of Chase Farm Hospital, this has increased the number of births being registered in the district of Barnet overall.</p> <p>The volume of births outweighs other service demands. The recent</p>
R/3	Percentage of deaths registered within 5 working days of request	Bigger is Better	95%	95%	61% (R)	33%	Improving	New for 2015/16 – first reported in Q3	New for 2015/16 – first reported in Q3	No benchmark available	<p>The service has recruited two additional staff in Brent to fill a number of vacancies that had been held to assist in mitigating the budget deficit.</p> <p>The staff have been trained on some duties and this will release more senior staff to register births and deaths.</p>
R/4	Percentage of Marriage/Civil Partnership notices offered within 10 working days of request	Bigger is Better	90%	90%	37% (R)	22%	Improving	New for 2015/16 – first reported in Q3	New for 2015/16 – first reported in Q3	No benchmark available	<p>With changes proposed in R1 and R3 and additional staffing, new diary times and maximising staffing allocation will increase the numbers of appointments available which will therefore reduce the current waiting times.</p>

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
R/8	Percentage of incoming birth, still-born and death declarations registered with 24hrs of receipt	Bigger is Better	90%	90%	81% (GA)	100%	Worsening	New for 2015/16 – first reported in Q3	New for 2015/16 – first reported in Q3	No benchmark available	<p>We are making all efforts to deal with the incoming declarations within the 24hours of receipt.</p> <p>The Nominated Officer/Senior Registration and Nationality Officer I would be also processing them in between other duties such as inquests and officiating marriages.</p>
R/9	Percentage of applications offered appointment within 7 working days of Registration Officer receiving GRO notification	Bigger is Better	90%	90%	80% (GA)	98%	Worsening	New for 2015/16 – first reported in Q3	New for 2015/16 – first reported in Q3	No benchmark available	<p>If corrections do not require a witness they will always be done within the 48 hours of the receipt as they get filed in the main office and the Nominated Officer deals with them on a weekly basis. When it comes to corrections which require a witness to be present, this proves to be more of a challenge as on occasions it is hard to get hold of the customer and book the for the appointment or that we may not have any available slots in the births and deaths diaries for a number of days ahead.</p>

The Registrars Service has reported no risks this quarter.

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	185 (115.6%)	N/A	N/A

The projected **revenue** overspend of £0.185m within the Registrar Service (Births, Deaths and Marriages) represents 115.6 per cent of the total service budget (£0.160m). Legislative changes since the budget was set has resulted in the demand for ceremonies decreasing significantly. Work is being continued within the service to maximise existing resources and overcome financial constraints.

Street Scene

Successes	Challenges
<ul style="list-style-type: none"> Agency usage has been significantly less than in the same quarter last year and Street Scene is on track to reach its target of reducing agency expenditure to 15% of its wage bill. The Street Scene Delivery Unit has taken on apprentices; one of whom is now a full time permanent member of staff. 	<ul style="list-style-type: none"> A strong draft ADM proposal has been submitted, utilising existing resources within Street Scene. This has included a review of current and future operations to deliver a high quality, efficient and cost-effective service. Street Scene has worked with The Barnet Group, unions, staff and partners to develop the submission, with a range of staff involvement and briefing sessions held as part of this work. This ADM submission work is being undertaken whilst carrying out business as usual. Work has been undertaken to assist in the smooth relocation of the Passenger Fleet from Mill Hill Depot to North London Business Park; whilst half of the operational Recycling and Waste and Street Cleansing service will relocate to Harrow in Q3 2016/17. A number of changes are taking place or are planned to take place shortly including Unified Reward, relocation from Mill Hill Depot to Harrow and Oakleigh Road South and the ADM. These are all creating uncertainties for staff leading to a loss of morale and motivation. Street Scene is delivering a change management plan, which includes regular communication with staff on activities related to these.

Service Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
	67% (6)	0% (0)	22% (2)	11% (1)	88% (7)	13% (1)

9 indicators are reported in Q2 2016/17. 9 have been given a RAG rating: 67% (6) are “on or above target and 33%(3) are “below” target”. 8 have been given a Direction of Travel (DOT) status: 88% (7) have an “improved/same” DOT and 13% (1) have a “worsened” DOT from the same period last year. Of the 3 “below target”, 1 is a Corporate Plan Indicator and can be found in Appendix A:

