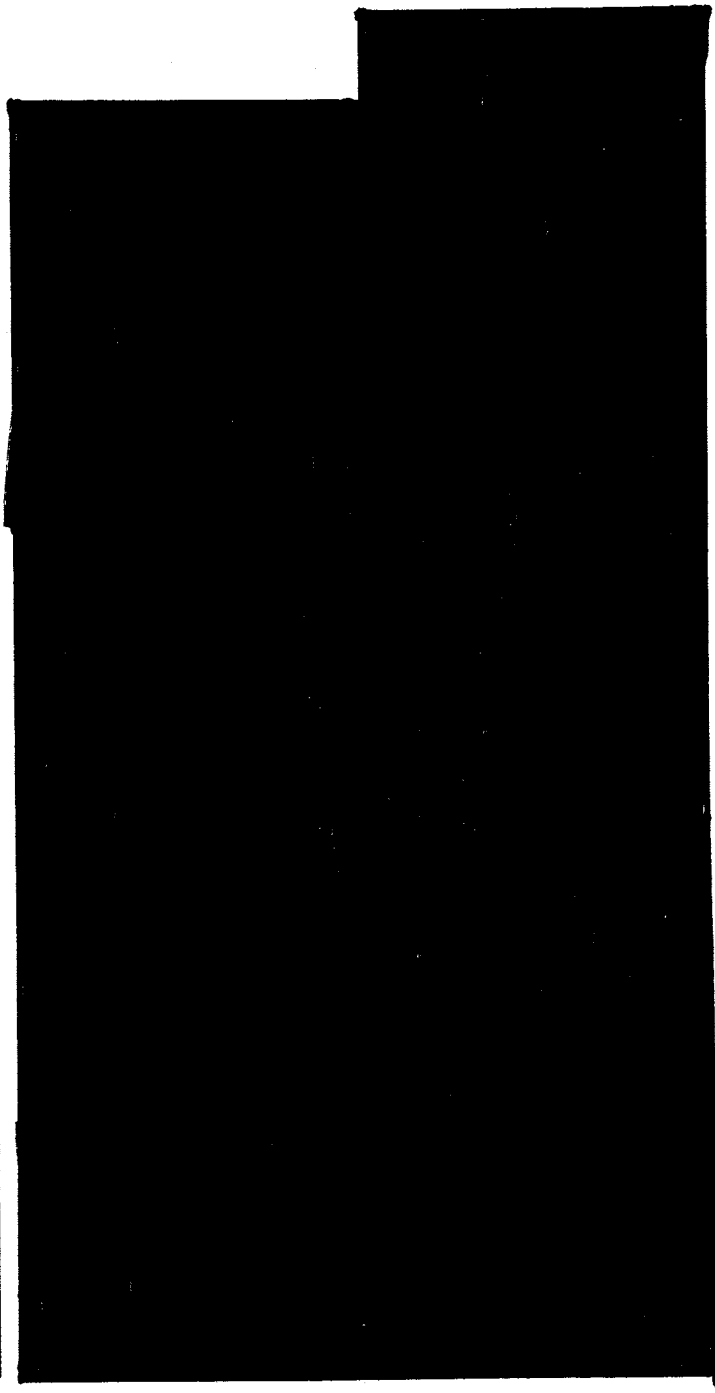
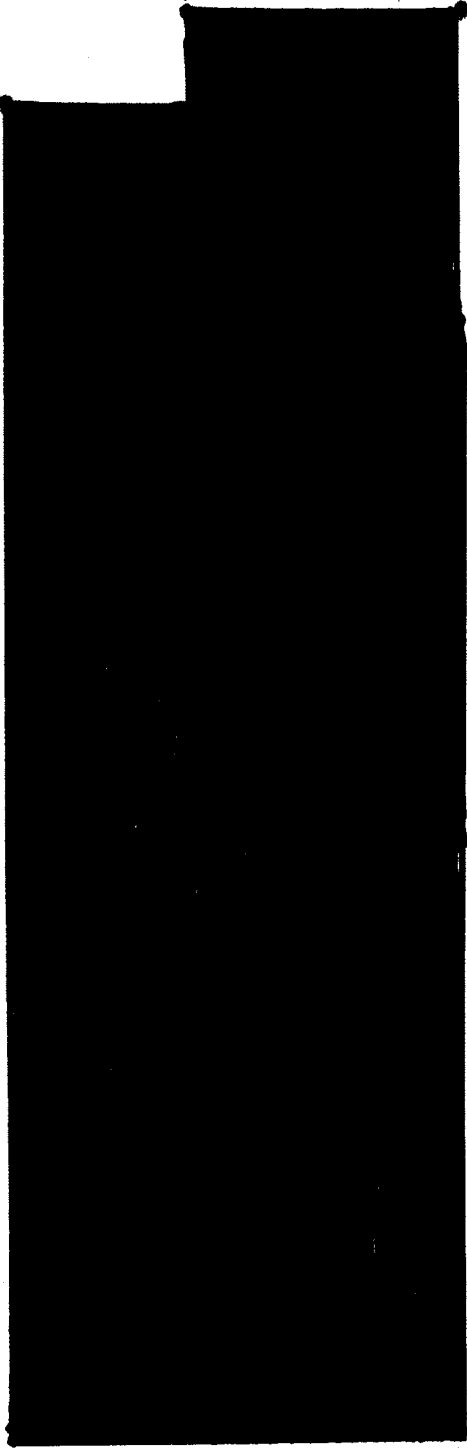


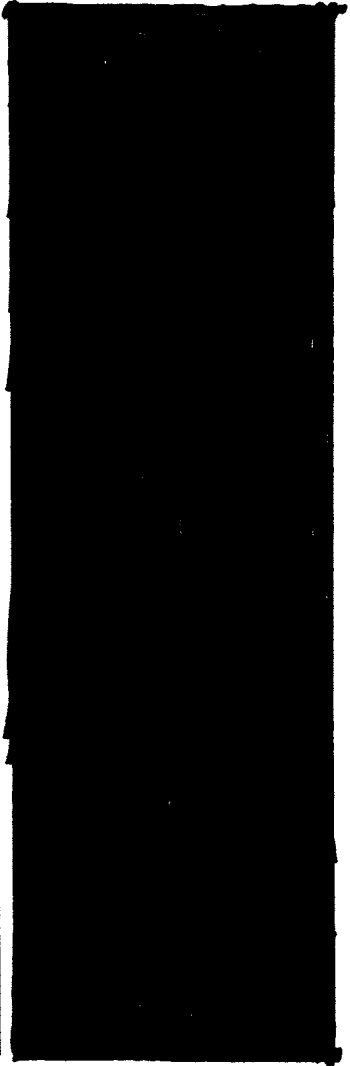
Indicator number or code for reference and use with Bland management systems	Indicator Reference			
	TRP103			
Indicator Title	Indicator Title			
	Milestones achieved and funding commitments spent			
	Definition			
	To ensure BXC highways milestones are met and funding commitments are managed effectively. 100% of budgets spent but not overspent as agreed with the Authority. Events outside of Capita's control that result in programmed milestones not being achieved will not count towards a failure in this PI. The Authority shall determine whether or not such events are outside the service provider's control - the Authority will use reasonable judgement when making such decisions.			
	Why we are using the indicator			
	To ensure DRS manages BXC highways and transport milestones and budgets effectively			
	Person responsible for data collection			
	Baseline			
	100% for 12/13			
	Year first target			
	100% of transport milestones achieved and agreed funding commitments spent as agreed with the Authority. No overspend on the budget.			
	Note: Each milestone will be weighted based on importance. Total points for all milestones should equal 100.			
	Quarterly targets			
	Q1	Q2	Q3	Q4
	Method of collection			
	Financial records will be recorded on a financial monitoring spreadsheet which is updated monthly. Milestones will be recorded in the project plan which is updated monthly. Data for this PI will be sourced from this financial monitoring spreadsheet.			
	Formulae			
	Amount of budget spent / allocated budget *100.			
	Number of agreed milestones achieved in the year.			
	Reporting format			
	Reporting frequency			
	Six-monthly			
	Data provider			
	No other officer currently identified to undertake this task			
	Data source			
	Finance system as to be determined by the service provider. Assumed it is SAP.			
	Data publication/management			
	no			
	Data storage/management			
	no			
	Comparative indicator			
	LBB specific			
	Data accuracy checks			
	Checks undertaken through use of finance monitoring systems and spreadsheets.			
	Data Storage and Security			
	SAP - password protected access. Financial monitoring spreadsheet will be password protected.			
	Data security management			
	no			
	Data publication/management			
	possible loss of income or overspend			
	Comparative indicator			
	no			
	Data quality/monitoring			
	I certify that the information provided above is to the best of my knowledge, accurate and also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
	Name	Martin Cowie, Interim Strategic Director of Strategic Planning, Regeneration and Transport		
	Date			



Indicator number, or code for reference and use with Bland management systems	Indicator Reference
Indicator Title	TRP101
Put the formal, yet concise indicator definition here	Indicator Title
Please provide details about why this indicator has been chosen	Timely completion of written reports
Name & Title of the senior officer with overall responsibility for this indicator	Definition
Provide baseline where applicable and explanation if no baseline available	100% of written reports produced within 13 weeks of request (assuming treated as a major application). 100% of transport and highways sections of committee reports completed on time.
Target for end of financial year	Why we are using this indicator
Quarterly targets (if different from the overall end of year target)	To ensure that the DRS provider provides highways input to all planning reports where highways / transport is a material consideration
Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Person responsible for data collection
Formulae Number of calls answered / Number of calls received	Year and target
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	100% as report was prepared on time for Planning & Environment committee in November 2009
Name of person who provides the data	100% for 2013/14, based on report being required for Planning & Environment Committee in Q3 of FY2013/14 (exact date to be confirmed)
Alternative person who provides the data in the absence of the above	Quarterly values
Where is the data sourced from? Systems, surveys etc	Reporting frequency
Is this information published anywhere and if so where	MonthlynoQuarterlyno
Please provide this information to any third parties such as DEIRA, IGL, etc, and do you have any data sharing arrangements in place	Reporting format
Is this indicator comparable or LBB specific?	Number of reports produced within schedule / number of reports expected *100
If comparable please provide details of who else measures this to assist with benchmarking	Reporting frequency
Are there any checks in place to ensure the data is accurate and how are these checks carried out	MonthlynoQuarterlyno
Where is the data kept? Is it spread sheets, systems and what security if any is in place (eg password protected) to ensure data is not altered? Is data stored online with Freedom of Information and the Data Protection Act	Reporting format
Any risks to collecting, submitting or publishing this data, also if the data is incorrect and consequences of this. Please include any associated risks on ICAD and provide reference number	Lead Planning Officer (or similar title) for BXC, currently Nicola Capelli
What will happen if performance against the indicator is poor?	Data Source
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	Council meeting papers (Planning & Environment Committee)
This should be signed by senior LB Bamel officer with overall responsibility for this indicator	Council meeting papers (Planning & Environment Committee)
	Data Publishing/Management
	Data Sharing/Arrangement
	no
	Comparable Indicator
	LBB specific
	Data Accuracy Checks
	Checks undertaken during preparation of P&E committee reports and the date of submission is validated by a manager.
	Data Storage and Security
	Committee reports are kept online on Authority website.
	Impact of poor performance against target
	Delay in reporting to P&E committee, potentially resulting in scheme / programme slippage
	Commercial sensitivity
	no
	Data Quality Report
	I certify that the information provided above is, to the best of my knowledge, accurate, and also, accordingly, I have read and understood the responsibilities set out in the Data Quality Policy.
	Name
	Date



Indicator number or code for references and use with B1 and management systems	Indicator reference	P1 TD03
Indicator title	Indicator title	Monitoring and reporting Travel Plans for developments
Put the formal yet concise indicator definition here	Definition	Monitor all applicants gaining planning permission that meet the set criteria for a Travel Plan/s to ensure they develop, publish, implement, review and monitor a Travel Plan/s in accordance with the agreed timescales, conditions and planning obligations for that planning permission. The service provider will inform the council of the status of specific conditions/obligations, and milestones in the Travel Plans attached to the development. The service provider will indicate which conditions/obligations and milestones are in breach or potentially in breach. Note: The Authority approves the Travel Plan/s proposed by the developers -- this includes all subsequent updates as agreed with the Authority.
Please provide details about why this indicator has been chosen	Why we are using this indicator	High priority for borough to achieve sustainable travel patterns in new developments
Name & title of the senior officer with overall responsibility for this indicator	Responsible person	
Provide baseline where applicable and explanation if no baseline available	Baseline	For the FY2013/14: 49 developments are on schedule 36 developments have missed their milestones. Of these: • 3 have been referred to enforcement • 26 have been chased to provide the required information to meet the missed milestone • 7 have missed milestones but contact has not yet been made A further 13 don't require a Travel Plan and one is not in Barnet so there are no milestones to monitor. Therefore, as of 26/07/13 there are 49 developments on schedule and 7 developments that the Council has not yet followed up with.
Target for end of financial year	Target	All milestones/conditions/obligations of the developer are monitored (i.e. validating developer's performance vs. target completion dates on the milestones/conditions/obligations). An annual report is to be submitted to the Authority by the 31st of March every year identifying all developments and the overall status of the developments with regard to achievement of milestones/conditions/obligations. If all milestones/conditions/obligations of a development are on schedule, then there is no need for a breakdown of the milestones/conditions/obligations within the report. For instances where the developments have any un-fulfilled milestones/conditions/obligations, then these milestones/conditions/obligations will be detailed individually in the report along with actions taken for each unfulfilled milestones/conditions/obligations. The service provider is expected to undertake all reasonable actions to follow up with developers on fulfilling the milestones/conditions/obligations. The service provider shall also notify the Planning Team of breaches within 2 months of the breach if not yet resolved.
Quarterly targets (if different from the overall end of financial year)	Quarterly targets	
Please provide a sequential list (i.e. a process map) outlining how the data is collected from its point up to the aggregated into a performance measure	Method of collection	1) Produce programme of requirements for developments with a Travel Plan condition/s106/unilateral undertaking and the travel plans produced from this. (Programme to be produced from planning obligations spreadsheet (obligation code TRVL) at L1.Planning Obligations/Financial Schedules (& additional known agreements) minus locations where travel plan completed (assumed 5 years from trigger unless stated otherwise)) 2) Maintain programme from planning obligations spreadsheet and additional sources 3) Identify milestones for completion by developer. 4) Identify that monitoring (response to submission or chase for submission) has taken place within period allowed for response (usually 2 months).
Formulae	Formulae	This is a pass/fail P1.
Number of calls answered/ Number of calls received	Reporting frequency	Pass/fail
Agreed reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency	Monthly
Name of person who provides the data	Annual reporting	Quarterly
Alternative person who provides the data in the absence of the above	Annual reporting	Quarterly
Where is the data sourced from/ systems surveyed	Data source	Programme - being developed (MS Project potentially but to be determined by the service provider)
Is this information published anywhere and if so where	Data publishing arrangements	No
Please provide this information to any third parties such as OFRA, CUG etc. and do you have any data sharing arrangements in place	Data sharing arrangements	No - related information reported to TfL
Is this indicator comparable with specific	Comparable indicator	LBB specific
If comparable please provide details of who else measures this to assist with benchmarking	Comparable indicator	N/A
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data accuracy checks	Occasional spot checks to be conducted by managers.
Where the data appears in spreadsheets, systems and/or security (any is in place very password protected) to ensure data is protected in line with Freedom of Information and the Data Protection Act	Data Storage and Security	Database in development to enable programme evolution and maintenance detailing planning obligations and milestones. This is to be determined by the service provider but should be password protected.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this please provide any associated risk (low) and provide reference number		There is a risk that Travel Plans are not implemented as agreed with the Authority.
What will happen if performance against the indicator is poor	Impact of poor performance against target	Less sustainable travel patterns in new developments
Is the indicator commercially sensitive if please describe how and give any other relevant information background	Commercial sensitivity	No
This should be signed by senior/barnet officer with overall responsibility for this indicator	Name	
	Date	

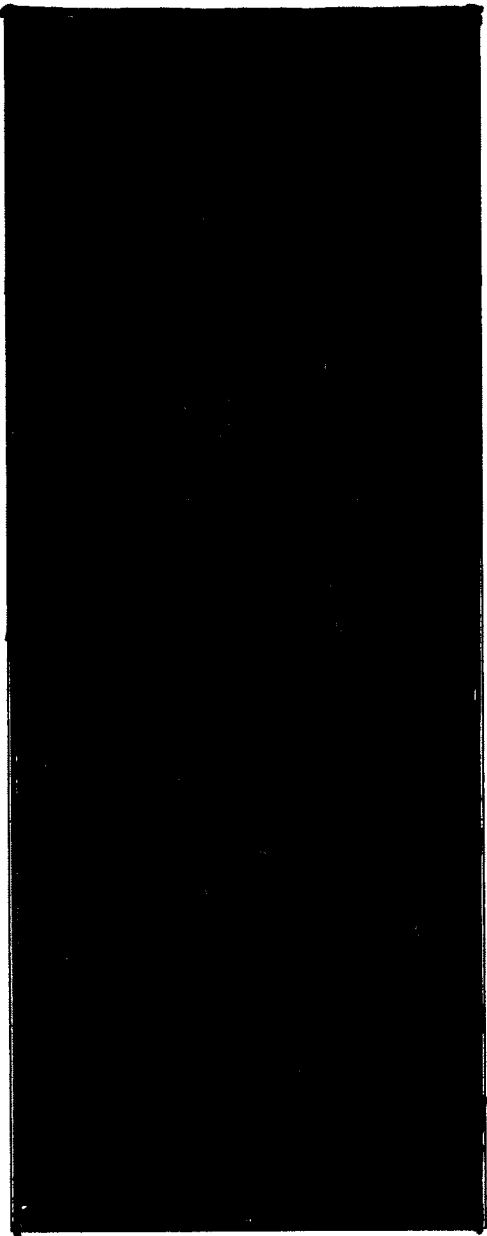


Help

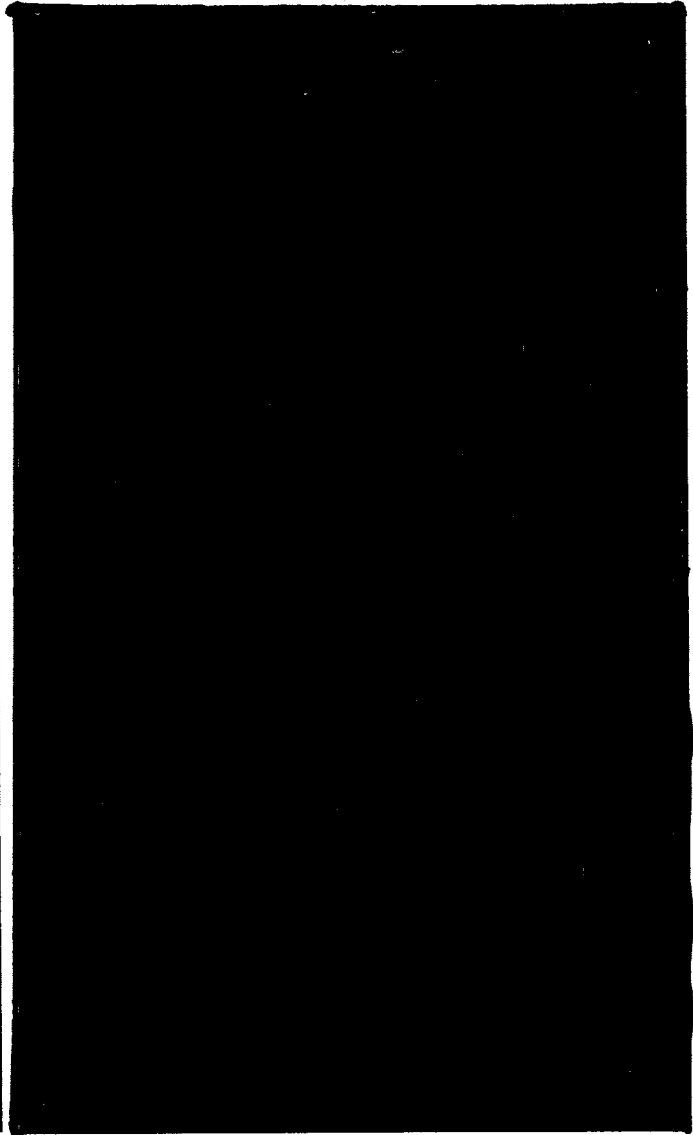
DRS methodology sheet

Indicator number or code for reference and use with BI and management systems	Indicator Reference
Indicator Title	Indicator Title
Put the formal, yet concise indicator definition here	Children Travelling to School - mode of transport usually used.
Please provide details about why this indicator has been chosen	(Previously NI 198 - Now a local indicator) - Children travelling to school - mode of travel usually used: By Car.
Name & title of the senior officer with overall responsibility for this indicator	Why we are using this indicator
Provide baseline where applicable and explanation of the baseline available	High priority for borough to achieve reduction in school run traffic
Target for end of financial year	Person responsible for data collection
Quarterly targets (if different from the overall end of year target)	Baseline
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	March 2010 Target 36% Achieved 35.96% (DRS PI Result 100%) March 2011 Target 35% Achieved 31.77% Car. (DRS PI Result 110%) March 2012 Target 30% Achieved 37.61% March 2013 Target 29% Achieved (due end-August 2013)
Formulae Number of calls answered Number of calls received	Year and Target
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	March 2014 Target 28% or below. No higher than 28%.
Name of person who provides this data. Alternative person who provides the data in the absence of the above	Targets for succeeding years: Decrease 1 percentage point annually until 25% and then maintain at this level.
Where is the data sourced from? Systems, surveys etc.	Quarterly targets
Is this information published anywhere and if so where	Method of collection
Does the data relate to any third parties (e.g. BPA, CTC, etc) and do you have any data sharing arrangements in place	1) Schools working on travel plans up-load hands-up survey data to Travel Plan website on on-going basis 2) Travel Plan team upload data for small number of schools who have carried out a survey but are not using website 3) Aggregated hands-up survey data from schools from April 2013 to March 2014 downloaded including % travel by car
Is this indicator comparable or rBB specific	Formula
If comparable please provide details of who else measures this to assist with benchmarking	% travelling by car result taken direct from download
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Reporting frequency
Where is the data kept (e.g. spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered. Is data stored in line with Freedom of Information and the Data Protection Act	Monthly
Any risks to collecting, submitting or publishing this data - also in the data is incurred and consequences of this? Please log any associated risks on CAP and provide reference number	Annual reporting
What will happen if performance against the indicator is poor?	Quarterly
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	Annual reporting
This should be signed by a senior officer with overall responsibility for this indicator	Annual reporting

Traffic & Development Manager			
Data Source			
Barnet STP website (login required) http://www.barnetstp.org/			
Data Publishing Arrangements			
Not formally			
Data Sharing Arrangements			
Not formally - although shared among boroughs and TfL			
Comparable Indicator			
% travelling by car is comparable			
Some other boroughs may continue to measure this indicator			
Data Accuracy Checks			
System includes automatic checks on class data entered. Comparisons made with previous year data through travel plan development process.			
Data Storage and Security			
Barnet STP website - user passwords utilised.			
Risk of misapplication of penalties within the DRS contract if the data is incorrect and unfavourable and as a consequence PI elevated to KPI status.			
Impacts of poor performance (below target)			
Lower performance indicates higher car use for school run, impacting on traffic levels, congestion and other issues (eg health)			
Commercial sensitivity			
No			
Data Quality Reporter			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name	Martin Cowie, Interim Assistant Director of Strategic Planning, Regeneration and Transport		
Date			



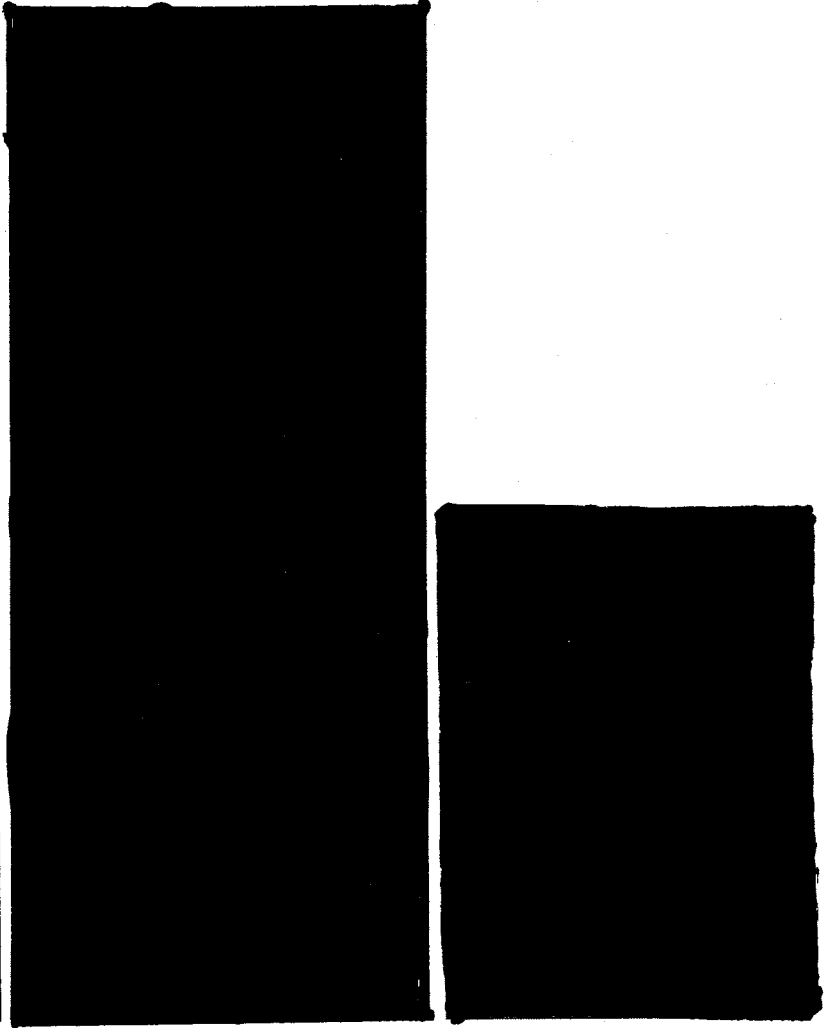
Indicator number for code for reference and use with BI and management systems	Indicator Reference
Indicator Title	PI TD01
Put the formal, yet concise indicator definition here	Indicator Title Sustainable Travel Plan (STP) Accreditation
Please provide details about why this indicator has been chosen	Definition No. of Local Authority, Independent, Academy and Free Schools (currently 155 Schools) with TfL STAR Accreditation (TfL STAR - Sustainable Travel Accredited and Recognised).
Name & Title of the senior officer with overall responsibility for this indicator	Why we are using this indicator High priority for borough - Performance is a proxy for engagement level of schools in achieving more sustainable travel.
Provide baseline where applicable and explanation if no baseline available	Baseline 2011 Bronze 61, Silver 14, Gold 4 2012 Bronze 51, Silver 10, Gold 8
Target for end of financial year	Year End Target 2013/14 Bronze 70, Silver 23, Gold 7 as determined by TfL. These targets will be re-profiled based on performance as at service transfer.
Quarterly targets (if different from the overall end of year target)	Quarterly Targets Targets for succeeding years will be defined in the Local Implementation Plan.
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Data Collection 1) Accreditation level achieved (from Travel Plan Team team in-house assessment for bronze accreditation and TfL assessment for silver and gold accreditation) recorded on spreadsheet. 2) Totals derived from spreadsheet 3) PI % value calculated from achievement and target level. (NB target level increases year on year until 95% of all schools accredited - school numbers derived from edubase + local knowledge)
Formulae Number of calls / answered Number of calls received	Formulae % achievement (bronze) = number of schools achieving bronze accreditation (but not silver or gold) / bronze target (70 for 2013/14) % achievement (silver) = schools achieving silver accreditation (but not gold) / silver target (23 for 2013/14) % achievement (gold) = schools achieving gold accreditation / gold target (7 for 2013/14)
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency Annual reporting Quarterly Annual reporting
Name of person who provides the data / Alternative person who provides the data in the absence of the above	Data Provider Traffic & Development Manager
Where is the data sourced from (systems, surveys etc)	Data Source Spreadsheet saved
Is this information published anywhere and if so where	Data Publishing Arrangements Numbers at each level published in school circular
Do we provide this information to any third parties such as DERA, CIG etc and do you have any data sharing arrangements in place	Data Sharing Arrangements Numbers in each level published provided to TfL who share across London boroughs
Is this indicator comparable or LBB specific	Comparable Indicator Not directly comparable
If comparable please provide details of who else measures this to assist with Benchmarking	Data Accuracy Checks Numbers achieving accreditation available for all boroughs - but affected by school numbers and borough priority for accreditation.
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks Checks on criteria for accreditation. Spreadsheet checked by more than one person.
Where is the data kept (i.e. spreadsheets, systems and what security / any is in place (e.g. password protected) to ensure data is not altered is data stored online with Freedom of Information and the Data Protection Act	Data Storage and Security Spreadsheet will be kept at S:\Planning and Safety Team\School Travel Plans\4. School Info\Accreditation\2013. The spreadsheet is in the process of being password restricted.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this please identify associated risks on LBB and provide reference number	Risk of misapplication of penalties within the DRS contract if the data is incorrect and unfavourable and as a consequence PI elevated to KPI status.
What will happen if performance against the indicator is poor	Impact on paper performance if poor Performance is a proxy for engagement level of schools in achieving more sustainable travel. Lower performance implies that schools are less engaged and less sustainable travel patterns may develop.
Is the indicator commercially sensitive - if please describe how and give any other relevant information or background	Commercial sensitivity No
This should be signed by senior officer for this officer with overall responsibility for this indicator	Signature Name Date Martin Cowie, Interim Assistant Director of Strategic Planning, Regeneration and Transport



1. *Pharmaceutical Innovation and the Role of the State*
 2. *The Impact of Patent Law on Drug Development*
 3. *The Role of Government in Regulating Pharmaceuticals*
 4. *The Impact of Health Insurance on Drug Access*
 5. *The Role of the Pharmaceutical Industry in Public Health*
 6. *The Impact of Globalization on Pharmaceutical Markets*
 7. *The Role of the Pharmaceutical Industry in Developing Countries*
 8. *The Impact of Biotechnology on Pharmaceutical Innovation*
 9. *The Role of the Pharmaceutical Industry in the Future of Healthcare*
 10. *The Impact of the Pharmaceutical Industry on the Environment*

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	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Indicator number, code for reference and use with data management systems	Indicator reference
Indicator title	PI HSTD04
Indicator title	Indicator title
Indicator title	Definition
Indicator title	Road traffic casualties (includes all personal injury accidents including death)
Indicator title	Total casualties (average over three years). Events outside of the service provider's control, and any changes to assumptions made within the Local Implementation Plan (e.g. policy changes by TfL), that contribute to targets not being achieved will not count towards a failure in this PI. The Authority shall determine whether or not such events/policy changes are outside the service provider's control – the Authority will use reasonable judgement when making such decisions.
Indicator title	Why we are using this indicator
Indicator title	This mirrors the Local Implementation Plan target to reduce total casualties
Indicator title	Person responsible for data collection
Indicator title	1382 (2008-10 calendar year average) 1435 (2009-11 calendar year average) 1388 (2010-12 calendar year average)
Indicator title	Year ended target
Indicator title	This PI will be measured from the "Reporting Year" of 2016 (data from 2013-15 average) as outlined in the table below. In the interim period prior to 2016, the service provider will deliver all the programme of works as outlined in the Local Implementation Plan.
Indicator title	Note: Should the annual targets be revised within the Local Implementation Plan, then the targets for this PI will change correspondingly.
Indicator title	Overall targets
Indicator title	Target
Indicator title	1) TfL provide finalised casualty data for calendar year to LBB 2) Calculate average of most recent 3 years total casualties
Indicator title	Performance
Indicator title	Average casualties in three years in Barnet (for 2014 reporting of 2011-13 average) = (2011 total casualties + 2012 total casualties + 2013 total casualties) /3
Indicator title	Reporting frequency
Indicator title	Annual reporting
Indicator title	Annual reporting
Indicator title	Traffic & Development Manager
Indicator title	Data source
Indicator title	From casualty data provided by TfL
Indicator title	Data reporting arrangements
Indicator title	Data would be subsequently published in TfL Travel in London report (appendix/supplement - Borough LIP performance indicators)
Indicator title	Data sharing arrangements
Indicator title	No
Indicator title	Comparability
Indicator title	Not directly comparable
Indicator title	Data for all London boroughs can be derived from TfL published document
Indicator title	Data security checks
Indicator title	In addition to any checks by Police/TfL in collecting and recording data, provisional data is also provided to the borough allowing checks for duplicate incidents and misallocation.
Indicator title	Data Storage and Security
Indicator title	The assumption that the information is stored securely by TfL inline with FOI and Data Protection Act.
Indicator title	Risk of misapplication of penalties within the DRS contract if the data is incorrect and unfavourable and as a consequence PI elevated to KPI status.
Indicator title	Impact of non performance on other targets
Indicator title	Failure to meet LIP target (injured people)
Indicator title	Commercial sensitivity
Indicator title	No
Indicator title	Data quality/accuracy
Indicator title	I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.
Indicator title	Name
Indicator title	Date
Indicator title	Martin Cowie, Interim Assistant Director of Strategic Planning, Regeneration and Transport



Indicator Reference	Indicator Title
PI HSTD003	Road traffic casualties -- Killed or seriously injured (KSI)
	Definition
Total number of people killed or seriously injured (average over three years). Events outside of the service provider's control, and any changes to assumptions made within the Local Implementation Plan (e.g. policy changes by TfL), that contribute to targets not being achieved will not count towards a failure in this PI. The Authority shall determine whether or not such events/policy changes are outside the service provider's control -- the Authority will use reasonable judgement when making such decisions.	
	Why we are using this indicator
This mirrors the Local Implementation Plan target to reduce KSI casualties	
	Person responsible for data collection
	Baseline
135 (2008-10 calendar year average) 137 (2009-11 calendar year average) 128 (2010-12 calendar year average)	
	Year end target
This PI will be measured from the "Reporting Year" of 2016 (data from 2013-15 average) as outlined in the table below. In the interim period prior to 2016, the service provider will deliver all the programme of works as outlined in the Local Implementation Plan.	
Note: Should the annual targets be revised within the Local Implementation Plan, then the targets for this PI will change correspondingly.	
	General Notes
	Information collection
1) TfL provide finalised casualty data for calendar year to LBB 2) Calculate average of most recent 3 years KSI casualties	
	Formulae
Average casualties in three years in Barnet (for 2014 reporting of 2011-13 average) = (2011 KSI casualties + 2012 KSI casualties + 2013 KSI casualties) /3	
	Reporting frequency
Annual reporting	Annual reporting
	Data Provider
Traffic & Development Manager	
	Data source
From casualty data provided by TfL	
	Data collection arrangements
Data would be subsequently published in TfL Travel in London report (appendix/supplement - Borough LIP performance indicators)	
	Data sharing arrangements
No	No
	Comparable indicator
Not directly comparable	
	Data Access/Check
Data for all London boroughs will be published in same TfL document	
In addition to any checks by Police/TfL in collecting and recording data, provisional data is also provided to the borough allowing checks for duplicate incidents and misallocation.	
	Data Storage and Security
The assumption that the information is stored securely by TfL inline with FOI and Data Protection Act.	
Risk of misapplication of penalties within the DRS contract if the data is incorrect and unfavourable and as a consequence PI elevated to KPI status.	
	Impact on performance in previous years
Failure to meet LIP target (killed and seriously injured people)	
	Comments/clarification
No	No
	Data quality/verification
Data quality is reported quarterly, for the first of any new reporting, accurate. It is verified that the information provided aligns with the first of any new reporting, accurate. It also ensures that the information provided aligns with the first of any new reporting, accurate. It also ensures that the information provided aligns with the first of any new reporting, accurate.	
	Name
Martin Cowie, Interim Assistant Director of Strategic Planning, Regeneration and Transport	
	Date

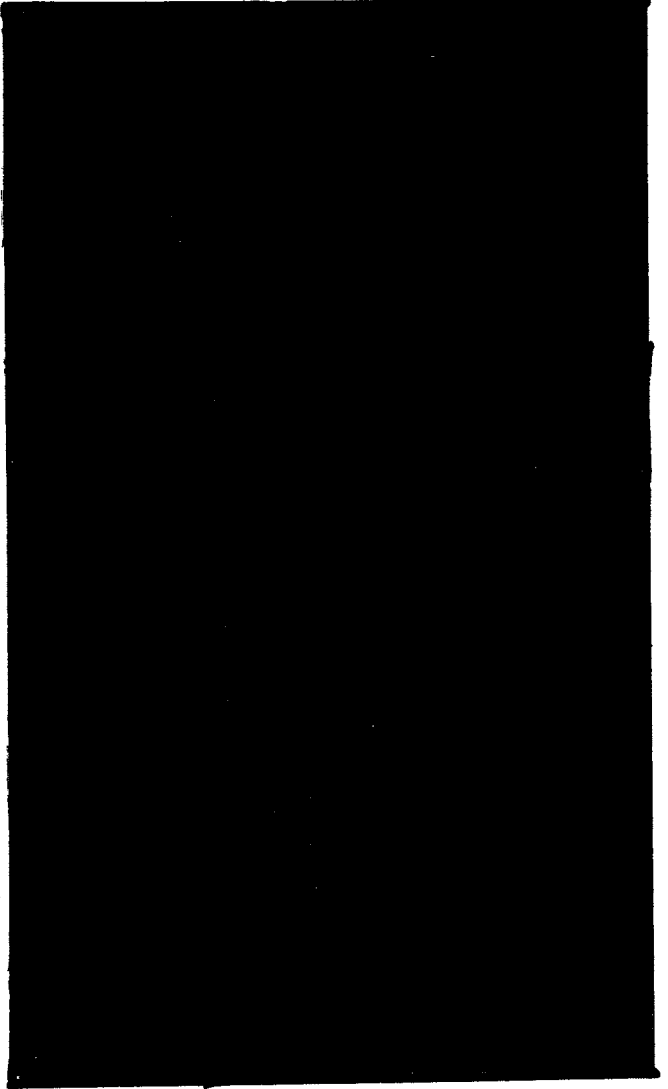
Reporting Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
2011	140													
2012		136												
2013			132											
2014				128										
2015					124									
2016						120								
2017							117							
2018								114						
2019									111					
2020										108				
2021											105			
2022												102		
2023													To be determined at a later date as informed primarily by Local Implementation Plan targets	
2024														To be determined at a later date as informed primarily by Local Implementation Plan targets

(The following text is extremely faint and largely illegible due to poor scan quality. It appears to be a list or index of names and titles.)

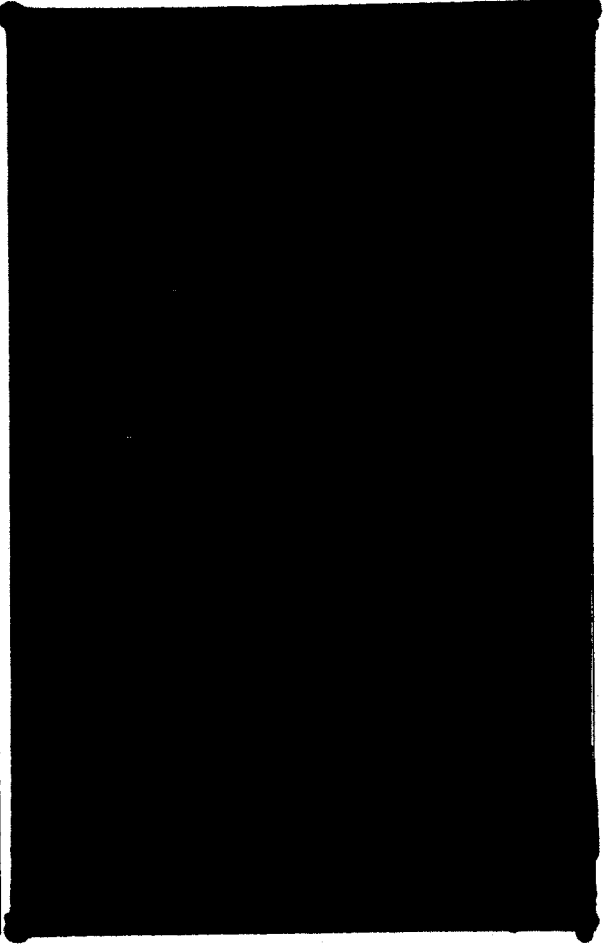
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Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	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Indicator Reference			
KPI HS01			
Indicator Title			
Delivery of Local Implementation Plan documents to the Authority			
Definition			
Delivery in accordance with pre-agreed timeframes (set annually between the Authority and the Service Provider) to meet Authority decision making requirements and TfL deadlines of:			
• Refreshed LIP 3 year delivery plan (by Sept 2013 and at least every three years thereafter),			
• 3 year impact report (due 2014 and at subsequent 3 year intervals),			
• Annual report on outputs that are due mid-July 2013			
• Annual Spending Submissions			
Decision may be delayed by a cabinet member or authorised officer of the Authority.			
Why we are using this indicator			
3rd party reporting requirements with potential impacts on level of funding			
Person responsible for data collection			
Baseline			
100% of all documents/reports are submitted to TfL on time.			
Year End Target			
100% of all documents/reports delivered on time to the Authority based on pre-agreed timescales to be set annually between the Authority and the service provider.			
- Refreshed LIP 3 year delivery plan (by Sept 2013 and at least every three years thereafter),			
- 3 year impact report (due 2014 and at subsequent 3 year intervals),			
- Annual report on outputs that are due mid-July			
- Annual Spending Submission that are due in October			
Exact dates to be defined by the Authority based on Transport for London deadlines			
Quantity Target			
Method of collection			
1) Identify number of documents due during reporting period from guidance issued by TfL.			
2) Identify number of due documents that were submitted on time (from submission email, letter etc.)			
3) Calculate result (2) divided by (1)			
Formula			
LIP documents/reports (as outlined above) delivered within agreed timescales in accordance with TfL requirements/Documents required to meet TfL requirements.			
This is a pass/fail KPI.			
Return Format			
Reporting Frequency			
Monthly	Annual reporting	Quarterly	Annual reporting
Data Provider			
Programme of items for delivery			
Data Publishing/Management			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB specific			
N/A			
Data Accuracy Checks			
Occasional spot checking of data is conducted by managers.			
Data Storage and Security			
Data is stored in a service-specific shared drive which is restricted to relevant staff			
The associated penalties within the DRS contract if the KPI data is incorrect.			
Impact of poor performance below target			
Risk to available funding if documents not submitted on time			
Commercial sensitivity			
No			
Data Quality Reporter			
In certifying this information provided above, to the best of my knowledge, accuracy, it also certifies that I have read and understood the responsibilities set out in the Data Quality Policy.			
Name	Martin Cowie, Interim Assistant Director of Strategic Planning, Regeneration and Transport		
Date			

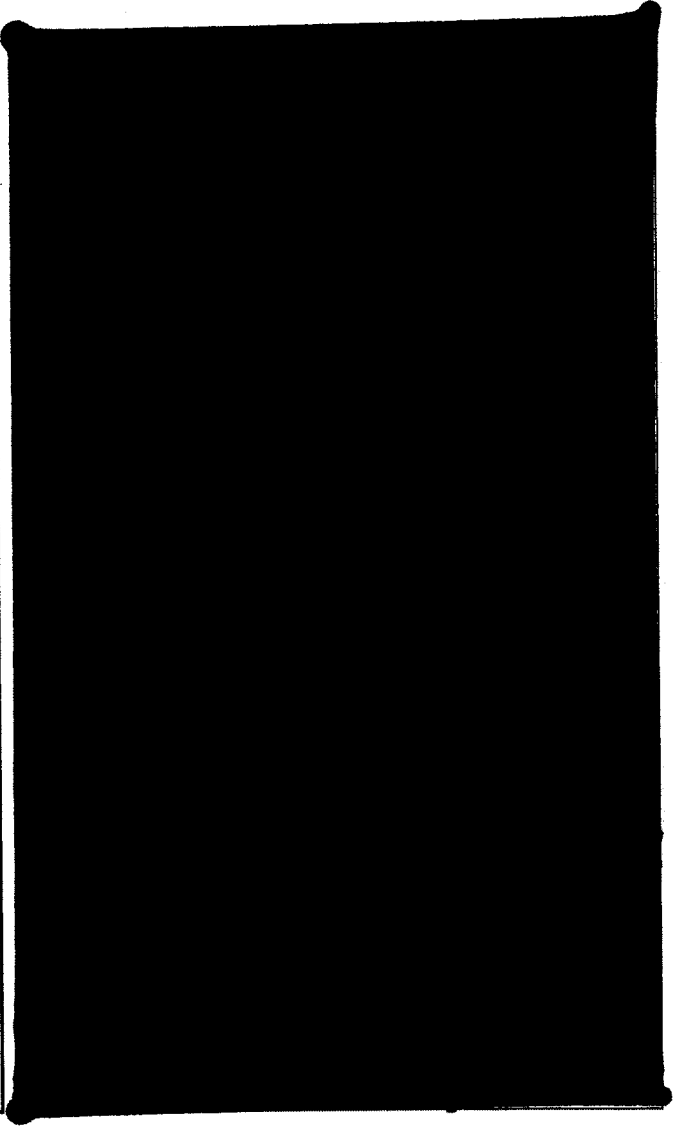
Indicator number or code for reference and use with Bland management systems	Indicator Reference
Indicator title	Indicator Title
Put the formal/performance indicator definition here	Definition
Please provide details about why this indicator has been chosen	Why we are using this indicator
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection
Provide baseline where applicable and explanation if no baseline available	Baseline
Target for end of financial year	Year End Target
Quarterly targets if different from the overall end of year target	Quarterly Targets
Please provide a sequential list of a process map explaining how the data is collected from first point up to the aggregation into a performance measure	Method of collection
Formulae Number of calls answered Number of calls received	Formula
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider
Where is the data sourced from? Systems, surveys etc.	Data Source
Is this information published anywhere and if so where?	Residents Perception Survey
Does it provide this information to any third parties such as DERA, GLE etc and do you have any data sharing arrangements in place?	Data Policy and Arrangements
Is this indicator comparable for LBB specific	No
If comparable please provide details of who else measures this to assist with benchmarking	No
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Storage and Security
Where is the data kept? Are there any systems and what security in place to ensure data is protected to ensure data is not altered? Is it stored in line with Freedom of Information and the Data Protection Act?	Occasional spot checking conducted
Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this? Please log any associated risks on CAB and provide reference number	Data stored on external provider's systems
What will happen if performance against the indicator is poor?	There is a risk that officers could incorrectly enter the data but this should be mitigated by the random audit above. The risk of incorrect data entry is that the figure is misrepresentative of the work the team is doing
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercially sensitive
This should be signed by senior LBB senior officer with overall responsibility for this indicator	Signature