- SS/S3 Percentage of household waste sent for reuse, recycling and composting
- 2 are Service Indicators (in the Environment Committee Commissioning Plan and/or Street Scene Management Agreement) and are set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q1 2016/17 Target	Q1 2016/17 Result	Q4 2015/16 Result	DOT Short Term (From Q4 2015/16)	Q1 2015/16 Result	DOT Long Term (From Q1 2015/16)	Benchmarking	Comment where "below target"
SS/C1	Waste tonnage – residual per household	Smaller is Better	590.85 kg per HH	154.16 kg per HH	165.57 kg per HH (R)	157.54 kg per HH	Worsening	165.23 kg per HH	Worsening	Barnet ranked 24 out of 31 London Boroughs	The tonnage of residual waste being disposed of by households continues at a high. Current residual capacity at houses is high, with standard capacity being 240 litres per week, and a number of properties having in excess of this capacity.
SS/C2	Waste tonnage – recycling per household	Bigger is Better	427.97kg per HH	119.64 kg per HH	107.7715 kg per HH (RA)	78.4 kg per HH	Improving	106.06 kg per HH	Improving	No benchmark available	The dry recycling contamination rate has increased from 5.03% in Q1 2015/16 to 8.32% in Q1 2016/17 reflecting increased sampling and monitoring at the Materials Recovery Facility, however actual tonnage recycled is still higher in Q1 2016/17 compared to Q1 2015/16.

Service Risks	Low	Medium Low	Medium High	High
	0 (0%)	1 (14%)	6 (86%)	0 (0%)

Street Scene has 7 risks. 1 of these (14%) is Medium Low, and 6 (86%) are Medium High. 2 risks (29%) scored 12 or above and have been escalated to the Strategic Commissioning Board for review this quarter. 0 risks (0%) scored 15 or above.

Finance	Revenue Budget Variance (000s)	Capital Budget Variance (000s)	Savings achieved (000s)
	397 (2.9%)	(630)	690 (71.9%)

The projected **revenue** overspend of £0.397m within Street Scene represents 2.9 per cent of the total Delivery Unit budget (£13.624m).

- There is an anticipated overspend of £0.502m within Waste and Recycling due to higher staffing costs to ensure continued service delivery to a high standard. This has been offset by an anticipated underspend of £0.294m within Trade Waste due to increased income and tight controls on expenditure of supplies.

The Street Scene **capital** programme has forecast a reduction from the approved budget of £0.630m.

- £0.120m relates to the deletion of the Langan project which is no longer viable.
- Slippage of £0.510m is largely due to the waste, vehicles and equipment project which has slippage of £0.390m as a result of the review of an alternative delivery model still being considered and the installation of the fuel storage at the depot being delayed until 2017/18.

Your Choice Barnet (YCB)

Successes	Challenges
<ul style="list-style-type: none"> YCB has carried out a consultation process with the service users, their families and the staff to discuss the proposed transformation of the way some of the services are delivered, focusing on improved outcomes for the people it supports. The response from these key stakeholders has been very positive with a high level of engagement and interest. The number of referrals from Barnet Council and self-referrals from people using direct payments has increased significantly to 43; meaning that the collective target for the full year (40) has been exceeded already. The target income that YCB achieves from outside of Barnet Council (10%) has been steadily increasing and is currently 18.8%. 	<ul style="list-style-type: none"> Staff sickness has reduced to 11.5 days (from 13.2 days in Q1 2016/17); however, remains off target. Sickness absence continues to be monitored closely within the services and by the management team. The Accident and Incident rate has moved from Green to Red. This figure historically fluctuates due to the vulnerability of YCB service users; and the services ensure robust reporting of all incidents. The number of referrals from other Local Authorities has increased to 5 (from 4 in Q1 2016/17); however remains below the target of 10. YCB continues to market its services both within Barnet, to self-funders and within neighbouring boroughs.

Service Performance	Green	Amber	Red	Improved/Same	Worsened
	75% (15)	20% (4)	5% (1)	73% (16)	27% (6)