Indicator number for reference and use with Bland management systems	Indicator Reference	TS/P1 05
Indicator Title	Business customer satisfaction	
Ind the formal definition of the indicator here	To measure to levels of satisfaction by business customers of the licensing and trading standards department	
Please provide details about why this indicator has been chosen	Ensuring that business customers are satisfied with the level of services received by TSL is an important measure of the general performance of the team (i.e. whether or not actions of the Enforcement team are helpful, fair, and proportionate).	
Name of the senior officer with overall responsibility for this indicator		
Please provide a description of the process/appraisal tool used to collect and analyse this data and how you interpret the data performance measures	Performance at service transfer date.	
Target for end of financial year	For the first three quarters of Year 1, maintain the performance at service transfer date. By the 4th quarter of Year 1 and thereafter, 70% scoring 8 out of 10 for enforcement related functions for business customers. Should the performance at service transfer date be greater than 70%, then this should be maintained and will be the year-end target.	
Quantify scores (different from the overall level of target)	Quarterly target	
Please provide a description of the process/appraisal tool used to collect and analyse this data and how you interpret the data performance measures	The relevant cases are entered by Technical Support onto Idox Acolaid NV data management system. On a monthly basis a minimum of 30% of each type of cases will be selected from TS complaints, visits and service requests (where there has been direct contact with the business). A customer service form will be sent to them. When the form is returned to the authority the results are entered as standard actions by choosing codes (TBC) as appropriate. The overall score is entered in the result box under the action codes TBC (TS Business). Where a form is not submitted the questionnaire is followed up by the Technical Support Officer with a telephone call where possible and the form completed over the phone. Poor scores are followed up with the customer to ascertain if the score is due to poor service provision or other issues. At monthly meetings Customer Satisfaction feedback is reviewed and where issues are identified that are resulting in poor customer service the process is reviewed and changes implemented. A standard Crystal Report is run and processed through Access which collates the raw data and calculates the Performance Measure in accordance with the formula set out below. Should there be a need, the methodology can be refined/updated as part of the annual review of KPIs and PTs.	
Formulae	Number of survey responses where the score is within the range of 8 to 10, divided by the total number of survey responses, separately calculated for both business customers and residents/consumers	
Agreed Report and return by this to be reported monthly to management and published as appropriate	Quarterly	
Name of person who provides the data. Alternative person who provides the data in the absence of the above		
Where is the data sourced from? Systems, spreadsheets, and/or otherwise		
Is this information published anywhere and if so where		
Does it provide this information to any third parties? If yes, please list the third parties and how you have any data sharing arrangements in place		
Is this data shared with any other LBB or other agencies? If yes, please list the agencies and how you have any data sharing arrangements in place		
Are there any checks in place to ensure the data is accurate and how are these checks carried out?		
Where is the data kept? Is it spreadsheets, systems and what security (any SSI) place (e.g. password protected) to ensure data is not altered? Is data stored online with freedom of information and the Data Protection Act		
Any risks related to submitting this information data? If yes, please list the risks and how you have any associated risk on publication and reference number		
What will happen if performance against indicator is poor		
Is the indicator commercially sensitive? please describe why and give any other relevant information or background		
This should be signed by senior manager/officer with overall responsibility for this indicator		



Indicator Reference			
TSLKPI 03			
Indicator title			
Improvement Projects			
Definition			
This indicator ensures that the Trading Standards Department undertake targeted and measured projects. This indicator relates to trading standards only and assists in improving the fair trading environment in relation to trading standards high priority areas (safety, underage sales, counterfeiting, fraud, rogue traders etc.)			
Why we are using this indicator			
Targeted proactive intervention is just as important as reactive intervention to ensure a fair trading environment. Therefore this measure is to ensure that the department continues to undertake small scale successful proactive projects, with meaningful targets and measured milestones and outcomes.			
Person responsible for data collection			
Baseline			
At least one project undertaken with at least 90% of measureable outcomes achieved			
Year end target			
At least one project undertaken with at least 100% of measurable in-year outcomes are achieved.			
01	02	03	04
Quarterly Targets			
Method of collection			
Projects are agreed by the first month of the financial year with clear outcomes and measures of success. The project will be entered onto Acolaid and monitored throughout the year. At the end of the project each target and milestone will be discussed and the following codes will be entered on Acolaid TBC (Fully achieved) TBC (Partly achieved) TBC (non achieved)			
Formula			
Project involving agreed weighted objectives/outcomes achieved within agreed timescales. Report run on all projects with 100% of outcomes fully met			
Reporting frequency			
Annual but with quarterly updates			
Data Provider			
Data Source			
Acolaid			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
no			
Comparable indicator			
LBB specific			
Data/Accuracy checks			
Random audits are carried out on case files to ensure officers are filling in the files correctly and that the codes used to generate this data are being used correctly. This audit will be undertaken by the Trading Standards and Licensing Manager			
Data Storage and Security			
The data is stored on Acolaid which is restricted, and where it is premises specific. Other data is stored in Microsoft Office applications which are in the process of being restricted. Staff are trained in information security and data protection requirements. The data is accessible to all Idox Acolaid NV users. Officers are formally authorised to take their tablets out of LBB premises.			
There is a risk that officers could incorrectly enter the data but this should be mitigated by the random audit above. The risk of incorrect data entry is that the figure is misrepresentative of the work the team is doing.			
Impact of poor performance / below target			
Poor performance in this area would indicate that projects are not effective and that more consumers are potentially being disadvantaged and unsafe products are potentially still on the market			
Commercial sensitivity			
Not commercially sensitive			
Data Quality Reports			
I certify that the information provided above is to the best of my knowledge accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy			
Name			
Date			



DPS methodology sheet

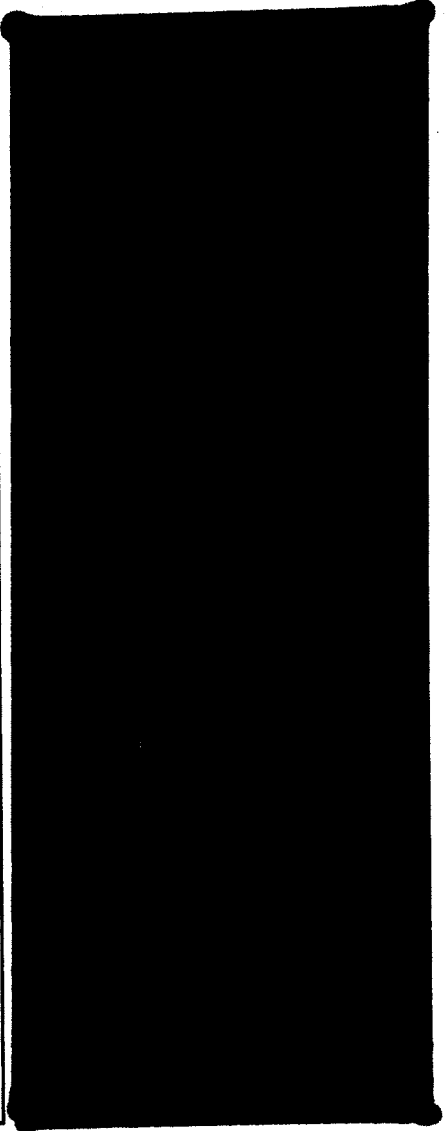
TSL4PT 02				
Appropriate response to statutory duties				
Ensuring that all statutory time scales are being adhered to				
Within the Licensing and Gambling Act there are a number of time scales set by statute that must be adhered to				
Data being gathered but likely operating much higher than 90%				
100%				
The target of 100% assumes that the latest performance (i.e. 12/13) is in line with the performance as indicated in the baseline section above (i.e. at least 95%)				
100%	100%	100%	100%	100%
1. Technical support receive the application and enter it onto the NV Acolaid System. 2. As date of application fields are populated the system generates the time scales. 3. The officer enters in the date that actions are undertaken against these timescales 4. on a monthly basis a report is run on all relevant applications to check the date of action against the target date.				
The report will be run on a number of fields that the officer fills in as they are processing the application. In some cases the report will be able to confirm whether the officer has adhered to the timescales, but in other cases it may take a manager to confirm this.				
Size of sample -- 100% of all licence applications, and 100% of all hearings				
Number of applications and hearings from sample within time / number sampled *100				
Quarterly				
Acolaid				
DG				
NO				
LBF Specific				
Random audits are carried out on case files to ensure officers are filling in this field correctly and that the codes used to generate the data are being used correctly. The audit is undertaken by the Trading Standards team.				
Data Storage and Security				
The data is stored on specific case files in Idox Acolaid NV against premises addresses which is password protected. Staff are trained in information security and data protection requirements. The data is accessible to all Idox Acolaid NV users. Officers are formally authorised to take their tablets out of LBF premises.				
There is a risk that officers could incorrectly enter the data but this should be mitigated by the random audit above. The risk of incorrect data entry is that the figure is misrepresentative of the work the team is doing.				
Failure to comply with statutory timescales could result in the system being delayed and judicial review therefore it is important that they are adhered to				
Not commercially sensitive				
The information provided in this report is for the use of the Licensing and Gambling team only and is not to be used for any other purpose. It is not to be published or otherwise made available to the public.				
Name				
Date				

Current statutory timescales as of June 2013

Section Number	Type of application	Who needs to consult	When must consultation be done?	Who is consulted	Who needs to advertise?	What advertisement is required?	When must it be advertised?	Repeat Period	Repeat Period start	Who can give notice to the relevant authority?	Date until which a rep can be withdrawn	Last date by which final notice must be published	Who receives the final notice	Last date for hearing	Hearing period start	Can the hearing be dispensed with or agreed by all parties?	Determination to be provided to all parties without?	Right of Appeal	Who can Appeal	Other Action to be taken
17	New Premises Licence	The applicant is responsible for consulting	on the same day as the day on which the application is given to the relevant licensing authority	All responsible authorities	Applicant	Notice on the premises & in local newspaper	Notice on premises - period of no less than 28 consecutive days starting on the day after the day on which the application was given to the relevant licensing authority	28 days	starting with the day after the day on which the application was given to the relevant authority	Responsible Authorities & Other Parties	8 by giving notice to the relevant authority no later than 24 hours before the day of the first day on which the hearing is to be held, or (b) orally at the hearing	no later than 20 working days before the day on which the hearing is to be held	(1) The person who has made the application under section 17(1) (2) persons who have made relevant representations as defined in section 16(6)	20 working days	beginning with the day after the day on which the application was made as prescribed in section 17(5)(c) by virtue of section 30	Yes	the period of 20 working days beginning with the day on which the hearing was held	In the magistrate's court within 21 days of the day on which the hearing was held	The Applicant any other person or responsible authority who made relevant representations	
29	Provisional Statement	The applicant is responsible for consulting	on the same day as the day on which the application is given to the relevant licensing authority	All responsible authorities	Applicant	Notice on the premises & in local newspaper	Notice on premises - period of no less than 28 consecutive days starting on the day after the day on which the application was given to the relevant licensing authority	28 days	starting with the day after the day on which the application was given to the relevant authority	Responsible Authorities & Other Parties	8 by giving notice to the relevant authority no later than 24 hours before the day of the first day on which the hearing is to be held, or (b) orally at the hearing	no later than 20 working days before the day on which the hearing is to be held	(1) The person who has made the application under section 29(2) (2) persons who have made relevant representations as defined in section 16(6)	20 working days	beginning with the day after the day on which the application was made as prescribed in section 17(5)(c) by virtue of section 30	Yes	the period of 20 working days beginning with the day on which the hearing was held	In the magistrate's court within 21 days of the day on which the hearing was held	The Applicant any other person or responsible authority who made relevant representations	
33	Notification of change of name address	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Amendments made to the licence and licence in the relevant authority
34	Variation of a premises Licence	The applicant is responsible for consulting	on the same day as the day on which the application is given to the relevant licensing authority	All responsible authorities	Applicant	Notice on the premises & in local newspaper	Notice on premises - period of no less than 28 consecutive days starting on the day after the day on which the application was given to the relevant licensing authority	28 days	starting with the day after the day on which the application was given to the relevant authority	Responsible Authorities & Other Parties	8 by giving notice to the relevant authority no later than 24 hours before the day of the first day on which the hearing is to be held, or (b) orally at the hearing	no later than 20 working days before the day on which the hearing is to be held	(1) The holder of the premises licence who has made the application under section 34(1) (2) persons who have made relevant representations as defined in section 16(6)	20 working days	beginning with the day after the day on which the application was made as prescribed in section 17(5)(c) by virtue of section 30	Yes	the period of 20 working days beginning with the day on which the hearing was held	In the magistrate's court within 21 days of the day on which the hearing was held	The Applicant any other person or responsible authority who made relevant representations	
37	DPS Variation application	The applicant is responsible for consulting	on the same day as the day on which the application is given to the relevant licensing authority	Police	N/A	N/A	N/A	14 days	beginning with the day on which the application was given to the relevant authority	Police	8 by giving notice to the relevant authority no later than 24 hours before the day of the first day on which the hearing is to be held, or (b) orally at the hearing	no later than 20 working days before the day on which the hearing is to be held	(1) The holder of the premises licence who has made the application under section 37(1) (2) persons who have made relevant representations as defined in section 16(6)	20 working days	beginning with the day after the day on which the application was made as prescribed in section 17(5)(c) by virtue of section 30	Yes	the period of 20 working days beginning with the day on which the hearing was held	In the magistrate's court within 21 days of the day on which the hearing was held	Applicant Police	
41	Application to be removed as the DPS	The applicant is responsible for consulting	within 48hrs after giving notice of removal to LA	Premises Licence Holder	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Licence holder must return the premises licence to the relevant authority, or if that is not possible, a statement of the reasons for the failure to provide the licence or part

[illegible]

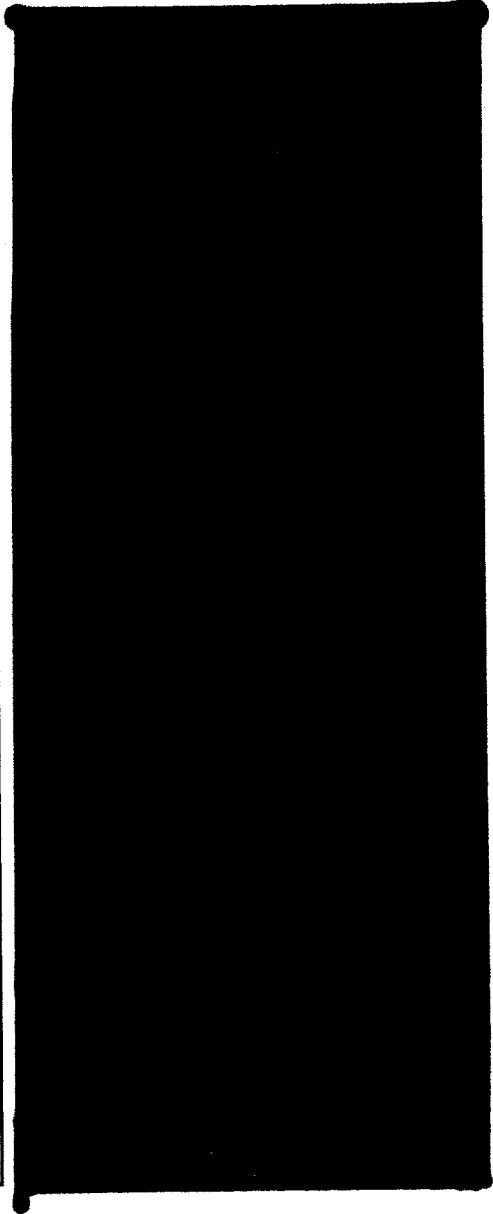
Indicator Reference			
TSLKPI 01C			
Indicator Title			
Fair trading environment within the Borough			
Borough			
To measure the percentage of businesses who are persistently trading unfairly in the London Borough of Barnet			
Why we are using this indicator			
This indicator gives a 'health check' of the fair trading environment within the London Borough of Barnet and the effectiveness of the interventions undertaken by the trading standards and licencing department			
Person responsible for data collection			
0.46% for the most recent period 0.93% (average for the past 4 calendar years)			
Year first started			
Maximum 0.5% of businesses receiving three or more justified complaints.			
This assumes that the data provided by CAB will have the detailed reasons behind the complaint -- otherwise, then a sample of cases will be reviewed manually by the service provider or as agreed with the Authority. The number of cases to be reviewed will be agreed with the Authority.			
Note: For these purposes, "justified" means a complaint that shows consumer detriment in contravention of prevailing trading standards law.			
The target of 0.5% assumes that the latest performance (i.e. 12/13) is in line with the performance as indicated in the baseline section above.			
0.010.020.030.040.050.060.070.080.091			
Method of collection			
1. Customer contacts Citizens Advice Bureau (CAB) consumer service regarding a complaint on a trader within the London Borough of Barnet, this information is entered into their database. 2. Yearly report is run on the database of the total number of traders who have received 3 or more complaints within LBB. 3. LBB removes from the list duplicates and traders incorrectly on the list i.e. traders who are actually based elsewhere. 4. The data from ONS on UK business size and location is checked for the current figures of VAT and PAYE registered businesses			
Formula			
Number of businesses receiving three or more complaints in the period divided by the total number of businesses currently registered for VAT and PAYE x 100			
Return format			
Reporting frequency			
Yearly			
Data Provider			
Data Source			
Citizens advice Consumer advice service website ONS website			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
no			
Comparable Indicator			
LBB specific			
Data Accuracy Check			
Data is maintained by a third party, however prior to data being used checks are done for duplicate and incorrect entries (i.e. out of borough). When data is downloaded into Barnet servers, they are password-protected.			
Data Storage and Security			
The CAB website is secure and can only be accessed by Trading Standards Departments. The information cannot be changed by anyone but the CAB. The ONS website information can only be altered by ONS			
If the data submitted to ONS or CAB is incorrect then the published figures would be incorrect - As per above comment			
Impact of poor performance if below target			
If performance is poor then this means an increase in unfair trading in the borough which at its most serious could mean a risk to consumer safety			
Confidentiality			
Not commercially sensitive			
Data Quality Report			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities placed on the data quality policy.			
Name			
Date			



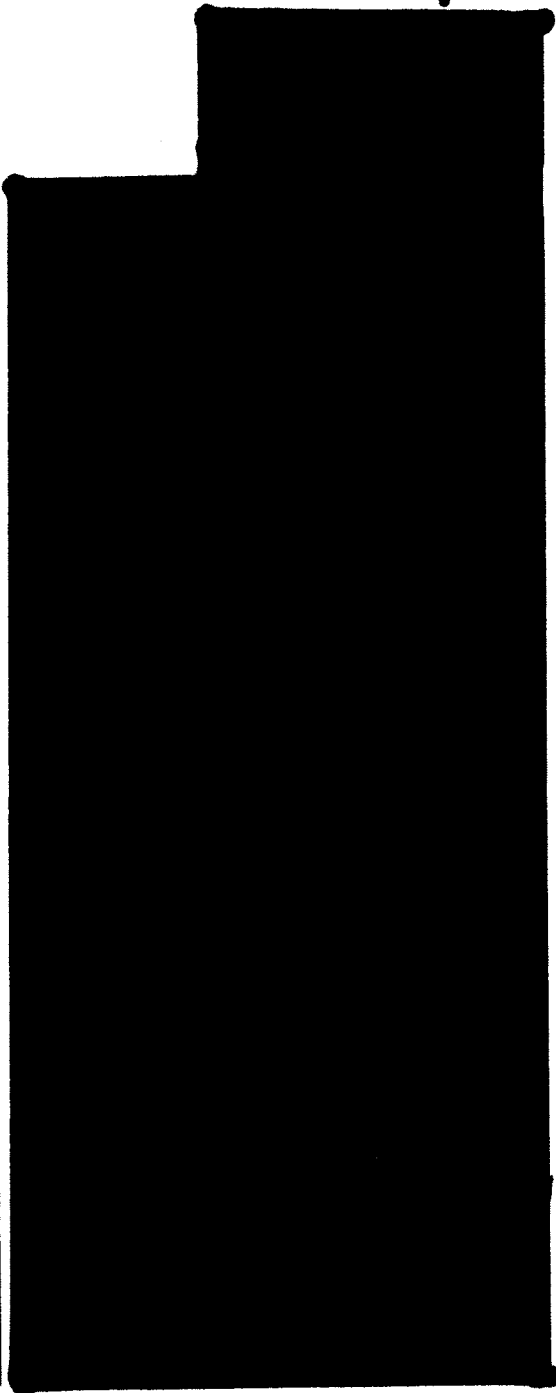
Indicator Reference									
TSLKPI 01B									
Indicator Title									
Effectiveness of Licensing department interventions									
Definition									
Measuring the effectiveness of the intervention undertaken by the licencing department within a six month period purely related to licencing service requests									
Why we are using this indicator									
This indicator is a measure of how effective the department is in its day to day work. A effective department should undertake robust interventions, where the issue is resolved immediately with no repeat complaints received									
Person responsible for data collection									
Baseline									
15.9% (average over the 3 six-month periods Jan 2011 to June 2012)									
Year End Target									
Maximum 15% without any further justified complaints. The target of 15% assumes that the latest performance (i.e. 12/13) is in line with the performance as indicated in the baseline section above.									
Note: For these purposes, "justified" means an actionable incident that is not currently being progressed in accordance with all prevailing policies where the incident transpired and action was initiated on or after service transfer date.									
Quarterly targets									
Q1	Q2	Q3	Q4						
15.0%	15.0%	15.0%	15.0%						
Method of collection									
1. All officers enter in a code onto Acolaid, which is dated on the day they have made an intervention with the trader. 2. A report is run for the preceding six month period to identify businesses that have received more than 1 complaint against them and where at least one of those complaints is received within 6 months of the date of an intervention which followed a preceding complaint.									
Formula									
(Number of premises that received a justified complaint following a licensing risk-led intervention / number of premises that received a risk lead intervention) *100									
Return format									
Reporting Frequency									
Quarterly									
Data Provider									
Data Source									
Acolaid									
Data Publishing Arrangements									
DO									
Data Storage Arrangements									
no									
Comparable Indicator									
LBB specific									
Data Accuracy Checks									
Random audits are carried out on case files to ensure officers are filling in the files correctly and that the codes used to generate this data are being used correctly. The audit will be undertaken by the Trading Standards and Licensing Manager									
Data Storage and Security									
The data is stored on specific case files in Idox Acolaid NV against premises addresses which is password protected. Staff are trained in information security and data protection requirements. The data is accessible to all Idox Acolaid NV users. Officers are formally authorised to take their tablets out of LBB premises.									
There is a risk that officers could incorrectly enter the data but this should be mitigated by the random audit above. The risk of incorrect data entry is that the figure is misrepresentative of the work the team is doing.									
Impact of poor performance if not mitigated									
Poor performance on this KPI would mean that the department is not effectively dealing with complaints and therefore the effort it is putting in to complaints is not preventing non-compliance from occurring. Therefore licensed premises are continuing to operate illegally.									
Commercial sensitivity									
Not commercially sensitive									
Data quality register									
I hereby declare the information provided above is, to the best of my knowledge, accurate and also certify I have read and understood the responsibilities laid out in the Data Quality Policy									
Name									
Date									

Indicator Reference			
TSLKPI 01A			
Indicator Title			
Effectiveness of Trading Standards department interventions			
Definition			
Measuring the effectiveness of the intervention undertaken by the trading standards department within a 12 month period purely relating to trading standards			
Why we are using this indicator			
This indicator is a measure of how effective the department is in its day to day work. An effective department should undertake robust interventions where the issue is resolved immediately with no repeat complaints received			
Person responsible for data collection			
[Redacted]			
Period			
8.6% (average over the 3 six-month periods Jan 2011 to June 2012)			
Year End Total			
Maximum 8% having a further justified complaint. The target of 8% assumes that the latest performance (i.e. 12/13) is in line with the performance as indicated in the baseline section above.			
Note: For these purposes, "justified" means an actionable incident that is not currently being progressed in accordance with all prevailing policies where the incident transpired and action was initiated on or after service transfer date.			
Quarterly Targets			
Q1	Q2	Q3	Q4
8.0%	8.0%	8.0%	8.0%
Return on Collection			
1. All officers enter in a code into Acolaid, which is dated on the day they have made an intervention with the trader. 2. A report is run for the preceding 12 month period to identify businesses that have received more than 1 complaint against them and where at least one of those complaints is received within 12 months of the date of an intervention which followed a preceding complaint.			
Formula			
Number of premises that received a complaint following a trading standards risk led intervention / number of premises that received a risk lead intervention * 100			
Return Format			
Reporting Frequency			
Quarterly			
Data Provider			
[Redacted]			
Data Source			
Acolaid			
Data Processing Arrangements			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB Specific			
Data Accuracy Checks			
Random audits are carried out on case files to ensure officers are filing in the files correctly and that the codes used to generate this data are being used correctly. This audit is undertaken by the Trading Standards and Licensing Manager			
Data Storage and Security			
The data is stored on specific case files in Idox Acolaid NV against premises addresses which is password protected. Staff are trained in information security and data protection requirements. The data is accessible to all Idox Acolaid NV users. Officers are formally authorised to take their tablets out of LBB premises.			
Risk			
There is a risk that officers could incorrectly enter the data but this should be mitigated by the random audit above. The risk of incorrect data entry is that the figure is misrepresentative of the work the team is doing. However the number of cases in this area means that 1 or 2 errors would be likely to have little effect on the overall figure			
Impact of poor performance if not mitigated			
Poor performance on this KPI would mean that the department is not effectively dealing with complaints and therefore the effort it is putting in to complaints is not preventing non-compliance from occurring. Therefore more consumers are potentially being disadvantaged and unsafe products are potentially still on the market			
Commercial Sensitivity			
Not commercially sensitive			
Data Ownership			
I declare that the information provided above is, to the best of my knowledge, accurate. I also declare that I have read and understood the responsibilities placed in the Data Quality Policy.			
Name		[Redacted]	
Date			

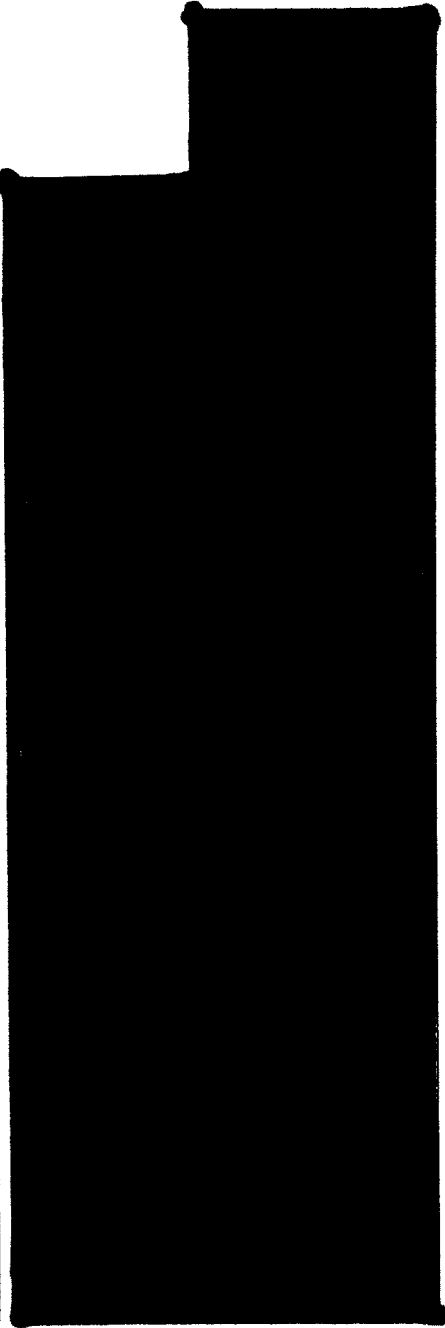
Indicator Reference			
TSKP1 01			
Indicator Title			
Ensuring effectiveness of trading standards and licensing department in obtaining compliance			
Definition			
Measuring the effectiveness of the interventions undertaken by the trading standards and licensing department			
Why we are using this indicator			
This indicator is a measure of how effective the department is in its day to day work. An effective department should undertake robust interventions where the issue is resolved immediately with no repeat complaints received and ensure a fair trading environment.			
Please refer to the data collection			
Baseline			
As indicated in sub-KPIs 1A to 1C			
Year End Target			
As indicated in sub-KPIs 1A to 1C			
Quality targets			
Q1	Q2	Q3	Q4
Data collection			
As indicated in sub-KPIs 1A to 1C			
Formula			
Compliance with all of the sub-KPIs			
Return Format	Reporting Frequency	%	
Please reference tabs TSKP101A/B/C			
Data Provider			
Data Source			
Accolaid or to be determined by the service provider			
Data Handling/Management			
Please reference tabs TSKP101A/B/C			
Data Sharing/Management			
Please reference tabs TSKP101A/B/C			
Comparable Indicator			
no			
Please reference tabs TSKP101A/B/C			
Data Accuracy Checks			
Please reference tabs TSKP101A/B/C			
Data Storage and Security			
Please reference tabs TSKP101A/B/C			
Please reference tabs TSKP101A/B/C			
Impact of poor performance if delay target			
Please reference tabs TSKP101A/B/C			
Commercial Sensitivity			
Not commercially sensitive			
Data Quality Reporting			
We certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



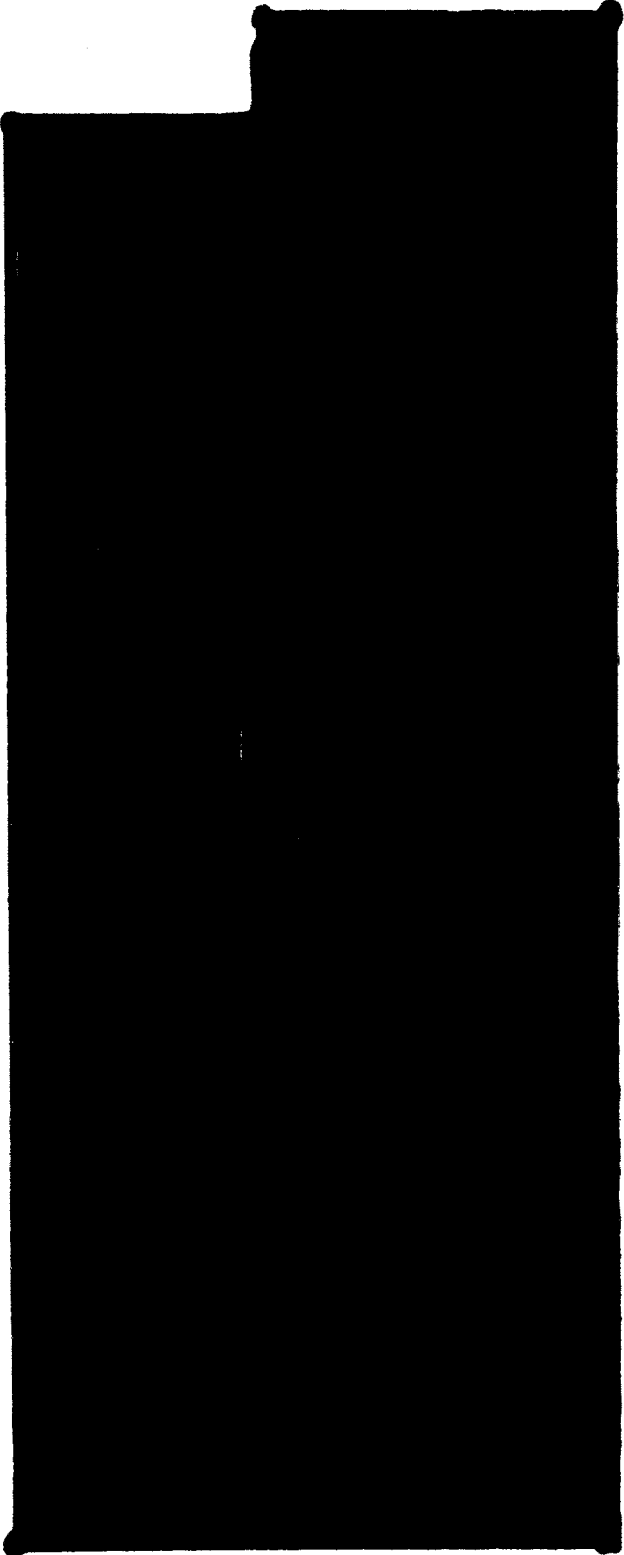
Indicator number, code or reference and use with Bland Management Systems	Indicator Reference SP PI 02
Indicator title	Indicator title Percentage of new homes granted planning permission that meet level four of the code for sustainable homes.
Put the formal yet concise indicator definition here.	Definition Implement requirements for higher environmental standards for the new homes being delivered through all major planning applications in accordance with LB Barnet Planning Guidance. This should consider any policy changes agreed by an authorised Authority officer.
Please provide details as to why this indicator has been chosen	Why we are using this indicator The Code is the national standard for the sustainable design and construction of new homes providing a route map for future Building Regulations requirements
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline where applicable and explanation if not baseline available	Baseline April 2013 - 100% Out of 485 units approved in 2012/13 a total of 391 delivered Level 4 hence 81%. Code Level 4 required for major residential development of 10 or more units following adoption of Sustainable Design and Construction SPD in April 2013
Target for end of financial year	Year End Target 100% of all new homes approved as required to provide Code Level 4 (i.e. all new homes approved in schemes of 10 or more units). For applications where the Authority prioritises other policy matters (e.g. affordable housing) which result in a score lower than 100% for this PI, then those cases will not be measured as part of this PI.
Quarterly targets (if different from the overall end of year target)	Quarterly Targets Q1 Q2 Q3 Q4 [Redacted]
Please provide a sequential list (i.e. a process map) outlining how the data is collected from its point up to the aggregation into a performance measure	Method of collection • Acolaid reports within password protected spreadsheet filtered for new home approvals and major developments • Additional information on planning application from Acolaid added to spreadsheet • Information on spreadsheet uploaded onto GLAs London Development Database (LDD) • Verification of information by GLA • Reports on approvals of homes meeting Code Level 4 downloaded from LDD.
Formulae: Number of calls answered / Number of calls received	Formulae Homes approved in schemes of 10 or more units that will meet Code Level 4 / homes approved in schemes of 10 or more units
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency Monthly Quarterly X %
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider [Redacted]
Where is the data sourced from? Systems, survey, etc.	Data Source Acolaid and London Development Database
Is this information published anywhere and if so where	Data Publishing Arrangements not published
Do we provide this information to any third parties such as DEFRA, GLA, etc. and if so how have any data sharing arrangements been made	Data Sharing Arrangements We provide this information to the GLA who manage the London Development Database. The LDD is a collaboration between the GLA, which provides the IT infrastructure and co-ordinates the project, and the London Boroughs who are responsible for providing the data for schemes in their area
Is this indicator comparable or LBB specific	Comparable Indicator Comparable with other authorities that require Code Level 4 for new homes schemes of 10 or more units
If comparable please provide details of who else measures this to assist with benchmarking	Data Accuracy Checks Authorities Monitoring Reports for boroughs requiring Code Level 4 schemes of 10 or more units Occasional spot checks conducted by managers. Verification of information by GLA through LDD
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Storage and Security Access to Acolaid and LDD requires log in and password. Spreadsheets are password protected
Where is the data kept? i.e. spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure	Need to ensure eventual compliance of implemented consents with Building Regulations
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please list any associated risks on CAP and provide reference number	Impact of poor performance if below target Failing to plan new buildings that will satisfy building regulations
What will happen if performance against the indicator is poor	Commercial sensitivity not commercially sensitive
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Data Quality Response I hereby certify that the information provided above is, to the best of my knowledge, accurate and also certify I have read and understood the responsibilities set out in the Data Quality Policy
This should be signed by a senior Barnet officer with overall responsibility for this indicator	Name Date



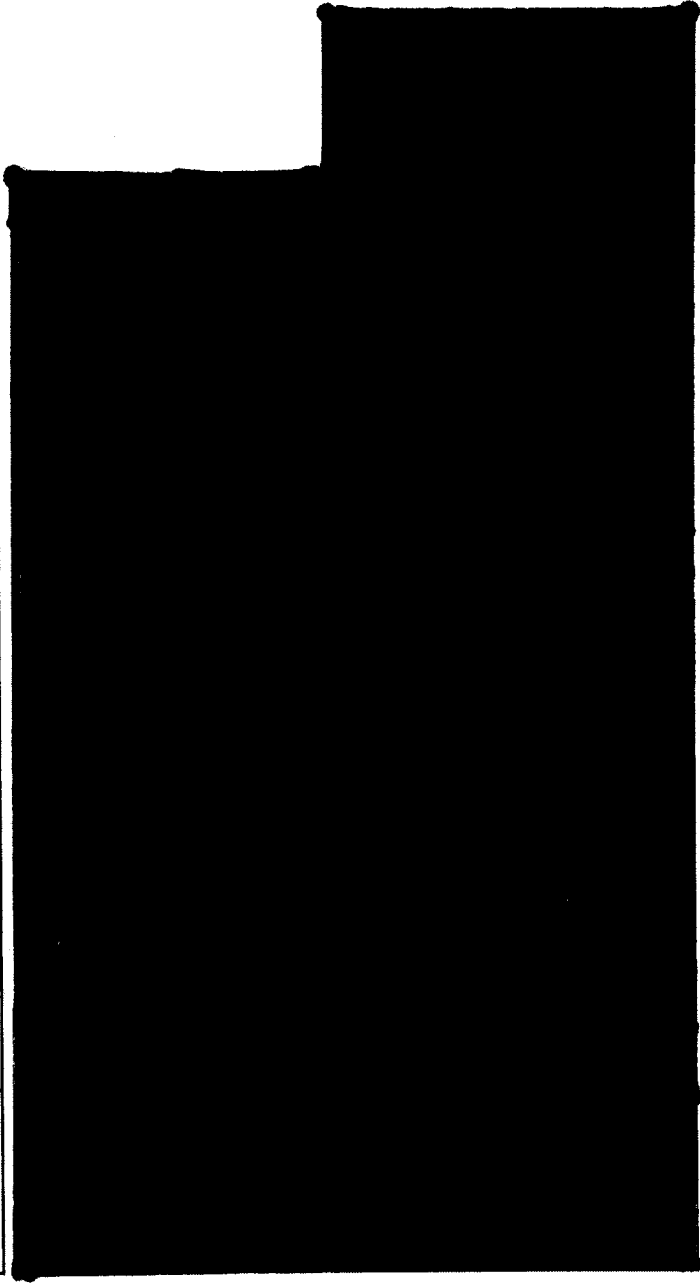
Indicator number of code for reference and use with BIA and management systems	Indicator reference SP PI 01
Indicator title	Indicator title Lifetime Homes standard
Put the formal yes/no/semi indicator definition here	Definition Percentage of schemes granted planning permission for major planning applications that meet Lifetime Homes standard. Measure of proportion of new homes approved which meets Lifetime Homes standard. This needs to consider any policy changes agreed by an authorised Authority officer.
Please provide details about why the indicator has been chosen	Why we are using this indicator Lifetime homes is a national standard endorsed as a requirement for all new homes by the London Plan
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline where applicable and explanation if no baseline available	Baseline Previous outputs (% of major schemes providing Lifetime Homes) 2009/10 - 55%, 2010/11 - 57%, 2011/12 - 73% 2012/13 - 83%
Target for end of financial year	Year End Target 100% of major schemes should meet Lifetime Homes Standards.
Quarterly targets (if different from the overall end of year target)	Quarterly Targets [Redacted]
Please provide a sequential list (i.e. process map) outlining how the data is collected from that point up to the aggregation into a performance measure	Method of collection • Planning application reports downloaded from Acolaid • Acolaid reports within password protected spreadsheet filtered for new home approvals and major developments • Additional information on planning application from Acolaid added to spreadsheet • Information on spreadsheet uploaded onto GLAs London Development Database (LDD) • Verification of information by GLA • Reports on approvals of homes meeting Lifetime Homes standard downloaded from LDD.
Formula (i.e. Number of calls answered / Number of calls received)	Formula Number of homes in major schemes approved that meet Lifetime Homes standard / Number of homes in major schemes approved
Agreed reporting frequency (is this to be reported monthly or quarterly please delete as appropriate)	Reporting frequency Quarterly
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data provider [Redacted]
Where is the data sourced from? (system, survey etc)	Data source Design and Access Statements submitted with individual planning applications
Is this information published anywhere and if so where	Data publishing arrangements The information is published as part of the Authorities Monitoring Report and made publicly available on LBB website
Does it provide the information to any third parties such as DEFRA, CICA etc. and do you have any data sharing arrangements in place?	Data sharing arrangements Information on planning consents, starts and completions provided to GLA through London Development Database. Formal data sharing arrangement with GLA on London Development Database
Is this indicator comparable on LBB specific?	Comparable indicator Indicator is comparable to other London Boroughs
If comparable please provide details of who else measures this to assist with benchmarking	Other comparable indicators Reports run through London Development Database
Are there any risks in place to ensure the data is accurate and to ensure these checks are carried out?	Data Accuracy checks Data is dependent on Design and Access Statements submitted by applicants for planning permission. Occasional spot checks are conducted on the data by managers. Verification of information by GLA through LDD
Where is the data kept? (i.e. spreadsheets, systems and what security in any software (e.g. password protected) to ensure details are not altered. Is data stored online with freedom of information and the Data Protection Act	Data Storage and Security Access to Acolaid and LDD requires log in and password. Spreadsheets are password protected
Any risks to collecting, submitting or publishing this data – also if the data is incorrect and consequences of this? Please log any associated risks on road and provide a risk number	 Data on individual schemes is dependent on Design and Access Statements.
What will happen if performance against the indicator is poor?	Impact of poor performance Poor performance will impact on delivering the council's planning objectives and managing change within Barnet
Is the indicator commercially sensitive? If so please describe how and give any other relevant information or background	Commercial sensitivity No
This should be signed by senior LBB/Barnet officer with overall responsibility for this indicator	Signature [Redacted] Name [Redacted] Date [Redacted]



Indicator Reference			
SPKPI 03			
Indicator Title			
Percentage of Community Infrastructure Levy (CIL) contributions due collected			
Definition			
Progress against identifying and collecting CIL contributions that have become due for payment			
Why we are using this indicator			
To ensure that community infrastructure levy contributions required as a result of planning permission are secured and received to enable the Council to mitigate for the impacts of new development. Furthermore that contributions required to be collected on behalf of the Mayor of London are received and transferred to TfL in accordance with legislative requirements and working in partnership.			
Person responsible for data collection			
[REDACTED]			
Baseline			
No baseline data as not measured			
Year End Target			
80% of CIL contributions cases due for payment cleared during the year, whilst at the same time ensuring that 90% of the 20 highest value payments are cleared during the year.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
Cases are updated on Acolaid and a report produced using the data downloaded from the system or from the CIL monitoring spreadsheet maintained in relation to Mayoral CIL collection + payments.			
Formula			
Number of CIL contributions cases cleared during the year divided by the number of cases brought forward at the start of the year plus any that have been added during the current year.			
Number of highest value payments (from the top 20) cleared during the year divided by 20			
Return Format		Table of total figures and summary percentages	
Reporting frequency			
Monthly		Quarterly	x
Data Provider			
Infrastructure Planning and Delivery Manager			
Planning Obligations Officers			
Data Source			
Collected information from case analysis of Acolaid data / CIL monitoring spreadsheet			
Data Publishing Arrangements			
No, although under CIL transparency agenda it is data that could be published to demonstrate the effectiveness of the service and incentivise others to pay into the system.			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB specific as no other authorities publish data in a way that could be used for comparison.			
Benchmarking would be possible against other London Boroughs through Mayoral CIL collection group			
Data Accuracy Checks			
Occasional spot checks are conducted by the Manager.			
Data Storage and Security			
Password protected CIL monitoring spreadsheet (open access to internal staff for read only) stored on shared area/planning public drive so that it may be accessed by service areas and finance staff.			
Risks are lack of capacity within the team or understanding of how to compile the data if staff are lost			
Impact of poor performance if below target			
Financial impact from failing to secure appropriate funds due to the local authority			
Commercial sensitivity			
No, but dataset is commercially valuable and therefore should only be shared in a selective manner.			
Data Quality Reporter			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



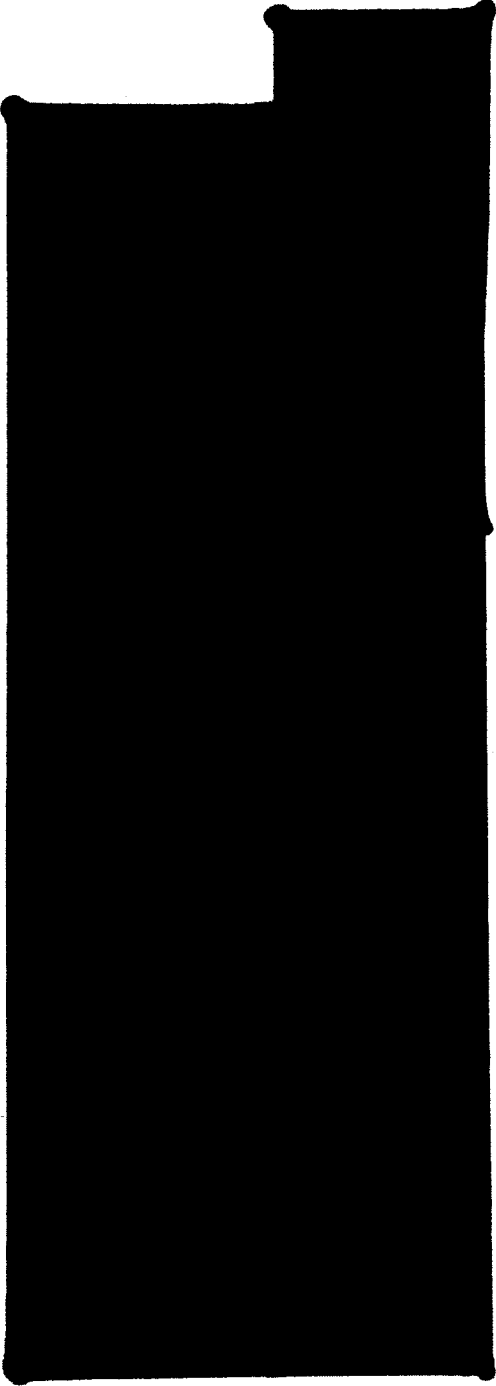
Infrastructure Reference			
SPKPI 02			
Indicator Title			
Percentage of Section 106 (s106) cases cleared annually			
Definition			
Number of s106 cases cleared (i.e. removed from land charges because planning permission has expired, payment has been made, unenforceable obligations), and high value payments collected			
Why we are using this indicator			
To ensure that requirements of planning permissions and funding negotiated to support infrastructure delivery is received to enable effective and appropriate mitigation for the impacts of new development.			
Data Collection Method			
2012-13: - At the start of the year it was estimated that there were around 600 cases required to be cleared. - Ignoring the £4.5m Mill Hill East payment last year, a total of £2.4m was collected during the year. - This income was received from 79 cases of 142 identified as 'triggered' (55% of enforceable cases received funds) - 234 site visits were undertaken to review progress with development - A further 279 cases were confirmed 'untriggered', with 39 cases recognised as deletable (318 cases in total). *** This gives a combined case clearance of 397 cases against an estimated total of 500-600 cases (around 65%) *** 2013-14: - Figures for number of cases were unclear at the start of the year, but in terms of the data, it suggested about 300-400 cases that required review.			
Key Findings			
For the first 11 months, maintain the baseline.			
By the end of the 12th month and every year thereafter, 80% of Section 106 cases triggered in the year are cleared during the year, whilst at the same time ensuring that 90% of the 20 highest value payments due are cleared during the year.			
90% of agreed backlog cases at point of service transfer are cleared within 12 months.			
Quality Indicators			
0	0%	100	0%
Method of collection			
Cases are updated on a spreadsheet and a report produced using the data on the spreadsheet.			
Formula			
Number of s106 cases cleared during the year divided by the number of cases brought forward at the start of the year plus any that have been added during the current year.			
Number of highest value payments (from the top 20) cleared during the year divided by 20.			
Return on Investment		%	
Monthly		Quarterly	Yes, with annual reporting
Data Provider			
Infrastructure Planning and Delivery Manager			
Planning Obligations Officers			
Data Source			
Collated information from case analysis of Acolaid data / planning obligations monitoring spreadsheet			
Data Publishing Arrangements			
No, although under transparency agenda data and agreements could be published to the website but this would impact on s106 enforcement and land charges income where funds are currently secured per copy provided to the general public.			
Data Sharing Arrangement			
No			
Confidentiality Indicator			
LBB specific as no other authorities publish this data			
Benchmarking			
Benchmarking would be possible through dialogue with other London Boroughs			
Data Accuracy Checks			
Occasional spot checks are conducted by the manager.			
Data Storage and Security			
Password protected S106 monitoring spreadsheet (open access to internal staff for read only) stored on shared areas/planning-public drive so that it may be accessed by service areas and finance staff.			
Risks are lack of capacity within the team or understanding of how to compile the data if staff are lost. Another risk is that Planning Obligations historically secured by condition may be unenforceable if the developer challenges the contributions due.			
Approved or not? If not, how/why not?			
Financial impact from failing to secure appropriate funds due to the local authority			
Commercial Sensitivity			
No, but dataset is commercially valuable and therefore should only be shared in a selective manner.			
Data Quality Report			
To certify that the information provided above is, to the best of my knowledge, accurate, I also certify, I have read and understood the responsibilities set out in the Data Quality Policy.			
Name		Date	



SPKP1 01

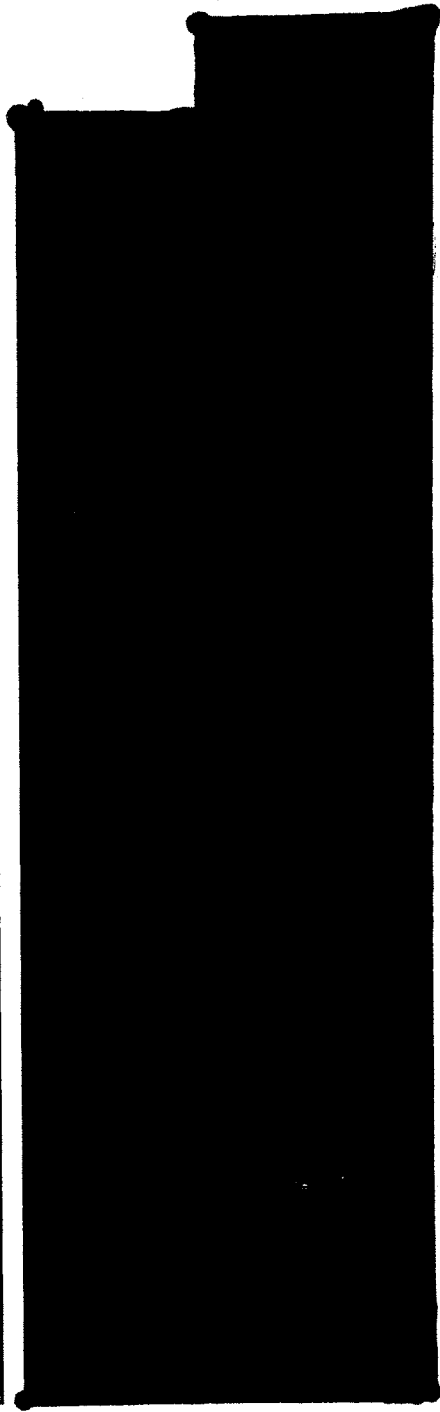
Title Reference			
Indicator title			
Strategic Planning Documents completed and signed off			
Definition			
Percentage of Strategic Planning Documents as identified in Local Development Scheme and associated milestones (as weighted) completed and signed off by the Authority (i.e. Planned for completion each year adopted by the Authority)			
To measure the percentage of strategic planning documents and associated milestones identified as needing to be delivered in the Authority's corporate plan or Local Development Scheme (LDS) as updated by the Authorities Monitoring Report (AMR) and agreed with the Authority. These should consider national or regional policy changes agreed by an authorised officer of the Authority.			
Why we are using this indicator			
Requirement of Section 35 of the Planning and Compulsory Purchase Act as amended by Section 113 of the Localism Act to make information available publicly on the implementation of the Local Development Scheme			
Person responsible for data collection			
Baseline			
Baseline will be as set out in Authorities Monitoring Report for 2011/12 Documents and milestones for financial year as highlighted in the AMR			
Year to date target			
100% delivery of milestones (as weighted) as highlighted in the AMR. Note: milestones to be weighted with maximum total score of 100.			
Q1	Q2	Q3	Q4
Overall Target			
Method of collection			
For Supplementary Planning Documents (SPD)			
1. DRS Senior Management Team approve delegated report and attached SPD for reaching milestone (public consultation)			
2. Delegated report signed by Cabinet Member responsible for planning.			
3. SPD formally advertised in local newspaper and published on website for public consultation for a specific period.			
4. Consultation ends, feedback compiled, responses prepared and documents revised accordingly.			
5. DRS Senior Management Team approve Cabinet report and attached planning document for reaching milestone (adoption)			
6. Cabinet decision to adopt document			
For other Local Plan documents including Development Plan Documents (DPD)			
1. DRS Senior Management Team approve Cabinet report and attached planning document for reaching milestone (public consultation / submission)			
2. Approval by Cabinet			
3. Planning document formally advertised in local newspaper and published on website for submission or public consultation for a specific period.			
4. If public consultation required, feedback compiled, responses prepared and documents revised accordingly.			
5. DRS Senior Management Team approve Cabinet report and attached planning document for reaching next milestone (submission or adoption)			
6. Cabinet decision to submit or recommend adoption of planning document by Council			
7. Council submit or adopt planning document.			
Formula			
Sum of the weighted score of each milestone and document that is delivered and achieved i.e. signed off by the relevant Authority committee or Cabinet Member			
Reported milestone Report frequency		% No. Days	
Monthly	Quarterly	X	
Data Provider			
Data Source			
Data based on surveys of milestones			
Data Publishing Arrangements			
The information is published as part of the Authorities Monitoring Report and made publicly available on LBB website			
Data Sharing Arrangements			
No data sharing arrangements. Summary of the data as set out in the Authorities Monitoring Report is in the public domain			
Complete indicator			
Indicator is specific to Barnet. It is a requirement for authorities to measure the implementation of Local Development Schemes through their Authorities Monitoring Report. However they may measure this in different ways.			
Data Accuracy Checks			
Formal governance procedures ensure checks are in place (i.e. committees adopt reports and documents)			
Data Storage and Security			
Spreadsheet on shared drive sets out data on delivery of milestones is based on formal decision making processes through Council, Cabinet and delegated Member approval. All decisions are in the public domain. Spreadsheets are password protected.			
Minimum risk as data based on formal decisions made through governance procedures in accordance with Constitution of the Council, Cabinet and delegated Member approval. All decisions are in the public domain			
Impact on poor performance			
Poor performance will impact on delivering the council's planning objectives and managing change within Barnet			
Commercial sensitivity			
No			
Data Quality Report			
Usefully that the information provided above is the best of my knowledge, accuracy, also certify I have read and understood the responsibilities declared in the Data Quality Policy			
Name			
Date			

Indicator number or code for reference and use with BI and management systems	Indicator Reference	REGENPI05		
Indicator Title	Indicator Title	Homeless and Statutory Payments		
Put the formal verbiage indicator definition here	Definition	Work with the development partners where required to assess and pay out Homeloss and Disturbance payments or appropriate compensation to tenants, and other statutory payments.		
Please provide details about why this indicator has been chosen	Why we are using this indicator	To ensure that we are respectful to our tenants by getting any monies owed to them expeditiously.		
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection			
Provide baseline where applicable and explanation if no baseline available	Year End Target	No baseline data available as not measured.		
Target for end of financial year		50% of all homeloss payments are made within 4 weeks of moving date, rising by 5 percentage points per annum until 90% is reached in Year 8, then maintain thereafter.		
Quarterly targets (if different from the overall end of year target)	Q1	Q2	Q3	Q4
Please provide a sequential list of a process map outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection			
Formulae	Formula			
Number of calls answered Number of calls received	Reporting format	% No, Days		
Agreed reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency	Monthly	Quarterly	
Name of person who provides the data Alternative person who provides the data in the absence of the above	Data Provider			
Where is the data sourced from? Systems, surveys etc.	Data Source			Relevant Regeneration Officers
Is this information published anywhere and if so where	Data Publishing Arrangements		no	RP's payment systems, or 'de facto' records by regeneration of when money was paid are kept on the Sdrive.
Please provide this information to any third parties such as DfPR, etc etc and do you have any data sharing arrangements in place	Data Sharing Arrangements		no	
Is this indicator comparable or LBB specific?	Comparable Indicator			LBB Specific
If comparable please provide details of who else measures this to assist with benchmarking				
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Accuracy Checks			Occasional spot checks are conducted by managers.
Where is the data kept ie spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered? Is data stored online with freedom of information and the data protection act	Data Storage and Security			S drive Regeneration Service 'Skills and Enterprise', which is restricted to relevant staff.
Any risks to collecting, submitting or publishing this data - also if the data is informed and consequences of this. Please log any associated risks on JCR and provide reference number	Impact of poor performance if below target		no	These are Statutory Payments and there are rules set down for making payments promptly so poor performance could be in breach of statutory duty
What will happen if performance against the indicator is poor?	Commercial sensitivity			Commercial sensitivity
Is the indicator commercially sensitive, if please describe how and give any other relevant information or background	Data Quality Assurance			Yes - Partially. The payment amounts are confidential, though the time taken is not
This should be signed by senior LB Bannet officer with overall responsibility for this indicator	Name			
	Date			

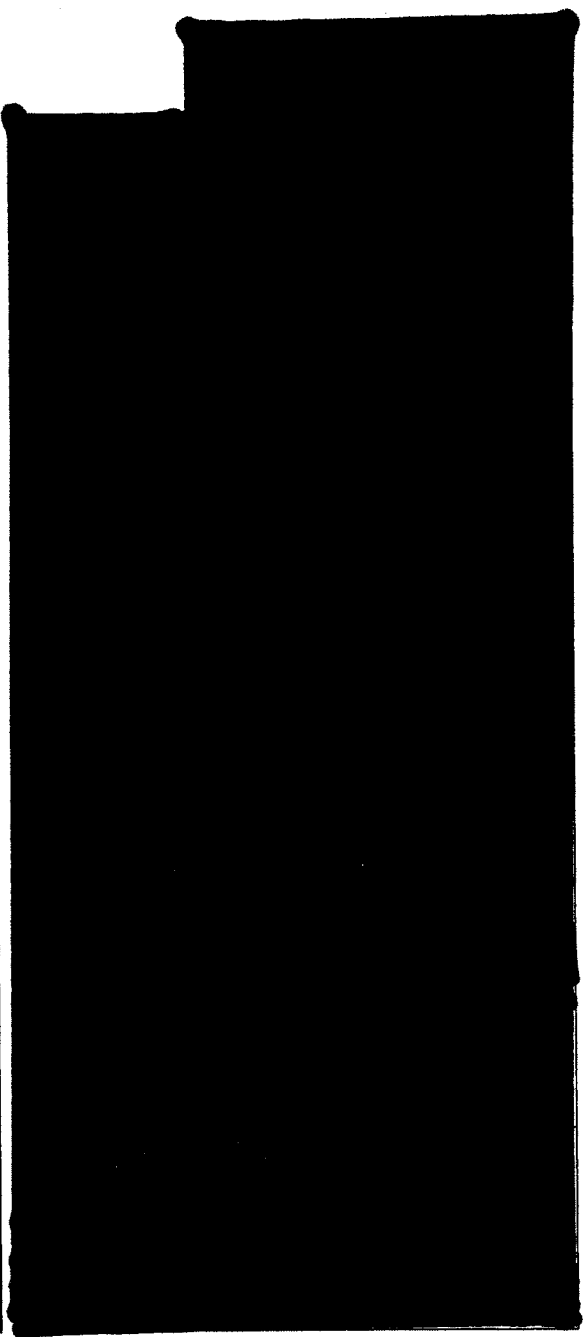




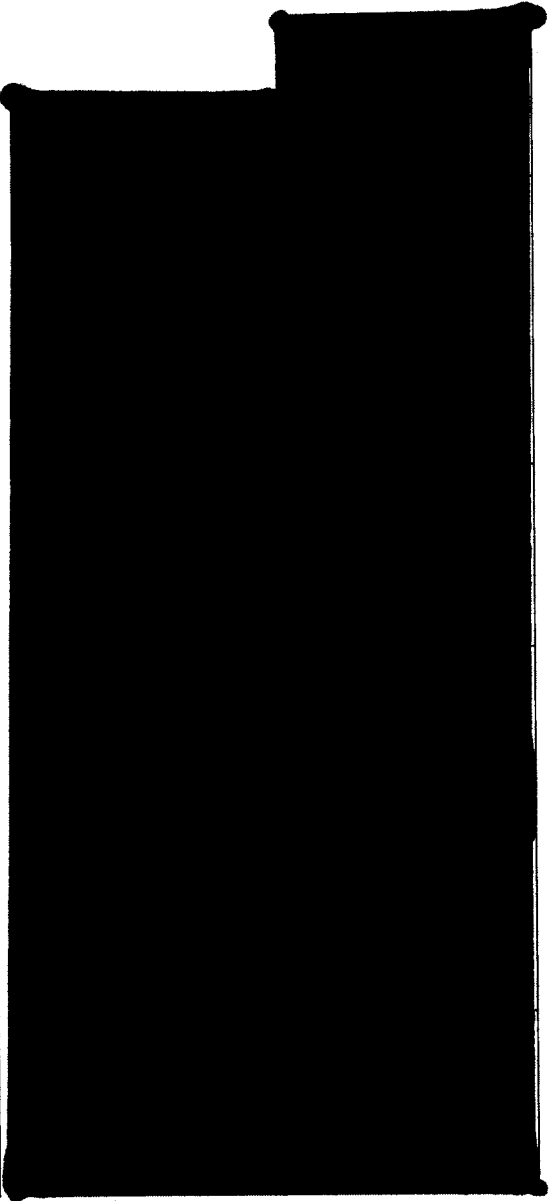
Indicator number or code for reference and use with DRS management systems	Indicator Reference
Indicator title	Indicator title
Put the formal yet concise indicator definition here	Definition
Please provide details about why this indicator has been chosen	Why we are using this indicator
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection
Provide baseline where applicable and explanation if no baseline available	Baseline
Target for end of financial year	Year end target
Quarterly targets of different from the overall end of year target	Quarterly targets
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection
Formulae	Formula
Number of calls answered/Number of calls received	Contact with the Registered Social Landlords prior to practical completion requesting information required to be placed on the Council's website and on the shared drive
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency
Name of person who provides the data/Alternative person who provides the data in the absence of the above	Data Provider
Where is the data sourced from? Systems, surveys etc	Data source
Is this information published anywhere and if so where	Data Publishing Arrangements
Do we provide this information to any third parties such as DEFRA, CHG etc and do you have any data sharing arrangements in place	None
Is this indicator comparable to LBB specific	Comparable indicator
If comparable please provide details of who else measures this to assist with Benchmarking	LBB specific
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy checks
Where is the data kept i.e. spreadsheets, systems and what security (any is in place e.g. password protected) to ensure data is not altered, is data stored online with Freedom of Information and the Data Protection Act	Data Storage and Security
Any risks to collecting, submitting or publishing this data – also if the data is incorrect and consequences of this. Please log any associated risks on LOAB and provide reference number	Data stored on shared drive which is restricted to relevant staff via password.
What will happen if performance against the indicator is poor?	Impact of poor performance if below target
Is the indicator commercially sensitive if please describe how and give any other relevant information or background	Commercial sensitivity
This should be signed by senior LB Barnet officer with overall responsibility for this indicator	Name Date



Indicator number or code for reference and use with IT and management systems	Indicator Reference REGENPT03
Indicator title	Indicator title Nominations offered to the Authority
Put the formal yet concise indicator definition here	Definition The percentage of the Authority's nomination entitlement offered per annum for 2 or more bedroomed homes. This can be delayed by a delayed decision of an authorised officer of the Authority.
Please provide details about why this indicator has been chosen	Why we are using this indicator To provide Registered Social Landlords accountability on their contribution to meeting housing need in accordance with legal agreements, S106 agreements and good practice. Feeds into Performance Reviews of Registered Social Landlords
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline where applicable and explanation if no baseline available	2010/11 - over 100% of entitlement, 2011/12 - over 100% of entitlement, 2012/13 - over 100% of entitlement
Target for end of financial year	100% of nomination entitlement offered to the authority
Quarterly targets (if different from the overall end of year target)	Quarterly Targets [Redacted]
Please provide a sequential list (i.e. a process map) outlining how the details collected from first point up to the aggregated into a performance measure	Method of collection Quarterly lettings returns provided by each Registered Social Landlord, and Annual Performance Review for larger Registered Social Landlords.
Formulae Number of calls Answered/ Number of calls received	Formulae Number of properties the Authority actually receives divided by number of properties that the Authority were entitled to receive (as a percentage) Return format [Redacted] %
Agreed Reporting frequency, is this to be reported monthly or quarterly, please delete as appropriate	Reporting frequency Half yearly
Name of person who provides the data Alternative: person who provides the data in the absence of the above	Data provider [Redacted]
Where is the data sourced from? (Systems, surveys etc)	Data Source Information collected from Registered Social Landlords
Is this information published anywhere and if so where	Data Publishing Arrangements Annual Performance Review
Does provide this information to any third parties such as DEFRA, CLG, etc. and do you have any data sharing arrangements in place	Data Sharing Arrangements If officially requested
Is this indicator comparable or IBB specific?	Comparable indicator Comparable Indicator
If comparable please provide details of who else measures this to assist with Benchmarking	Comparable indicator No benchmarking mechanism in place amongst authorities
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks All nominations offered are checked on the Saffron Housing Management Database, the housing association database (which holds details of nomination requirements) and with Barnet Homes
Where is the data kept (i.e. spreadsheets, systems and what security, if any is in place (e.g. password protected) to ensure data is not altered, is data stored in line with Freedom of Information and the Data Protection Act	Data Storage and Security Returns from Registered Social Landlords, collated and historic information held on housing development shared drive which is restricted to relevant staff via password. At year end when annual performance assessed details of personal data destroyed.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this, please add any associated risks on ICO and provide reference number	Impact of poor performance if below target All data that is published is discussed with the Registered Social Landlord prior to publication.
What will happen if performance against the indicator is poor?	Impact of poor performance if below target If performance is poor, there will be less affordable rented homes available to the Council to meet housing need. Registered Social Landlords are responsible for offering nominations to rented properties in Barnet. Strategic Planning is to ensure that monitoring is in place and appropriate action is taken when they fail to meet their obligations
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	Commercial sensitivity [Redacted]
This should be signed by senior officer with overall responsibility for this indicator	Signature Name Date



Indicator number, code for reference and use within data management systems	Indicator Reference REGENP102
Indicator title	Indicator title Responding to business needs and ensuring an active business community that takes responsibility for its own success and engages in civic activities.
Put the formal, yet concise indicator definition here	Definition Proactively encourage business growth. Engage with, understand and respond to the needs of businesses in the borough through business forums.
Please provide details about why this indicator has been chosen	Why we are using this indicator This can be delayed by a delayed decision of an authorised officer of the Authority.
Name & Title of the senior officer with overall responsibility for this indicator	Responsible officer for data collection [Redacted]
Provide baseline where applicable and explanation if no baseline available	2008: Edgware Business Forum established, running independently but needs support 2009: Unsuccessful attempt to establish Finchley Church End Business Forum & Golders Green 2010: Town Team established in Chipping Barnet (needs re-establishing) 2012: North Finchley Business Forum established but needs support (converted to Town Team in 2013) 2012: Cricklewood Business Association established but needs Authority engagement (potential to move to Town Team model in future)
Target for end of financial year	Year end target Year 1: Continue to support the two existing business forums (North Finchley and Edgware) and ensure they are still active. Year 2: Set up two additional business forums (e.g. Chipping Barnet, Cricklewood, Golders Green, or other) to have a total of four business forums. Year 3 onwards: Maintain four business forums
Clearly targets (if different from the overall end of year target)	Quantitative indicator Records of minutes of meetings of each forum
Please provide a sequential list of a process map outlining how the data is collected from data management systems	Formulae Number of business forums at the end of the year. Reporting frequency Annual x % No. Days
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider [Redacted] Data Source Surveys, minutes of Business Forums, Business Forum action plans
Where is the data sourced from (systems, surveys etc.)	Data Publishing Arrangements No
Is this information published anywhere and if so where	Data Storage and Security No
Do we provide this information to any third parties (such as LEAs, CIOs etc) and do you have any data sharing arrangements in place	Comparable indicator LBB specific
Is this indicator comparable on BB specific	Data Access/ delete Project Management and performance monitoring to ensure data is accurate. Occasional spot checks are conducted by managers.
If comparable please provide details of who else measures this to assist with benchmarking	Data Storage and Security S drive Regeneration Service 'Skills and Enterprise' which are restricted to relevant staff.
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Impact of poor performance (if below target) No
Where is the data kept (e.g. spreadsheets, systems and what security / privacy is in place (e.g. password protected to ensure data is not altered) is data stored in line with Freedom of Information and the Data Protection Act	Commercial viability Limited impact on supporting businesses and understanding their needs.
Any risks to collecting, submitting or publishing this data. Also if the data is incorrect and consequences of this please list any associated risks on FOIA and provide a risk number	Data Quality Register Data Quality Register To clarify first the information provided above is to the best of my knowledge, accurate. I also clarify, I have read and understood the responsibilities laid out in the Data Quality Policy.
What will happen if performance against the indicator is poor	Name Date
Is the indicator commercially sensitive. If please describe how and give any other relevant information on background	
This should be signed by senior officer responsible for overall responsibility for this indicator	



DRS methodology sheet

REGENKPID5

Delivery of affordable housing completions

To measure the number of affordable homes delivered. The target proposed by the service provider could change in-year depending on factors outside the service provider's control as agreed with the Authority.

To increase and stimulate a varied supply of affordable housing to contribute to meeting the affordable housing needs of Barnet residents

264 homes completed (target of 264) in 12/13
657 homes completed (target of 582) for 11/12
326 homes completed (target cannot be retrieved) for 10/11

100% of target completed (exact numerical target to be confirmed at the start of each year, this is based on projections of housing providers' timetable on completions). The service provider will propose the target which is to be approved by the Council.

Regular programme and scheme information obtained from Registered Providers from scheme inception to final completion to include milestones. Completions supported by completion certificates and/or completion schedules

Number of affordable housing completions divided by the projected number of affordable housing completions

%

Quarterly reporting	x	Annually	x
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Information provided by Registered Providers and the Regeneration Officers delivered through a variety of sources including, S106 and commuted sums, acquisitions on the open market by registered providers and local authority new build

Authorities Monitoring Report, Corporate Performance Reports, Information on starts and completions reported to CLG through P2 Housebuilding Returns on a quarterly basis and also annually through the Housing Strategy Statistical Returns. CLG then publish as appropriate.

Information is available through the directorate and corporate performance reporting and publishing arrangements as stated above

Comparable

GLA to compare London Boroughs and CLG to compare nationally

Information provided by registered providers and supported by practical completions certificates. Information verified with the GLA (housing team)

Information provided by held on a folder on the Sdrive. Folder is restricted to relevant staff through password.

Inaccurate information on new homes completed could result in the Council not receiving the amount of new homes bonus that it is entitled to or having to repay any over payment

Depending on the type of households being nominated to the rented homes this may result in an increase in the amount of nightly purchases the Council is acquiring (emergency temporary accommodation). Delays in receiving New Homes Bonus. There is a risk that any grant funding from the GLA will be withdrawn if completion deadlines for year end are not met.

No

I hereby declare the information provided above to be the best of my knowledge and belief and I also declare I have read and understood the responsibilities outlined in the Data Quality Policy.

Name	
Date	

DRS methodology sheet

REGENKPT06

S106 obligations for employment & training activities

Promotion of employment opportunities and economic prosperity through regeneration and development

Each of these milestones below will be weighted (total weighting of all milestones is 100):

- Ensure S106 and contract obligations are met on employment and training activities including delivery of apprenticeship and local labour targets. Establish proper monitoring mechanisms.
- Produce 6 monthly review report of s106 contract obligations
- Ensure target of 30 Apprenticeships delivered over 5 years is met
- Ensure developers establish mechanism for local labour and reporting back on progress

This is dependent on Section 106 funding and this can also be delayed by a delayed decision of an authorised officer of the Authority.

To ensure employment opportunities and economic prosperity are realised as part of the regeneration and development taking place in the borough and that developers fulfil their s106 obligations

Data collection for baseline purposes is still to be developed by the service provider. S106 for housing regeneration estates require an employment and training strategy to be developed based on local need - Graham Park Employment and Training strategy is published; Stonegrove and Spur Road Employment and Training strategy is under development; West Hendon and Dollis Valley not yet triggered.

Apprenticeships - 3 delivered at Grahams Park. Apprenticeships still to be delivered/triggered in other developments.

Reporting mechanisms and frameworks still under development.

100% of all weighted milestones achieved. Milestones to be agreed with the Authority before the start of each year.

6 monthly RAG report and Annual report gathered from developer monitoring reports

Sum of the weights of each completed milestone.

Examples of milestones would be:

- S106 and contract obligations (e.g. on employment and training activities) including delivery of apprenticeship and local labour targets; and, establish proper monitoring mechanisms for these.
- Number of Apprenticeships to be delivered for the year (agreed at beginning of the year)
- 6 monthly reports submitted from developers against progress on obligations and local labour
- Ensure developers establish mechanism for monitoring local labour and reporting back on progress

			%
6 Monthly	6 monthly RAG report. Annually measured with a report		

Data and evidence on progress of s106 obligations, apprenticeships and local labour targets to be provided by the developers through the monitoring mechanisms still to be established.

No

No

LBB specific

Project Management and performance monitoring to ensure data is accurate. National datasets will be used to maintain an understanding of the borough's economic profile. Occasional spot checking are conducted by managers.

Data Storage and Security

S drive Regeneration Service 'Skills and Enterprise' which is restricted to relevant staff

No

Unable to maximise opportunities created by development and hold developers to account for delivery against employment and training obligations.

No

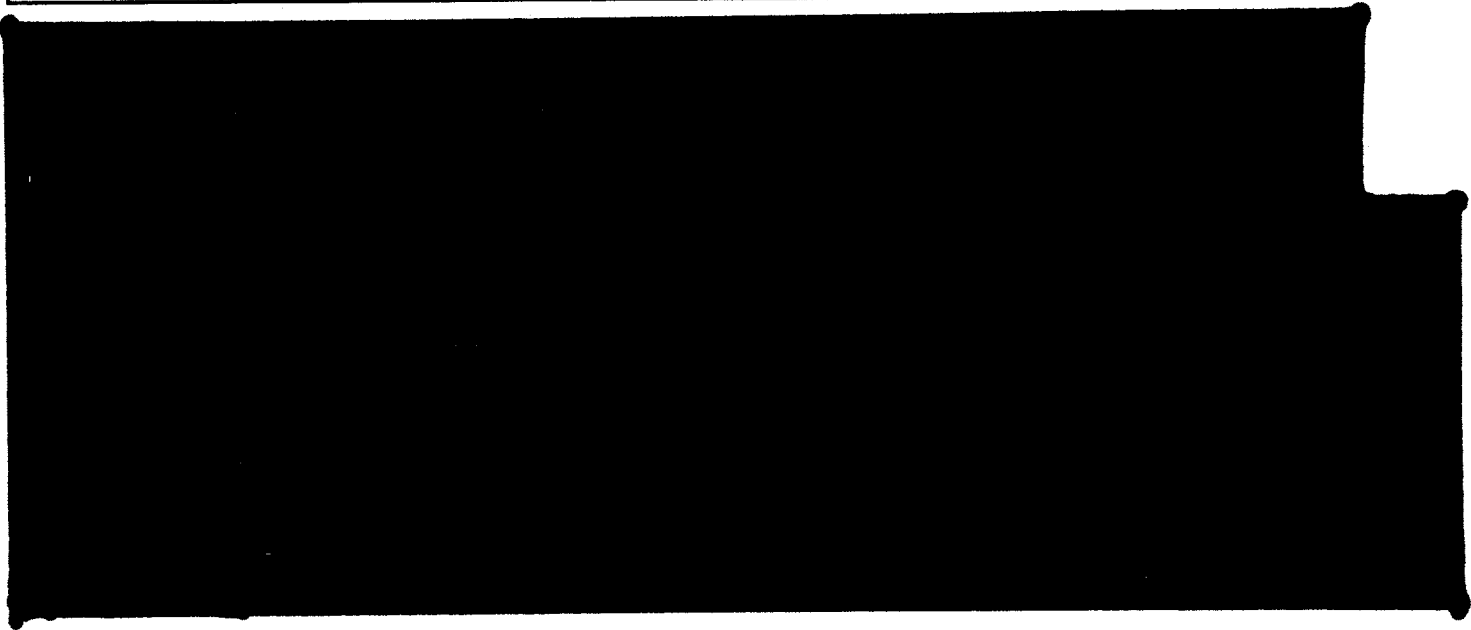
Data Quality Report

I certify that the information provided above is to the best of my knowledge accurate and correct. I have read and understood the compliance information on the Data Quality Policy.

Name	
Date	

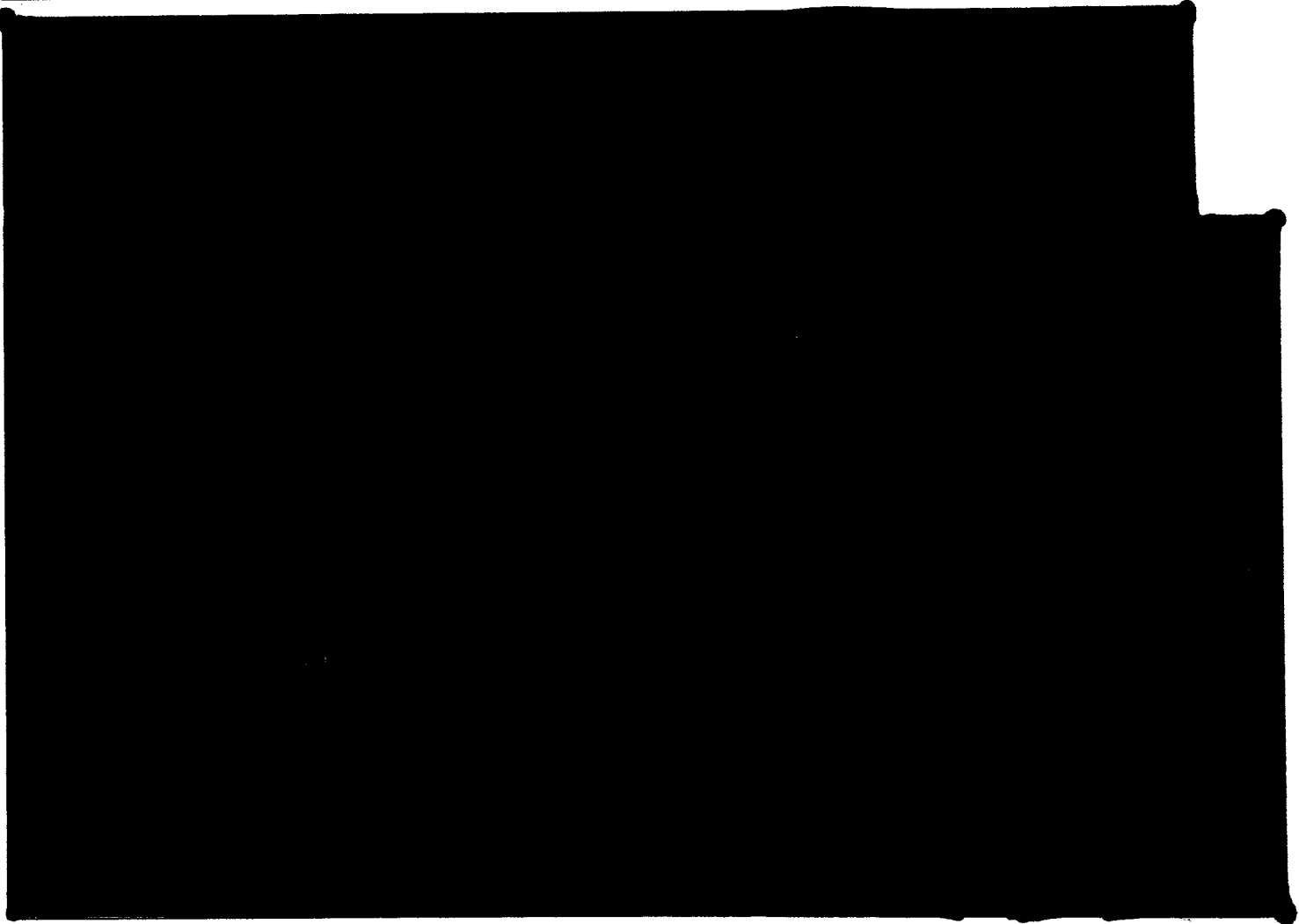
Indicator Reference			
REGENKP104			
Indicator Title			
Improved Employment opportunities			
Definition			
Lead and facilitate a Skills and Employability Partnership Group (or similar) to develop and deliver strategy and action plan for the borough to ensure provision that meets employer needs, less unemployment and a more prosperous borough. This excludes any impact of a delayed decision by an authorised officer of the Authority, or events outside the influence of the contractor.			
Why we are using this indicator			
Of importance in facilitating provision in the borough and ensuring it meets employer needs, less unemployment and a more prosperous borough			
Person responsible for data collection			
[REDACTED]			
Baseline			
The Employability Group currently meets on a bi-monthly basis. This group will feed into the LSP, the structures of which are currently being established. It is proposed that the Skills, Employment and Enterprise Plan (SEE) 2012 - 2015 will be owned by the LSP. Strategic thinking to be through LSP and delivery to be through the Employability Group. The SEE Plan sets out the high level objectives and a yearly action plan will need to be agreed.			
Year End Target			
Before the start of each year, set key deliverables and milestone events which will be weighted (total of 100 points for all milestones/targets) for the following 12 months on employment & enterprise opportunities and support programmes. Planning of these priorities should take place October to December. Approval must be gained from the Council. Plans to be supported by a monitoring and evaluation framework which will form part of the quarterly monitoring. 100% of all targets/milestones to be achieved			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
Strategy and action plans reviewed on an annual basis. Monthly performance monitoring reports			
Formula			
Sum of the weighted score of each milestone achieved.			
Return Format:			% , No, Days,
Reporting Frequency			
Monthly		Quarterly	X
Data Provider			
[REDACTED]			
Data Source			
Monthly performance monitoring reports will source data and evidence on progress of agreed deliverables for the year from projects being delivered. Information to be provided by the Employability Group and other providers who have been commissioned to deliver. SEE yearly deliverables and milestones to be sourced from discussions with LSP, Employability Group and an annual stakeholders event. Along with economic data to support priorities.			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			

LBB specific		REGENKP104
Data Accuracy Checks		
Project Management and performance monitoring to ensure data is accurate. National datasets will be used to maintain an understanding of the borough's economic profile. Occasional spot checking will be conducted.		
Data Storage and Security		
Data is stored on the Regeneration Team S-Drive, which is restricted and only available to the relevant staff within the Regeneration Team. All data is stored in line with FoI and Data Protection guidelines.		
No		
Impact of poor performance if below target		
Limited direct impact on the borough ensuring it meets employer needs, less unemployment and a more prosperous borough. Lack of coordination of delivery in the borough.		
Commercial sensitivity		
No		
Data Quality Reporter		
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.		
Name		
Date		



Indicator Reference			
REGENKPI03			
Indicator Title			
Delivery of Project Outcomes and Benefits			
Definition			
Provide good project management practice through maintaining up to date project plans, risk registers, issues log, phasing plans and other project management tools for all projects and schemes in a way that ensures timely delivery of all project milestones as annually agreed with the Authority. Events outside of the service provider's control that result in programmed milestones not being achieved will not count towards a failure in this KPI. The Authority shall determine whether or not such events are outside the service provider's control -- the Authority will use reasonable judgement when making such decisions. Note: each milestone will be weighted, and all milestone weightings in any one project will sum up to 100.			
Why we are using this indicator			
We need a clear indication that projects are being well-managed and that key milestones are being met			
Person responsible for data collection			
[REDACTED]			
Baseline			
Baseline will be the key milestones for the first year of the contract			
Year End Target			
<u>Year 1 & 2</u>: 80% of key deliverables and milestones (as weighted with a total of 100 for all milestones) are met on time <u>Year 3 & 4</u>: 85% of key deliverables and milestones (as weighted with a total of 100 for all milestones) are met on time <u>Year 5 & 6</u>: 90% of key deliverables and milestones (as weighted with a total of 100 for all milestones) are met on time <u>Year 7 & 8</u>: 95% of key deliverables and milestones (as weighted with a total of 100 for all milestones) are met on time <u>Year 9 onwards</u>: 100% of key deliverables and milestones (as weighted with a total of 100 for all milestones) are met on time			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
Highlight reports which are monthly.			
Formula			
Sum of the weighted score of each milestone achieved.			
Return Format:		%	
Reporting Frequency			
Monthly		Quarterly	Y
Data Provider			
[REDACTED]			
Data Source			
Project Management Systems, e.g. MS Project			
Data Publishing Arrangements			
Some data is provided in the Annual Regeneration Report			
Data Sharing Arrangements			
No, but some data shared with GLA/HCA			
Comparable Indicator			
Specific			

Data Accuracy Checks	
Occasional spot checks to be conducted by managers.	
Data Storage and Security	
Data is stored on the Regeneration Team S-Drive, which is restricted and only available to the relevant staff within the Regeneration Team. All data is stored in line with FoI and Data Protection guidelines.	
No	
Impact of poor performance if below target	
Late delivery of Regeneration Schemes. Reputational damage. Possible financial penalties with Development Partners (spelt out in the PDA's)	
Commercial sensitivity	
No	
Data Quality Reporter	
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities and outline the Data Quality Policy.	
Name	
Date	



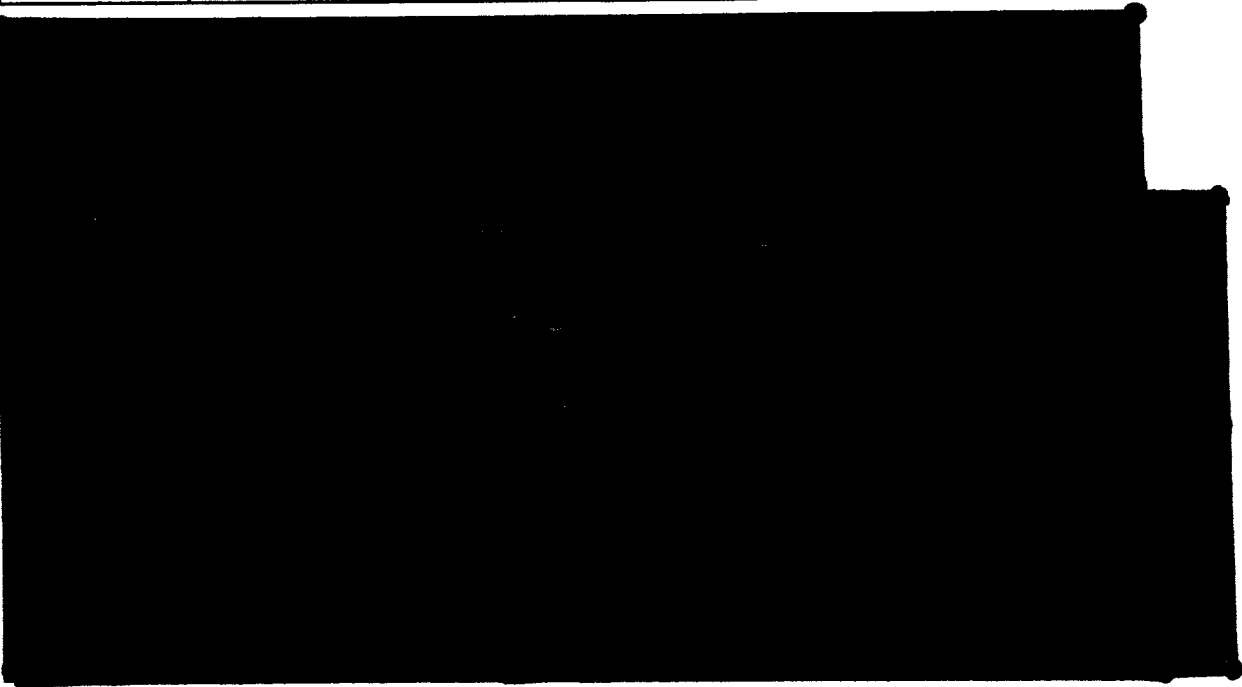
DRS methodology sheet

Indicator Reference			
REGENKPI02			
Indicator Title			
Budgetary and Financial Controls			
Definition			
Manage all budgets for each regeneration scheme including all Authority recharges for services provided to support regeneration. Recover the Authority's historic and operational costs in accordance with the Principal Development Agreement (PDAs) and collection of any coverage as defined in the PDAs. This excludes delays to decisions made by an authorised officer of the Authority.			
Why we are using this indicator			
Good financial management to work to ensure collection of all monies due from developers.			
Person responsible for data collection			
Baseline			
Not currently measured			
Year End Target			
85% of money invoiced within 2 months of due date.			
Should creditors not fully settle the invoice within 30 days, a follow up letter is to be sent to developers requesting for settlement of invoice.			
Should creditors still not fully settle the invoice within 30 days, then the service provider is to notify the Authority.			
Should the Authority require further action from the service provider to collect the monies, then the service provider will undertake all reasonable actions (e.g. working with the Legal team to issue a demand letter) within reasonable timescales until such time that the monies are collected.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
Quarterly reports identifying all monies due and paid. For all those monies still due, the service provider will outline the steps taken to try to collect the monies due for each invoice.			
Formula			
Value of invoices raised within 2 months of money due for recharges, historical costs (as of service commencement date) and other monies owed to the Authority divided by the value of invoices due to be raised for recharges, historical costs and other monies owed to the Authority			
Return Format		%	
Report Frequency			
Monthly		Quarterly	Y
Data Provider			
Individual Regeneration managers, per scheme			
Data Source			
Regeneration Service records + SAP system			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
No			
Data Accuracy Checks			
Occasional checks are conducted by managers.			
Data Storage and Security			
Data is stored on the Regeneration Team S-Drive, which is only available to the relevant staff within the Regeneration Team. All data is stored in line with FoI and Data Protection guidelines.			
Impact of poor performance if below target			
Financial consequences are late collection of this money and possible cashflow implications for the Council			
Commercial Sensitivity			

Possibly, depending on the nature of the information. For example, overage calculations are often commercially sensitive as far as the Development Partners are concerned. Details of Homeloss payments are private and should not be in the public domain. CPO claims are commercially sensitive.

Data Quality Reporter
I declare that the information provided above is, to the best of my knowledge, accurate. I also declare that I have read and understood the responsibilities laid out in the Data Quality Policy.