24 indicators are reported in Q2 2016/17. 20 have been given a RAG rating: 75% (15) are “on or above target” and 25% (5) are “below target”. 22 have been given a Direction of Travel (DOT) status: 73% (16) have an “improved/same” DOT and 27% (6) have a “worsened” DOT as per the percentage of the target variance. Of the 5 “below target”, all are in the YCB contract and are set out below.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where “below target”
YCB 10	Staff sickness	Smaller is Better	Green: 10 or below Amber: 11 to 20 Red: 20 or above	Green: 10 or below Amber: 11 to 20 Red: 20 or above	11.5 (Amber)	13.2	Improving	Not available	Not available	No benchmark available	Staff sickness has reduced to 11.5 days from 13.2 days in Q1. Managers continue to monitor sickness closely, however for our services we have to ensure that service users are not at risk of infectious conditions and if a member of staff even has a minor illness such as cold they are encouraged to stay away from the service.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
YCB 11	Agency staff	Smaller is Better	Green: 10% or below Amber: 10.1% to 19.9% Red: 20% or above	Green: 10% or below Amber: 10.1% to 19.9% Red: 20% or above	11.1% (Amber)	10.4%	Worsening	14.4%	Improving	No benchmark available	Agency usage is slightly up (11.1%) from 10.4% in Q1. Agency usage continues to be monitored closely and the services work towards covering unplanned absences with contracted staff.
YCB 12	Accident Incident Rate	Smaller is Better	Green: below 5,000 Red: ≥ 5,000	Green: below 5,000 Red: ≥ 5,000	6,000 (AIR only) (R)	4,000 (AIR only)	Worsening	Not available	Not available	No benchmark available	There has been an increase in the number of Accidents and Incidents with the rating moving from 4,000 in Q1 up to 6,000. This indicator historically fluctuates and due to the vulnerability of YCB service users the services ensure robust reporting of all incidents.
YCB 19	New referrals from other local authorities.	Bigger is Better	Green: 20 or more people annually (5 or more per quarter) Amber: 11 to 19 people annually (2 people between 3 and 5 per quarter) Red: 10 or lower people annually (less than 2 people per quarter)	Green: 20 or more people annually (5 or more per quarter) Amber: 11 to 19 people annually (2 people between 3 and 5 per quarter) Red: 10 or lower people annually (less than 2 people per quarter)	5 (Amber)	4	Worsening	6	Worsening	No benchmark available	There have been 5 new referrals from other Local Authorities against a target of 10, YCB actively markets its services both within Barnet and neighbouring authorities.

Ref	Indicator	Polarity	Annual 2016/17 Target	Q2 2016/17 Target	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From Q1 2016/17)	Q2 2015/16 Result	DOT Long Term (From Q2 2015/16)	Benchmarking	Comment where "below target"
YCB 23	Service utilisation Valley Way	Bigger is Better	Green: 90% or higher Amber: 81-89% Red: 80% or lower	90%	Overall: 89% Mon-Thu 87% Fri-Sun 92% (Amber)	Overall: 88% Mon-Thu 84% Fri-Sun 94%	Improving	Not available	Not available	No benchmark available	Valley Way Utilisation has slightly improved to 89% from 88% against a target of 90%.

YCB risks are contained within the risk register for Barnet Homes, above.

Programmes

The below table illustrates how the council is performing against the five portfolios of large programmes and projects: Central, Adults and Health, Children and Young People, Environment and Growth and Development; and the Education Capital Programme.

Portfolio	Green Status	Amber Status	Red Status	Not yet started	Comments
Central Portfolio	5	4	0	0	Improvements have been made on a number of projects within the portfolio. The Community Asset Strategy / Community Centres project has moved from a Red to Amber RAG rating as a way forward has been agreed and the change of approach will focus on the land transfer. The Unified Reward project continues to progress to plan; contracts of employment have been provided to circa 1,460 council staff and go-live was reached on the 1 October 2016. The Business Case for Customer Transformation has been approved by Policy & Resources Committee on 5 October 2016. The Healthy Workforce Charter excellence award has been achieved on 5 October 2016. Scoping work has taken place for the Smarter Working aspects of The Way We Work programme, including a programme plan, resource model and overall budget.
Adults and Health Portfolio	8	4	1	0	Progress has been made across a number of projects in the portfolio. A number of key decisions have been made and milestones met on the projects. Public consultation for the proposals regarding the Alternative Delivery Vehicle and Operating Model have taken place between 16 May and 8 August 2016 and the revised Business Case has been agreed at the Adults and Safeguarding Committee on the 19 September 2016. For the Your Choice Barnet project consultation has been undertaken and ended on the 23 September 2016. For the Sports and Physical Activity (SPA) project the diving petition has been considered by Policy & Resources Committee on 1 September 2016 and the project has instructed to continue to progress with the planning process but to return to committee later in the year with a paper reviewing the implications of including diving provision. The planning applications for both schemes (Barnet Copthall and New Barnet) are planned for December Planning Committee. The Investing in IT project continues to be RAG rated as Red; the new adult social care system go-live date has been delayed and work is continuing until the re-planning of all work streams is complete.