Name	
Date	

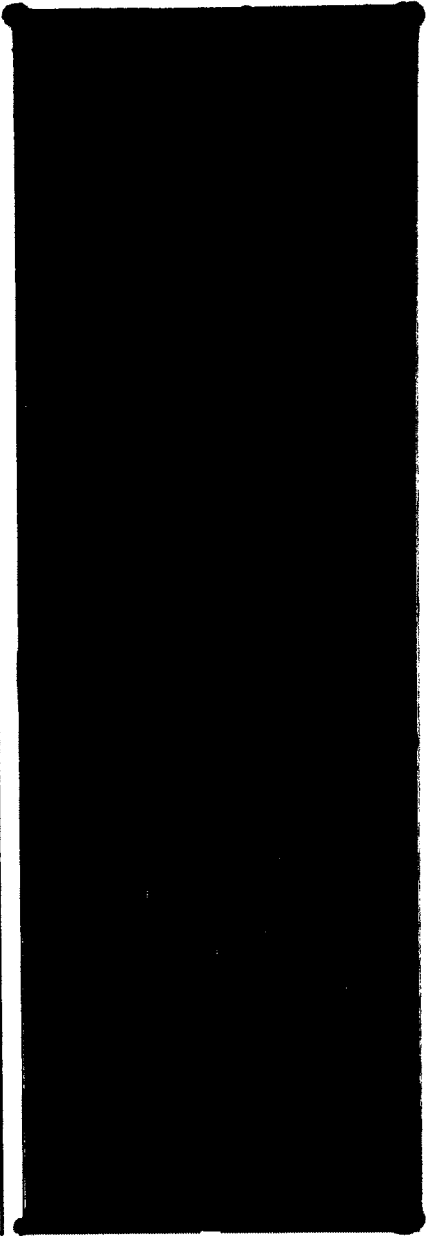


Indicator Reference			
REGENKPI01			
Indicator Title			
New Homes Completed			
Definition			
Encourage and facilitate initiatives that enable the delivery of regeneration and housing development schemes to provide new homes to the planned schedule. This measurement of the KPI considers the impact of an extreme weather event or other disaster, and/or an agreed change to the completion programme. The annual targets will be agreed with the Authority annually.			
Why we are using this indicator			
To deliver new homes to meet housing demand and maximise funding through the New Homes Bonus			
Person responsible for data collection			
[Redacted]			
Baseline			
2012/13 = 730 (This will increase when all unimplemented residential consents are surveyed in August as part of our agreement with the London Development Database.) In 2010/11 AMR the Authority projected that in 2011/12 the Authority would deliver 1780 completions, and that in 2012/13 the Authority would deliver 1775. In 2009/10 AMR the Authority projected that in 2010/11 the Authority would deliver 1100 completions, and that in 2011/12 the Authority would deliver 2000. Note: New homes completed in 2010/11 = 814, and 2011/12 = 1076			
Year End Target			
100% of projected completions as stated in the latest Authorities Monitoring Report published annually. Target for 2013/14 = 1428 The target of 1428 will be re-profiled for Year One depending on actual service commencement date. The target for end of Year One will be agreed with the Authority depending on service performance as at service transfer date. Note: All reasonable endeavours will be undertaken by the service provider to achieve the annual targets. The Authority will consider the reasonable endeavours undertaken by the service provider when assessing performance against this KPI.			
Annual Target			
Method of collection			
• Download report on Permissions Progress i.e. unimplemented planning consents for new home approvals from GLAs London Development Database (LDD) • Save report as a password protected spreadsheet and update with new information on starts and completions for new home approvals (and source of information) • Information on starts and completions derived from following sources (of diminishing priority) – 1. Building Control through Acolaid, 2. Council Tax through Valuation Office Agency website, 3. Google Earth maps (Showing aerial photographs), 4. Bing maps (Showing aerial photographs), 5. Development Management officers, 6. Site visits to check whether a development has started or has been completed 7. Renewal applications for lapsed permissions • Information on spreadsheet confirms starts, completions and schemes not started • Information uploaded onto GLAs London Development Database (LDD) • Verification of information by GLA • Reports on completions and schemes under construction downloaded from LDD.			
Formula			
Total number of new homes completed divided by the projected number of new homes completed			
Return Format:			%
Reporting Frequency			
		Quarterly	
Data Provider			
[Redacted]			
Data Source			

REGENKP101	
Information provided by Building Control and Council Tax records, CIL and S106 obligations, Google Maps and planning case officers.	
Data Publishing Arrangements	
Information published through the Authorities Monitoring Report, Corporate Performance Reports, GLA Annual Monitoring Report. Information on planning consents, starts and completions provided to the GLA through the London Development Database and then onto the GLA for Housing Flows and Reconciliation Return. Building Control information on starts and completions reported to CLG through P2 Housebuilding Returns.	
Data Sharing Arrangements	
Information on planning consents, starts and completions provided to the GLA through London Development Database and then onto CLG for Housing Flow and Reconciliation Return. Building Control information on starts and completions reported to CLG through P2 Housebuilding Returns. CLG publishes as appropriate on the Housing Flows and Reconciliation and P2 Housebuilding Returns. Formal data sharing arrangements with GLA through LDD.	
Comparable Indicator	
comparable	
Total completions compared with the GLA Annual Monitoring Report by borough. CLG map net supply of housing across England by local authority	
Data Accuracy Checks	
Various data sources used to cross reference and check accuracy. Occasional spot checking conducted by managers. Verification of information by GLA through LDD	
Data Storage and Security	
Access to Acolaid and LDD requires log in and password. Spreadsheets are password protected	
Inaccurate information on new homes completed could result in the Council not receiving the amount of New Homes Bonus that it is entitled to or having to repay any over payment	
Impact of poor performance if below target	
Delays in receiving New Homes Bonus and S106 financial contributions	
Commercial Sensitivity	
No	
Data Quality Reporter	
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.	
Name	
Date	

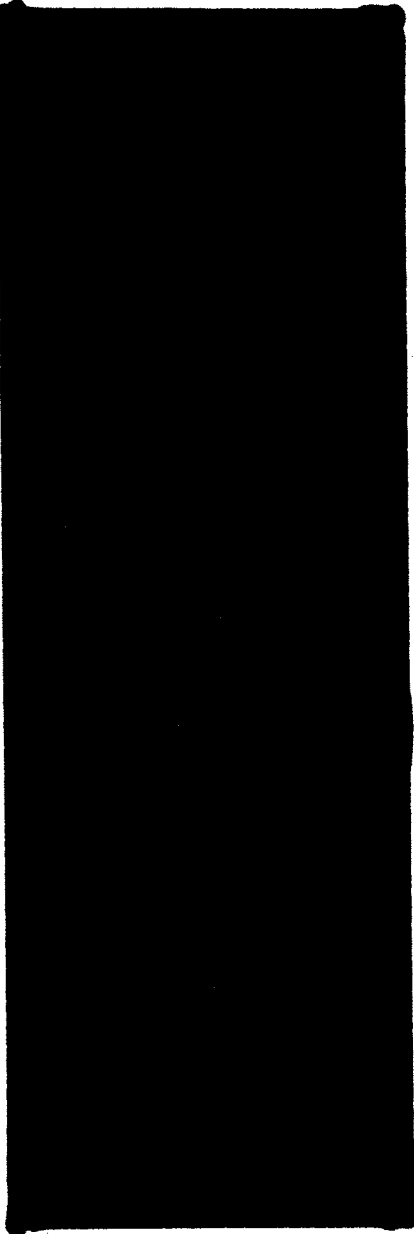


Indicator number, code for reference and use with BSI and management systems	Indicator Reference			
Indicator title	PI010 (ENF)			
Put the formal, yet concise indicator definition here	Closing cases			
Please provide details about why this indicator has been chosen	Definition Alleged breaches of planning control where no action is necessary should be closed and complainants notified within 80 working days of receipt of complaint.			
Name & title of the senior officer with overall responsibility for this indicator	Why we are using this indicator In order to monitor the responsiveness of the planning enforcement team to customers concerns about possible breaches of planning legislation.			
Provide baseline where applicable and explanation if no baseline available	Reasons for data collection Baseline 2010/11: 69%, 2011/12: 69%			
Targets for end of financial year	Performance over last 3 months up to 14 June 2013: 58%			
Quarterly targets (if different from the overall end of year target)	Year Two: 70%			
Please provide sequential list (i.e. a process map) outlining how the data is collected from this point up to the aggregation into a performance measure	Yearly Target Year One: Maintain performance as at service transfer date Year Two: 70%			
Formulae Number of calls answered/ Number of calls received	Quarterly Target Yearly Target Method of collection PI010: Planning Enforcement: Closing cases This is not currently monitored / fully recorded, but these are the steps required: 1. Add Reception Date to Case 2. When case is closed, add 'Sign off Date' to 'Report/Recommendation/Decision' screen. 3. Report to be written to pick up cases where the 'Sign off Date' is included in the parameters and the Action screen does not have certain action codes (to be agreed), e.g.: none starting 'SrvE', SrvTDL, SrvDN, PRO, INJ, DA.			
Agreed reporting frequency is to be reported monthly or quarterly, please delete as appropriate	Formula Number of cases closed, where no formal enforcement action is taken, within 80 working days of receipt of complaint / Number of cases closed, where no formal enforcement action is taken*100			
Name of person who provides the data. Alternatively person who provides the data in the absence of the above	Reporting frequency Six Monthly X Quarterly			
Where is the data sourced from? Systems, surveys etc.	Data Provider Idox Acolaid software: EC module			
Is this information published anywhere and if so where?	Data Handling/Attachments No			
Does it provide this information to any third parties such as DEFRA, GfG, etc. and do you have any data sharing arrangements in place?	Data Sharing/Attachments No			
Is this indicator comparable to any other indicator?	Data Accuracy Checks LBB specific			
If comparable please provide details of who else measures this to assist with benchmarking	Data Accuracy Checks N/A			
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Occasional spot checks are conducted			
Where is the data held (e.g. spreadsheets, systems and what security / how is in place (e.g. password protected) to ensure data is not altered? Is data stored in line with Freedom of Information and the Data Protection Act?	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.			
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on Q&A and provide reference number	No			
What will happen if performance against the indicators poor?	Impact of poor performance in below table Poor Planning Enforcement service			
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity No			
This should be signed by senior or a Barnet officer with overall responsibility for this indicator	Data Quality Report I hereby declare that the information provided above is, to the best of my knowledge, accurate. I take readily to have read and understood the responsibilities laid out in the Data Quality Policy. Joe Henry, Acting Assistant Director for Planning and Development Management			
	Name			
	Date			

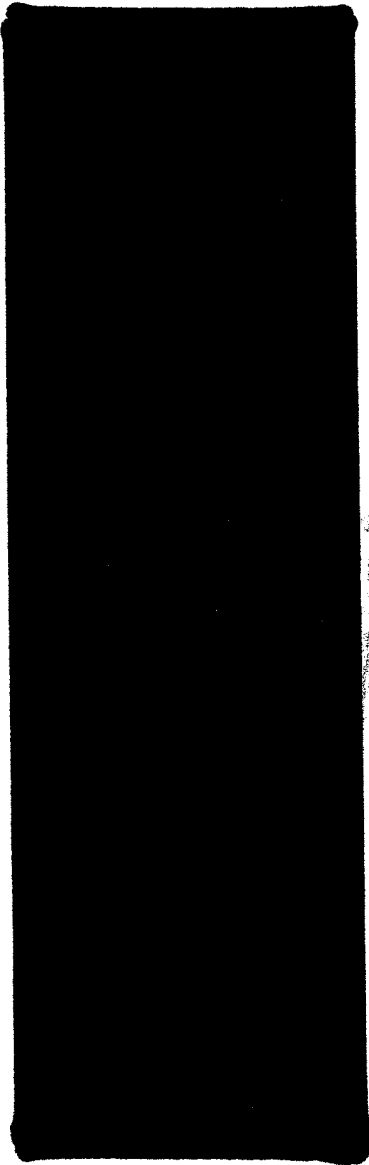


Indicator number or code (to reference advice with B2 and management systems)	Indicator Reference
Indicator title	Indicator Title
Put the formal, yet concise indicator definition here	Definition
Please provide details about why this indicator has been chosen	Breaches of planning control where notices have been served should be resolved (i.e. no longer in breach) within 12 months of the compliance date of an enforcement notice.
Name & Title of the senior officer with overall responsibility for this indicator	Why we are using this indicator
Provide baseline where applicable and explanation if no baseline available	In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet
Target for end of financial year	Baseline
	Not monitored
	Year High target
	Year One and Two: Monitor performance and agree the baseline
	Year Three onwards: 90%
Quarterly targets (if different from the overall end of year target)	Quarterly Targets
Please provide a sequential list (as a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection
Formulae	Formulae
Number of calls answered/ Number of calls received	PI009: Planning Enforcement: Resolving breaches of planning control This is not currently monitored / fully recorded, but these are the steps required: 1. Appropriate action added to Action screen starting 'Srv' with Expiry / Compliance date added. 2. On 'Report/Recommendation/Decision' screen, add 'Final Decision' and date. 3. Report to look at difference between 'Expiry / Compliance Date' of Action starting 'Srv' (excluding 'SrvPCN', 'SrvPend' and 'SrvRQT') and 'Final Decision Date'. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: 'XXX' KPI name + a brief description" (e.g. "DC KP1004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)
	Number of breaches where notices have been served which are resolved within 12 months of compliance date / Number of breaches where notices have been served*100
Agreed Reporting Frequency (is this to be reported monthly or quarterly please delete as appropriate)	Report Frequency
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Annually
Where is the data sourced from? Systems / surveys etc.	X
Is this information published anywhere and if so where?	Quarterly
Does it provide this information to any third parties such as DEFRA, CLE etc. and do you have any data sharing arrangements in place?	Technical Support Officer or to be determined by service provider
Is this indicator comparable on LBB specific	Data Source
If comparable please provide details of who else measures this to assist with benchmarking	Idox Acolaid EC module
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Publishing Arrangements
Where is the data kept (i.e. spreadsheets, systems and what security / privacy is in place (e.g. password protected) to ensure data is not lost or is data stored in line with Freedom of Information and the Data Protection Act	No
Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this please include any associated risks on ICAD and provide reference numbers	No
What will happen if performance against the indicator is poor?	Comparative Indicator
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	LBB specific
	N/A
	Data Accuracy Checks
	Occasional spot checks to be conducted
	Data Storage and Security
	Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.
	Impact of poor performance if below target
	Poor Planning Enforcement service
	Commercial Sensitivity
	No
	Data Quality Reported
	I readily that the information provided above is, to the best of my knowledge, accurate, I also confirm I have read and understood the responsibilities laid out in the Data Quality Policy.
This should be signed by senior Barnet officer with overall responsibility for this indicator	Name
	Date
	Joe Henry, Acting Assistant Director for Planning and Development Management

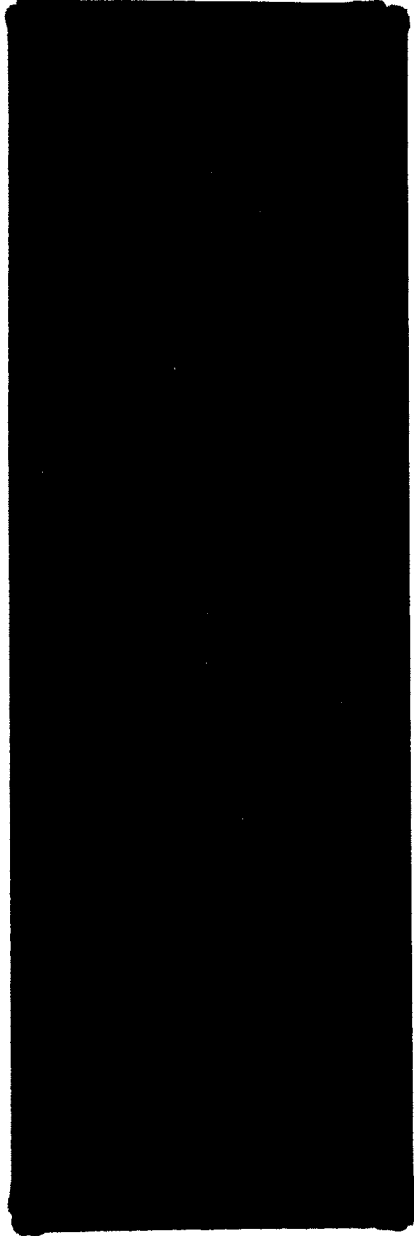
Indicator number or code for reference and use within data management systems	Indicator Reference
Indicator title	Indicator Title
Put the formal yet concise indicator definition here	Definition
Please provide details about why this indicator has been chosen	Where an advertisement is being displayed without the necessary consent and it is considered expedient in the interest of public amenity or safety to ensure that the illegal advertisement is removed then action, including prosecution (i.e. submitting a prosecution report to the Authority) and/or direct action should be taken within three calendar months of receipt of complaint.
Name & title of the senior officer with overall responsibility for this indicator	Who we are using the indicator
Provide baseline where applicable and explanation if baseline available	Baseline
Target for end of financial year	Year One Target
Quarterly targets (if different from the overall end of year target)	Year Two onwards: 75%
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Quarterly Targets
Formulate	Method of collection
Number of calls answered / Number of calls received	PI008: Planning Enforcement 1. Add Enforcement Type to case of: 'ADVU' or 'ADVU' or 'FP' 2. Add Reception Date to Case 3. Action added to Action screen of: 'PRO' or 'DA' with Served / Start date and Expiry / Compliance date added. 4. Report to look at difference between 'Reception Date' and 'Start / Served Date' of 'PRO' or 'DA' Action. Note: this hasn't been utilised.
Agreed reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Formula
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Number of prosecutions and direct actions taken within three calendar months of period of receipt of complaint / Number of prosecutions and direct actions taken*100
Where is the data sourced from? Systems, surveys etc.	Reporting Frequency
Is this information published anywhere and if so where	Six Monthly
Do we provide this information to any third parties such as DEFRA, CLE etc. and do you have any data sharing arrangements in place	Y
Is this indicator comparable or LBB specific?	Quarterly
If comparable please provide details of who else measures this to assist with benchmarking	Data Provider
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Source
Where is the data kept? Is spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered, is data stored online with Freedom of Information and the Data Protection Act	Data Publishing Arrangements
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this, please log any associated risks on ICAD and provide reference number	No
What will happen if performance against the indicator is poor?	Data Sharing Arrangements
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Occasional spot checks
This should be signed by senior LB Barnet officer with overall responsibility for this indicator	Data Accuracy Checks
	Data Storage and Security
	Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.
	No
	N/A
	Impact of poor performance in below target
	Poor Planning Enforcement service
	Continued loss of life
	No
	Data Quality Reporter
	I hereby declare the information provided above to be the best of my knowledge, accurate, and also correctly have read and understood the responsibilities laid out in the Data Quality Policy.
	Name
	Date
	Joe Henry, Acting Assistant Director for Planning and Development Management



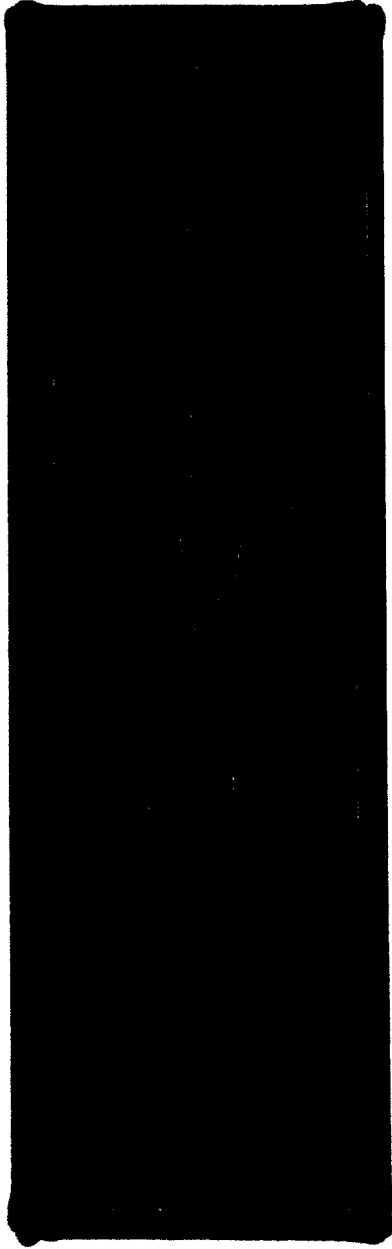
Indicator number or code for reference and use with BI and management systems	Indicator Reference PI007 (ENF)			
Indicator title	Indicator title Stop Notices			
Put the formal, yet concise indicator definition here	Definition Where it is considered expedient in the interests of public amenity or safety that any relevant activity should cease before the expiry of the period of compliance within an enforcement notice, a stop notice shall be served within 20 working days of receipt of complaint. Where the requirements of an effective Stop Notice have not been complied with, prosecution action (i.e. submitting a prosecution report to the Authority), or legal instruction to seek an injunction, shall be issued within 10 working days. Why we are using this indicator In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet			
Please provide details about why this indicator has been chosen	Reason responsible for data collection			
Name & title of the senior officer with overall responsibility for this indicator	Baseline 2010/11: 100% (1 case) 2012/13: no stop notices served			
Provide baseline where applicable and explanation if no baseline available	Year End Target 100%			
Target for end of financial year	Quality Targets Q1 Q2 Q3 Q4			
Quarterly targets (if different from the overall end of year target)	Method of collection			
Please provide a sequential list (i.e. a process map) outlining how the details collected from first point up to the second point into a performance measure	PI007: Planning Enforcement 1. Add Reception Date to Case 2. Action added to Action screen of: 'SVESN' with Served / Start date and Expiry / Compliance date added. 3. Report to look at difference between 'Reception Date' and 'Start / Served Date' of SVESN Action. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KP1004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Trenches)			
Formulae	Formulae Number of stop notices served within 20 days of receipt of complaint / Number of stop notices served*100			
Number of calls answered/ Number of calls received	Number of cases where the requirements of an effective stop notice have not been complied with, and where prosecution action (i.e. submitting a prosecution report to the Authority), or legal instruction to seek an injunction, have been initiated within 10 days of expiry of the Stop Notice divided by Number of cases where the requirements of an effective stop notice have not been complied with *100			
Agreed reporting frequency (this to be reported monthly or quarterly please delete as appropriate)	Return format Repeating Frequency %			
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Annually	Y	Quarterly	Data Provider
Where is the data sourced from? Systems, surveys etc.	Data Source Aldox Acolaid EC module			
Is this information published anywhere and if so where	Data Publishing Arrangements No			
Do we provide this information to any third parties such as DHVA, etc etc and do you have any data sharing arrangements in place	Data Sharing Arrangements No			
Is this indicator comparable on LBB specific	Comparable Indicator LBB specific			
If comparable please provide details of who also measures this to assist with benchmarking	N/A			
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks Occasional spot checks will be conducted.			
Where is the data kept (i.e. spreadsheets, systems and what security / any in place (e.g. password protected) to ensure data is not altered) Is data stored online with freedom of information and the data protection act	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.			
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this (e.g. logon, associated risks on GDPR and provide reference number)	Impact on poor performance (if any, target)			
What will happen if performance repeats the indicator is poor?	Poor Planning Enforcement service			
Is the indicator internally sensitive? If please describe how and give any other relevant information or background	Confidentiality No			
This should be signed by senior up / Barnet officer. Who has responsibility for this indicator	Data Quality Report I certify that the information provided above is, to the best of my knowledge, accurate. I also certify, I have read and understand the responsibilities laid out in the Data Quality Policy. Joe Henry, Acting Assistant Director for Planning and Development Management			
	Name			
	Date			



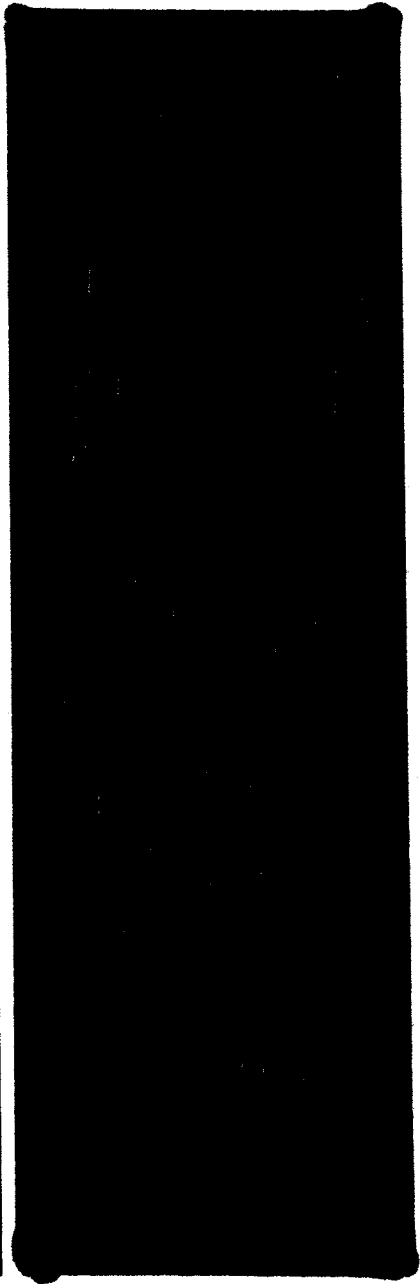
Indicator number code for reference and use within DRS and management systems	Indicator Reference
Indicator title	PT006 (ENF)
Put the formal yet concise indicator definition here	Indicator title Section 215 Notices
Please provide details about why this indicator has been chosen	Definition Where it appears that the amenity of an adjoining area is adversely affected by the condition of land or buildings, a section 215 notice (1990 Act) shall be served in order to remedy the condition of the land or buildings within 50 working days of receipt of complaint.
Name & title of the senior officer with overall responsibility for this indicator	Why we are using this indicator In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet
Provide baseline where applicable and explanation if no baseline available	Baseline 2011/12: 40%
Target for end of financial year	Performance over last 3 months up to 14 June 2013: 82%
Quarterly targets (if different from the overall end of year target)	Year End Target Year One: Maintain performance as at service transfer date Year Two onwards: 85%
Please provide a sequential list (in a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Quarterly targets Method of collection PI006: Planning Enforcement 1. Add Enforcement Type to case of: 'S215' 2. Add Reception Date to Case 3. Action added to Action screen of: 'SVTDI' with Served / Start date and Expiry / Compliance date added. 4. Report to look at difference between 'Reception Date' and 'Start / Served Date' of SVTDI Action. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report.
Formulae Number of calls answered/ Number of calls received	Formulae Number of notices served within 50 working days of receipt of complaint/Number of notices served*100
Agreed Reporting frequency. Is this to be reported monthly or quarterly, please delete as appropriate	Reporting frequency Reporting frequency: % Six Monthly Y Quarterly
Name of person who provides the data Alternative person who provides the data in the absence of the above	Data Provider [Redacted]
Where is the data sourced from (Systems, surveys etc.)	Data Source Acolaid EC module
Is this information published anywhere and if so where	Data Publishing Arrangements No
Please provide this information to any third parties such as OFRA, GL7 etc. and do you have any data sharing arrangements in place	Data Sharing Arrangements No
Is this indicator comparable or LBB specific	Comparable indicator LBB specific
If comparable please provide details of who else measures this to assist with benchmarking	N/A
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks Occasional spot checks are conducted
Where is the data kept (e.g. spreadsheets, systems and where security is in place (e.g. password protected) to ensure data is not altered or is data stored online with freedom of information and the Data Protection Act	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.
Any risks to collecting, submitting or publishing this data. Also the data is incorrect and consequences of this. Please log any associated risks on JGAP and provide a reference number	Impact of poor performance if below target Poor Planning Enforcement service
What will happen if performance against the indicator is poor?	Commercial sensitivity No
Is the indicator commercially sensitive? If please describe how and give any other relevant information for benchmarking	Data Quality Reports I certify that the information provided above is to the best of my knowledge, accurate, also certify I have read and understood the responsibilities laid out in the Data Quality Policy
This should be signed by senior Barnet officer with overall responsibility for this indicator	Name Joe Henry, Acting Assistant Director for Planning and Development Management Date



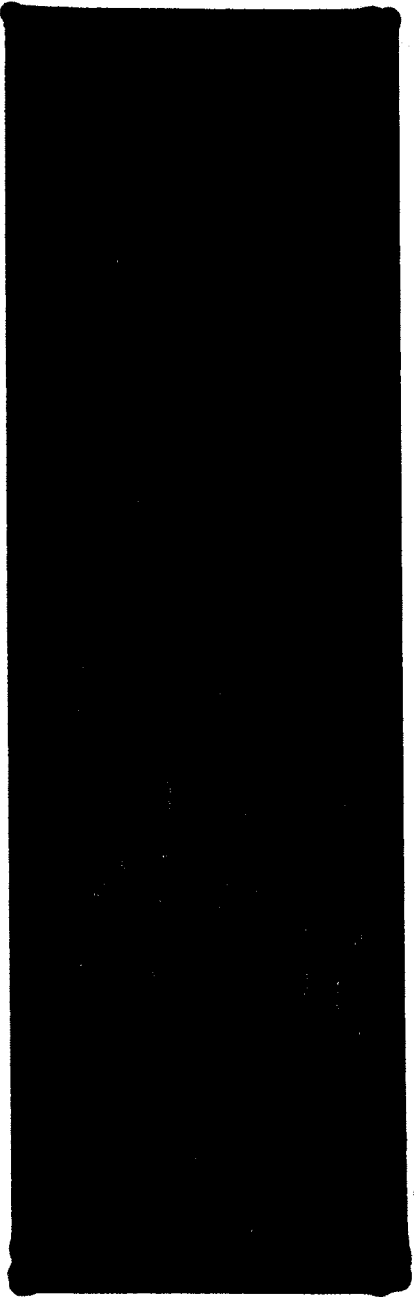
Indicator number for code for reference and use with PI and management systems	Indicator Reference
Indicator title	Indicator Title
Put the formal system code indicator definition here	Definition
Please provide details about why this indicator has been chosen	Why we are using this indicator
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection
Provide baseline where applicable and explanation if no baseline available	Baseline
Target for end of financial year	Year End Target
Quarterly targets (if different from the overall end of year target)	Quarterly Targets
Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection
Form title: Number of calls answered/ Number of calls received	PI005: Planning Enforcement 1. Add Enforcement Type to case of: 'ADV' or 'ADVU' 2. Add Reception Date to Case 3. Action added to Action screen of: 'SvDN' with Served / Start date and Expiry / Compliance date added. 4. Report to look at difference between 'Reception Date' and 'Start / Served Date' of SvDN Action. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Reports
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency
Name of person who provides the data	Data Provider
Alternative person who provides the data in the absence of the above	
Where is the data sourced from? Systems, surveys etc	Data Source
Is this information published anywhere and if so where	Data Publishing/Arrangements
Do we provide this information to any third parties such as BPA, etc and do you have any data sharing arrangements in place	Data Sharing Arrangements
Is this indicator comparable on LBB specific	Comparable Indicator
If comparable please provide details of who else measures this to assist with benchmarking	LBB specific
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks
Where is the data kept (ie spreadsheets, systems and what security controls in place (eg password protected) to ensure data is not altered, is data stored online with Freedom of Information and the Data Protection Act	Data Storage and Security
Any risks to collecting, submitting or publishing this data - also in the data is incorrect and consequences of this? Please log any associated risks on CAP and provide reference number	Occasional spot checks will be conducted
What will happen if performance against the indicator is poor	Impact of poor performance if below target
Is the indicator commercially sensitive - if please describe how and give any other relevant information or background	Poor Planning Enforcement service Commercial sensitivity
This is to be signed by senior Lib Barnet officer with overall responsibility for this indicator	Policy Joe Henry, Acting Assistant Director for Planning and Development Management Name Date



Indicator number or code for reference and use with Bland management systems	Indicator Reference									
	PI004 (ENF)									
Indicator Title	Indicator Title									
	Notices served against development refused permission									
Put the format, yet concise indicator definition here	Definition									
	Where permission has been refused for retrospective development or alterations to a listed building, an enforcement notice shall be served within 30 working days of permission being formally refused.									
Please provide details about why this indicator has been chosen	Why we are using this indicator									
	In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet									
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection									
Provide baseline where applicable and explanation if no baseline available	Baseline									
	None									
Target for end of financial year	Year End Target									
	100%									
Quarterly targets (if different from the overall end of year target)	Quarterly Targets									
	Q1	Q2	Q3	Q4						
Please provide a sequential list (in a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection									
	Not collected or monitored currently. Information is held in 2 different modules (DC & EC) of Acolaid and dealt with by different teams, meaning there would need to be a link added across the modules. SP to provide method.									
Formula	Formula									
	Number of retrospective applications where permission has been refused and a notice has been served within 30 working days / Number of retrospective applications where permission has been refused and a notice has been served*100									
Agreed Reporting Frequency is this to be reported monthly or quarterly, please delete as appropriate	Reporting Format		Reporting Frequency		%					
	Annually	X	Quarterly							
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider		N/A							
	N/A		N/A							
Where is the data sourced from? Systems, surveys etc	Data Source		Acolaid							
Is this information published anywhere and if so where	Data Publishing Arrangement		No							
Does provide this information to any third parties such as DEFRA, GLA etc and do you have any data sharing arrangements in place	Data Sharing Arrangements		No							
Is this indicator comparable to LBB specific?	Comparable Indicator		LBB specific							
If comparable please provide details of who else measures this to assist with benchmarking			N/A							
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks		Occasional spot checks to be conducted							
Where is the data kept? In spreadsheets, systems and what security is in place (e.g. password protected) to ensure data is not altered. Is data stored inline with Freedom of Information and the Data Protection Act	Data Storage and Security									
	Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.									
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on ICAID and provide reference number										
What will happen if performance against the indicator is poor?	Impact of poor performance to plan/ target									
	Poor Planning Enforcement service									
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity									
	No									
This should be signed by senior LB/Barnet officer with overall responsibility for this indicator	Data Quality Reporter		I hereby declare that the information provided above is, to the best of my knowledge, accurate. I also declare I have read and understood the responsibilities set out in the Data Quality Policy.							
	Name	Joe Henry, Acting Assistant Director for Planning and Development Management								
	Date									

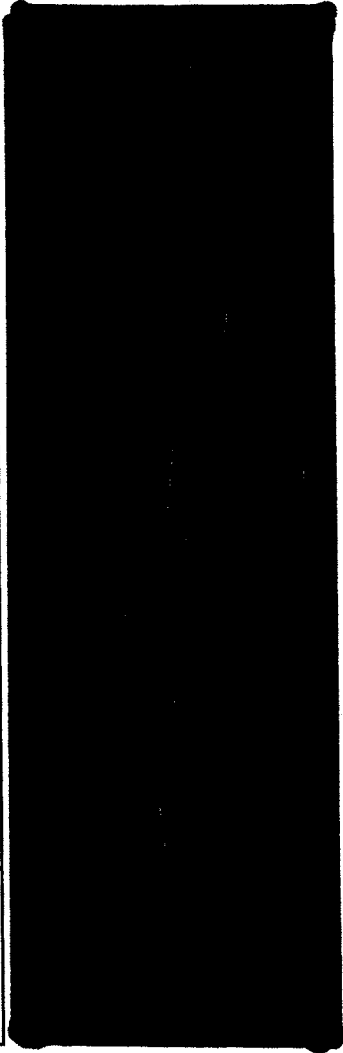


Indicator number or code for reference and use with BI and management systems	Indicator Reference									
	P1002 (ENF)									
Indicator title	Indicator title									
	Continued Legal Action									
Put the formal year concern indicator definition here	Definition									
	Where prosecution action has been taken but there continues to be a breach of planning control then prosecution (i.e. submitting a subsequent prosecution report to the Authority) and/or direct action proceedings (e.g. demolition or removal operations) shall take place within five calendar months of the court judgement (regardless if it's the first or succeeding court judgement).									
Please provide details about why this indicator has been chosen	Why we are using this indicator									
	In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet									
Name & Title of the senior officer with overall responsibility for this indicator	Person responsible for data collection									
Provide baseline where applicable and explanation if no baseline available	Baseline									
	None									
Target for end of financial year	Year End Target									
	100% of cases where prosecution (i.e. submitting a subsequent prosecution report to the Authority) or direct action proceedings are taken within 120 working days of a court judgement									
Quarterly targets (if different from the overall end of year target)	Quarterly targets									
	Q1	Q2	Q3	Q4						
Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection									
	SP to determine method of collection									
Formulae	Formula									
	Number of cases where prosecution (i.e. submitting a subsequent prosecution report to the Authority) has been undertaken and/or direct action proceedings taken (e.g. demolition or removal operations) within 120 working days of a court judgement, divided by the total number of unresolved cases that have received a guilty court judgement.									
Agreed Reporting Frequency, is this to be reported monthly or quarterly please delete as appropriate	Return format									
	Report the frequency									
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider									
	None									
Where is the data sourced from? Systems surveys etc	Data Source									
	Enforcement Team									
Is this information published anywhere and if so where	Data Publishing/Arrangements									
	No									
Does this provide this information to any third parties such as DHRA, CLG, etc. and do you have any data sharing arrangements in place	Data Sharing Arrangements									
	None									
Is this indicator comparable or EBB specific?	Comparable indicator									
	N/A									
If comparable please provide details of who else measures this to assist with benchmarking	N/A									
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks									
	Occasional spot checking conducted by managers									
Where is the data kept ie spreadsheets, systems and what security/controls in place (eg password protected) to ensure data is not altered. Is data stored online with freedom of information and the right to be forgotten	Data Storage and Security									
	Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.									
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on ICAID and provide reference number	N/A									
What will happen if performance against the indicator is poor?	Impact of poor performance if below target									
	Planning Enforcement Service ineffective									
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity									
	No									
This should be signed by senior TB Barnet officer with overall responsibility for this indicator	Data Quality Register									
	I certify that the information provided above is, to the best of my knowledge, accurate, also certify I have read and understood the responsibilities laid out in the Data Quality Policy.									
	Name	Joe Henry, Acting Assistant Director for Planning and Development Management								
	Date									

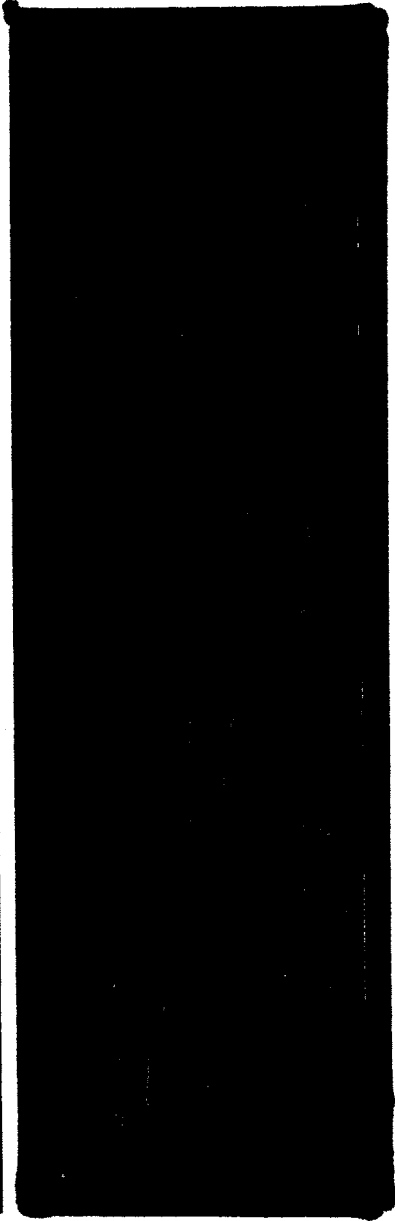


[illegible]

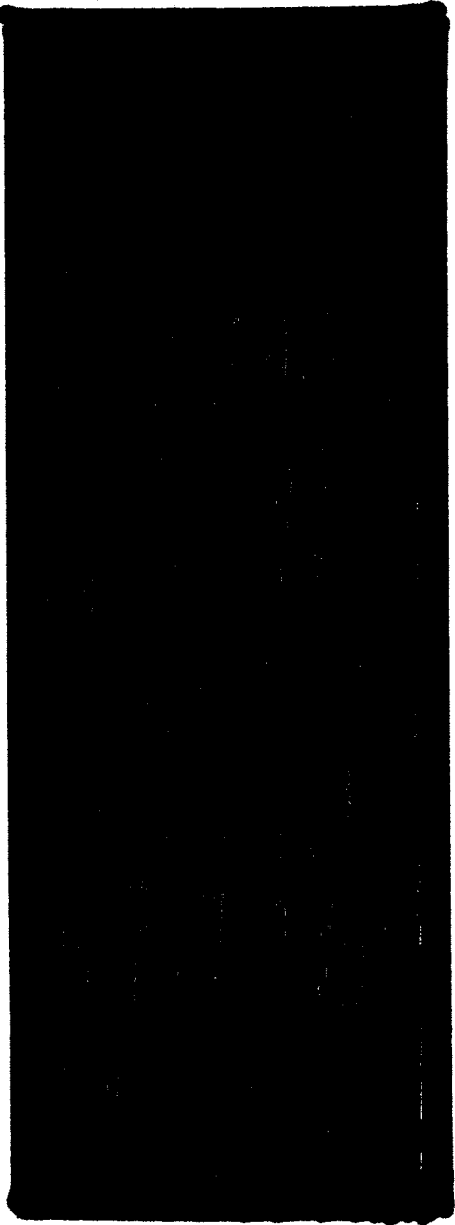
Index of Reference			
KPI002 (ENF)			
Prosecution and direct action			
Definition			
Where the requirements of an effective notice have not been complied with by the end of the period of compliance, and based on the Authority Enforcement Policy the case calls for direct action (i.e. demolition or removal works) then direct action should be taken within 6 months of period of compliance expiring. This assumes that the Authority will provide delegated powers to the service provider in relation to taking direct action.			
Where the requirements of an effective notice have not been complied with by the end of the period of compliance, and based on the Authority Enforcement Policy the case calls for prosecution action (i.e. submitting a prosecution report to the Authority) then the prosecution action should be taken within 3 months of period of compliance expiring.			
Why we are using the indicator			
In order to monitor the effectiveness of the enforcement team in protecting the environment, which is of importance to citizens within Barnet			
Person responsible for data collection			
Principal Enforcement Officer			
Baseline			
2010/11: 50% (1 out of 2), 2011/12: 66% (2 out of 3)			
Performance over last 3 months up to 14 June 2013: 50%			
Year to date			
60%			
Quarterly targets			
Method of collection			
A. Timeliness of Prosecutions: date solicitor instructed			
1. When an enforcement notice is served, an action starting 'SvE' is added to the case on the 'Action' screen on Acolaid EC module: this will have an associated 'Expiry / Compliance Date' (EACTNS.ExpiryDate).			
2. For 'Prosecutions' the date the solicitor is instructed (ECCOURT.SollnstDate) is added to the Court Action screen on Acolaid.			
3. Report to select cases where the Date the Solicitor is instructed (ECCOURT.SollnstDate) is between selected parameter dates and to count the number of days between this date and the 'Expiry / Compliance Date' associated with the Action starting: 'SvE'.			
4. Count: (a) the number of cases selected, (b) the number of cases where the difference between the 2 dates is more than 160 days, and (c) the number of cases where the difference between the 2 dates is up to 160 days.			
B. Timeliness of Direct Action / Injunction			
1. When an enforcement notice is served, an action starting 'SvE' is added to the case on the 'Action' screen on Acolaid EC module: this will have an associated 'Expiry / Compliance Date' (EACTNS.ExpiryDate).			
2. For Direct Action or Injunctions, add the 'DA' or 'INU' action to the Action screen, together with 'Start / Served Date'.			
3. Report to select cases where there's an Action code of 'DA' or 'INU' and where the associated 'Start / Served Date' (EACTNS.StartDate) is between selected parameter dates. Then to count the number of days between this date and the 'Expiry / Compliance Date' associated with the Action starting: 'SvE'.			
4. Output: Count: (a) the number of cases selected, (b) the number of cases where the difference between the 2 dates is more than 160 days, and (c) the number of cases where the difference between the 2 dates is up to 160 days.			
Formula			
Number of prosecutions taken within 3 months and direct actions taken within 6 months of period of compliance expiring / Number of prosecutions and direct actions taken*100			
Requirements			
Annual			
X			
Quarterly			
Data Provider			
Data Source			
Acolaid EC module			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB specific			
Data Accuracy Checks			
Occasional spot checks conducted by manager.			
Data Storage and Security			
Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.			
Relies on timely and accurate data entry by officers			
Impact of poor performance on key target			
Ineffective enforcement team			
Crime rate/sensitivity			
No			
Data Quality Repetition			
I readily find the information provided relevant to the best of my knowledge, accurate, properly sourced and undistorted in respect of the information provided in the data quality			
Name			
Joe Henry, Acting Assistant Director for Planning and Development Management			
Date			



Indicator Reference				
KPI001(ENF)				
Indicator title				
Enforcement and breach of condition notices				
Definition				
In the absence of a breach of planning control being resolved or an appropriate application for consent being received, where it is considered expedient, enforcement or breach of condition notices shall be served within 90 working days of receipt of complaint.				
Why we are using this indicator				
In order to monitor the effectiveness of the enforcement team in protecting the built environment, which is of importance to citizens within Barnet				
Person responsible for data collection				
[Redacted]				
Baseline				
2010/11: 40%, 2011/12: 25%				
Performance over last 3 months up to 14 June 2013: 40%				
Year End Target				
60%				
Quarterly targets				
Q1	Q2	Q3	Q4	
Method of collection				
1. Date complaint received				
2. Date of notice served where action starts: 'SrvE'				
3. Percentage of cases where the difference between 1 and 2 is within 90 days				
Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KPI004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013.				
(*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)				
Formula				
Number of notices served within 90 working days/total number of notices served *100				
Return format				
Reporting frequency				
% No. Days				
Six Monthly	X	Quarterly		
Data Provider				
[Redacted]				
Data Source				
Idox Acolaid Software system				
Data Publishing/Amendments				
Enforcement Notice cases are online				
Data Editing/Amendments				
No				
LBB specific				
N/A				
Data Accuracy Checks				
Occasional spot checks to be conducted by managers				
Data Storage and Security				
Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.				
No				
Impact of poor performance if below target				
Ineffective planning enforcement service would result in deterioration of environment in Barnet				
Confidential sensitivity				
No				
Data Quality/Response				
I readily that the information provided above is to the best of my knowledge, accurate, I also certify, I have read and understood the responsibilities laid out in the Data Quality Policy.				
Joe Henry, Acting Assistant Director for Planning and Development Management				
Name				
Date				



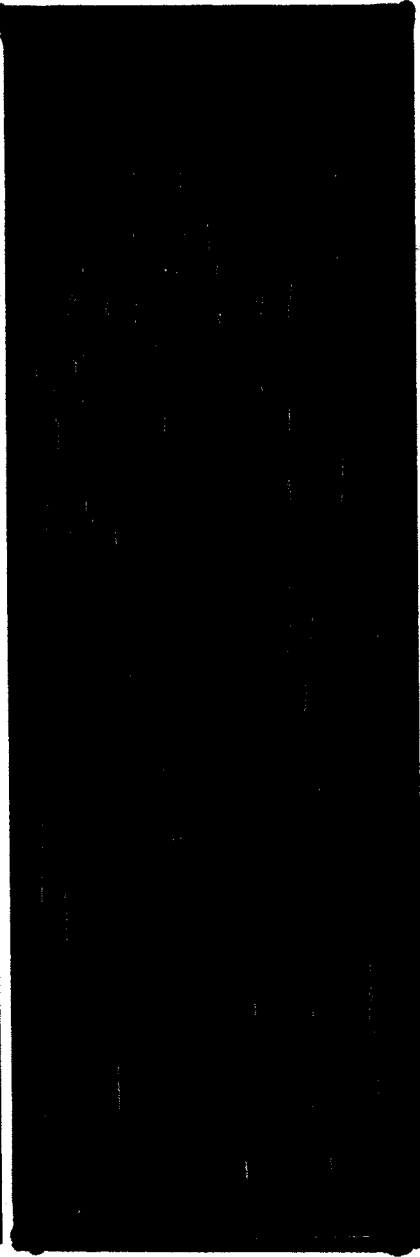
Indicator number or code for reference and use with BI and management systems	Indicator Reference
Indicator title	Indicator title
Put the format, yet concise indicator definition here	Definition
Please provide details about why this indicator has been chosen	Where a request is made for a tree to be protected by a TPO, a decision should be made whether or not to make a TPO. If a TPO is required, then this should be issued within 120 working days of receipt of written request.
Name & Title of the senior officer with overall responsibility for this indicator	Why we are using this indicator
Provide baseline where applicable and explanation if no baseline available	To protect the natural environmental and trees of significant amenity value
Target for end of financial year	Person responsible for data collection
Currently targets (if different from the overall end of year target)	To be confirmed by the service provider
Please provide a sequential list for a process map outlining how the data is collected from first point up to the aggregation into a performance measure	Year End Target
Formulae	Year One: Maintain performance as at service transfer date Year Two onwards: 70%
Number of calls answered Number of calls received	Quality Target
Agreed Reporting Frequency, is this to be reported monthly or quarterly please delete as appropriate	Method of collection
Name of person who provides the data Alternative person who provides the data in the absence of the above	Manual register currently: to be recorded on Acolaid in future or as to be determined by the service provider.
Where is the data sourced from? Systems, surveys etc	Formula
Is this information published anywhere and if so where?	Number of TPOs made within 120 working days of receipt of written request / Number of requests where a decision has been made to make a TPO *100
Please provide this information for any third parties such as DEFRA, CLECs, and do you have any data sharing arrangements in place?	Return Format
Is this indicator comparable or LBB specific?	Reporting Frequency
If comparable please provide details of who else measure this to assist with benchmarking	Six Monthly
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Quarterly
Where is the data kept? Are spreadsheets systems and what security if any is in place (e.g. password protected)? Is the data stored, not altered, is data stored online with freedom of information and the data protection act?	%
Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this, please log any associated risks on JCRD and provide reference number.	Return provided
What will happen if performance against the indicator is poor?	Trees team
Is the indicator commercially sensitive, if please describe how and give any other relevant information or background	Support Team Manager
This should be signed by senior LB/BAME officer with overall responsibility for this indicator	Data source
	Excel spreadsheet (named Outstanding TPO requests 29th February 2012) maintained by Trees Team, contains list of requests for new TPOs and dates received (S:\Support\Ed Temporary\Templates). TPO files or Acolaid TR software contains dates of making the TPOs
	Data Handling Arrangements
	None
	Data Storage Arrangements
	None
	Comparable Indicator
	LBB specific
	Data Accuracy Checks
	Occasional spot checks to be conducted by the manager
	Data Storage and Security
	Excel spreadsheet (named Outstanding TPO requests 29th February 2012) maintained by Trees Team, contains list of requests for new TPOs and dates received (S:\Support\Ed Temporary\Templates). TPO files or Acolaid TR software contains dates of making the TPOs. Acolaid is restricted and spreadsheet is in the process of being made restricted.
	No
	Risk of unprotected, quality trees being lopped, chopped or felled
	Commercial sensitivity
	No
	Data Quality Report
	I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the data quality policy.
	Name
	Joe Henry, Acting Assistant Director for Planning and Development Management
	Date



Help

DRS methodology sheet

Indicator number for code for reference and use with B7 and management systems	Indicator Reference PI006- (T&L)				
Indicator title	Indicator title Speed of tree status checks				
Put the formal yet concise indicator definition here	Definition On request, in writing, confirmation on the status of a tree shall be given within 5 working days				
Please provide details about why this indicator has been chosen	Why we are using this indicator In order to measure the timeliness of responses to customers /residents wishing to carry out works to trees, and to guide customers to apply for permission for such works, where required by statute.				
Name & Title of the senior officer with overall responsibility for this indicator	Person responsible for data collection N/A				
Provide baseline where applicable and explanation for baseline available	Baseline Not recorded				
Target for end of financial year	Year End Target First six months: Confirm and maintain the performance as at service transfer date Month Seven onwards: 90%				
Quarterly targets (if different from the overall end of year target)	Quarterly targets Q1 Q2 Q3 Q4				
Please provide a sequential list (text or process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection Currently data is not recorded: status check requests come in by letter, email and fax. Received dates and response dates are not currently recorded in any one system. This needs to be recorded on Acolaid in future. Initial discussion indicates that there is a substantial amount of work to get this set up (at least 14 letter types) and additional data entry for a staff member.				
Formulae Number of calls answered/ Number of calls received	Formulae Number of tree status checks carried out and responses sent out within 5 working days of receipt / Number of tree status check requests *100				
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency Six Monthly		Reporting Frequency Quarterly		Reporting Frequency %
Name of person who provides the data	Data Provider To be confirmed by the service provider				
Alternative person who provides the data in the absence of the above	Data Source None currently				
Where is the data sourced from? Systems, survey etc.	Data Publishing Arrangements None				
Is this information published anywhere and if so where	Data Sharing Arrangements None				
Do we provide this information to any third parties such as DHRA, etc, etc, and do you have any data sharing arrangements in place	Comparable Indicator LBB specific				
Is this indicator comparable on LBB specific	Data Accuracy Checks Occasional spot checks to be conducted by the manager.				
If comparable please provide details of who else measures this to assist with benchmarking	Data Storage and Security To be confirmed by the service provider				
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Quality No				
Where is the data kept, spreadsheets, systems and what security /any is in place (e.g. password protected) to ensure data is not altered, is data stored in line with Freedom of Information and the Data Protection Act	Impact of poor performance if below target Poor customer service, delays for industry / loss of protected trees.				
Any risks to collecting, submitting or publishing this data - also, if the data is incorrect and consequences of this. Please log any associated risks on IGAB and provide reference number	Confidentiality No				
What will happen if performance against the indicator is poor	Data Quality Reporter Joe Henry, Acting Assistant Director for Planning and Development Management				
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Name Date				
This should be signed by senior list bearer officer with overall responsibility for this indicator	Date				



Help

DRS methodology sheet

Indicator number, code for reference and use with Brand Management Systems

Indicator title

Put the formal, yet concise indicator definition here

Please provide details about why this indicator has been chosen

Name & title of the senior officer with overall responsibility for this indicator

Provide baseline where applicable and explanation if no baseline available

Target for end of financial year

Quarterly targets (if different from the overall trend or target)

Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the score for internal performance measure

Formulate
Number of calls answered
Number of calls received

Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate

Name of person who provides the data
Alternative person who provides the data in the absence of the above

Where is the data sourced from (system, survey etc)

Is this information published anywhere and if so where

Does it provide this information to any third parties such as DEFRA, CUs, etc and do you have any data sharing arrangements in place

Is this indicator comparable or LBB specific

From parallel please provide details of who else measures this to assist with benchmarking

Are there any checks in place to ensure the data is accurate and how are these checks carried out

Where is the data kept (ie spreadsheets, system and what security from is in place (eg password protected) to ensure data is not altered, is data stored online with Freedom of Information to aid the Data Protection Act

Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this Please look at any associated risks on ICAD and provide reference number

What will happen if performance against the indicator is poor

Is the indicator commercially sensitive? If please describe how and give any other relevant information or background

This should be signed by senior Lib Panel officer with overall responsibility for this indicator

Indicator Reference
P1005 (T&L)

Indicator title
Taking prosecution action against illegal works to protected trees

Definition
Where illegal works are carried out to protected trees and it is considered expedient, prosecution action (i.e. submitting a prosecution report to the Authority) should be taken within three calendar months of receipt of complaint.

Why we are taking this indicator
Of importance to citizens and developers in ensuring an effective deterrent is in place to deter illegal works to trees and thereby to protect the environment.

Responsible for data collection
None as not currently collected

Year One
Year One: Maintain performance as at service transfer date
Year Two onwards: 100%

Method of collection
Crystal report to be written to measure cases number of days between EC complaint received date for EC cases for Enforcement types: TPCA, TPO and Court Date (EC COURT CourtDate). There will be very few cases with a Court Date. Data held in the Acolaid software for this KPI / PI, can accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KPI004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013.
(*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)

Number of prosecutions taken and court decisions received against illegal works to protected trees within 160 working days of receipt of complaint / Number of prosecutions taken against illegal works to protected trees * 100.

Report Frequency
Monthly
Annually
X

Data Provider
Planning Support Manager

Data Source
Idox software enforcement module / legal records

Data Publishing Arrangements
None

Data Sharing Arrangements
None

Comparable Indicator
LBB specific

Data Accuracy Checks
Occasional spot checks should be conducted by the service provider.

Data Storage and Security
Idox Acolaid software holds the data about the complaint. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access; delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators.

Impact of poor performance (relative target)
There would be a lack of a deterrent to fell protected trees without permission.

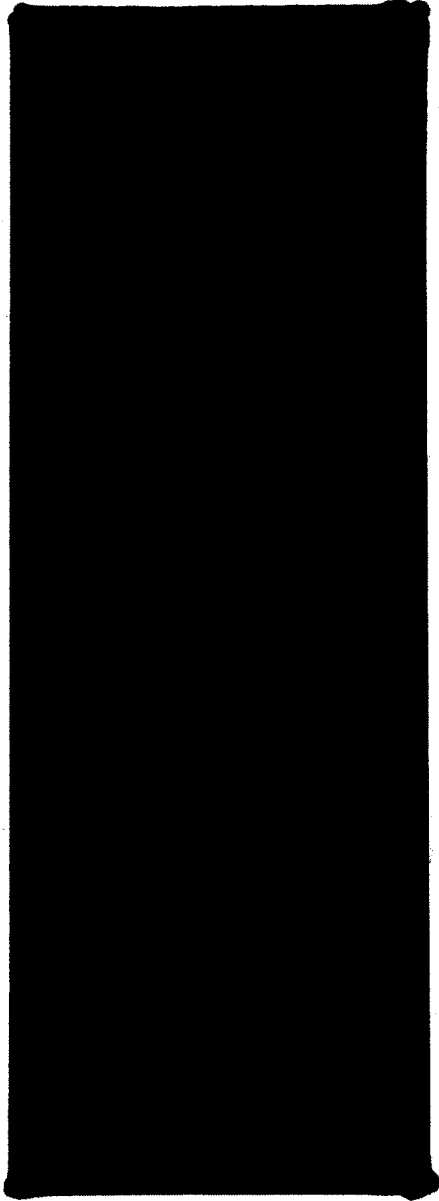
Commercial sensitivity
No

Data Quality Reporter
I hereby affirm the information provided above is, to the best of my knowledge, accurate. I also affirm I have read and understand the responsibilities set out in the Data Quality Policy.

Name
Joe Henry, Acting Assistant Director for Planning and Development Management

Date

Indicator number for code for reference and use with Bland management systems	Indicator Reference P1004 (T&L)			
Indicator Title	Indicator Title Taking formal enforcement action			
Put the formal, yet concise indicator definition here	Definition Investigating timeliness of investigations about alleged illegal works to protected trees			
Please provide details about why this indicator has been chosen	Why we are using this indicator To protect the natural environmental and trees of significant amenity value			
Name & title of the senior officer with overall responsibility for this indicator	Person in charge of data collection [Redacted]			
Provide baseline where applicable and explanation if no baseline available	Baseline 87% 11/12 Performance over last 3 months up to 14 June 2013: 80%			
Target level of financial year	Year achieved Year One: Maintain performance as at service transfer date Year Two onwards: 87%			
Quarterly targets (if different from the overall financial year target)	Quarterly Targets Q1 Q2 Q3 Q4			
Please provide a sequential list of a process map outlining how the data is collected from this point up to the segregation into a performance measure	Method of collection 1. Complaint Received date is recorded on Acolaid (EC module). 2. Action code 'INV' (Investigation Started) is added to Action screen, with date. 3. Crystal report (P1004 Trees) is run at EC cases (Enforcement types: TP-CA, TPO) received date compared with Start date for action code 'INV'. Those with 'INV' action code start date within 2 days of received date, compared to all 'INV' actions within period. Note: 1. Crystal report would not pick up enforcement cases covering larger sites with multiple issues, including trees issues. These should be counted as one case regardless of the number of tree in the area. 2. Not all complaints are recorded. The service provider needs to make sure it does. 3. Not all protected tree cases will be picked up from report, as some will be included as 'BOC' (Breach of Condition) types. The service provider needs to make sure it does.			
Formulae Number of calls answered / Number of calls received	Formulae Number of alleged illegal works to protected trees investigated within 2 working days of receipt of complaint / Number of complaints with regard to alleged works to protected trees * 100			
Agreed Reporting Frequency, is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency Six Monthly X Quarterly No			
Name of person who provides the data	Data Provider [Redacted]			
Alternative person who provides the data in the absence of the above	Data Provider [Redacted]			
Where is the data sourced from (systems, survey, etc)	Data source Idox Enforcement module			
Is this information published anywhere and if so where	Data Publishing Arrangements None			
Does it provide information to any third parties such as DEFRA, CCG, etc and do you have any data sharing arrangements in place	Data Sharing Arrangements None			
Is this indicator comparable to LBB specific	Comparable indicator LBB specific			
If comparable please provide details of who else measures this to assist with benchmarking				
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks Occasional spot checks are conducted by the manager.			
Where is the data kept (e.g. spreadsheets, systems and databases) (any system in place (e.g. password protected) to ensure data is not altered, is data stored online with Freedom of Information and the data protected on disk	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.			
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on CAD and provide reference to audit	No			
What will happen if performance against the indicator is poor?	Impact of poor performance if below target Loss of quality trees detrimental to the environment			
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity No			
This should be signed by senior officer/manager of officer with overall responsibility for this indicator	Data Quality Report I certify that the information provided above is, to the best of my knowledge, accurate, and also correctly have read and understood the responsibilities laid out in the Data Quality Policy. Joe Henry, Acting Assistant Director for Planning and Development Management			
	Name			
	Date			



Indicator number or code (or reference and use with IT and management systems)	Indicator Reference P1003 (T&L)
Indicator title	Indicator Title Compliance with tree application statutory timescales
Put the formal, yet concise indicator definition here	Definition To measure the number of decisions made within statutory period for applications to undertake treatment to trees included within a Tree Preservation Order and the discharge of associated conditions.
Please provide details as to why this indicator has been chosen	Why we are using this indicator To ensure timely decisions are made for works to trees applications and to protect the natural environmental and trees of significant amenity value.
Name & title of the senior officer with overall responsibility for this indicator	Responsible Senior Officer [REDACTED]
Provide baseline where applicable and explanation if no baseline available	Baseline 86% for the six months ending in July 2013
Target for end of financial year	Year and targets Year One: Maintain performance as at service transfer date Year Two onwards: 90%
Quarterly targets (if different from the overall financial year target)	Quarterly Targets [REDACTED]
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection The time scale of an application is the number of days it takes to dispatch a Decision Notice, measured from the date the application is received complete (known as the registration / validation or statutory start date). 1. Vetting officer adds the 'statutory start date' to Acolaid when the application is received complete. 2. The 'Dispatched Date' is added to Acolaid when the Decision Notice is sent out. 3. The Crystal report is run (P1003 Trees). Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KPI1004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013. (*where XXX = FNE for Enforcements, DC for Applications and Appeals, and TP for Trees & Planting)
Formulae Number of calls answered / Number of calls received	Formulae (Number of applications decided within the statutory period / Number of applications decided) x 100
Agreed Reporting Frequency (this is to be reported monthly or quarterly please delete as appropriate)	Reporting Frequency Six Monthly: X Quarterly: No
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider [REDACTED]
Where is the data sourced from? (Systems, surveys etc.)	Data Source Crystal report extracting data from Acolaid software system.
Is this information published anywhere and if so, where?	Data Publishing Arrangements None
Does it provide this information to any third parties such as DEFRA, City, etc. and do you have any data sharing arrangements in place?	None
Is this indicator comparable or LBB specific?	Comparable Indicator LBB specific
If comparable please provide details of who else measures this to assist with benchmarking	
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Accuracy Checks Occasional spot checking are conducted by the manager
Where is the data kept? (e.g. spreadsheets, systems and databases) Is it safely in place (e.g. password protected) Is the data's Freedom of Information and the Data Protection Act?	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.
Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this? Please identify any associated risks on CAP and provide reference number	Impact of poor performance below target Possible increase in risk of injury or death from unsafe protected trees, due to delay in decision making process. Customer / citizen impact through poor service delivery likely to be reflected in lower customer satisfaction. Delayed decisions would impact on arboricultural companies, with associated financial losses to the industry.
What will happen if performance against the indicator is poor?	Commercial sensitivity No
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	Data Quality, Reported To ensure that the information provided reflects to the best of my knowledge, accuracy, I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.
This should be signed by senior officer (Name of officer with overall responsibility for this indicator)	Name Joe Henry, Acting Assistant Director for Planning and Development Management
	Date

Indicator number or code for reference and use with BJ and management systems	Application Reference
Indicator title	Indicator title
Put the formal name of the indicator definition here	Making of tree preservation Orders (1)
Please provide details about why this indicator has been chosen	In cases where a six week notice of intent is made to fell a tree, and a tree(s) is identified as worthy of protection, a TPO shall be made before the six week notification period expires.
Name & title of the senior officer with overall responsibility for this indicator	Note: Based on the output specification, "The partner shall make a TPO; allow six weeks to expire; or decide not to make a TPO and let the work go ahead in accordance with Section 211 of the 1990 Act, undertaking any necessary inspection of the tree(s) for the purposes of making of a new TPO if appropriate. The partner will advise the person who submits the notice of the decision"
Provide baseline where applicable and explanation if not baseline available	To protect the natural environmental and trees of significant amenity value
Target for end of financial year	Baseline Not measured
Quarterly targets (if different from the overall end of year target)	Year One: Agree firm baseline Year Two onwards: 80%
Please provide a sequential list of a process map outlining how the data is collected from this point up to the aggregation into a performance measure	Quarterly targets
Formulae: Number of calls answered/ Number of calls received	Method of collection
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Not currently implemented - 1. Expiry date of these applications is recorded on Idox software as 42 days from date of registration. 2. Decision date is recorded at time of decision being made. 3. Crystal report to run to look at cases where decision type is 'MTP' or 'MTPS' (to make a Tree Preservation Order (TPO)) and the decision date is within the selected date range, for cases where the application type starts: 'CF' (fell a tree in a conservation area). Service provider to determine method.
Name of person who provides the data	Formulae
Alternative person who provides the data in the absence of the above	Number of cases where a TPO is made before the expiry of the six week notification period of intent to fell / total number of cases where a TPO is made on a tree which is the subject of a six week notification period of intent to fell and which is identified as worthy of protection, * 100
Where is the data sourced from? Systems, surveys etc.	Reporting Frequency
Is this information published anywhere and if so where	Six Monthly
Please provide this information to any third parties such as DfRA, etc etc and do you have any data sharing arrangements in place	X
Is this indicator comparable or LBB specific	Quarterly
If comparable please provide details of who else measures this to assist with benchmarking	Data Provider
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Idox software / Tree Officer / TPO
Where is the data kept (ie spreadsheets systems and what security analysis in place (eg password protected) to ensure data is not altered. Is data stored in line with Freedom of Information and the Data Protection Act	Data Publishing Arrangements
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on Idox and provide reference number	None
What will happen if performance against the indicator is poor	Data Sharing Arrangements
Is the indicator commercially sensitive? If please describe how and give any other relevant information on background	None
This should be signed by senior JB Barmer Officer with overall responsibility for this indicator	Comparable Indicator
	LBB specific
	Data Accuracy Checks
	Currently there are very few of these cases: no more than 1 p.a. Checks can be done manually by looking at the TPO module dates on Idox or the hard copy TPO.
	Data Storage and Security
	Idox software / hard copy which will be secured/restricted.
	No
	Impact of poor performance (below target)
	Loss of quality trees
	Commercial sensitivity
	No
	Data Quality Report
	I hereby declare the information provided above is to the best of my knowledge, accurate, and also correctly have read and understood the report (all the laid out in the Data Quality Report)
	Name
	Joe Henry, Acting Assistant Director for Planning and Development Management
	Date

Indicator number or code for reference and use with Bland management systems

Indicator title

Put the formal yet concise indicator definition here

Please provide details about why this indicator has been chosen

Name & title of the senior officer with overall responsibility for this indicator

Provide baseline where applicable and explanation if no baseline available

Target for end of financial year

Quarterly targets (if different from the overall end of year target)

Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the aggregation into a performance measure

Formulae

Number of calls answered
Number of calls received

Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate

Name of person who provides the data
Alternative person who provides the data in the absence of the above

Where is the data sourced from? Systems, surveys etc

Is this information published anywhere and if so where

Do we provide this information to any third parties such as DEFRA, OLG, etc and do you have any data sharing arrangements in place

Is this indicator comparable or LBB specific

If comparable please provide details of who else measures this to assist with benchmarking

Are there any checks in place to ensure the data is accurate and how are these checks carried out

Where is the data kept ie spreadsheets, systems and what security (if any) is in place (eg password protected) to ensure data is not altered, its data stored in line with Freedom of Information and the Data Protection Act

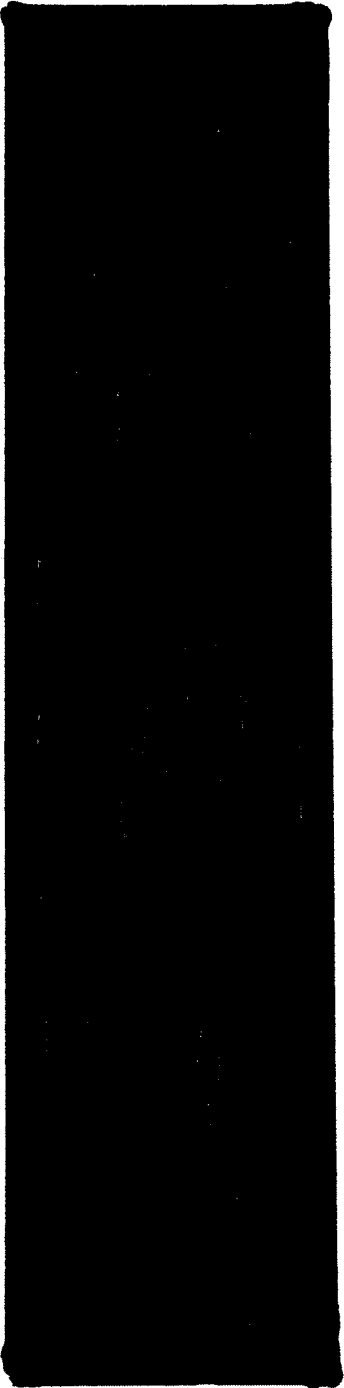
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on OCAP and provide reference number

What will happen if performance against the indicator is poor

Is the indicator commercially sensitive? If please describe how and give any other relevant information or background

This should be signed by senior LB Barner officer with overall responsibility for this indicator

Indicator Reference									
PI05(A&A)									
Indicator title									
Site Visits									
Definition									
To measure the percentage of site visits carried out within 4 weeks of application statutory start date.									
Why we are using this indicator									
Local Indicator used to monitor performance timeliness									
Person responsible for data collection									
2011/12 36% 2012/13 34% 2013/14 1st Quarter 51%									
Year End Target									
Year One: Maintain the performance as at service transfer date Year Two onwards: 70%									
Reporting Frequency									
1. The time scale of making a site visit is the number of days it takes for the officer to visit the site from the statutory start date. 2. Run Crystal report (currently KPISDC) adding dates as required. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX" KPI name + a brief									
Formula									
Number of site visits carried out within 4 weeks of application being validated / number of site visits conducted									
Reporting Frequency									
Monthly	X					Quarterly			
Data Provider									
Data Source									
Crystal report KPISDC extracting data from Acolaid software system.									
Data Publishing Arrangements									
Not published									
Data Sharing Arrangements									
No									
Comparable Indicator									
LBB specific									
N/A									
Data Accuracy Checks									
Occasional spot checking to be conducted by referring back to records									
Data Storage and Security									
Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access; delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.									
Impact of poor performance if below target									
Delayed decision is likely resulting in customer impact through poor service delivery and delays to development process.									
Commercial sensitivity									
No									
Data Quality Report									
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify that I have read and understood the responsibilities laid out in the Data Quality Policy.									
Name	Joe Henry, Acting Assistant Director for Planning and Development Management								
Date									



Help

DRS methodology sheet

Indicator number or code for reference and use with BI and management systems	Indicator Reference
Indicator Title	PT007 (A&A)
Put the formal, yet concise indicator definition here	Indicator Title Compliance with Major planning application statutory timescales
Please provide details about why this indicator has been chosen	Definition To measure the percentage of major planning applications processed within statutory timescales (13 weeks)
Name & Title of the senior officer with overall responsibility for this indicator	Why we are using this indicator The Department for Communities & Local Government gathers the information from all Local Authorities and publishes it on their website. This data is used to compare performance across the country. Internally this KPI is used to measure individual and team performance.
Provide baseline where applicable and explanation if no baseline available	Person responsible for data collection [REDACTED]
Target for end of financial year	Baseline %age in statutory time period 2010/11 2011/12 2012/13 2013/14 Q1 Major: 86.5% 36.5% 27% 33%
Quarterly targets (if different from the overall end of year target)	Year End Target Year One: Maintain performance as at service transfer date Year Two onwards: 50%
	Method of collection Q1 50% Q2 50% Q3 50% Q4 50%

Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure



Formula (i.e. Number of Calls Answered/ Number of calls received



Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate



Name of person who provides the data Alternative person who provides the data in the absence of the above



The time scale of a planning application is the number of days it takes to dispatch a decision notice, measured from the date the application is received complete (known as the registration / validation or statutory start date).				
1. On receipt, every new planning application is vetted by an allocated officer in the Planning Vetting team, to ensure it's completeness in terms of all relevant documentation, completed forms, drawings and fees. The date the application is complete is recorded by the vetting officer on Acolaid software as the 'statutory start date'.				
2. The application is passed to the planning case officer for consideration. The planning officer will write a report on the Acolaid software, with a recommendation to approve or refuse the application, with reasons and conditions included.				
3. For delegated cases, a planning manager decides the case by signing off the officer report: this is done on Acolaid on the 'Recommendation' screen by completing the 'Report Cleared Date'. Committee cases are also signed off on Acolaid by a Planning Manager, before being put on the agenda for the next relevant committee meeting.				
4. When a decision has been made, the case file is passed to the 'Planning Decisions Team', which generates a decision notice.				
5. The report is run. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated report. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)				
Formula				
Number of decisions within statutory period/ Number of decisions made. (Definition of decisions to be included are set out by DCLG in PS1 & PS2 Guidelines)				
Return Format		%		
Reporting Frequency		Yes as well - KPI performance to be measured on quarterly basis, as required by DCLG.		
Six Monthly	X	Quarterly	DCLG.	
Data Provider				
Data Source				

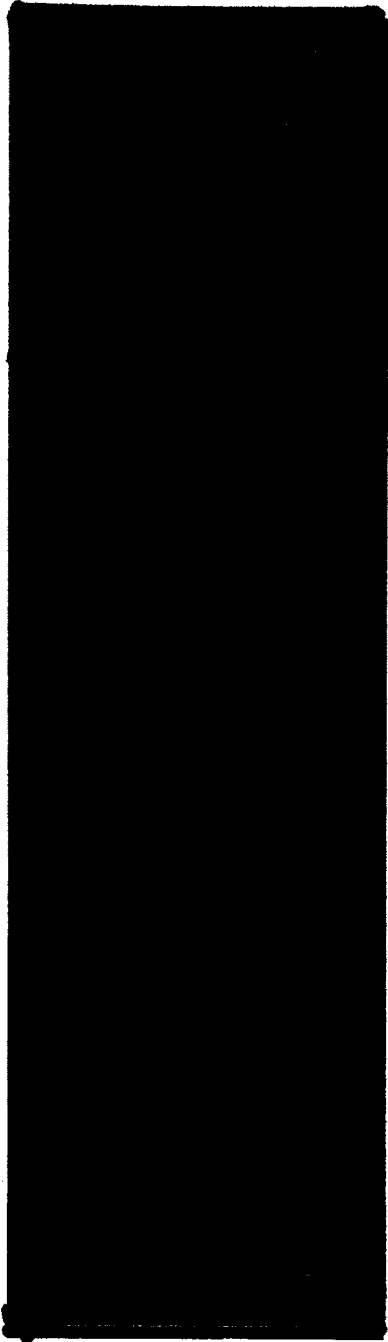
Where is the data sourced from? Systems, surveys etc.	↑	Acolaid software report
Is this information published anywhere and if so where	↑	Data Publishing Arrangements The information is published on the DCLG's website.
Do we provide this information to any third parties such as DEFRA, CLG, etc. and do you have any data sharing arrangements in place	↑	Data Sharing Arrangements CIPFA and CLG for Benchmarking purposes.
Is this indicator comparable or LBB specific?	↑	Comparable Indicator Comparable nationally
If comparable please provide details of who else measures this to assist with Benchmarking	↑	Each processing authority is required by the DCLG to record this performance measure
Are there any checks in place to ensure the data is accurate and how are these checks carried out	↑	Data Accuracy Checks Report identifies cases with errors. Additional checks are carried out prior to running the report to pick up missed registration and dispatched dates as well as any relevant cases without statutory class recorded.
Where is the data kept i.e. spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered. Is data stored inline with Freedom of Information and the Data Protection Act	↑	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. System Administrator allocates users to appropriate user group, according to business requirements. Each user group is allocated appropriate level of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.
Any risks to collecting, submitting or publishing this data – also if the data is incorrect and consequences of this. Please log any associated risks on JCAD and provide reference number	↑	If the data submitted to the DCLG is incorrect the published figures would not be an accurate reflection of the authority's performance.
What will happen if performance against the indicator is poor?	↑	Impact of poor performance if below target Delayed decisions would impact on confidence of the development industry to enable major new development within LB Barnet, with associated financial losses to the industry and the Local Authority, through reduced Council tax revenue and loss of New Homes Bonus. Customer / citizen impact through poor service delivery likely to be reflected in lower customer satisfaction.
		Commercial sensitivity

Is the indicator commercially sensitive? If please describe how and give any other relevant information or background



No	
Data Quality Reporter I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.	
Name	Joe Henry, Acting Assistant Director for Planning and Development Management
Date	

This should be signed by senior LB Barnet officer with overall responsibility for this indicator



Help

DRS methodology sheet

Indicator number or code for reference and use with BI and management systems

Indicator Title

Put the formal, yet concise indicator definition here

Please provide details about why this indicator has been chosen

Name & Title of the senior officer with overall responsibility for this indicator

Provide baseline where applicable and explanation if no baseline available

Target for end of financial year

Quarterly targets (if different from the overall end of year target)

Indicator Reference	PI06 (A&A)		
Indicator Title	Compliance with 'minor' planning application statutory timescales		
Definition	To measure the percentage of minor planning applications processed within statutory timescales (8 weeks)		
Why we are using this indicator	The Department for Communities & Local Government gathers the information from all Local Authorities and publishes it on their website. This data is used to compare performance across the country. Internally this PI is used to measure individual and team performance.		
Person responsible for data collection			
%age in statutory time period	2010/11 2011/12 2012/13		
Minor:	88.5% 57.8% 37.3%		
Year End Target			
	Year One: Maintain the baseline as at service transfer date		
	Year Two: 65%		
Q1	Q2	Q3	Q4
Method of collection			

Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure



The time scale of a planning application is the number of days it takes to dispatch a decision notice, measured from the date the application is received complete (known as the registration / validation or statutory start date).				
1. On receipt, every new planning application is vetted by an allocated officer in the Planning Vetting team, to ensure it's completeness in terms of all relevant documentation, completed forms, drawings and fees. The date the application is complete is recorded by the vetting officer on Acolaid software as the 'statutory start date'.				
2. The application is passed to the planning case officer for consideration. The planning officer will write a report on the Acolaid software, with a recommendation to approve or refuse the application, with reasons and conditions included.				
3. For delegated cases, a planning manager decides the case by signing off the officer report: this is done on Acolaid on the 'Recommendation' screen by completing the 'Report Cleared Date'. Committee cases are also signed off on Acolaid by a Planning Manager, before being put on the agenda for the next relevant committee meeting.				
4. When a decision has been made, the case file is passed to the 'Planning Decisions Team', which generates the decision notice.				
5. The report is run. Data held in the Acolaid software for this KPI / PI, can accessed by running the associated report. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)				
Formula				
Number of decisions within statutory period/ Number of decisions made*100. (Definition of decisions to be included are set out by DCLG in PS1 & PS2 Guidelines)				
Return Format		%		
Reporting Frequency		Yes - KPI performance to be measured on quarterly basis, as required by DCLG.		
Monthly		Quarterly		
Data Provider				
Data Source				
Acolaid software report				

Formula i.e.
Number of Calls Answered/
Number of calls received



Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate

Name of person who provides the data
Alternative person who provides the data in the absence of the above



Where is the data sourced from? Systems, surveys etc.

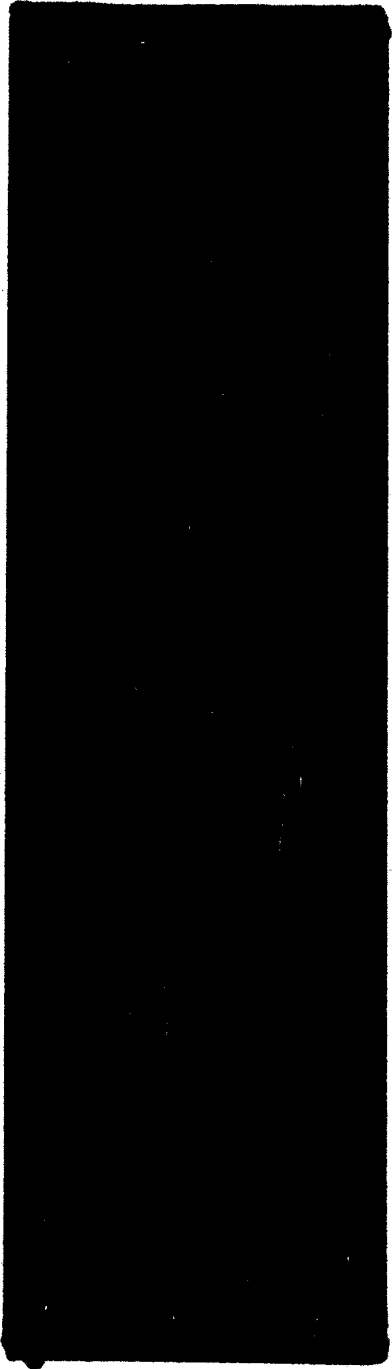


Is this information published anywhere and if so where	→	Data Publishing Arrangements
Do we provide this information to any third parties such as DEFRA, CLG, etc. and do you have any data sharing arrangements in place	→	Data Sharing Arrangements CIPFA and CLG for Benchmarking purposes.
Is this indicator comparable or LBB specific?	→	Comparable Indicator
If comparable please provide details of who else measures this to assist with Benchmarking	→	Comparable nationally
Are there any checks in place to ensure the data is accurate and how are these checks carried out	→	Each processing authority is required by the DCLG to record this performance measure
Where is the data kept i.e. spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered. Is data stored inline with Freedom of Information and the Data Protection Act	→	Data Accuracy Checks Report identifies cases with errors. Additional checks are carried out prior to running the report to pick up missed registration and dispatched dates as well as any relevant cases without statutory class recorded.
Any risks to collecting, submitting or publishing this data -- also if the data is incorrect and consequences of this. Please log any associated risks on ICAD and provide reference number	→	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. System Administrator allocates users to appropriate user group, according to business requirements. Each user group is allocated appropriate level of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.
What will happen if performance against the indicator is 'poor'?	→	If the data submitted to the DCLG is incorrect the published figures would not be an accurate reflection of the authority's performance.
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	→	Impact of poor performance if below target Customer / citizen impact through poor service delivery likely to be reflected in lower customer satisfaction. Delayed decisions would impact on confidence of the development industry to enable new development within LB Barnet, with associated financial losses to the industry and the Local Authority, through reduced Council tax revenue and loss of New Homes Bonus.
		Commercial sensitivity
		No

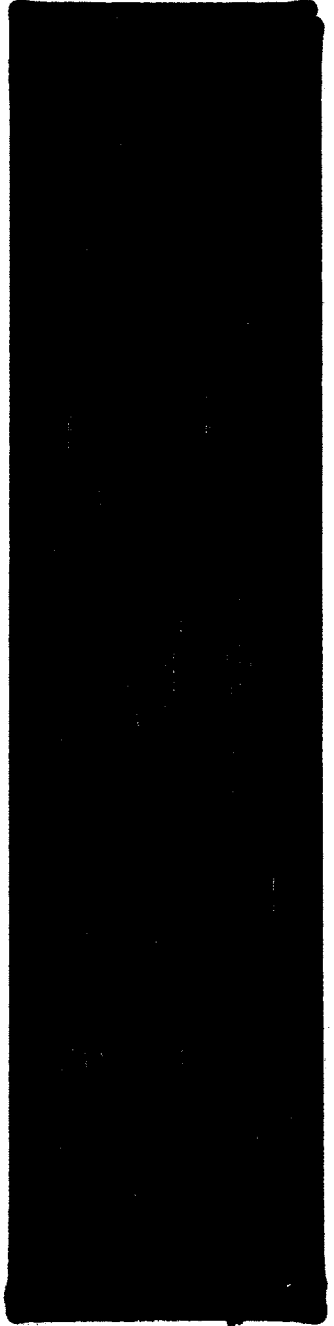
This should be signed by senior LB Barnet officer with overall responsibility for this indicator



Data Quality Reporter	
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.	
Name	Joe Henry, Acting Assistant Director for Planning and Development Management
Date	



Indicator number or code for reference and use with B7 and management systems	Indicator reference
Indicator title	P104 (A&A)
Put the formula, relevant dates, indicator definition here	Indicator title Certificate applications
Please provide details about why this indicator has been chosen	Definition To measure the percentage of certificate applications (Section 191 & 192) (with no amendments) decided within 4 weeks of validation. Note: this excludes decisions delayed by an authorised officer or committee of the Authority.
Name & title of the senior officer with overall responsibility for this indicator	Why we are using this indicator Of importance to citizens and developers within Barnet to enable certainty to commence developments not requiring planning permission
Provide baseline where applicable and explanation if no baseline available	Formula 40% 11/12
Target for end of financial year	Performance over last 3 months up to 14 June 2013: 43% within 4 weeks (95% are dealt with within the statutory time scale (8 weeks)
Quarterly targets (if different from the overall end of year target)	Year One target Year One: Maintain the performance as at service transfer date
Please provide a sequential list of a process map outlining how the data is collected from first point up to the aggregation into a performance measure	Year Two target Year Two onwards: 70%
Formulae	Quarterly targets Q1 Q2 Q3 Q4
Number of calls answered/ Number of calls received	Method of collection The time scale of a certificate application is the number of days it takes to dispatch a decision notice, measured from the date the application is received complete (known as the registration / validation or statutory start date).
Agreed Reporting frequency is this to be reported monthly or quarterly please state as appropriate	1. Vetting officer adds the 'statutory start date' to Acolaid when the application is received complete. 2. The 'Dispatched Date' is added to Acolaid when the Decision Notice is sent out. 3. The Crystal report is run. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX" KPI name + a brief description" (e.g. "DC KP1004 Major Applications"). Parameter start and end dates need to be added before running the report and
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Report format Report frequency Monthly x Quarterly Data Provider
Where is the data sourced from (Systems, spreadsheets)	Data source Crystal report extracting data from Acolaid software system.
Is this information published anywhere and if so where	Data Publishing Arrangements No
Do we provide this information to any third parties such as DEFRA, or state and do you have any data sharing arrangements in place	Data Sharing Arrangements No
Is this indicator comparable to LBB specific	Comparable indicator LBB specific
If comparable please provide details of who else measures this to assist with benchmarking	N/A
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data accuracy checks Strict procedures are adhered to in adding data to software. Checks are done to ensure all data is present, before running quarterly returns, e.g. missing registered and dispatched dates.
Where is the data kept (e.g. spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not altered (is data stored in line with Freedom of Information and the Data Protection Act)	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.
Are any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this, please include any associated risks of OGC and provide references to what	Impact of poor performance (below target) Delayed decision will result impact customers due to poor service delivery and delays to development process.
What will happen if performance against the indicator is poor?	Comments/feedback No
Is the indicator considered a solution? If please describe how and give any other relevant information or background	Data Quality Register I certify that the information provided above is to the best of my knowledge, accurate and also that I have read and understood this responsibility for the data quality policy.
This should be signed by senior (Barnet) office with overall responsibility for this indicator	Name Joe Henry, Acting Assistant Director for Planning and Development
	Date Management



Indicator number or code for reference and use with IT and management systems	Indicator Reference
Indicator title	Indicator Title
Put the formal yet concise indicator definition here	Definition
Please provide details about why this indicator has been chosen	To ensure there are no withdrawn applications based on a suggestion by a member of the Planning Team which is not in the customer's interest.
Name & title of the senior officer with overall responsibility for this indicator	Why we are using the indicator To ensure the rate of withdrawn applications is at a reasonable level and not distorting other performance figures, e.g. KP1001 (A&A). Note: applications should only be withdrawn if a specific request from an applicant is made, and not suggested by a Planning Officer
Provide baseline where applicable and explanation if not baseline available	Person responsible for data collection 2010/11 9% 2011/12 5% 2012/13 5%
Target for end of financial year	Performance over last 3 months up to 14 June 2013: 6%
Quarterly targets (if different from the overall end of year target)	Year end target Year One: Include quality assurance methodology that will ensure best practice with regard to the process of withdrawing applications. Year Two onwards: Maximum 6% of withdrawn applications. Should the withdrawal rate go beyond 6%, then the service provider shall develop a report for the Authority within 1 month of the year-end to reassure the Authority that the reasons for withdrawals are justified. Should there be instances discovered where withdrawals are unjustified, then the service provider will develop a plan within 2 months of year-end to address unjustified withdrawals all activities in the plan to be implemented.
Please provide a sequential list (i.e. a process map) of timing how the data is collected from the report up to the aggregation into performance measure	Quarterly Targets from Year Two: Metric collection 1. The 'Dispatched Date' is added to Acolaid when a Decision Notice is sent out or an application is withdrawn.. 2. The Crystal report is run for the period of decisions made / applications withdrawn. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KP1004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)
Formulae Number of calls answered/ Number of calls received	Formula Number of withdrawn applications during the current quarter/number of planning decisions made in the current quarter * 100 Reporting Frequency Annually Data Provider Crystal report extracting data from Acolaid software system.
Agreed Reporting Frequency is this to be reported monthly or quarterly please state as appropriate	Data Publishing Arrangements No
Name of person who provides the data	Data Sharing Arrangements No
Alternative person who provides the data in the absence of the above	Comparable Indicator LBB specific N/A
Where is the data sourced from? Systems, surveys etc	Data Accuracy Checks Checks are carried out prior to running the report to pick up missed dispatched dates.
Is this information published anywhere and if so where?	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Except for the Appeal screen, when the 'Dispatched date' is completed, the case is locked to all users, except systems administrators.
Does it provide this information to any third parties such as DEFRA, CLG, etc. and do you have any data sharing arrangements in place?	Impact of poor performance (below target) It may result in a distortion in other KPIs / PIs (e.g. KP1001 and KP1002)
Is this indicator compatible of IBB specific?	Commercial sensitivity No
If not available please provide details of who else measures this to assist with benchmarking	Data Quality Reporter I certify that the information provided above is to the best of my knowledge accurate, also certifying I have read and understood the responsibilities laid out in the Data Quality Policy.
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Joe Henry, Acting Assistant Director for Planning and Development Management
Where is the data kept? Is spreadsheets, system security what security if any is in place (e.g. password protection) to ensure data is not altered? Is data stored online with Freedom of Information and the Data Protection Act?	Name Date
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this? Please log any associated risks on IAB and provide a reference number	
What will happen if performance against the indicator is poor?	
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	
This should be signed by senior planning officer with overall responsibility for this indicator	

Indicator number or code for reference and use within and management systems	Indicator Name	PI02(A&A)		
Indicator title	Definition	Compliance with prior approval statutory timescales		
Put the formal yet concise indicator definition here	Why we are using this indicator	To measure the percentage of prior approvals processed within statutory timescales of 56 days. Note: this excludes decisions delayed by an authorised officer or committee of the Authority.		
Please provide details about why this indicator has been chosen	Person responsible for data collection	To ensure that proper consideration is given to these developments, which can proceed uninhibited if no decision is made within the strict statutory time scale.		
Name & title of the senior officer with overall responsibility for this indicator	Baseline	98% for 11/12 99% for 12/13		
Provide baseline where applicable and explanation if not baseline available	Year End Target	100% of prior approvals are processed and the applicants are notified of the Authority's decision within the statutory timescales		
Target for end of financial year	Quarterly Targets			
Quarterly targets (if different from the overall end of year target)	Method of collection	The time scale of a prior approval application is the number of days it takes to dispatch a decision notice, measured from the date the application is received complete (day 1 - known as the registration / validation or statutory start date).		
Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the agreed end point a performance measure	Reporting frequency	Monthly	X	Quarterly
Formulate Number of calls answered / Number of calls received	Reporting format	Yes as well - KPI performance to be measured on quarterly basis, as required by DCI G.		
Agreed Reporting Interval is this to be reported monthly or quarterly please delete as appropriate	Data Provider			
Name of person who provides the data	Data Source	Crystal report extracting data from Acolaid software system.		
Alternative person who provides the data in the absence of the above	Data Publishing Arrangements	None		
Where is the data sourced from (systems, surveys etc)	Data Sharing Arrangements	None		
Is this information published anywhere and if so where	Complete the indicator	LBB specific		
Does it provide this information to any third parties such as DEFRA, CUS, etc. and do you have any data sharing arrangements in place		N/A		
Is this indicator comparable or not specific?		Data Accuracy Checks		
If comparable please provide details of who else measures this to assist with benchmarking		Very defined processes, with files marked with stickers to identify importance of making a timely decision on these cases, which are prioritised by all staff. Occasional spot checking of data is conducted by managers.		
Are there any checks in place to ensure the data is accurate and how are these checks carried out?	Data Storage and Security	Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.		
What is the data kept for (spreadsheet, systems and what security / controls in place (eg password protection) to ensure data is not altered. Is data stored online with freedom of information and the Data Protection Act		No		
Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this. Please log any associated risks on CAD and provide reference number	Intra-organisational performance below target	If no decision is made within the statutory time limit, undesirable / contentious applications are automatically permitted, resulting in citizen dissatisfaction and deterioration in environment.		
What will happen if performance against the indicator is poor?	Confidentiality	No		
Is the indicator commercially sensitive. If please describe how and give any other relevant information or background	Data Quality Report	I certify that the information provided above is to the best of my knowledge, accurate, also that I have read and understood the responsibilities laid out in the Data Quality Policy.		
This should be signed by senior / named officer with overall responsibility for this indicator	Name	Joe Henry, Acting Assistant Director for Planning and Development Management		
	Date			

Indicator number or code for reference and use with LBB and management systems	Indicator Reference
Indicator title	Indicator title
Put the formal yet concise indicator definition here	Discharging of conditions applications
Please provide details about why this indicator has been chosen	To measure the percentage of condition applications decided within 6 weeks of validation
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection
Provide baseline where applicable and explanation if no baseline available	Baseline 2010/11 17% 2011/12 23% 2012/13 20% Performance over last 3 months up to 14 June 2013: 18% with within 6 weeks. 48% are dealt with within 8 weeks (statutory period).
Target for end of financial year	Year End Target First three quarters of Year One: maintain the performance as at service transfer date By the 4th Quarter of Year One and thereafter: 70%
Quality targets (if relevant from the overall end of year target)	Quality Targets
Please provide a sequential list of a process map outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection The time scale of an application to discharge conditions is the number of days it takes to dispatch a decision notice, measured from the date the application is received complete (known as the registration / validation or statutory start date). 1. Vetting officer adds the 'statutory start date' to Acolaid when the application is received complete. 2. The 'Dispatched Date' is added to Acolaid when the Decision Notice is sent out. 3. The Crystal report is run for the required period of decisions made. Data held in the Acolaid software for this KPI / PI, can accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "IPC KPI004 Major Applications"). Parameter start and end dates need to be added
Formulae Number of calls answered / Number of calls received	Formulae (Number of application for approval of conditions decided within 6 weeks of validation / number of conditions applications decided)*100
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency Monthly Quarterly x
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider
Where is the data sourced from? Systems, surveys etc	Data Source Crystal report extracting data from Acolaid software system.
Is this information published anywhere and if so where	Data Publishing Arrangements No
Do we provide this information to any third parties such as DWP, CUS etc and do you have any data sharing arrangements in place	Data Sharing Arrangements No
Is this indicator compatible or LBB specific	Compatible Indicator LBB specific
If compatible please provide details of who else measures this to assist with benchmarking	N/A
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy Checks Checks are carried out prior to running the report to pick up missed registration and dispatched dates as well as any relevant cases without statutory class recorded.
Where is the data kept? If spreadsheets, systems and what security (many in place (e.g. password protected) to ensure data is not shared. Is data stored online with freedom of information and the Data Protection Act.	Data Storage and Security Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please add any associated risk on to ID and provide reference number	Impact of poor performance if below target No
What will happen if performance against the indicator is poor	Customer / citizen impact through poor service delivery likely to be reflected in lower customer satisfaction. Delayed decisions would impact on confidence of the development industry to enable new development within LB Barnet, with associated financial losses to the industry and the Local Authority, through reduced Council tax revenue and loss of New Homes Bonus.
Is the indicator commercially sensitive or please describe how and why of the relevant information or background	Commercial sensitivity No
This should be designed by senior LB Barnet office with overall responsibility for this indicator	Data Quality Report I certify that the information provided above is, to the best of my knowledge, accurate. If false or partly false, I have noted and understood the responsibility required on it. Data Quality Policy Joe Henry, Acting Assistant Director for Planning and Development Management



KPI002 (A&A)		
Indicator Title		
Quality assurance (Appeal Performance)		
Description		
Percentage of appeals dismissed. Split decisions are counted as a dismissed appeal. This only includes delegated decisions. Because of the average time of the appeals process (6 months), this KPI can only be effective from 6 months after service delivery commencement.		
Where relevant, the indicator		
This data is used to compare performance / quality of decisions across the country. Internally this KPI is used to measure individual and team performance and to measure the quality of planning decisions in Barnet: - low dismissal rates reflect poorly grounded planning application decisions. - high dismissal rates could reflect that the rate of planning application refusals is too low and development quality could suffer as a result. If the appeal success rate is too high, it's indicative that the Authority are not pushing hard enough for quality development i.e. there is a risk that poor applications are simply being approved.		
Responsible data collector		
Data source		
%age appeals dismissed (Planning applications) 2012/13: 66% including split decisions being counted as dismissed appeals 2011/12: 59% not including split decisions 2010/11: 60% not including split decisions		
Data reliability		
Minimum 65% and Maximum 80% (including split decisions)		
Current ranges		
65%-80%	65%-80%	65%-80%
Method of collection		
Appeals against LB Barnet planning decisions are made to the Planning Inspectorate (PI) which is part of DCLG). 1. When LB Barnet receive a planning appeal decision from PI, it's inputted onto Acolaid Appeals screen for the case by the Planning Appeals Administration Officer. 2. A Crystal report is run monthly. Data held in the Acolaid software for this KPI / PI, can be accessed by running the associated Crystal Report: "XXX* KPI name + a brief description" (e.g. "DC KPI004 Major Applications"). Parameter start and end dates need to be added before running the report, e.g. 01/01/2013 to 31/01/2013. (*where XXX = ENF for Enforcements, DC for Applications and Appeals, and TP for Trees & Landscaping)		
Formula		
Number of appeals dismissed during the current quarter as a result of delegated refusals or non determination/ Number of appeals decided during the current quarter as a result of delegated refusals or non-determination, x 100		
Reported frequency		
Monthly	Quarterly	X
Data provenance		
Crystal report extracting data from Acolaid software system.		
Data processing / management		
Local statistics are not published. The Planning Inspectorate publish appeal decision statistics online at: http://www.planningportal.gov.uk/planning/planninginspectorate/statistics		
Data security / safeguards		
No		
Comparable data (a)		
Comparable nationally		
Planning Inspectorate		
Data accuracy checks		
The Planning Inspectorate (PI) maintain these records centrally. LB Barnet has an 'Appeals officer' who is responsible for the administration of Barnet appeals information and decisions on a daily basis. Appeal decisions are circulated to planning managers on a weekly basis to ensure that implications of PI decisions are taken into account in future planning application decisions.		
Data storage and security		
Idox Acolaid software holds the data. Access to the software is controlled by user login with password access only. Users are allocated to appropriate user groups, according to business requirements, with variable levels of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added. If the data is not understood, there's a risk that future decisions will not be soundly based, particularly with regards to local and national policy and procedures, and therefore an increased risk of either costs being awarded against the council or poor developments being allowed. For low dismissal rates, developers will be aware that there are likely to be time delays in gaining planning permission to develop in Barnet and therefore increased costs and risks. For high dismissal rates, developers will be aware that planning permission is more likely to be approved for poorer quality schemes, which would result in a deterioration of Barnet's built environment and attractiveness as a place to live. Impacts on poor quality development (if not addressed) If there's a high dismissal rate, this implies that decisions being made may be of poor quality, in terms of being too lenient and allowing development, which may not accord with local or national policy. This could result in poor developments and a deterioration in the built environment and quality of life in Barnet. If there's a low dismissal rate, this reflects that LB Barnet decisions are too strict / not be soundly based, particularly with regards to local and national policy and procedures, and this will result in an increased risk of costs being awarded against the council.		
Commercial sensitivity		
No		
Data quality (reported)		
Need to state the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the data quality policy.		
Name	Joe Henry, Acting Assistant Director for Planning and Development Management	
Date		

KPI001 (A&A)

Indicators

Compliance with planning application statutory timescales

To measure the overall weighted percentage of major, minor and other planning applications processed within statutory timescales (8 weeks) for all applications except major applications which are 13 weeks).