Portfolio	Green Status	Amber Status	Red Status	Not yet started	Comments
Children and Young People Portfolio	8	3	2	0	Progress has been made across the portfolio and a number of projects are progressing in concept phase. For the Libraries project, a 60 day staff consultation ran from 7 July to 5 September 2016. For the Partnership Library 11 Expressions of Interest have been received and of these six met the required standards and have been invited to formally submit detailed business cases. For the Barnet Youth Zone, OnSide and the Young People's Development have held a brand launch event for 'Unitas' (Barnet Youth Zone) at Saracens Rugby Club. For the Theory of Practice / Social Work Practice Improvement project, work continues in reducing caseloads, specifically Intervention and Planning and Duty Assessment Team and significant work has taken place in cleansing the Annex A data to ensure casefiles are up-to-date and accurate. The relocation of Meadow Close is RAG rated as Red due to challenges with the budget and scope of benefits.
Environment Portfolio	7	3	0	0	Projects within the Environment portfolio have progressed well in the last quarter, with the majority of projects RAG rated as Green. A number of project milestones have been met in the last three months. The Outline Business Case for the Street Scene alternative delivery model has been reviewed at Environment Committee and has been referred to Full Council on 1 November 2016. Consultation on the use of time-banded collections for the Commercial Recycling and Waste project has taken place in Mill Hill throughout September 2016 and consultation on the new Corporate Enforcement Policy commenced on the 18 September 2016. Work continues on assessing options for an alternative delivery model for all Street Scene services and the response window for the in-house offer(s) is running from the 27 June to 21 October 2016. Construction is continuing on the Oakleigh Road Depot site. The issuing of Moving Traffic Contraventions (MTCs) has continued, with progress on phase 2. The cameras at Tilling Road went live on 28 September 2016.

Portfolio	Green Status	Amber Status	Red Status	Not yet started	Comments
Growth and Development Portfolio	8	7	1	0	A number of milestones have been reached in the past three months, with only one project RAG rated as Red. In the Regeneration Programme, within Grahame Park 14 social rented and 5 shared ownership homes have been handed over on Plot 5 and within the Colindale project the new Barnet College Campus and Library has opened. The Granville Road project has moved from a Red to Amber RAG rating, as the outcome of the public inquiry was that Sherrygreen's appeal was upheld and Planning Permission has been awarded. On the Development Pipeline programme, within Tranche 3 HRA Infill, the Planning Committee has approved planning permissions for eight small sites in the borough and 1 site in Haringey on 8 September 2016; and Opendoor Homes request for gap funding of £900,000 to proceed with design development has been approved by Policy & Resources Committee on 5 October 2016. All of the 40 homes from Tranche 0 HRA Infill have been handed over. The General Fund Mixed Tenure Housing (Tranche 1) project continues to be RAG rated as Red; reviews of the 'market tested' Stage 2 Tender price have been taking place to explore opportunities for Value engineering in an attempt to reduce the overall project build cost by circa £8.3m. The Entrepreneurial Barnet programme is progressing and the Burnt Oak Place-Based Strategy is now completed and ready for final consultation for two weeks prior to publication.
Education Capital Programme	22	5	0	1	Progress continues to be made across a number of projects and new projects have been initiated, such as St Mary's and St Johns Phase 3. Overall the programme is on target to achieve pupil places when required. The successful supplier for the Aggregated Procurement (to provide a single contracted partner for design and build work, including schools and leisure centres) has been notified and the standstill period has commenced. At Monkfrith school Section 1 (Phase 1) KS1 and Reception Classrooms and the front entrance reception have been completed and handed over in September 2016. The London Academy work has been completed and the final snagging of the whole building completed on 23 September 2016.

Key to Indicator RAG ratings:

RAG rating	% of targeted improvement achieved		Description
Green	100% or more	Target is met or exceeded	Meeting target
Green Amber	>80% <100%	Target not met, but 80% or more of targeted improvement achieved	Near target with some concerns
Red Amber	>65% <80%	Target not met, but 65-80% of targeted improvement achieved	Problematic
Red	<65%	Target not met, and less than 65% of targeted improvement achieved	Serious concerns
In addition, any indicator that is less than 10% off target and has a positive Direction of Travel will be amber-rated. Both of the following criteria need to be met if a service is to have a Red-rated performance indicator amended to either Green Amber or Red Amber:			
Amendment to Green Amber:		Amendment to Red Amber:	
1. No more than 5% off target; and 2. A positive Direction of Travel		1. Between >5% and no more than 10% off target; and 2. Positive Direction of Travel or negative Direction of Travel not in excess of 2.5% (if improvement plan in place)	
NB. For indicators with known margin of error e.g. Residents' Perception Survey, any Red rated indicator within the margin of error will be uprated to Red amber.			

Key to Risk RAG ratings:

Score:		LIKELIHOOD					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
IMPACT	5	Catastrophic	Moderate	Medium / High	High	High	High
	4	Major	Moderate	Medium / High	Medium / High	High	High
	3	Moderate	Low	Moderate	Medium / High	Medium / High	High
	2	Minor	Low	Moderate	Moderate	Medium / High	Medium / High
	1	Negligible	Low	Low	Low	Moderate	Moderate