This includes the following:

- Application for full planning permission
- Application for outline planning permission with some matters reserved
- Application for outline planning permission with all matters reserved
- Application for approval of reserved matters following outline approval
- Application for planning permission and listed building consent for alterations, extensions or demolition of a listed building
- Application for listed building consent
- Application for reserved matters to replace an existing planning permission in order to extend time limit for non-material amendment
- Application for non-material amendment following a grant of planning permission
- Applications for renewal of planning permissions
- Application for Lawful Development Certificate for an existing use or operation or activity including those in breach of a planning condition
- Application for full planning permission
- Application for consent to display an advertisement
- Application for removal or variation of a condition following grant of planning permission
- Application for approval of details reserved by condition

Note: this excludes applications where decisions are delayed by an authorised officer or committee of the Authority. This will only measure applications received from the service transfer date onwards. Applications sent in prior to service transfer date will not be counted towards this KPI. The service provider will take all reasonable endeavours to achieve the target on any outstanding applications at service transfer date.

To measure the general overall performance of the Planning & Development Management Service for applications monitored by the Department for Communities & Local Government. Internally this KPI is used to measure individual and team performance.

Results		
Scale in statutory time period		
2010/11	2011/12	2012/13
Major: 86.5%	36.5%	32.6%
Minor: 88.5%	57.8%	37.3%
Other: 92.7%	69.5%	56.8%
Overall weighted: 91.6% 66.4% 52.4%		

Performance over last 3 months up to 14 June - 70%
The figure has been detrimentally impacted by our drive to clear old cases (backlog) so the benchmark figure is closer to 75%.

Note: These baselines are different from that in the original KPI tables as original figures included non-statutory applications.

For the first two months, maintain the baseline. For the final month of the first quarter (from service transfer date), the target is 70%. For the final month of the second quarter (from service transfer date) and onwards, the target is 75%.

Quarterly targets		
Q1	Q2	Q3

The time scale of a planning application is the number of days it takes to dispatch a decision notice. The decision notice date is the date the application is received complete (known as the registration / validation or statutory start date).

1. On receipt, every new planning application is vetted by an allocated officer in the Planning Vetting team, to ensure it's completeness in terms of all relevant documentation, completed forms, drawings and fees. The date the application is complete is recorded by the vetting officer on Acolaid software as the 'statutory start date'.

2. The application is passed to the planning case officer for consideration. The planning officer will write a report on the Acolaid software, with a recommendation to approve or refuse the application, with reasons and conditions included.

3. For delegated cases, a planning manager decides the case by signing off the officer report; this is done on Acolaid software. For non-delegated cases, the planning manager completes the 'Report Cleared Date'. Committee cases are also signed off on Acolaid by a Planning Manager, before being put on the agenda for the next relevant committee meeting.

4. When a decision has been made, the case file is passed to the 'Planning Decisions Team', which generates the formal decision notice through the 'Decision' screen on Acolaid after completing the 'Agreement' field and adding the decision date. The decision notice is generated, checked and signed. It is sent out by the Decision Team and, at this stage, the 'Decision Dispatched' date is added on Acolaid. This is the date used to measure the number of days taken to decide the application, from the statutory start date.

5. The report is run and an overall percentage can be ascertained.

Number of decisions within statutory period/ Number of decisions made*100. (Definition of decisions to be included are set out by DCLG in PSI & PS2 Guidelines)

Results		
Reporting frequency		
%		
Monthly	Quarterly	Yes - KPI performance to be measured on quarterly basis, as required by DCLG

Data Source		
Acolaid software report		

Disaggregated information is published on the DCLG's website.

Disaggregated information to CIPFA and CLG for Benchmarking purposes.

Disaggregated information is comparable nationally

Each processing authority is required by the DCLG to record this disaggregated information performance measure

Report identifies cases with errors. Additional checks are carried out prior to running the report to pick up missed registration and dispatched dates as well as any relevant cases without statutory cases

Data Source
Acolaid software holds the data. Access to the software is controlled by user login with password access only. System Administrator allocates users to appropriate user group, according to business requirements. Each user group is allocated appropriate level of access, delete rights etc., applicable from individual items to screens and complete modules. Security rights are controlled by a small number of trained systems administrators. Once completed, the statutory start date is locked to all users, except administrators. Except for the Appeal screen, the whole record is locked when the case is closed with a 'Dispatched date' added.

If the data submitted to the DCLG is incorrect the published figures would not be an accurate reflection of the authority's performance.

Customer / citizen impact through poor service delivery likely to be reflected in lower customer satisfaction. Delayed decisions would impact on confidence of the development industry to enable new development within LB Barnet, with associated financial losses to the industry and the Local Authority, through reduced Council tax revenue and loss of New Homes Bonus.

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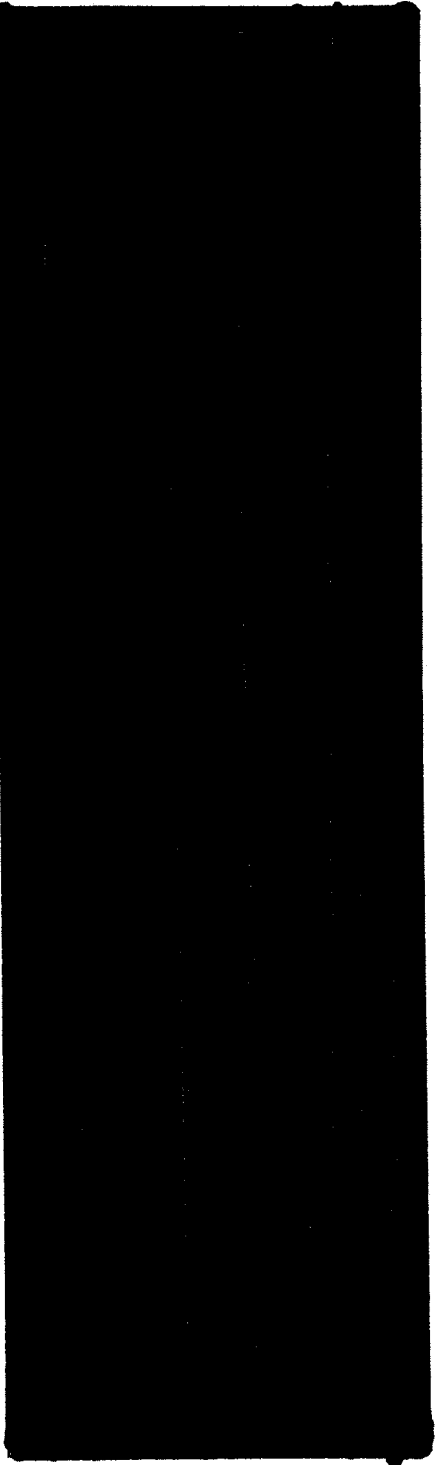
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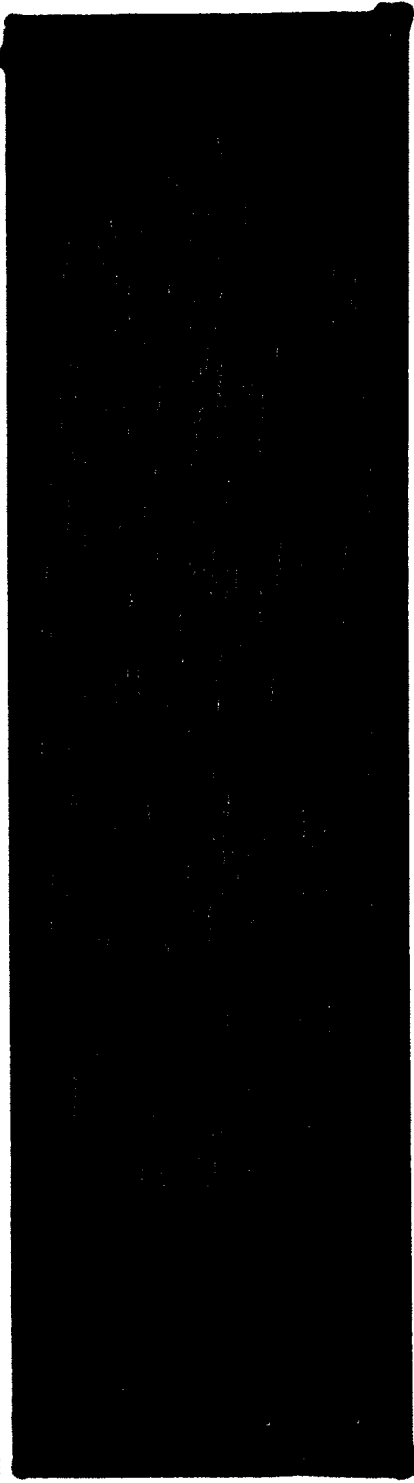
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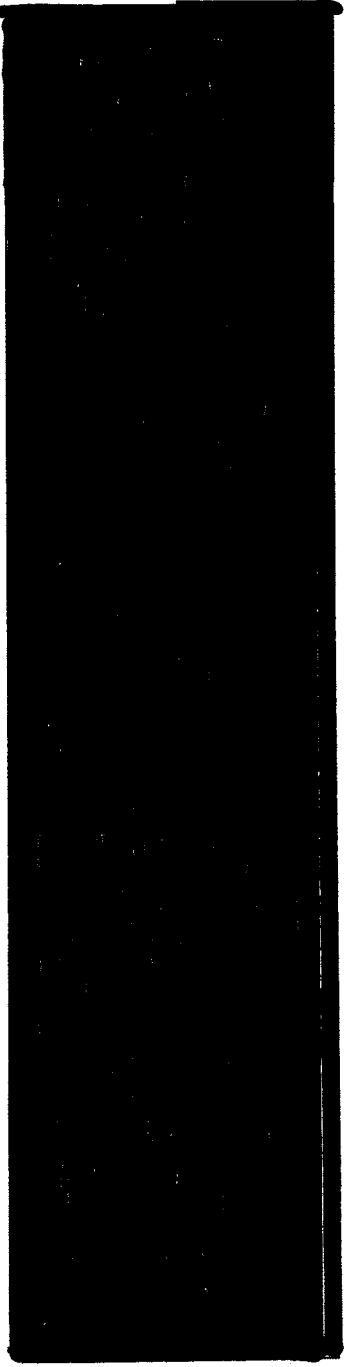
Indicator Reference			
KPI - 3.8 - NM			
Indicator Title			
Interventions (from DfT or similar agencies) regarding Traffic Manager Duties (TMA)			
Definition			
Ensure that working practices accord with the requirements of the Act, such that no external intervention is required, particularly with regard to the Traffic Manager Duties and compliance with parity requirements, compliance with statutory requirements, including compliance with TM duties and DfT requirements with regard to LoPS. Intervention is defined within the Traffic Management Act.			
Why we are using this indicator			
As failure to ensure compliance could lead to the DfT taking control of the Network management Duty at huge cost to the Authority. Reputation would be greatly damaged.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
No interventions			
Year End Target			
No interventions from DfT or similar agencies (e.g. TfL)			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
Evidence of Notice being served by DfT and/or letter raising concerns and requiring intervention actions.			
Formula			
Number of interventions from DfT or similar agencies (e.g. TfL)			
Return Format		Reporting Frequency	Number
Monthly		Quarterly	Yes
Data Provider			
NRSWA Manager			
Highways Manager Network Management			
Data Source			
Correspondence received - CRM			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
It will not be our decision			
Comparable Indicator			
No			
n/a			
Data Accuracy Checks			
Assuming all correspondence logged in CRM or similar system this will provide visibility			
Data Storage and Security			
Not been applicable as yet. To be determined by Service Provider -- this requires restricted access.			
Yes - Reputational - Embarrassment for Authority			
Impact of poor performance if below target			
Reputational - Embarrassment for Authority and financial pain			
Commercial sensitivity			
Yes - Reputational - Embarrassment for Authority			
Data Quality Reporter			
I identify that the information provided above is, to the best of my knowledge, accurate, I also certify I have read and understood the responsibilities laid out in the Data Quality Policy			
Name			
Date			



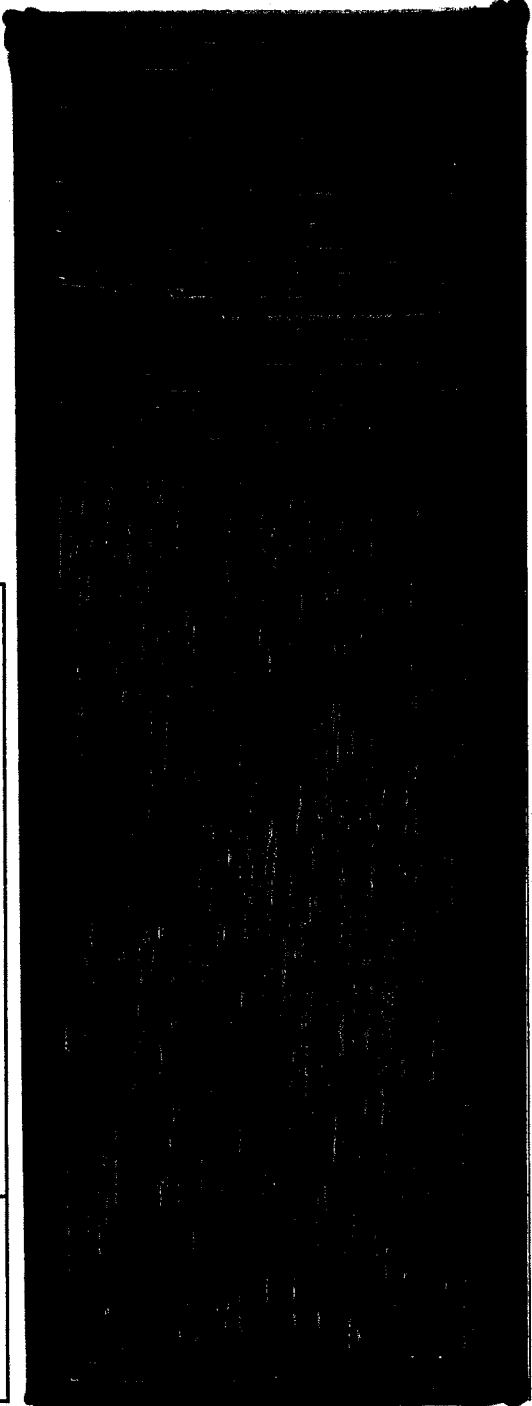
Indicator Reference			
KPI - 3.7 - NM			
Indicator Title			
Section 74 (S74) compliance and sanctions correctly imposed for failures (NRSWA)			
Definition			
Measure identification of disruptive works (overstays) and measure level of sanctions correctly being imposed for failure - Compliance with operating within LoPS requirements and Authority procedures, in respect to S74 compliance and sanctions correctly imposed for failures.			
Why we are using this indicator			
Compliance with this requirement ensures that disruption is kept to a minimum.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
Not measured in this format currently			
Year End Target			
1. All works extending beyond the agreed permit end date are identified. No works extending beyond the permit end date should be left unidentified.			
2. Evidence collected on each instance.			
3. Sanctions imposed under S74 for each instance up to the point of the site being cleared.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
The Bentley MIS system to be used to report on all jobs where permit due to expire with date of expiry. All these jobs inspected the morning after expiry. Where works still progress gather appropriate evidence from site. Record all evidence with dates on MIS. Produce evidence pack to justify S74 sanction (charges). Agree correct charges with Culprit. Failure on any of these steps will be deemed as a KPI failure.			
Formula			
Numbers of works overstays which have not been correctly identified and have therefore not led to S74 charges being applied and paid; and/or, where works overstays are identified but S74 charges not levied or unpaid due to inadequate evidence			
Reporting frequency			
Reporting frequency		Number	
Monthly	Yes	Quarterly	
Data Provider			
Senior Permit Co-Ordinator			
Compliance Officer			
Data Source			
Bentley EXOR MIS			
Data Publishing/Agreements			
Yes - LoPS Committee			
Data Sharing Agreements			
Yes - LoPS Committee members			
Comparative Indicator			
Comparable Indicator			
London Authorities, TfL (in LoPS)			
Data Accuracy Checks			
Ad hoc management checks, using the MIS			
Data Storage and Security			
Bentley EXOR MIS - password protected, spreadsheets and SAP			
No			
Impact of poor performance if below target			
Disruption on the network meaning that Network Management Duty (NMD) not achieved. Loss of income. Increased complaints			
Commercial sensitivity			
No			
Data Quality Report			
Accuracy that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



Indicator Reference			
KPI - 3.6 - NM			
Indicator Title			
Activity in relation to dealing with Section 50 (S50) Requests (TMA)			
Definition			
Measure compliance with responding to all requests (with complete documentation) for a S50 licence to be issued. Note: S50 requests received from organisations other than utility companies (e.g. developers). The service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is a reasonable and appropriate response.			
Why we are using this indicator			
In order to ensure that our Network management Duty is complied with. To allow monitoring of timescales, obstructions, safety and compliance and to enable action to be taken for non compliance - failure to issue a licence will lead to a lack of control and loss of income.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
Not currently measured			
Year End Target			
All requests lead to the issuance of a licence (or response/rejection if necessary) within one month. No late responses regardless of decision.			
Quantitatively Targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all requests on the spreadsheet/MIS including date and time of request 2. SP considers request and responds by either issuing a licence or rejecting the request giving grounds for the rejection and SP updates the spreadsheet/MIS accordingly			
Formula			
Number of responses to requests where non-compliance to agreed timescales (i.e. one month) is evident, including the target response time for each case, and the amount of actual delay in each case			
Return Format			
Reporting Frequency			
Monthly	Yes	Quarterly	Numbers
Data Provider			
Senior Permit Co-Ordinator			
Compliance Officer			
Data Source			
Currently a spreadsheet but it is anticipated that this will be logged in the MIS and reported accordingly			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
no			
Compliance Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Ad hoc checks by supervisor using spreadsheet			
Data Storage and Security			
Spreadsheets currently which in the process of being restricted, but anticipated that this will be the MIS which will be restricted			
no			
Impact of poor performance if below target			
Increased complaints, lack of control of the highway and reduced income			
Committed sensitivity			
No			
Data Quality Indicator			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			

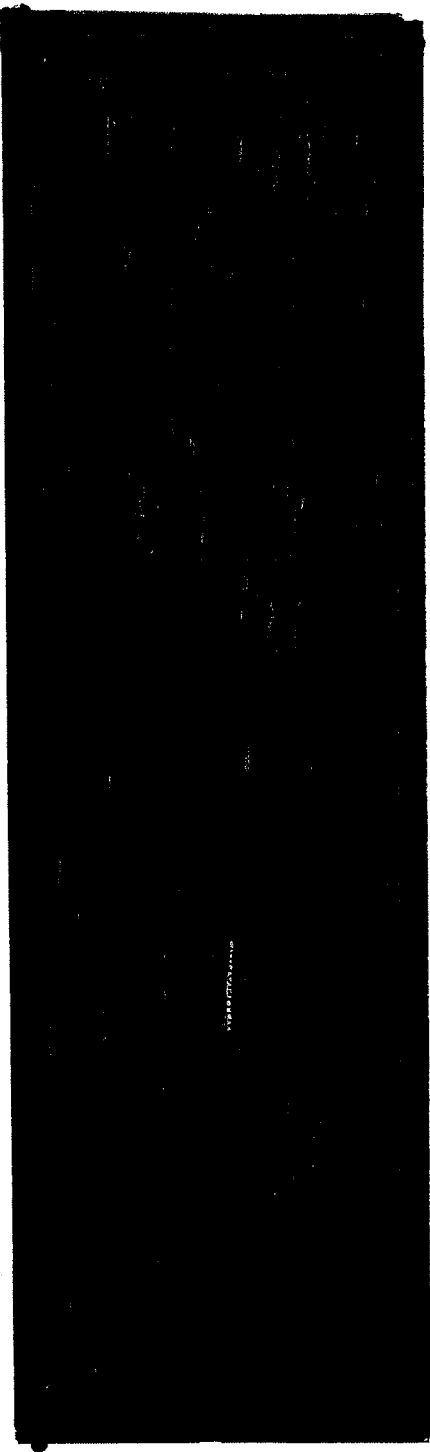


Indicator Reference			
KPI - 3.5 - NM			
Indicator Title			
Levels of passed and failed inspections (NRSWA)			
Definition			
To measure Compliance with operating within LoPS requirements and Authority procedures in respect to the level of passed and failed inspections. All inspection outcomes (whether pass or fail) should have justified reasons recorded against them.			
Why we are using this indicator			
It is fundamental to ensuring quality of works by Utility Companies and contractors working on the highway and also to ensuring the Network Management Duty, including minimising disruption.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
No current baseline			
Year and target			
No more than 15% of the challenges to inspections with a "Failed" decision is upheld by the service provider and/or Highways Authority and Utility Committee (HAUC)			
All works inspected will have a justifiable reason and appropriate evidence in determining whether the works has passed or failed the inspection. The Authority will determine if it is a justified reason / appropriate evidence.			
Quantity targets			
Q1	Q2	Q3	Q4
Method of collection			
1. All works inspected is recorded in the MIS 2. In completing the inspection record the following will need to be recorded - pass or fail and reasons for each. 3. Use system to report on the status of each inspection and the reasons for the decision. 4. No reason recorded is a fail and any reason which is unjustified will also be deemed a fail.			
Formula			
Number of upheld challenges as determined by the service provider and/or the Highways Authority & Utility Committee (HAUC) divided by the total number of challenges received by the Authority			
Number of inspections conducted with reasons to justify decision, divided by the total number of inspections conducted			
Reporting frequency		% and number	
Monthly	Yes	Quarterly	
Data Provider			
Senior Permit Co-Ordinator			
Compliance Officer			
Data Source			
Bentley EXOR MIS			
Data Publishing Arrangement			
Yes - In LoPS committee report			
Data Sharing Arrangement			
Yes - In LoPS committee report to other London Borough's and TfL and DfT			
Comparable indicator			
Yes			
Other London Borough's and TfL and DfT			
Data Accuracy checks			
Audit trail of MIS - Occasional checks are conducted.			
Data Storage and Security			
Bentley EXOR MIS - password protected			
No			
Impact of poor performance if below target			
It is fundamental to ensuring quality of works by Utility Companies and contractors working on the highway and also to ensuring the Network Management Duty, including minimising disruption.			
Confidential sensitivity			
No			
Data Quality Reporter			
I certify that the information provided above is, to the best of my knowledge, accurate, is also certified, reviewed and understood the responsibility for it is in the data quality policy.			
Name			
Date			

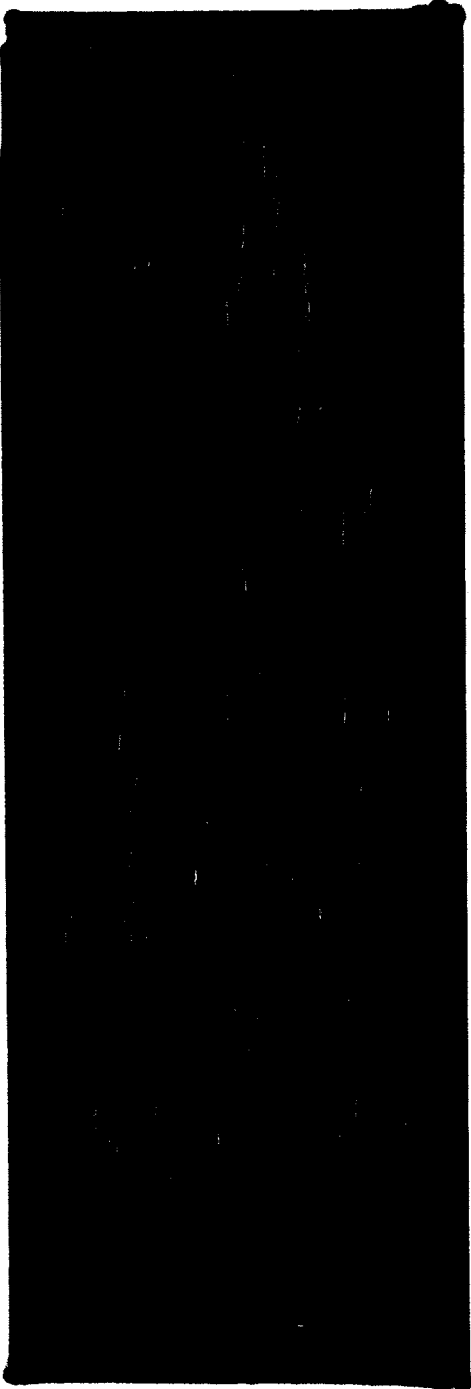


DRS methodology sheet

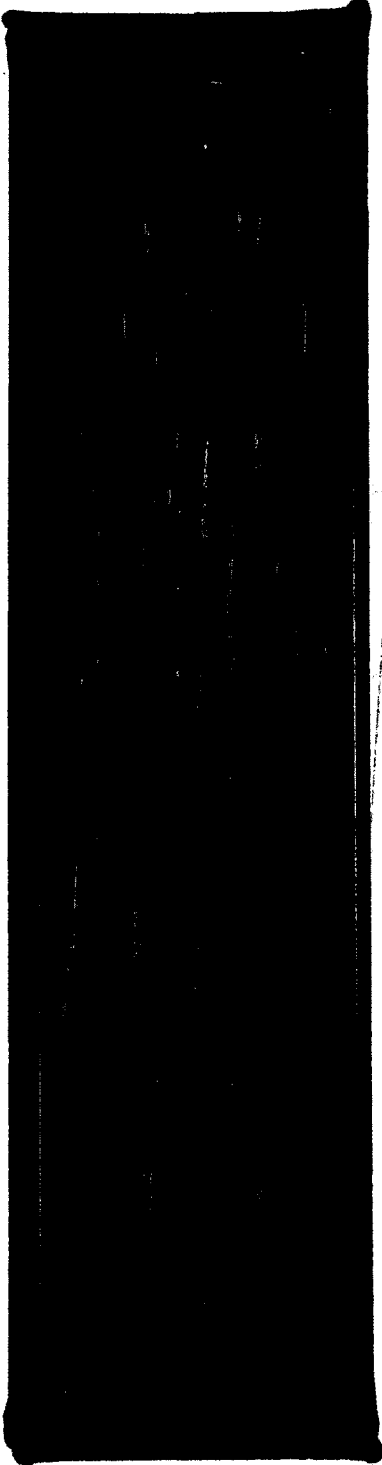
Indicator Reference			
KPI - 3.4 - NM			
Indicator Title			
Compliance with chargeable inspection regime (NRSWA)			
Definition			
To measure Compliance with operating within LoPS requirements and Authority procedures, in respect to all inspections which could be charged for are completed and charged.			
Why we are using this indicator			
It is fundamental to ensuring quality of works by Utility Companies and contractors working on the highway and also to ensuring the Network Management Duty, including minimising disruption.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
30% of all works is inspected which is the maximum that are chargeable			
Year and target			
As baseline. 30% of all works is inspected which is the maximum that are chargeable			
Note: Original KPI sheet indicated 100% target, which referred to 100% of the maximum 30% that the Authority are allowed to charge.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
1. All works are recorded in the MIS			
2. The MIS is configured to determine what works should be inspected and this helps to ensure that 30% of total works is identified.			
3. SP updates MIS with all those inspections that were actually carried out.			
4. Use system to report on those to be inspected and those actually inspected.			
5. Any not showing evidence of inspection have failed this KPI.			
Formula			
Number of chargeable inspections conducted divided by the total number of sites liable to inspection.			
Return Format		% and number	
Reporting frequency			
Monthly	Yes	Quarterly	
Data Provider			
Senior Permit Co-Ordinator			
Compliance Officer			
Data Source			
Bentley EXOR MIS			
Data Publishing/Management			
Yes - in LoPS committee report			
Data Storing/Management			
Yes - in LoPS committee report to other London Borough's and TfL and DfT			
Comparable Indicator			
Yes			
Other London Borough's and TfL and DfT			
Data Accuracy Checks			
Audit trail of MIS - occasional checks are to be conducted			
Data Storage and Security			
Bentley EXOR MIS - password protected			
No			
Impact of poor performance if below target			
It is fundamental to ensuring quality of works by Utility Companies and contractors working on the highway and also to ensuring the Network Management Duty, including minimising disruption.			
Confidential Sensitivity			
No			
Data Quality Reported			
I recently that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



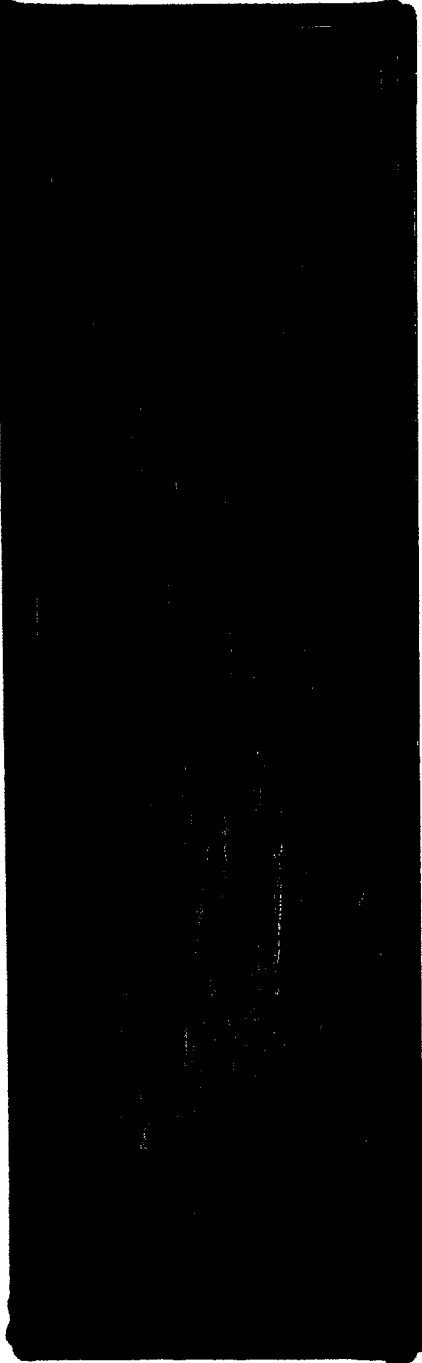
Indicator Reference			
KPI - 3.3 - NM			
Indicator title			
Appropriateness of approved and rejected extension requests (Permit Extension Requests, LoPS)			
Definition			
To measure Compliance with operating within LoPS requirements and Authority procedures in respect to the approval and/or rejection of a permit extension.			
Why we are using this indicator			
An inappropriate decision could be taken as the decision could be made on financial grounds and not Network management grounds and hence this needs to be monitored. Ultimately, this aims to minimise unnecessary disruption to the network. This also helps to minimise perceptions/instances of conflicts of interest where the service provider issues extensions for its own benefit.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
No current baseline			
Yes/No target			
All approvals and rejections are evidenced with reasons - including full and detailed justification to support each approval			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
Management Information System (MIS) configured to report on all extension requests giving full details of justifications.			
The service provider will instigate a self-audit on all extension judgements and their justifications.			
The Authority reserves the right to bring in a third-party expert (funded by the Authority) to conduct an unannounced audit in exactly the same way as described above. In such cases, the third-party expert's findings will be used to measure this KPI. Should there be disagreement on opinion between the third-party expert and the service provider, a mutually agreed arbitrator can be called upon to provide final judgement.			
The Authority Commercial Team (and any appointed third-party expert that they choose) will be given read-only access to the MIS.			
Formula			
Number of all approvals and rejections without justifiable reasons provided i.e. full and detailed justification to support each approval and rejection			
Reporting Format			
Reporting Frequency			
Monthly	Yes	Quarterly	Number
Data Provider			
Senior Permit Co-Ordinator			
Compliance Officer			
Data Source			
Bentley EXOR MIS			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
No			
Confidence Indicator			
No			
Data Accuracy Checks			
Ad hoc by Senior Permit Co-ordinator and/or NRSWA Manager			
Data Storage and Security			
Bentley EXOR MIS - password protected			
No			
Impact of poor performance if below target			
Complaints from Utilities, Delays in works, unnecessary congestion. Inappropriate financial position.			
Confidential sensitivity			
Could be as it could be challenged by Utilities			
Data Ownership/Reporter			
Verify that the information provided above is, to the best of my knowledge, accurate, also verify, have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



Indicator Reference			
KPI - 3.2 - NM			
Indicator Title			
Appropriate conditions attached to Permits (LoPS)			
Definition			
Measure compliance with ensuring that appropriate conditions are attached to Permits - operating within LoPS requirements and Authority procedures (assuming no conflicting guidelines), in relation to attaching conditions to permits and that these are appropriate.			
Why we are using this indicator			
Those without conditions will not be enforceable, it aids co-ordination which assists in minimising disruption and delay and with these problems we will not meet our Network Management Duty. Also without conditions income will be lost.			
Person responsible for data collection			
NRSWA Manager			
Baseline			
Not currently reported but MIS could be configured to enable reporting in future			
Year End Target			
All Permits agreed should have appropriate conditions attached (based on both LoPS and Barnet Standard conditions as a minimum requirement). No permits should be issued without appropriate conditions attached.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
All Permits are recorded on the MIS and reports can be configured to identify the number of permits and those that have conditions attached and those that do not.			
Formula			
Number of occasions where non-compliance is evident/reported from the system reports - Number of Permits, number with conditions, number without appropriate conditions. All those without appropriate conditions have failed this KPI.			
Reporting Frequency		Number	
Monthly	Yes	Quarterly	
Data Provider			
Senior Permit Co-Ordinator			
Data Source			
Bentley EXOR Management Information System			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
This is likely to be done in the future.			
Comparable Indicator			
Comparable Indicator			
Other London Authorities and TfL (those in LoPS scheme)			
Data Accuracy Checks			
Occasional checks are conducted though in the future the system needs to be configured so that data can be randomly checked through reports.			
Data Storage and Security			
Bentley EXOR Management Information System - Password protected			
No			
Impact of poor performance if below target			
Those without conditions will not be enforceable, it aids co-ordination which assists in minimising disruption and delay and with these problems we will not meet our Network Management Duty. Also without conditions income will be lost.			
Confidential sensitivity			
No			
Data Quality Report			
Identify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities set out in the Data Quality Policy.			
Name			
Date			



Indicator Reference			
KPI - 3.1 - NM			
Indicator Title			
Timely response to Permit requests (LoPS)			
Definition			
Measure compliance with reacting to all Permit requests within required timescales, such that no permits go to 'Deemed' status - operating within LoPS requirements and Authority procedures such that no permits are allowed to go to Deemed status. Incomplete documentation is a valid reason to reject an application also within timescales.			
Why we are using this indicator			
Those that go Deemed will not have been co-ordinated and hence will not meet our Network Management Duty and income will be lost.			
Person responsible for data collection			
New Roads and Street Works Act (NRSWA) Manager			
Baseline			
99% 12/13			
Year End Target			
By month three and thereafter, all requests lead to the communication of a decision to the applicant within the London Permits Scheme (LoPS) timescale guidelines, thus zero deemed status permits (not including those raised outside the working week). No late responses (either rejection or issuance). During the first two months, performance as at service transfer date shall be maintained.			
Quarterly Timescale			
Method of collection			
1. All Permit requests automatically enter the Management Information System 2. Process in place to identify these on the day of receipt 3. Each allocated to a Permit Co-Ordinator to consider 4. Response given in accordance with LoPS timescales thus avoiding deemed status. 5. Report set up and run to show status of each permit request received.			
Formula			
Number of occasions where non-compliance is evident/reported through running report of permit status - should show number of permit requests, number approved, number rejected and number at deemed status. Each permit request recorded as deemed will be considered as a failure against this KPI.			
Reporting Frequency			
No.			
Monthly	Yes	Quarterly	
Data Provider			
Senior Permit Co-Ordinator			
Data Source			
Bentley EXOR Management Information system			
Data Publishing Arrangements			
Yes - Via the LoPS Committee			
Data Sharing Arrangements			
TfL, other authorities and DfT			
Comparability Indicator			
Comparable Indicator			
London Authorities and TfL (those in the LoPS scheme)			
Data Accuracy Checks			
Yes - carried out by the Compliance Officer using the Bentley EXOR system, audit trail and reports.			
Data Storage and Security			
Bentley EXOR Management Information system - password protected			
No			
Impact on poor performance (below target)			
Those that go Deemed will not have been co-ordinated and hence will not meet our Network Management Duty and income will be lost.			
Commercial sensitivity			
No			
Data Quality Report			
Identify that the information provided above, to the best of my knowledge, accuracy, also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



KPI - 3 - NM

Compliance with New Road and Street Works Act (NRSWA) and Traffic Management Act (TMA) and the London Permit Scheme (LoPS)

To measure compliance with New Road and Street Works Act (NRSWA) and Traffic Management Act (TMA) and the London Permit Scheme (LoPS)

To ensure maximum compliance with the New Road and Street Works Act (NRSWA) and Traffic Management Act (TMA) and the London Permit Scheme (LoPS)

As indicated in sub-KPIs 3.1 to 3.8

As indicated in sub-KPIs 3.1 to 3.8

100% compliance with sub-KPIs 3.1 to 3.8

As indicated in sub-KPIs 3.1 to 3.8

Number of passed and failed sub-KPIs

Monthly Yes Quarterly No

Caroline Panting - Compliance Officer and other staff to be determined by the service provider

Senior Permit Co-Ordinator

Bentley EXOR Management Information system and other systems to be determined by the service provider

Yes - Via the LoPS Committee

TfL, other authorities and DfT

Comparable Indicator

London Authorities and TfL (those in the LoPS scheme)

Yes - carried out by the Compliance Officer using the Bentley EXOR system, audit trail and reports.

Data Storage and Security

Bentley EXOR Management Information system (password protected) and any other system to be determined by the service provider

No

Those that go Deemed will not have been co-ordinated and hence will not meet our Network Management Duty and income will be lost

No

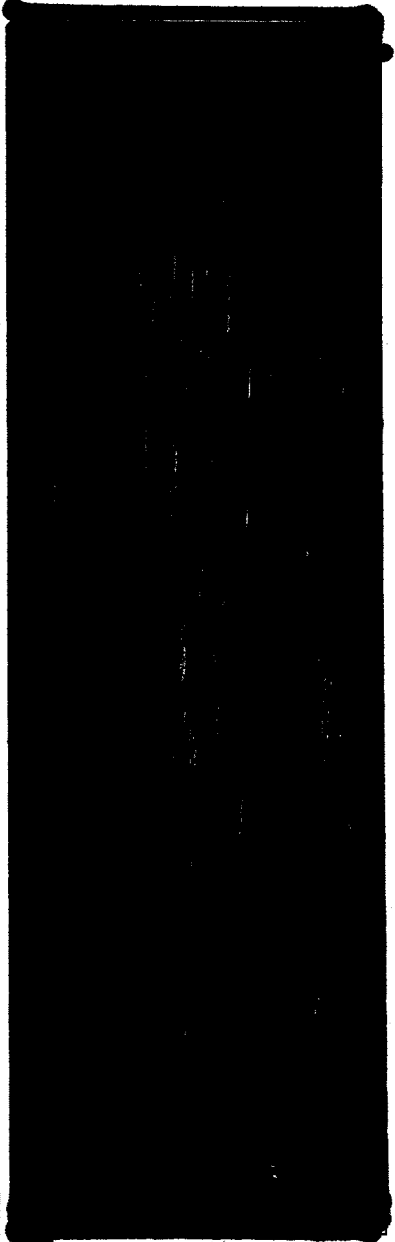
Responsible for the information provided above is, to the best of my knowledge, accurate, also certify I have read and made sure the responsibilities laid out in the table on this page apply

Name

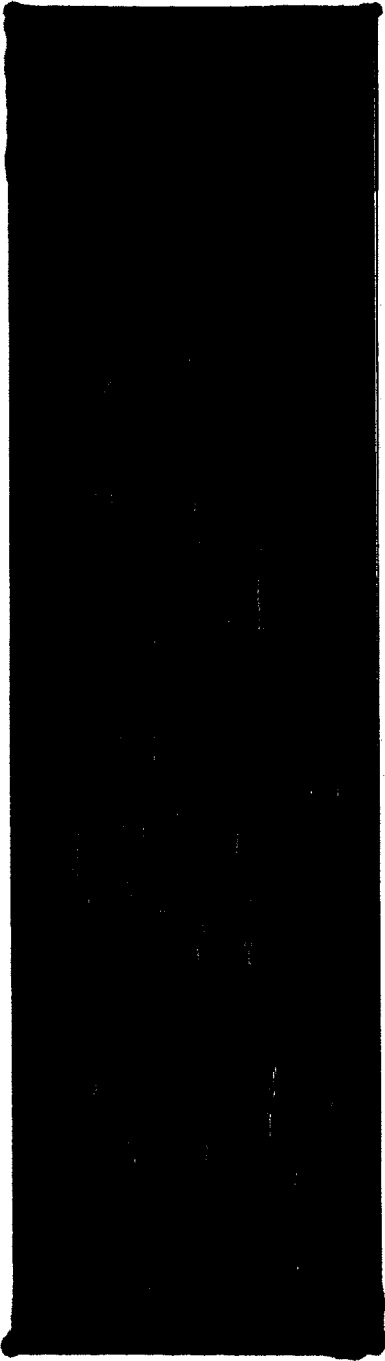
Date

KPI - 2.11 - NM			
Responding to weather reports/warnings (gritting in winter)			
Response in relation to taking appropriate timescales (i.e. complete gritting is conducted before the temperature reaches zero degrees Celsius as based on the forecasted time) following receipt of weather forecasts. Measure compliance with responding in an appropriate manner and in the correct timescale having received and evaluated to latest weather forecast, thus ensuring that the public highway is kept clear of snow and ice.			
If the weather forecast by the Met Office and confirmed by the Barnet Weather Station forecast is RED, then gritting operations should always be instigated. If the forecast is AMBER, and if the actual temperature reaches zero degrees Celsius or lower, then the gritting operations should have been instigated. If the forecast is GREEN, and if the actual temperature does not go below one degree Celsius, then there should be no gritting operations. If the Council receives a complaint/claim for lack of gritting and there is any non-compliance with the Authority's Winter Service Plan, then this is deemed as a performance failure. All temperature data will be measured by the official Met Office data and confirmed by the Barnet Weather Station.			
This would exclude responses when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. delayed notification), then these shall be counted as failures under this KPI.			
Failure to respond will lead to danger, damage, accidents, claims and ultimately costs being incurred. Failure of compliance with our Network Management Duty.			
Highway Asset and Contracts Manager			
Difficult to derive a baseline due to the way the progress operates and decisions recorded at present			
All forecasts which require actions to be taken leads to appropriate action in appropriate timescales. No late actions nor inappropriate actions.			
1. SP maintains contract with specialist weather forecast centre 2. SP analyses the forecasts each day and takes a decision on any necessary actions, including extent, resource requirements and timing of the action to ensure that the highway is clear of snow and ice in accordance with the annual Winter maintenance Plan - record information in MIS 3. SP instructs contractor to take agreed actions and monitors/supervises such actions - record in MIS 4. Contractor informs SP of actions taken including start and completion times - SP records in MIS 4. Client reviews forecast and actions to satisfy appropriate response.			
Number of instances where the weather forecast by the Met Office and confirmed by the Barnet Weather Station forecast was RED, and gritting operations were not conducted within timescales.			
Number of instances where the forecast was AMBER, and if the actual temperature reached zero degrees Celsius or lower, and gritting operations were not conducted within timescales. In this situation, the service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is a reasonable and appropriate response considering the available weather data and other information presented by the service provider.			
Number of instances where the forecast was GREEN, and the actual temperature did not go below one degree Celsius, but gritting operations were conducted. In this situation, the service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is a reasonable and appropriate response considering the available weather data and other information presented by the service provider.			
Number of instances where the Council receives a complaint/claim for lack of gritting and there is non-compliance with any aspect of the Authority's Winter Service Plan.			
Monthly	X	Quarterly	
Highway Asset and Contracts Manager			
Senior Engineer			
Data Source			
It is anticipated that this will be logged in the MIS and reported accordingly			
Data Publishing Arrangements			
no			
Data Disposition Arrangements			
no			
Compliance Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Decisions taken and recorded by Senior Engineer with Manager overseeing and being consulted to confirm actions and decisions are appropriate			
Data Storage and Security			
Spreadsheets currently which are in the process of being restricted, but anticipated that this will be the MIS which will be restricted			
Yes - Claims related			
Failure to respond will lead to danger, damage, accidents, claims and ultimately costs being incurred. Also bad press and increased complaints			
Compliance Indicator			
Yes - Claims related			
Data Quality Indicator			
I hereby declare the information provided above to be the best of my knowledge, accurate & also declare I have read and understood the data protection policy in force in the above entity.			
Name			
Date			

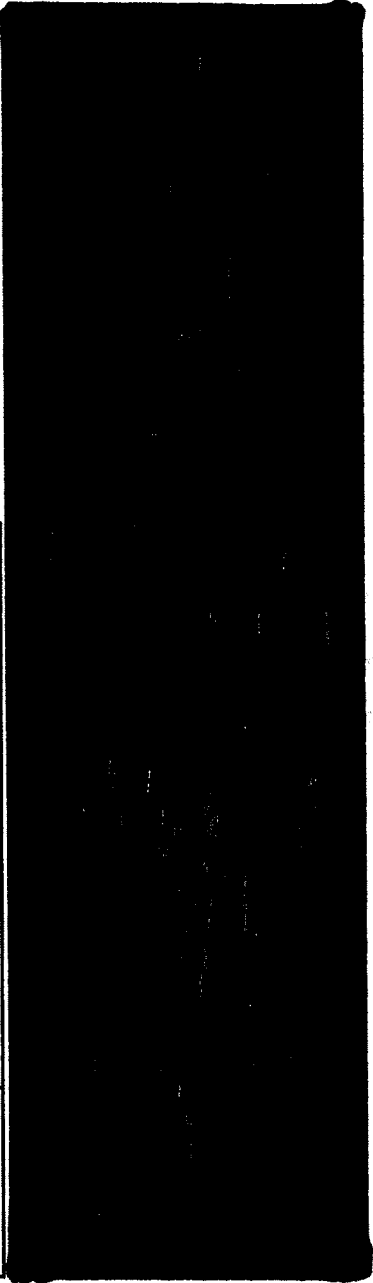
KPI - 2.10 - NM			
Response to complaints relating to a drainage malfunction and/or flooding event			
Measure compliance with responding to all complaints received relating to drainage malfunction and/or flooding of the public highway and/or property and/or land.			
** Within 2 hours for a flooding event ** Within 4 weeks for an issue which is identified as a drainage malfunction not currently causing flooding but could potentially do so in the future if not attended to.			
This would exclude responses when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect location provided), then these shall be counted as failures under this KPI.			
The service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is a reasonable and appropriate response.			
Failure to respond will lead to danger, damage, accidents, claims and ultimately costs being incurred.			
Highway Asset and Contracts Manager			
Difficult to derive a baseline due to the way the requests are recorded at present			
All requests responded to within Output Specification and/or otherwise agreed timescales ** Within 2 hours for a flooding event ** Within 4 weeks for an issue which is identified as a drainage malfunction not currently causing flooding but could potentially do so in the future if not attended to.			
No late responses.			
Monthly			
Quarterly			
1. SP records all requests on the MIS including date and time of request 2. SP instructs contractor to visit site and take necessary action 3. Contractor informs SP of date and time site visited and malfunction/flooding cleared including actions taken 4. SP updates MIS			
Number of responses to drainage complaints where non-compliance to agreed timescales is evident, including the target response time for each case, and the amount of actual delay in each case			
Monthly			
Quarterly			
It is anticipated that this will be logged in the MIS and reported accordingly			
No			
no			
LBB Specific			
n/a			
Delivery is generally based on further complaints as resources do not allow checks to be undertaken otherwise than ad hoc			
Data Storage and Security			
Data stored in cupboards which are secure. Anticipated that this will stored in the MIS which will be secure			
Yes - Claims related			
Failure to respond will lead to danger, damage, accidents, claims and ultimately costs being incurred. Also bad press and increased complaints			
Yes - Claims related			
Data Quality Report			
I certify that the information provided above, to the best of my knowledge, is correct and also that I have read and understood the responsibilities set out in the Data Quality Policy.			
Name			
Date			



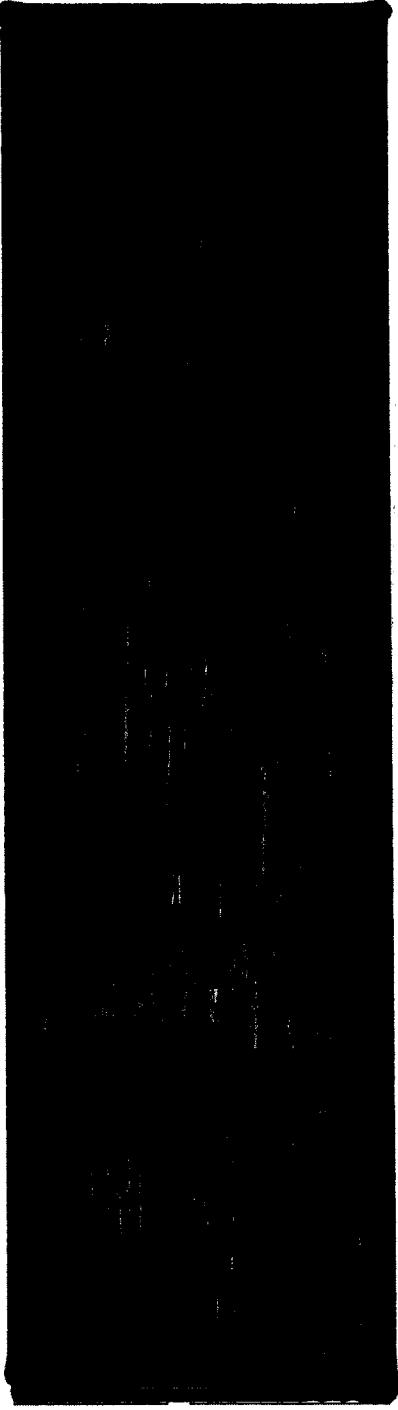
Indicator Reference			
KPI - 2.9 - NM			
Indicator Title			
Processing of Vehicle Crossover Appeals			
Definition			
Response in Commencing and Completing fully documented Vehicle Crossover Appeals received - Measure compliance with dealing with the Vehicle Crossovers Appeals within 3 weeks of receipt of the appeal. This excludes any appeals lodged prior to service transfer date.			
The service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is reasonable and appropriate response considering the scope and timescales for third-party consultation.			
Why we are using this indicator			
To ensure that residents/developers do not have to wait an unreasonable length of time in order to hear the outcome of an appeal relating to a rejected vehicle crossover application.			
Person/department responsible for data collection			
Highway Maintenance Manager			
Baseline			
Not currently monitored			
Key fact/factor			
All appeals dealt with such that a response is provided within 3 weeks of receipt of the appeal being received. No late responses.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all Appeals received on the spreadsheet/MIS including date and time of receipt 2. SP commences and monitors completion of the appeals process, including consultation with colleagues and Ward Members/Cabinet Member, including recording on spreadsheet/MIS 3. SP records responses from Ward Members/Cabinet Member on spreadsheet/MIS 4. SP takes account of information received and responds to appellant with a final decision, recording outcome/decision with date and time 5 Identify timescale from receipt to completion of process 6. compare against target timescale.			
Frequency			
Number of Vehicle Crossover appeals where non-compliance to agreed timescales is evident, including the amount of delay in each case.			
Return Format		number late, days late	
Reporting frequency			
Monthly	x	Quarterly	
Data Provider			
Highway Maintenance Manager			
Senior Highway Inspector			
Data Source			
Currently a spreadsheet but it is anticipated that this will be logged in the MIS and reported accordingly			
Data Handling/Management			
no			
Data Sharing/Arrangements			
no			
Compliance Indicator			
LBS Specific			
n/a			
Data Accuracy Checks			
Ad hoc checks by Senior Inspector			
Data Storage and Security			
Data held in each crossover file currently, which is now securely kept in a cupboard.			
Impact of poor performance if below target			
no			
Increased complaints, bad reputation			
Commercial sensitivity			
No			
Data Quality Reporter			
Recently that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



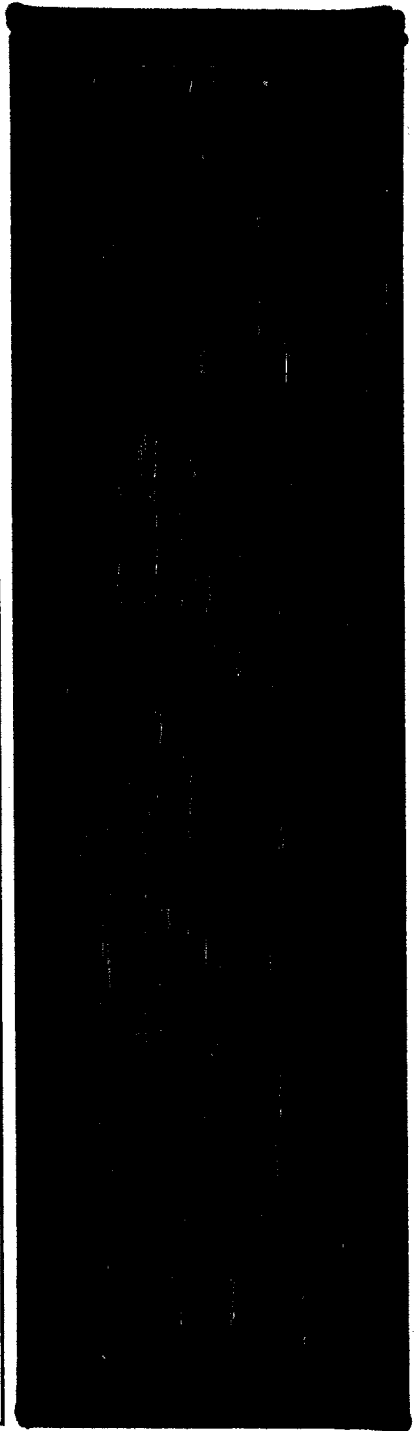
KPI - 2.8 - NM			
Application title			
Definition			
Timely construction of Vehicle Crossovers following receipt of payment			
Measure compliance with constructing all Vehicle Crossovers within 4 weeks of receipt of payment. This assumes that the third-party contractor can carry out the works outlined in their framework contract with the Authority (or we seek to change the framework or the contractor).			
This would exclude constructions when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect location provided), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.			
Why we require this indicator			
In order to ensure that our Network Management Duty is complied with. To ensure that residents/developers do not have to wait an unreasonable length of time in order to obtain a vehicle crossover which will allow safe access to their property frontage. It will also reduce the likelihood of damage to the public highway and hence additional costs to the Authority.			
Person(s) responsible for the indicator			
Highway Maintenance Manager			
Baseline			
Orders raised to contractors determine timescales. Monitored via the contract performance standards in relation to the contractors timescale only.			
Year the target			
All vehicle crossover payments received lead to the construction of the crossover within 4 weeks of receipt of such payment. No late constructions.			
Quantify targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all payments received on the spreadsheet/MIS including date and time of receipt 2. SP records the raising of the works order to contractor in the MIS with target date set to meet the 4 week period 5. SP monitors contractor 6. Contractor reports completion including dates 7. SP records completion date on MIS 8. Reports run from MIS records to determine - how many payments/crossovers constructed, timescales from receipt of payment to completion.			
Formula			
Number of construction of Vehicle Crossovers applications where non-compliance to agreed timescales is evident, including the amount of delay in each case			
Reporting frequency			
number late, days late			
Monthly	x	Quarterly	
Data provided			
Highway Maintenance Manager			
Senior Highway Inspector			
Data source			
Currently a spreadsheet but it is anticipated that this will be logged in the MIS and reported accordingly			
Data publishing arrangements			
no			
Data sharing arrangements			
no			
Comparable indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Ad hoc checks by Clerk of Works, Senior Inspector			
Data Storage and Security			
Spreadsheets currently which are in the process of being restricted, but anticipated that this will be the MIS which will be restricted			
no			
Indicator for performance below target			
Increased complaints, lack of control of the highway, reduced income and increased damage and costs			
Confidentiality			
No			
Data quality checker			
I agree that the information provided above is, to the best of my knowledge, accurate, I also agree that I have read and understood the responsibilities inherent in the data quality policy.			
Name			
Date			



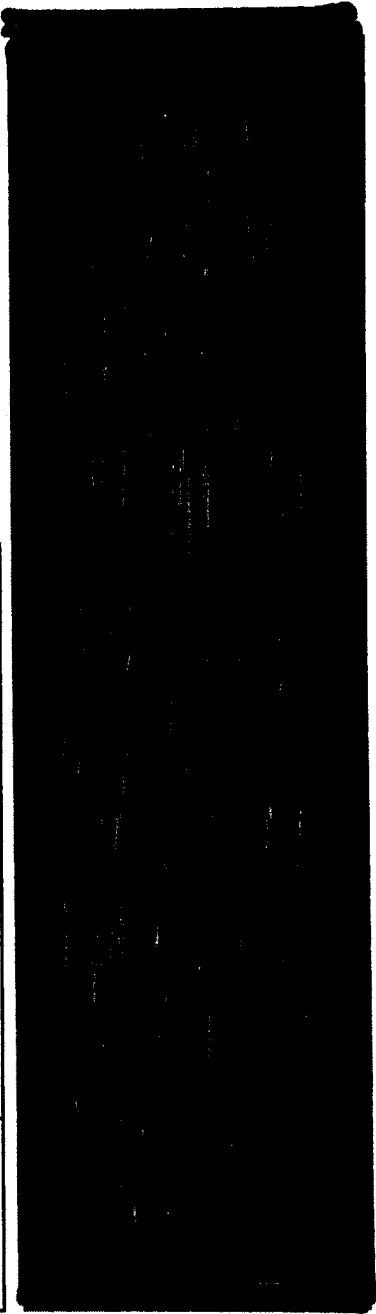
Indicator Reference			
KPI - 2.7 - NM			
Indicator Title			
Processing of Vehicle Crossover Applications - timescale for providing quotes			
Definition			
Measure compliance with responding to all Vehicle Crossover applications (with complete documentation) received in relation to providing a quotation within 4 weeks of receiving the application.			
Why we are using this indicator			
In order to ensure that our Network Management Duty is complied with. To ensure that residents/developers do not have to wait an unreasonable length of time in order to obtain a vehicle crossover which will allow safe access to there property frontage. It will also reduce the likelihood of damage to the public highway and hence additional costs to the Authority.			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
Spreadsheet used to record all requests and licences issued, however not currently measured in terms of timescale.			
Year End Target			
All requests lead to a site visit and quotation being provided within 4 weeks of receipt of an application. No late quotations.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all applications received on the spreadsheet/MIS including date and time of request 2. SP considers application and responds by either providing a quotation or rejecting the application giving grounds for the rejection and SP updates the spreadsheet/MIS accordingly 5. Reports run from MIS to determine - how many applications, those considered, actions taken, timescales from request to completion.			
Outcome			
Number of Vehicle Crossover applications where non-compliance to agreed timescales is evident, including the amount of delay in each case			
Report Format		number late, days late	
Reporting Frequency			
Monthly	x	Quarterly	
Data Provider			
Highway Maintenance Manager			
Senior Highway Inspector			
Data Source			
Currently a spreadsheet but it is anticipated that this will be logged in the MIS and reported accordingly			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
no			
Comparable Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Ad hoc checks by supervisor using spreadsheet			
Data Storage and Security			
Spreadsheets currently which is in the process of being restricted, but anticipated that this will be the MIS which will have restricted access			
no			
Impact of poor performance if below target			
Increased complaints, lack of control of the highway, reduced income and increased damage and costs			
Commercial sensitivity			
No			
Data Quality Response			
I certify that the information provided above is, to the best of my knowledge, accurate, and also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



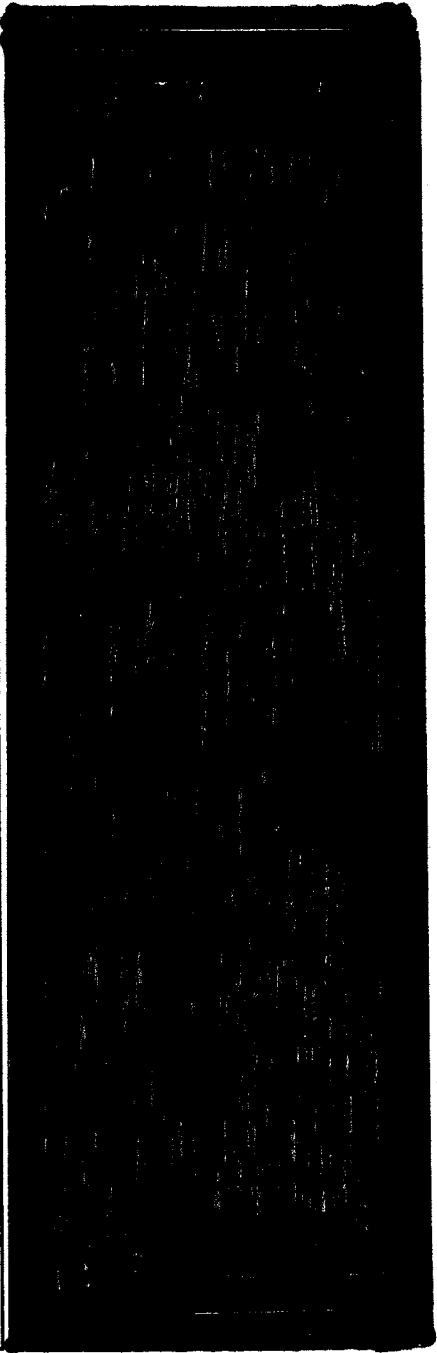
Indicator Reference			
KPI - 2.6 - NM			
Indicator Title			
Response in dealing with Highway Licence applications			
Definition			
Measure compliance with responding to all requests (with complete documentation) for a licence to be issued			
Why we are using this indicator			
In order to ensure that our Network Management Duty is complied with. To allow monitoring of timescales, obstructions, safety and compliance and to enable action to be taken for non compliance - failure to issue a licence will lead to a lack of control in this respect. Loss of income if no licence is issued.			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
Spreadsheet used to record all requests and licences issued			
Year End Target			
By month three and thereafter, all requests lead to the issue of a licence within agreed timescales of 3 working days or response/rejection if necessary. No late responses (either rejection or issuance). During the first two months, performance as at service transfer date shall be maintained.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all requests on the spreadsheet/MIS including date and time of request 2. SP considers request and responds by either issuing a licence or rejecting the request giving grounds for the rejection and SP updates the spreadsheet/MIS accordingly 3. Reports run from MIS to determine - how many requests, those considered, actions taken, timescales from request to completion.			
Formula			
Number of highways licence applications where non-compliance to agreed timescales is evident, including the amount of delay in each case			
Reporting Period		number late, days late	
Reporting Frequency			
Monthly	X	Quarterly	
Data Provider			
Highway Maintenance Manager			
Senior Highway Inspector			
Data Source			
Currently a spreadsheet but it is anticipated that this will be logged in the MIS and reported accordingly			
Data Publishing/Arrangements			
no			
Data Sharing Arrangements			
no			
Comparable Indicator			
LBB Specific			
n/a			
Data Accuracy Check			
Ad hoc checks by supervisor using spreadsheet			
Data Storage and Security			
Spreadsheets which is in the process of being restricted, but anticipated that this will be the MIS which will be password protected			
no			
Impact of poor performance if not controlled			
Increased complaints, lack of control of the highway and reduced income			
Commercial sensitivity			
No			
Data Quality Rating			
I consider that the information provided above is, to the best of my knowledge, accurate, also certify I have read and understood the responsibilities set out in the Data Quality Policy.			
Name			
Date			



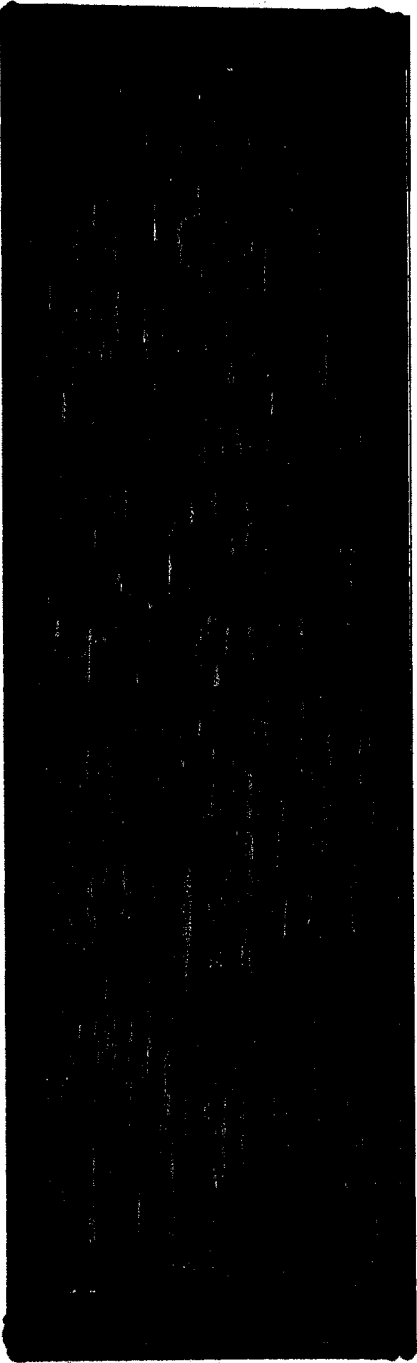
Indicator Reference			
KPI - 2.5 - NM			
Indicator Title			
Response in dealing with complaints relating to weeds on the public highway			
Definition			
Measure compliance with responding to all complaints received relating to weeds on the public highway. This would exclude responses when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect location provided), then these shall be counted as failures under this KPI.			
The service provider will respond in a reasonable and appropriate manner depending on the specific circumstances. The Authority will determine if it is a reasonable and appropriate response.			
Why we are using this indicator			
It is envisaged that the programme of weed sprays should be adequate and that no further visits should be necessary with respect to weeds. The number of ad hoc requests recorded will act as a performance measure as to whether the programme dates and number and quality of weed sprays is effective. There is also a need to respond when it is identified that the programme has failed to achieve the desired results, otherwise it will be considered that this is a double failure which will negatively impact resident satisfaction and likely lead to bad publicity and reputational issues			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
Difficult to derive a baseline due to the way the requests are recorded at present			
Year End Target			
All requests responded to within agreed timescales as defined by the current highways maintenance contract. No late responses.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all requests on the MIS including date and time of request 2. SP instructs contractor to visit site and take necessary action 3. Contractor informs SP of date and time site visited and weeds cleared including actions taken 4. SP updates MIS accordingly 5. Reports run from MIS to determine how many requests, those attended, actions taken, timescales from request to completion.			
Formula			
Number of weed requests where non-compliance to agreed timescales is evident, including the amount of delay in each case			
Reporting Period		Reporting Frequency	number late, days late
Monthly		Quarterly	
Data Provider			
Highway Maintenance Manager			
Senior Highway Inspector			
Data Source			
It is anticipated that this will be logged in the MIS and reported accordingly			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
no			
Comparable Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Delivery is generally based on further complaints as resources do not allow checks to be undertaken otherwise than ad hoc			
Data Storage and Security			
Currently stored in several databases, some of which are restricted, and some are in the process of being made restricted. Anticipated that this will be the MIS which will be password protected			
Yes - Claims related			
Timescale of poor performance below target			
Bad press and increased complaints			
Commercial sensitivity			
Yes - Claims related			
Data Quality Reported			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



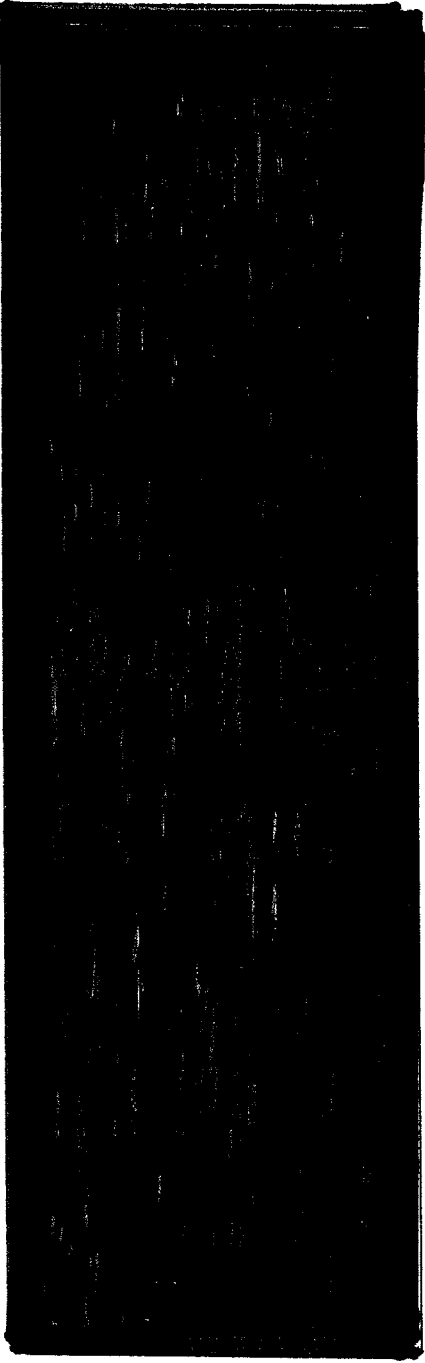
Indicator Reference			
KPI - 2.4 - NM			
Indicator title			
Insurance Investigations completed on time			
Definition			
Measure compliance with commencing and completing insurance investigations within 14 working days in accordance with requests from the Insurance department.			
Note: if the request for information is indicated as "Urgent" or "Standard", then those shall not be considered under this KPI but instead covered under the SKPI 7 (Standard/Urgent response as defined by the Authority).			
Why we are using this indicator			
To ensure that the insurance department are able to comply with statutory response periods and are in a position to robustly defend insurance claims and help reduce pay-outs			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
No current baseline, but has always been delivered without difficulty			
Year End Target			
All requests responded to within timescales. No late responses.			
Quarterly Targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all Insurance Investigation requests received from the Insurance department in the Management Information System including date and time of request 2. Site visits and data collected as necessary and collated in defence pack - scanned into MIS 3. SP provides defence pack to insurance department, recording date of supply in MIS 5. Report produced at the end of each month to show number of Investigations requested, number responded to, date and time of response/completion - report to identify performance against target timescale to identify any late responses including period of lateness.			
Formula			
Number of insurance investigation requests where non-compliance to agreed timescales (14 days) is evident, including the amount of delay in each case			
Reporting frequency			
number late, days late			
Monthly		Quarterly	
Data Provider			
Highway Maintenance Manager			
Data Source			
Insurance Department			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
no			
Comparable Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Insurance department to compare results reported by SP each month to confirm accuracy			
Data Storage and Security			
Currently ARD Pack passed to Insurance department and held by them - in future expect SP to scan pack onto MIS which will have restricted access			
Yes - Claims related			
Impact of poor performance below target			
Authority unlikely to meet statutory timescales in responding to insurance claims and difficult to defend claims, increased costs liability, bad press and increased complaints			
Commercial sensitivity			
Yes - Claims related			
Data Quality Reporter			
I certify that the information provided above is, to the best of my knowledge, accurate, and also certify I have read and understood the responsibilities set out in the Data Quality Policy.			
Name			
Date			



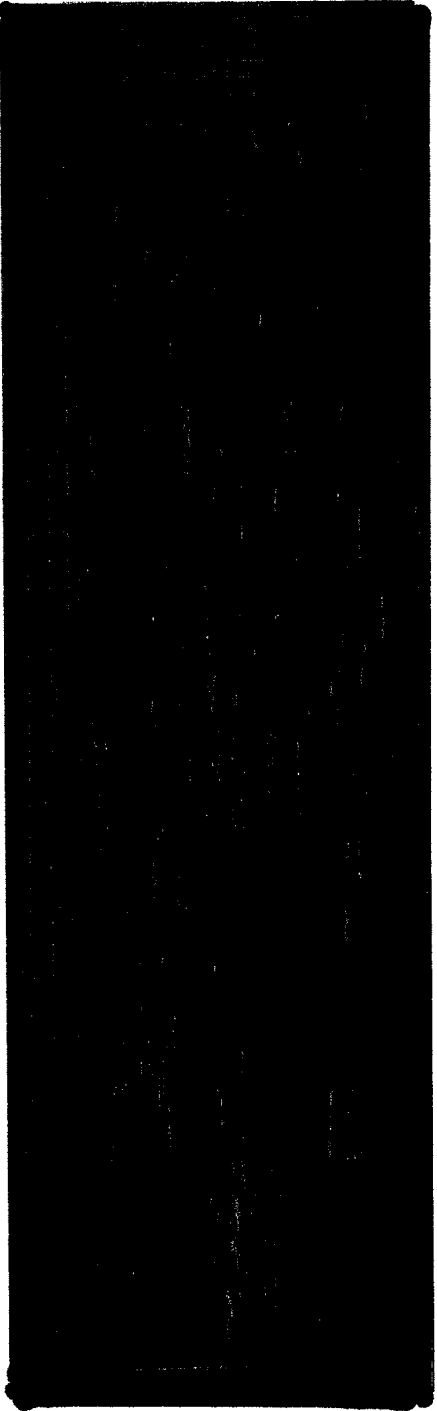
Indicator Reference			
KPI - 2.3 - NM			
Indicator Title			
Category 2 Defects Rectification Timescales completed on time			
Definition			
Measure compliance with taking appropriate action to ensure that those faults identified as Category 2 defects are responded to within agreed timescales (i.e. within 7 days) as defined in the Highway Inspection Manual. The service provider will respond in a reasonable and appropriate manner depending on the emergency situation. The Authority will determine if it is a reasonable and appropriate response.			
Why We are using this Indicator			
To continue safety of the public highway by removing dangers with a speedy response time, thus helping to reduce the risk of injury, damage and subsequent claims.			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
No baseline available as data recorded on spreadsheets as no electronic system at present			
Year and Target			
All Cat 2 defect responses are completed within the agreed timescale as defined in the Highway Inspection Manual. No late responses.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all Cat 2 defects in Management Information System including date and time of identification 2. Instructions issued to contractors to attend within required timescale, also recorded in MIS 3. SP monitors response 4. Contractor confirms when site attended including times of attendance, actions taken and any further actions necessary 4. Details provided by contractor entered onto MIS by SP 5. Report produced at the end of each month to show number of Cat 2 defects reported, number attended, time of site attendance, time of completion and any further actions necessary - report to identify performance against target timescale to identify any late responses including period of lateness.			
Formula			
Number of Cat 2 defects where non-compliance to agreed attendance and completion timescales are evident, including the amount of delay in each case			
Return format		Number late, lateness period	
Reporting frequency			
Monthly	Yes	Quarterly	
Data Provider			
Senior Highway Inspector			
SP to confirm			
Data Source			
Currently excel spreadsheet, but expect SP to use Management Information system			
Data Publishing Arrangements			
no			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB Specific			
N/a			
Data Accuracy Checks			
Not currently but checks could be made by using CCU request data and highway inspector reports			
Data Storage and Security			
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will be made restricted			
Risk of claims.			
High Risk of an accident, injury, damage occurrence and subsequent claims. Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction			
Commercial sensitivity			
No			
Data Quality Report			
I certify that the information provided above is to the best of my knowledge, accurate, also certify I have read and understood the responsibilities laid out in the Data Quality Policy			
Name			
Date			



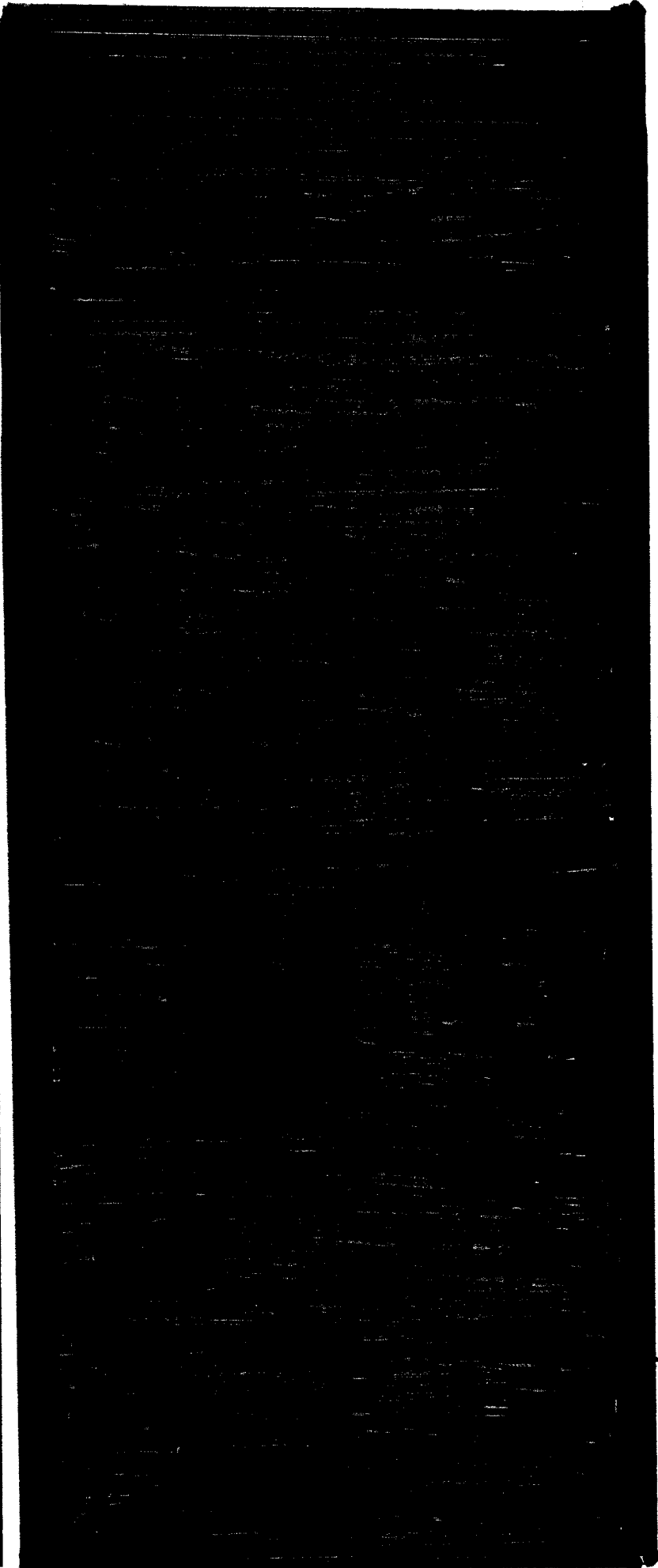
Information Reference			
KPI - 2.2 - NM			
Indicator title			
Category 1 Defects Rectification Timescales completed on time			
Definition			
Measure compliance with taking appropriate action to ensure that those faults identified as Category 1 defects are responded to within agreed timescales (i.e. within 48 hours) as defined in the Highway Inspection Manual. The service provider will respond in a reasonable and appropriate manner depending on the emergency situation. The Authority will determine if it is a reasonable and appropriate response.			
Why we are using this indicator			
To continue safety of the public highway by removing dangers with a speedy response time, thus helping to reduce the risk of injury, damage and subsequent claims.			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
No baseline available as data recorded on spreadsheets as no electronic system at present			
Goal and Target			
All Cat 1 defect responses are completed within the agreed timescale as defined in the Highway Inspection Manual. No late responses.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP records all Cat 1 defects in Management Information System including date and time of identification 2. Instructions issued to contractors to attend within required timescale, also recorded in MIS 3. SP monitors response 4. Contractor confirms when site attended including times of attendance, actions taken and any further actions necessary 4. Details provided by contractor entered onto MIS by SP 5. Report produced at the end of each month to show number of Cat 1 defects reported, number attended, time of site attendance, time of completion and any further actions necessary - report to identify performance against target timescale to identify any late responses including period of lateness.			
Formulae			
Number of Cat 1 defects where non-compliance to agreed attendance and completion timescales are evident, including the amount of delay in each case			
Return to normal		Number late, lateness period	
Reporting frequency			
Monthly	Yes	Quarterly	
Data provider			
Senior Highway Inspector			
SP to confirm			
Data source			
Currently excel spreadsheet, but expect SP to use Management Information system			
Data publishing arrangements			
no			
Data sharing arrangements			
No			
Comparable indicator			
LBB Specific			
N/a			
Data Accuracy checks			
Not currently but checks could be made by using CCU request data and highway inspector reports			
Data Storage and Security			
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will be made restricted			
Risk of claims.			
Impact of poor performance if below target			
High Risk of an accident, injury, damage occurrence and subsequent claims. Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction			
Commercial sensitivity			
No			
Data quality response			
Accuracy, data time information provided above is to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy			
Name			
Date			



Indicator Reference			
KPI - 2.1 - NM			
Indicator Title			
Emergency Defects Rectification Timescales completed on time			
Definition			
Measure compliance with taking appropriate action to ensure that those faults identified as requiring an Emergency response (as defined in the Highway Inspection Manual) are responded to within agreed timescales (i.e. within 2 hours) as defined in the Highway Inspection Manual. The service provider will respond in a reasonable and appropriate manner depending on the emergency situation. The Authority will determine if it is a reasonable and appropriate response.			
Why we are using this indicator			
To continue safety of the public highway by removing dangers with a speedy response time, thus helping to reduce the risk of injury, damage and subsequent claims.			
Person responsible for data collection			
Highway Maintenance Manager			
Baseline			
No baseline available as data recorded on spreadsheets as no electronic system at present			
Year End targets			
All emergency defects rectification are completed within the agreed timescale as defined in the Highway Inspection Manual. No late emergency defects rectification.			
Quarterly targets			
01	02	03	04
Method of collection			
1. SP records all emergency defects in Management Information System including date and time of identification 2. Immediate Instructions issued to contractors to attend within required timescale, also recorded in MIS 3. SP monitors response 4. Contractor confirms when emergency attended including times of attendance and make safe and any further actions necessary 4. Details provided by contractor entered onto MIS by SP 5. Report produced at the end of each month to show number of emergency defects reported, number attended, time of site attendance, time of make safe and any further actions - report to identify performance against target timescale to identify any late responses including period of lateness			
Formula			
Number of Emergencies where non-compliance to agreed response timescales is evident, including the amount of delay in each case			
Return format		Number late, lateness period	
Report frequency			
Monthly	Yes	Quarterly	
Data provided			
Senior Highway Inspector			
SP to confirm			
Data source			
Currently excel spreadsheet, but expect SP to use Management Information system			
Data publishing arrangements			
Do			
Data sharing arrangements			
No			
Comparable indicator			
LBB Specific			
N/a			
Data accuracy check			
Not currently but checks could be made by using CCU request data and highway inspector reports			
Data Storage and Security			
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will be made restricted			
Risk of claims			
High Risk of an accident, injury, damage occurrence and subsequent claims. Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction			
Commercial sensitivity			
No			
Data quality reporter			
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understand the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



Risk of claims	
Impact of poor performance is below target	
High Risk of an accident, injury, damage occurrence and subsequent claims. Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction	
Commercial sensitivity	
No	
Data Quality Reporter	
I certify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.	
Name	
Date	



Function	Service standard
Dealing with Emergency reactive defects - make safe	2 hours
Dealing with Cat 1 reactive defects	48 hours
Dealing with Cat 2 reactive defects	7 days
Insurance Investigations completed on time	14 days
Response in dealing with complaints relating to weeds	7 days
Response in dealing with Highway Licence applications	3 working days
Processing of Vehicle Crossover Applications - providing quotes	4 weeks
Processing Construction of Vehicle Crossovers following payment	within 4 weeks of receipt of payment
Commencing and completing Crossover Appeal process	within 3 weeks of receipt of the appeal
Response in dealing with Drainage malfunction and flooding	Within 2 hours for a flooding event Within 4 weeks for an issue which is identified as a drainage malfunction not currently causing flooding but could potentially do so in the future if not attended to.
Responding to weather reports/warnings relating to activating WM functions in accordance with WM Plan	Complete gritting is conducted before the temperature reaches zero degrees Celsius as based on the forecasted time
Response relating to requests from all sources including residents, traders, councillors, MP's and third parties such as the emergency services etc.	In accordance with LBB policies

Indicator Reference				
KPI - 2 - NM				
Indicator title				
Response Timescales				
Definition				
Timely response to service requests : Compliance with Network Management and Authority service standards below and described in sub-KPIs 2.1 to 2.11				
Why we are using this indicator				
Responsive service delivery is key for customer satisfaction, evidence collection, and customer assurance. It reduces failure demand and the likelihood of accidents and serious injury or death.				
Person responsible for data collection				
Highway Maintenance Manager and/or staff to be determined by service provider				
Baseline				
Not collected except for insurance investigations (100%), weed complaints (100%), highway licence applications (100%), and described in sub-KPIs 2.1 to 2.11				
Year End Target				
100% achievement of service standards set out below and described in sub-KPIs 2.1 to 2.11. No responses beyond the specified timescales below and described in sub-KPIs 2.1 to 2.11.				
Quarterly Targets				
Q1	Q2	Q3	Q4	
Method of collection				
1. SP records all relevant activities in Management Information System including date and time of identification 2. Immediate Instructions issued to contractors to attend within required timescale, also recorded in MIS 3. SP monitors response 4. Contractor confirms when activities are complete and any further actions necessary 4. Details provided by contractor entered onto MIS by SP 5. Report produced at the end of each month to show activities undertaken and their start and end times/dates, and any further actions - report to identify performance against target timescale to identify any late responses including period of lateness.				
Formula				
Number of instances where non-compliance to agreed response timescales is evident, including the amount of delay in each case. This is a pass/fail KPI.				
Number of passed and failed sub-KPI's				
Return Format		Number late, lateness period		
Reporting frequency				
Monthly	Yes	Quarterly		
Data Provider				
Senior Highway Inspector				
SP to confirm				
Data Source				
Currently excel spreadsheet, but expect SP to use Management Information system				
Data Publishing Arrangements				
no				
Data Sharing Arrangements				
No				
Comparable Indicator				
LBB Specific				
N/a				
Data Accuracy Checks				
Not currently but checks could be made by using CCU request data and highway inspector reports				
Data Storage and Security				
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will be made restricted				

Indicator Reference			
KPI - 1.9 - NM			
Indicator Title			
Annual programme relating to Cyclic Bridge Maintenance			
Definition			
To measure Compliance with completed cyclic maintenance activity to Bridges/Structures at pre-programmed and agreed times. This would exclude maintenance work when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect specification), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.			
Why we are using this indicator			
Failure to comply with carrying our maintenance activity by the due date will leave the Authority open to a risk of not completing knowing repairs/maintenance and hence improve safety (structural integrity) of the structures which could in extreme cases lead to a structural failure and potential injury			
Person responsible for completion			
No baseline as records are not held electronically at present			
Year and target			
All due maintenance completed on or before the due date. No maintenance completed beyond the due date.			
Quarterly targets			
Q1	Q2	Q3	Q4
Method of collection			
1. Each structure has a defined cyclic maintenance schedule with a programmed date to complete. 2. SP to programme resources to ensure that works programmed by each due date - due dates loaded into the Management Information System 3. Completed works records loaded into the Management Information System (Bentley Exor) with date of works taking place and completing. 4. Report produced from Management Information System of all works due in the month and all works carried out including dates - included in the report days early and late 5. All late records identified, including the numbers of days late in each case. 6. Refer to KPI criteria and apply appropriate adjustments.			
Formula			
Number of occasions where non-compliance (late commencement and/or completion of works) is evident/reported, including number of days late in each case			
Return Format		No, Days	
Reporting frequency			
Monthly	Yes	Quarterly	
Data Provider			
n/a			
Management Information System (Bentley Exor) - Note not currently operational			
Data Refreshing Arrangements			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB Specific			
n/a			
Data Accuracy Checks			
Occasional spot checks are conducted currently			
Data Storage and Security			
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will have restricted access			
Risk of claims			
Impact on poor performance if being raised			
Increased risk of structural failure occurring with subsequent claims pay-out and costs to the Authority. Unable to show that the Authority is meeting its Duty of Care responsibility.			
Commercial sensitivity			
Yes as could be used against the Authority			
Data Quality / Report			
I certify that the information provided above is to the best of my knowledge, accurate and also genuine. I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			



Indicator Reference					
KPI - 1.7 - NM					
Indicator Title					
Annual programme of Gully Cleansing					
Definition					
Programme delivery - Measure compliance with commencing and completing the Annual Gully Cleansing works in accordance with agreed programme dates such that the % of gullies cleaned accords with the target set in the Highway Maintenance Contract by year end. This would exclude schemes when the third party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.					
Why we are doing this indicator					
To ensure the highway is not at risk of flooding due to block gullies					
Person responsible for data collection					
Baseline					
No baseline - Currently measured based on evidence provided by contractor of those gullies cleaned each month, but this is not currently measured against an agreed expectation of numbers in each period					
Year and target					
All gully cleansing completed on or before the agreed date. No gully cleansing completed beyond the agreed plan and agreed programme dates, including the overall numbers meeting the % required to be cleaned annually in the Highway Maintenance Contract					
Quarterly targets					
Q1	Q2	Q3	Q4		
Method of collection					
1. SP agrees programme with Client (expect through annual service plan), including number of gullies to be cleaned each month. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Report indicates numbers planned to be cleaned and also the number that have been cleaned, including planned date and actual date. Comparison made against programme 4. Any late works will be considered against KPI criteria for adjustments to be made.					
Formula					
Number of agreed gullies to be cleaned which did not commence on time and/or completed on time, and the number of days delayed in each instance					
Return format		Reporting frequency	Number of gullies, number late, days late		
Monthly	Yes	Quarterly			
Data Provider					
		n/a			
Data Source					
Currently excel spreadsheet, but expect SP to use Management Information system					
Data Publishing Arrangements					
no					
Data Sharing Arrangements					
No					
Comparable Indicator					
LBB Specific					
N/a					
Data Accuracy checks					
Occasional checks by Senior Engineer					
Data Storage and Security					
Currently excel spreadsheet which is in the process of being made restricted, but expect SP to use Management Information system which will have restricted access					
Risk of claims					
Impact of poor performance if below target					
Authority unlikely to meet Network Management Duty, Complaints, poor environment, damage to property, person and highway, bad press and reduced Resident Satisfaction					
Commercial sensitivity					
No					
Data Quality Response					
I certify that the information provided above is, to the best of my knowledge, accurate, it also certifies that we read and understood the responsibilities set out in the Data Policy.					
Name					
Date					

DRS methodology sheet

Indicator Reference			
KPI - 1.6 - NM			
Indicator Title			
Annual programme of weed prevention			
Definition			
Programme delivery - Measure compliance with commencing and completing the Annual Weed Spray works in accordance with agreed programme dates and to ensure that the borough is kept weed free in accordance with the Highway Maintenance Contract requirements. This would exclude schemes when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.			
What we are trying to achieve			
To ensure the highway is kept weed free in accordance with Contract Specification requirements and to accord with the expectations of members and residents			
Person responsible for data collection			
[REDACTED]			
Baseline			
Currently measured as satisfactory completion of all works orders issued and response to CCU's for ad hoc hotspot works without timescales			
Year first target			
All sprays conducted as planned. No sprays conducted outside the agreed plan and beyond programme dates, including agreed response for ad hoc requests			
Quantified targets			
Q1	Q2	Q3	Q4
Method of collection			
1. SP agrees programme with Client (expect through annual service plan), including start and end dates for each borough wide spray. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Comparison made against programme 4. Any discrepancies dealt with through KPI criteria in the form of adjustments. 5. Ad hoc requests recorded with date of request and date of response and action taken - compare to agreed timescale from receipt to completion and determine any failings to which adjustments will be applied.			
Formula			
Number of sprays agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance			
Return format			
Number of schemes, number late, days late			
Reporting frequency			
Monthly	Yes	Quarterly	
Data Provider			
[REDACTED]			
n/a			
Data Source			
Currently excel spreadsheet, but expect SP to use Management Information system			
Data Publishing Arrangements			
No			
Data Sharing/Management			
No			
Comparable Indicator			
LBB Specific			
N/a			
Data Access/Checks			
The data will go through random spot-checking by Inspectors			
Data Storage and Security			
Currently excel spreadsheet which is in the process of being restricted, but expect SP to use Management Information system which will have restricted access			
Risk of claims.			
Impact of poor performance if below target			
Authority unlikely to meet Network Management Duty, Complaints, poor environment, bad press and reduced Resident Satisfaction			
Commercial sensitivity			
No			
Data Quality/Report			
Identify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
Name			
Date			

Indicator Reference			
KPI - 1.5 - NM			
Indicator Title			
Annual programme relating to Highway Condition Assessment			
Definition			
Programme delivery - Commencing and completing the Annual Highway condition survey in accordance with agreed programme dates. This would exclude schemes when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.			
Why we are using this indicator			
To ensure that the results of the annual survey can be used to prioritise and report the proposed programme of schemes for the next financial year and to enable a robust business case to be developed on the need to invest the correct amount of funding in order to keep the highway in a steady state condition.			
Person responsible for data collection			
[Redacted]			
Baseline			
No current baseline, but has always been delivered without difficulty			
Year completed			
All surveys completed on time. No survey completed beyond agreed programmed period			
Quantity Target			
Q1	Q2	Q3	Q4
	Commenced during and completed before the end of Quarter 2		
Method of collection			
1. SP agrees programme with Client (expect through annual service plan), including scope of survey and start and end dates. 2. SP reports on progress on a weekly basis from commencement date, providing evidence of status. 3. Comparison made against agreed programme 4. Any discrepancies dealt with through KPI adjustments			
Formula			
Number of surveys agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance			
Return Format		Commencement days late and completion days late	
Reporting Frequency			
Monthly	Note: Weekly progress required	Quarterly	
Data Provider			
[Redacted]			
Data Source			
[Redacted]			
Currently excel spreadsheet, but expect SP to use Management Information system			
Data Publishing Arrangements			
No			
Data Sharing Arrangements			
Yes - National Indicators enabling comparison between all Authorities (For Principal and Main roads only)			
Comparability Indicator			
Comparable in part and also LBB Specific			
All Authorities report this data			
Data Accuracy Checks			
This is carried out by independent specialists who use specialist machinery and follow nationally agreed criteria.			
Data Storage and Security			
Currently excel spreadsheet and report in Word format which is in the process of having restricted access, but expect SP to record outcome on Management Information system in future which should have restricted access			
Information on Performance below table			
No			
Information on Performance below table			
Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction. Authority will not know the condition of the network and as such will not know what priorities to follow and as such could waste funding.			
Commercial Sensitivity			
No			
Data Quality Indicator			
Regarding the information provided above is to the best of my knowledge accurate, I also certify I have read and understood the responsibility laid out in the Data Quality Policy.			
Name			
Date			

Indicator Reference				
KPI - 1.4 - NM				
Indicator Title				
Annual Programme relating to other highway improvement schemes				
Definition				
Programme delivery - Measure compliance with commencing and completing Highway Improvement schemes in accordance with agreed programme dates. This would exclude schemes when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.				
Why we are using this indicator				
To ensure works are properly managed and co-ordinated in accordance with TMA and NRSWA and as identified within corporate plans and to the expectation of members and residents				
Person responsible for data collection				
Baseline				
100%				
Year End Target				
All schemes commenced and completed by the agreed programme dates. No schemes commenced and completed beyond agreed programme dates				
Quarterly Targets				
Q1	Q2	Q3	Q4	
Method of collection				
1. SP agrees programme with Client (expect through annual service plan), including start and end dates for each scheme. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Comparison made against programme 4. Any discrepancies identified, including days late in both commencement and completion 5. Mitigation considered if raised by SP at appropriate time. 6. Client agrees/rejects mitigation and finalises position with SP. 7. Reference to KPI criteria to determine appropriate adjustments for any non-compliance identified				
Formula				
Number of schemes agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance				
Return Format		Number of schemes, number late, days late		
Reporting frequency				
Monthly	Yes	Quarterly		
Data Provider				
SP to confirm				
Data Source				
Currently excel spreadsheet, but expect SP to use Management Information system				
Data Publishing Arrangements				
Yes - Corporate Performance Reporting				
Data Sharing Arrangements				
No				
Comparable Indicator				
LBB Specific				
N/a				
Data Accuracy Checks				
Scheme files record data such as progress invoicing and final measurements and Completion Certificates - all can be used to help determine completion of schemes				
Data Storage and Security				
Currently excel spreadsheet which has restricted access, but expect SP to use Management Information system which will have restricted access				
No				
Impact of poor performance (below target)				
Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction				
Commercial sensitivity				
No				
Data Quality/Response				
I certify that the information provided above is to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities stated in the Data Policy Policy.				
Name				
Date				

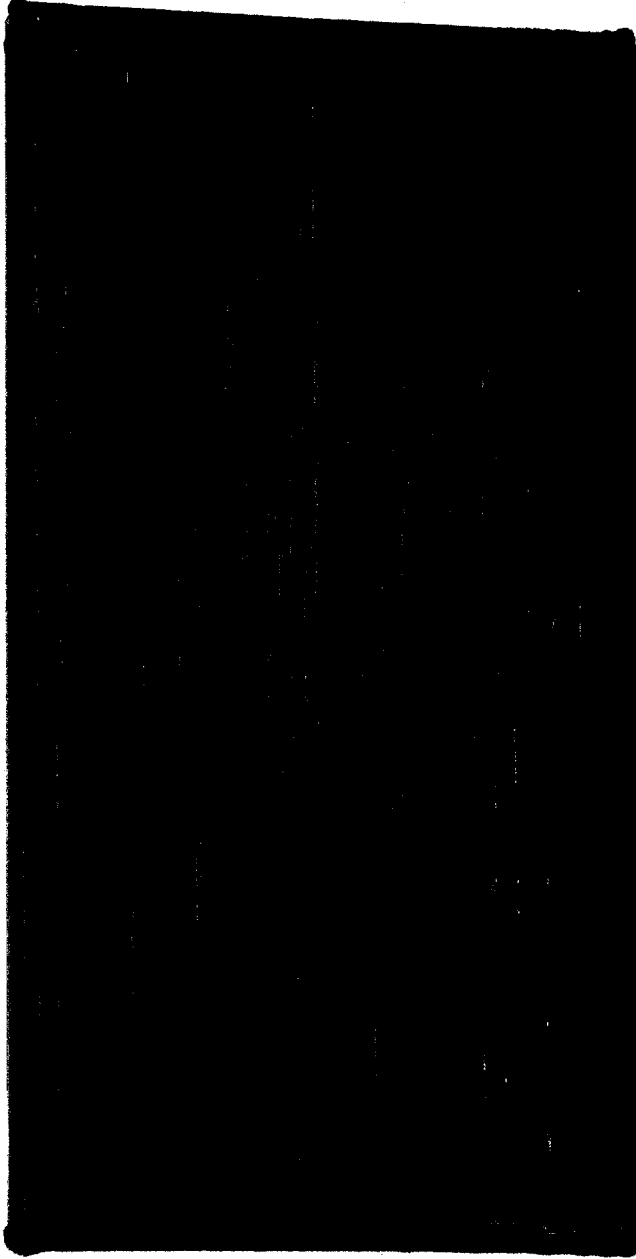
Indicator Reference									
KPI - 1.3 - NM									
Indicator Title									
Annual Programme relating to Footway Relay schemes									
Definition									
Programme delivery - Measure compliance with commencing and completing Footway Relay schemes in accordance with agreed programme dates. This would exclude schemes when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI. The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.									
Why we are using this indicator									
To ensure works are properly managed and co-ordinated in accordance with TMA and NRSWA and as identified within corporate plans and to the expectation of members and residents									
Person responsible for data collection									
Baseline									
100%									
Year and target									
All schemes commenced and completed by the agreed programme dates. No schemes commenced and completed beyond agreed programme dates									
Quantified targets									
01020304									
Method of collection									
1. SP agrees programme with Client (expect through annual service plan), including start and end dates for each scheme. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Comparison made against programme 4. Any discrepancies identified, including days late in both commencement and completion 5. Mitigation considered if raised by SP at appropriate time. 6. Client agrees/rejects mitigation and finalises position with SP. 7. Reference to KPI criteria to determine appropriate adjustments for any non-compliance identified									
Formula									
Number of schemes agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance									
Return format									
Number of schemes, number late, days late									
Reporting frequency									
Monthly									
Yes									
Quarterly									
Data Provider									
SP to confirm									
Data Source									
Currently excel spreadsheet, but expect SP to use Management Information system									
Data Publishing Arrangements									
Yes - Corporate Performance Reporting									
Data Sharing Arrangements									
No									
Comparable indicator									
LBB Specific									
N/a									
Data/Measure Checks									
Scheme files record data such as progress invoicing and final measurements and Completion Certificates - all can be used to help determine completion of schemes. Data from London Permit Scheme can be used to spot check data.									
Data Storage and Security									
Currently excel spreadsheet which has restricted access, but expect SP to use Management Information system which will have restricted access									
Data/Measure Checks									
No									
Data/Measure Checks									
Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction									
Commercial sensitivity									
No									
Data Quality Response									
I can certify that the information provided above is, to the best of my knowledge, accurate, it also certifies that I have read and understood the responsibilities laid out in the Data Quality Policy.									
Name									
Date									

Indicator Reference				
KPI - 1.2 - NM				
Indicator Title				
Annual Programme relating to Carriageway Resurfacing schemes				
Definition				
Programme delivery - Measure compliance with commencing and completing carriageway resurfacing schemes in accordance with agreed programme dates. This would exclude schemes when the third-party contractor does not comply with its delivery requirements/timescales and the non-compliance is not due to the non-performance of the service provider. However, where the non-compliance is due to the non-performance of the service provider (e.g. incorrect design, incorrect topographical survey), then these shall be counted as failures under this KPI.				
The service provider will actively manage the third-party contractor in the most reasonable and appropriate manner to achieve the targets/deadlines. Should targets not be met, the Authority will determine if the actions undertaken by the service provider to manage the third-party contractor are reasonable and appropriate.				
Why we are using this indicator				
To ensure works are properly managed and co-ordinated in accordance with TMA and NRSWA and as identified within corporate plans and to the expectation of members and residents				
Person responsible for data collection				
Baseline				
100% of all works in the programme were delivered				
What End Target				
All schemes commenced and completed by the agreed programme dates. No schemes commenced and completed beyond agreed programme dates				
Quarterly Targets				
Q1	Q2	Q3	Q4	
Method of collection				
1. SP agrees programme with Client (expect through annual service plan), including start and end dates for each scheme. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Comparison made against programme 4. Any discrepancies identified, including days late in both commencement and completion 5. Mitigation considered if raised by SP at appropriate time. 6. Client agrees/rejects mitigation and finalises position with SP. 7. Reference to KPI criteria to determine appropriate adjustments for any non-compliance identified.				
Formula				
Number of schemes agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance				
Return Format		Number of schemes, number late, days late		
Reporting frequency				
Monthly	Yes	Quarterly		
Data Provider				
SP to confirm				
Data Source				
Currently excel spreadsheet, but expect SP to use Management Information system				
Data Publishing/Arrangements				
Yes - Corporate Performance Reporting				
Data Sharing/Arrangements				
No				
Comparable Indicator				
LBB Specific				
N/a				
Data/Quality Checks				
Scheme files record data such as progress invoicing and final measurements and Completion Certificates - all can be used to help determine completion of schemes. Data in the London Permit Scheme could be also be used to spot check the data				
Data Storage and Security				
Currently excel spreadsheet which has restricted access, but expect SP to use Management Information system which should also have restricted access				
Impact on Performance (below is just)				
No				
Impact on Performance (below is just)				
Authority unlikely to meet Network management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction				
Commercial sensitivity				
No				
Data Quality Report				
Security (the information provided above is to the best of my knowledge accurate. I also certify I have read and understood the responsibilities relating to the Data Quality Policy)				
Name				
Date				

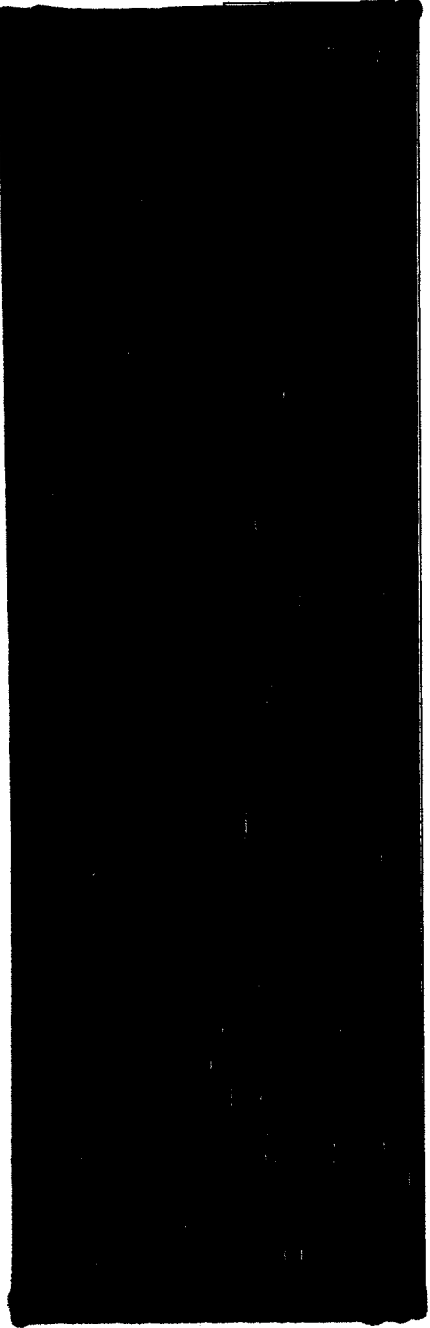
Indicator Reference				
KPI - 1.1 - NM				
Indicator title				
Annual programme relating to Highway Safety Inspections				
Definition				
Measure compliance with carrying out a safety inspection of the highway by the planned/programme dates - inspecting the highway at predetermined periods based on the hierarchy of the road network and as defined within the Highways Inspection Manual				
Why we are using this indicator				
Failure to comply with inspecting by the due date will leave the Authority open to a risk of claims and inability to defend these and hence incur costs associated with the claims. Hence a failure to meet the Duty of Care in relation to appropriate maintenance management of the network				
Person responsible for data collection				
Highway Maintenance Manager - Vacant				
Baseline				
No baseline as records are not held electronically at present				
Year and target				
By month six and thereafter, all inspections completed by the due date. No due inspections completed beyond the due date.				
This assumes that the review to be conducted upon service transfer date does not identify any insurmountable issues that would prevent the service provider from implementing the management systems.				
Quarterly targets				
Q1	Q2	Q3	Q4	
Method of collection				
1. Within the Highway Maintenance Manual each road has a defined inspection regime which will identify the due date of each inspection. 2. SP to programme resources to ensure that an inspector is programmed to visit by each due date - due dates loaded into the Management Information System 3. Inspection records loaded into the Management Information System (Bentley Exor) with date of each inspection. 4. Report produced from Management Information System of all inspections due in the month and all inspections carried out including dates - included in the report days early and late 5. All late records identified, including the numbers of days late in each case. 6. Refer to KPI criteria and apply appropriate adjustments.				
Formula				
Number of occasions where non-compliance (late inspections) is evident/reported, including number of days late in each case				
Return format			Days	
Reporting frequency				
Monthly	Yes	Quarterly		
Data source				
Highway Maintenance Manager - Vacant				
Data source				
Senior Highway Inspector				
Data publishing/management				
Management Information System (Bentley Exor) - Note not currently operational				
Data sharing/management				
No				
Compliance indicator				
LBB Specific				
n/a				
Data Accuracy Checks				
Not currently as the electronic Management Information System is not yet operational - when operational management reports will be available				
Data Storage and Security				
Currently shared drive which is in the process of being made restricted - but will be within the Management Information System - Bentley/Exor, which will be password protected				
SP could suggest that Inspections have been completed when they in fact have not in order to show compliance and avoid adjustments - Risk could be mitigated with the use of handhelds with GPS recording and date management. There would also be a risk of increased claims.				
Implication of poor performance if below target				
Increased claims pay-out and costs to the Authority. Unable to show that the Authority is meeting its Duty of care responsibility.				
Commercial sensitivity				
Yes as could be used against the Authority				
Data Grants/Reports				
Identify what the information provided above is to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.				
Name				
Date				

KPI - 1 - NM			
Annual Programme relating to the following functions: 1. Highway safety inspections (sub-KPI 1.1) 2. Carriageway resurfacing (sub-KPI 1.2) 3. Footway relay (sub-KPI 1.3) 4. Other highways improvement (sub-KPI 1.4) 5. Highway condition assessment (sub-KPI 1.5) 6. Weed prevention (sub-KPI 1.6) 7. Gully cleansing (sub-KPI 1.7) 8. Bridge inspections (sub-KPI 1.8) 9. Cyclic bridge maintenance (sub-KPI 1.9)			
Programme delivery - Measure compliance with commencing and completing functions in accordance with agreed programme dates. The functions outlined above are described further in the output specification and functional specification documents.			
To ensure works are properly managed and co-ordinated as identified within corporate plans and to the expectation of members and residents			
100% of all works in the programme were delivered			
All functions commenced and completed by the agreed programme dates as described in KPI 1.1 to 1.9. No functions commenced and completed beyond agreed programme dates			
1. SP agrees programme with Client (expect through annual function plan), including start and end dates for each function. 2. SP reports on progress at the end of each month, providing evidence of status. 3. Comparison made against programme 4. Any discrepancies identified, including days late in both commencement and completion 5. Mitigation considered if raised by SP at appropriate time. 6. Client agrees/reflects mitigation and finalises position with SP. 7. Reference to KPI criteria to determine appropriate adjustments for any non-compliance identified.			
Number of functions agreed which did not commence on time and/or completed on time, and the number of days delayed in each instance			
Monthly	Yes	Quarterly	Number of functions, number late, days late
Senior Engineer - Shan Veli and other staff to be confirmed by the function provider			
Currently excel spreadsheet, but expect SP to use Management Information system			
Yes - Corporate Performance Reporting			
No			
LBB Specific			
N/a			
Function files record data such as progress invoicing and final measurements and Completion Certificates - all can be used to help determine completion of functions. Data in the London Permit function could be also be used to spot check the data			
Data Storage and Security			
Currently excel spreadsheet which has restricted access, but expect SP to use Management Information system which should also have restricted access			
No			
Authority unlikely to meet Network Management Duty under TMA, Complaints, bad press and reduced Resident Satisfaction			
No			
Data quality reported monthly that the information provided above is as the best quality provided by the system. It also correctly has been used to inform the regional planning and the data quality			
Name		Date	

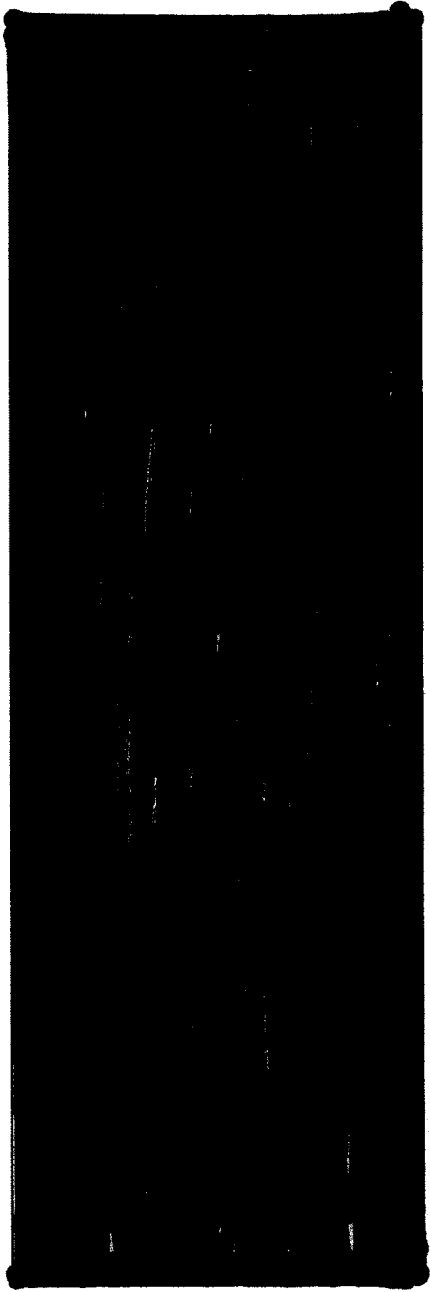
Indicator number of code for reference and use with Bland management systems	Indicator Reference PI 003 - LC
Indicator Title	Indicator Title Timely capture of new charges in spatial and electronic format
Put the formula yet concise indicator definition here	Definition Capturing the data passed from other departments spatially and electronically
Please provide details about why this indicator has been chosen	Why we are using this indicator To ensure the register is updated quickly when new data is generated
Name & Title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline where applicable and explanation if no baseline available	Year End Target TBA - Data collected but not reported at present. Data to be ready by end-Aug
Target for end of financial year	Months 1 to 6: maintain the baseline or existing performance level with regard to the percentage of documents captured and registered on the IT system (currently Acolaid) within 2 days of receipt of notice Months 7 to 12, and thereafter: Improve performance month-on-month and reach 80% in Month 12 and maintain at 80% thereafter.
Quarterly targets (different from the overall end of year target)	Method of collection Crystal report already uploaded into Acolaid. To run the report: In Acolaid 1. Select week/month/quarter to report on by clicking the minus - or plus + sign 2. Select weekly/monthly/quarter report 3. Enter the password and user name 4. Click 'OK'. Week overview appears 5. Go to the bottom of the page and select 'View Report' 6. View weekly report To be confirmed by service provider.
Formulae Number of calls Answered/ Number of calls received	Formula Number of documents registered within 2 days / Number of documents handed to the team N/B Volumes are normally in the 100s
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency Monthly x Quarterly TBA
Name of person who provides the data. Alternative person who provides the data in the absence of the above	Data Provider [Redacted]
Where is the data sourced from? Systems, surveys etc	Data Source Acolaid
Is this information published anywhere and if so where	Data published in arrangements No
Does provide this information to any third parties such as DERA, CIO etc and do you have any data sharing arrangements in place	Data shared with arrangements No
Is this indicator comparable to ISO 9001 or other standards	Comparable indicator None
If comparable please provide details of who else measures this to assist with Benchmarking	
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy checked 10% sampling check of data by managers.
Where is the data kept? Is it spreadsheets systems and what security if any is in place (eg password protected) to ensure data is not altered. Is data stored online with Freedom of Information and the Data Protection Act	Data Storage and Security Secure system, password protected with individual username and password, editable only by the land charge team.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this. Please log any associated risks on ICD and provide reference numbers	Used as a performance monitor locally so the only risk would be performance may not be as good/bad as reported Impacts on poor performance in being raised
What will happen if performance against the indicator is poor?	If register is not updated and a search is requested the customer may be given incorrect information. This could lead to potential claims in the future as it may impact the customer financially Commercial sensitivity
Is the indicator commercially sensitive. If please describe how and give any other relevant information or background	This information should be available to the public when they request a personal search so is not commercially sensitive. Data Collected/Reported To ensure that the information provided is accurate for the purpose of knowledge, accuracy, data is verified and provided and understood the responsibility lies with the data collection team.
This should be signed by senior IB Barred officer with overall responsibility for this indicator	Name Date



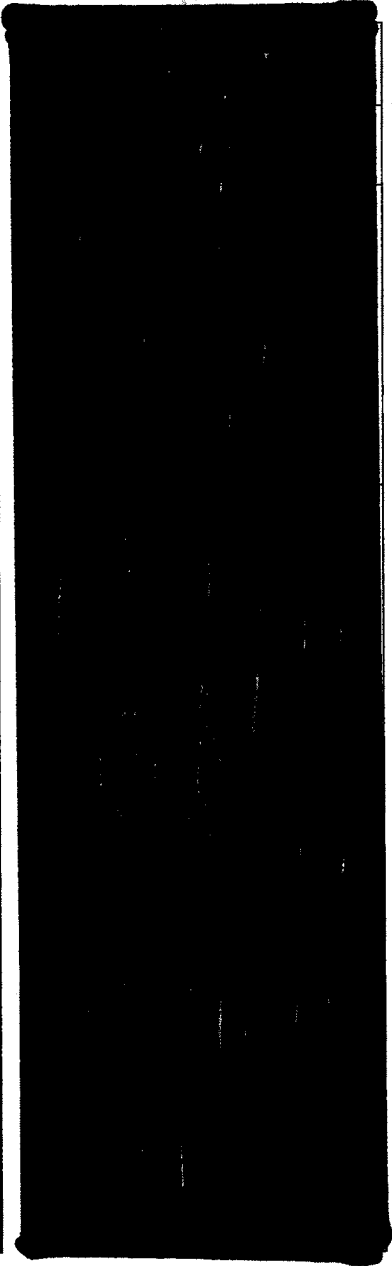
Indicator number or code for reference and use with BSI and management systems	Indicator Reference PI 002 - LC
Indicator Title	Indicator Title Compiled Personal Searches - processing speed
Put the formula, yet concise indicator definition here	Definition Provide search results for compiled Personal Searches including additional questions in a timely manner
Please provide details about why this indicator has been chosen	Why we are using this indicator This indicator assesses the ability of the team to process requests for compiled personal searches in a timely manner.
Name & Title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline, where applicable and explanation if no baseline available	Verifiable data 2.8 days average for entire 2012-13
Target for end of financial year	For Year one: performance will be reported quarterly to give confidence to the Authority that the annual target will be realised. The target for every year is a 3-day average processing time.
Quarterly targets (if different from the overall end of year target)	Q1: [Redacted] Q2: [Redacted] Q3: [Redacted] Q4: [Redacted]
Please provide a sequential list (ie a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection Crystal report already uploaded into Acolaid. To run the report: In Acolaid 1. Select week/month/quarter to report on by clicking the minus - or plus + sign 2. Select week/month/quarter report 3. Enter the password and user name 4. Click 'OK'. Week overview appears 5. Go to the bottom of the page and select 'View Report' 6. View weekly report To be confirmed by service provider.
Formulae	Formula Time taken to process all searches received in any selected quarter divided by the number of searches processed to give the average time taken to process each search by type. The report is already written for this and is on Acolaid.
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting frequency Quarterly
Name of person who provides the data. Alternative person who provides the data in the absence of the above.	Data provider [Redacted]
Where is the data sourced from? Systems, surveys etc.	Data source Acolaid
Is this information published anywhere and if so where	Data publishing arrangements No
Do we provide this information to any third parties such as OFPA, CIG etc and do you have any data sharing arrangements in place	Data sharing arrangements No
Is this indicator comparable or LBB specific?	Comparable indicator KPI 001 - LC
If comparable please provide details of who also measures this to assist with Benchmarking	LBB Specific LBB Specific
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Accuracy checks 10% sampling check of data by managers
Where is the data kept ie spreadsheets systems and what security (any) is in place (eg password protected) to ensure data is not altered its data stored online with Freedom of Information and the Data Protection Act	Data Storage and Security Secure system, password protected with individual username and password, editable only by the land charge team.
Any risks to collecting, submitting or publishing this data, also if the data is incorrect and consequences of this. Please log any associated risks on CAD and provide reference number	Used as a performance monitor locally so the only risk would be performance may not be as good/bad as reported
What will happen if performance against the indicator is poor?	Impact of poor performance (below target) Reputational risk - personal search companies may complain we are not providing data quickly enough for them to remain competitive
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity We are competitive so it is in our advantage not to let our competitors know how quickly we process requests. Data Quality Reporter Identify that the information provided above is, to the best of my knowledge, accurate. I also certify I have read and understood the responsibilities outlined in the Data Quality Policy
This should be signed by senior Librarian officer with overall responsibility for this indicator	Name Date



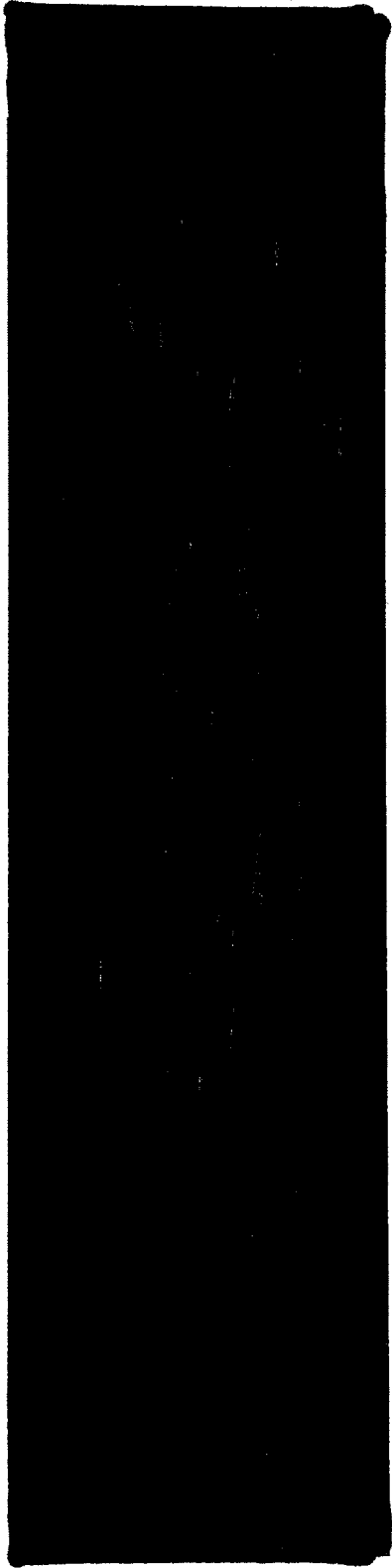
Indicator number for code for reference and use with Bland management systems	Indicator Reference PI 001 - LC								
Indicator Title	Uncompiled Personal Searches - processing speed								
Put the formal, yet concise indicator definition here	Provide search results for uncompiled Personal Searches including additional questions in a timely manner								
Please provide details about why this indicator has been chosen	This indicator assesses the ability of the team to process requests for uncompiled personal searches in a timely manner. The importance of this is to ensure we comply with the Competition Act 1988.								
Name & title of the senior officer with overall responsibility for this indicator									
Provide a baseline where applicable and explanation if not baseline available	3 days average for entire 2012-13								
Target for end of financial year	Year 1: 5 day annual average for a financial year while the register is not yet digitised. Year 2 onwards: 3 day annual average (and average for each quarter) for a financial year. Note: this is a low priority activity (hence a different target) and does not generate income. The statutory timescale is 20 days. Register is to be digitised by the end of Year One as outlined in the Commitment Schedule at which point the request for these searches will be instantaneous.								
Quarterly targets if different from the overall and/or year target	<table><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>7</td><td>6</td><td>4</td><td>3</td></tr></table>	Q1	Q2	Q3	Q4	7	6	4	3
Q1	Q2	Q3	Q4						
7	6	4	3						
Please provide a sequential list (view process map) of how the data is collected from first point up to the aggregation into a performance measure	Crystal report already uploaded into Acolaid. To run the report: In Acolaid 1. Select week/month/quarter to report on by clicking the minus - or plus + sign 2. Select weekly/month/quarter report 3. Enter the password and user name 4. Click 'OK'. Week overview appears 5. Go to the bottom of the page and select 'View Report' 6. View weekly report To be confirmed by service provider.								
Formulae Number of calls answered Number of calls received	Time taken to process all searches received in any selected quarter divided by the number of searches processed to give the average time taken to process each search by type. The report is already written for this and is on Acolaid.								
Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate	<table><tr><td>Monthly</td><td>Quarterly</td><td>Number of days to 1 decimal point</td></tr><tr><td></td><td>x</td><td></td></tr></table>	Monthly	Quarterly	Number of days to 1 decimal point		x			
Monthly	Quarterly	Number of days to 1 decimal point							
	x								
Name of person who provides the data When the person who provides the data is in the absence of the above									
Where is the data sourced from? Systems, surveys etc.	Acolaid								
Is this information published anywhere and if so where?	No								
Do we provide this information to any third parties such as SPIFA, CIG, etc and do you have any data sharing arrangements in place	No								
Is this indicator comparable or LBB specific?	Comparable indicator								
If comparable please provide details of who else measures this to assist with benchmarking	KPI 001 - LC - (LBB Specific)								
Are there any checks in place to ensure the data is accurate and to what are these checks carried out?	10% sampling check of data by managers								
Where is the data kept? Is it spread across systems and what security if any is in place (e.g. password protected) to ensure data is not altered? Is data stored online with freedom of information and the Data Protection Act	Data Storage and Security Secure system, with specified log on to the land charge area.								
Any risks to collecting, submitting or publishing this data? What are the data's inaccuracy and consequences of this? Please include any associated risks on DVD and how any data breach is handled	Used as a performance monitor locally so the only risk would be performance may not be as good/bad as reported								
What will happen if performance against the indicator is poor?	Reputational risk - personal search companies may complain we are not providing data quickly enough for them to remain competitive								
Is the indicator commercially sensitive? If please assess the low and give any other relevant information on background	We are competitive so it is in our advantage not to let our competitors know how quickly we process requests. Data Quality Register To verify that the information provided above is the best of my knowledge, accuracy, I also declare that I have read and understood the responsibilities set out in the Data Quality Policy.								
This should be signed by senior business officer with overall responsibility for this indicator	<table><tr><td>Name</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Name		Date					
Name									
Date									



Indicator Reference			
KPI 001 - LC			
Indicator title			
Processing speed for Full Official Searches (online and post)			
Definition			
The average time taken to process requests for searches			
Why we are using this indicator			
This indicator assesses the ability of the team to process requests for full searches in a timely manner. The importance of this is to maintain good customer satisfaction and therefore maintain business share.			
Person or organisation that will collect data			
Baseline			
2.8 days average for entire 2012-13			
Year end target			
3 day average processing time for entire financial year			
Quantity targets			
Q1	Q2	Q3	Q4
Method of collection			
Crystal report already uploaded into Acolaid. To run the report: In Acolaid 1. Select week/month/quarter to report on by clicking the minus - or plus + sign 2. Select weekly/month/quarter report 3. Enter the password and user name 4. Click 'OK'. Week overview appears 5. Go to the bottom of the page and select 'View Report' 6. View weekly report To be confirmed by service provider.			
Formula			
Time taken to process all searches received in any selected quarter divided by the number of searches processed and communication sent out to client (if by email) or printed (if by hard copy) to give the average time taken to process each search by type. Time is calculated from 9.00am on the following working day of receipt to the time the search is completed. This approach to measurement is consistent with national guidelines.			
Return from Reporting Period		No of days to 1 decimal point	
Monthly	Quarterly		x
Data Provider			
Data Source			
Acolaid			
Data Publishing Arrangement			
No			
Data Sharing Arrangements			
No			
Comparable Indicator			
LBB specific			
Data Security Checks			
10% sampling check of data by managers			
Data Storage and Security			
Secure system, password protected with individual username and password, editable only by the land charge team.			
Used as a performance monitor locally so the only risk would be performance may not be as good/bad as reported			
Impact on poor performance if below target			
Solicitors will begin to use our competitors to carry out full searches if we do not process requests quickly enough. This will mean a reduction in income. Commercial sensitivity			
We are competitive so it is in our advantage not to let our competitors know how quickly we process requests.			
Data Quality Review			
I certify that the information provided above is to the best of my knowledge accurate and also certifies that I have read and understood the responsibilities set out in the Data Quality Policy.			
Name			
Date			



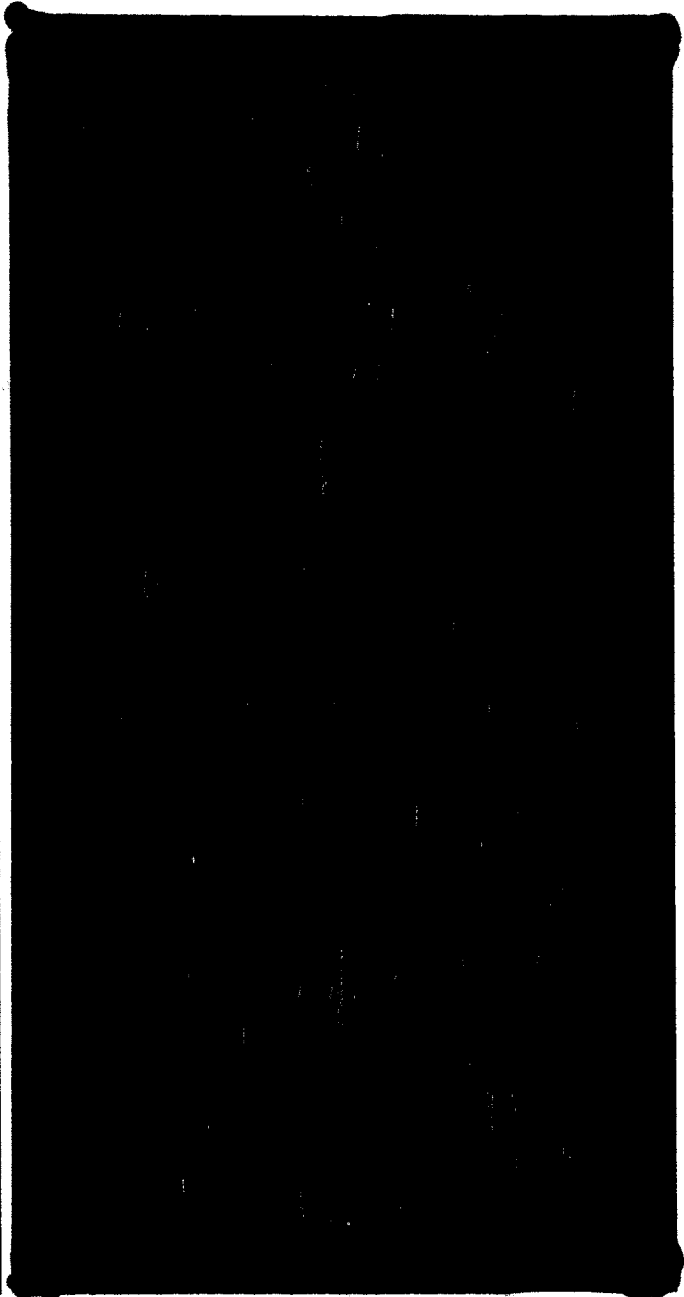
Indicator number or code for reference and use with B1 and management systems	Indicator Reference PI HCC07			
Indicator title	Indicator title Time taken to process memorial permits			
Put the formal yet concise indicator definition here	Definition Process application to erect, replace, renovate, inscribe and/or complete work on a memorial headstone erected on a grave and make decision and inform applicant of result, (approve or refuse).			
Please provide details about why this indicator has been chosen	Why we are using this indicator To ensure good standard in service delivery, meeting authority best practice in responding to and processing external customer enquiries.			
Name & title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]			
Provide baseline where applicable and explanation if no baseline available	Baseline No baseline established. New staff restructure implemented but time required to record response times			
Target for end of financial year	Year End Target 95% of requests responded to within 7 working day time frame			
Quarterly targets (if different from the overall end of year target)	Quarterly Targets Q1 Q2 Q3 Q4			
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection Bereavement Service staff to record and collate service request and record when request is not responded to within timeframe. Data to be recorded in data base for annual reporting. Application forms are currently date stamped as they are received and then date stamped again if/when approved. Note: can arrange to transfer this data on to a spreadsheet if required, although this will be time consuming. Service Provider to develop method.			
Formulae Number of Calls Answered/ Number of calls received	Formulae Number of permit requests responded to within 7 working days divided by the number of permit requests			
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Reporting Frequency Quarterly			
Name of person who provides the data Alternative person who provides the data in the absence of the above	Data Provider [Redacted]			
Where is the data sourced from? Systems, surveys etc.	Data Source Service request recorded and maintained by Hendon Cemetery and Crematorium			
Is this information published anywhere and if so where	Data Publishing/Arrangements No			
Does it provide this information to any third parties such as OFRA, CLG etc. and do you have any data sharing arrangements in place	Data Sharing Arrangements No			
Is this indicator comparable on LBB specific?	Comparable indicator LBB Specific			
If comparable please provide details of who else measures this to assist with benchmarking	Data Accuracy Checks N/A			
Are there any checks in place to ensure the data is accurate and how are these checks carried out	DATA compiled by Bereavement service staff and checked by Manager before production			
What are the data security measures in place and what security if any is in place (e.g. password protected) to ensure data is carried out	Data Storage and Security Data is kept on Spreadsheet in password protected files and subject to data protection measures			
Any risks to collecting, submitting or publishing this data - also if the data is incorrect what are the consequences of this, please	No			
What will happen if performance against the indicator is poor?	Indicator of poor performance (if below target) Customer impact through poor service delivery. Financial loss to the council/service provider if Local Authority doesn't meet service request time frames.			
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Commercial sensitivity No			
This should be signed by senior LB carrier officer with overall responsibility for this indicator	Data Quality Report I certify that the information provided above is to the best of my knowledge accurate. I also certify I have read and understood the responsibilities laid out in the Data Quality Policy.			
	Name			
	Date			



Indicator number or code for reference and use with B1 and management systems	Indicator Reference PI HCC06
Indicator Title	Indicator Title Weekend cremation availability
Put the formal yet concise indicator definition here	Definition Crematorium availability for funeral booking 7 days a week excluding Christmas Day, Boxing Day and New Years Day.
Please provide details about why this indicator has been chosen	Why we are using this indicator The Authority intends to provide cremation services, 7 days a week, 52 weeks a year (exceptions permitted) to meet community needs. This performance indicator is designed to ensure the service provider delivers this service regardless of business needs and/or service provider priorities and to ensure that Barnet residents are provided with more choice.
Name & Title of the senior officer with overall responsibility for this indicator	Person responsible for data collection [Redacted]
Provide baseline where applicable and explanation if no baseline available	Baseline 93% (January to May 2013)
Target for end of financial year	Year End Target 100% of all weekend service requests received met
Quarterly targets (if different from the overall end of year target)	Quarterly Targets Q1 Q2 Q3 Q4
Please provide a sequential list (i.e. a process map) outlining how the data is collected from first point up to the aggregation into a performance measure	Method of collection Bereavement Service staff to record and collate service request and record when request is not met. Data to be recorded in data base for quarterly/annual reporting.
Formulae: Number of Calls Answered/ Number of calls received	Formula Number of weekend cremation requests met divided by the number of weekend cremation requests
Agreed Reporting Frequency is this to be reported monthly or quarterly please delete as appropriate	Return format Reporting frequency Annual reporting
Name of person who provides the data	Data Provider [Redacted]
Alternative person who provides the data in the absence of the above	Data Source Bereavement Service staff to record and collate service request and record when request is not met. Data to be recorded in data base for annual reporting.
Where is the data sourced from? Systems, surveys etc.	Data Publishing Arrangements No
Is this information published anywhere and if so where	Data Sharing Arrangements No
Does it provide this information to any third parties such as DEFRA, CLG, etc. and do	Comparable Indicator LBB Specific
Is this indicator comparable or LBB specific?	N/A
If comparable please provide details of who else measures this to assist with Benchmarking	Data Accuracy Checks DATA compiled by Bereavement service staff and checked by Manager before production
Are there any checks in place to ensure the data is accurate and how are these checks carried out	Data Storage and Security Data is kept on Spreadsheet in password protected files and subject to data protection measures
Where are data kept? Spreadsheets, systems and what security if any is in place (e.g. password protected) to ensure data is not lost or tampered with	No risks. If data submitted is incorrect the published figures would not be an accurate reflection of the Authority's performance and service performance/business income may be affected.
Any risks to collecting, submitting or publishing this data - also if the data is incorrect and consequences of this - Please log any associated risks on ICAID and provide reference number	Impact of poor performance if below target Customer impact through poor service delivery. Financial loss to the council/service provider if Local Authority doesn't meet service requests.
What will happen if performance against the indicator is poor?	Commercial sensitivity No
Is the indicator commercially sensitive? If please describe how and give any other relevant information or background	Data Quality Report It is certified that the information provided above is to the best of my knowledge, accurate. It also certifies I have read and understood the responsibilities set out in the Data Quality Policy.
This should be signed by senior LB/Barnet officer with overall responsibility for this indicator	Name Date

- Indicator number or code for reference and use with BMRB management systems
- Indicator Title
- Put the formal, yet concise indicator definition here
- Please provide details about why this indicator has been chosen
- Name & Title of the senior officer with overall responsibility for this indicator
- Provide baseline where applicable and explanation if not baseline available
- Target for end of financial year
- Quarterly targets (if different from the overall end of year target)
- Please provide a detailed list (via process map) outlining how the data is collected from first point up to the aggregation into a performance measure
- Formulae
Numerical calls (Answers)
Number of calls received
- Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate
- Name of person who provides the data
Alternative person who provides the data in the absence of the above
- Where is the data sourced from (systems, surveys etc)
- Is this information published anywhere and if so where
- Does it provide this information to any third parties such as DERR, ECU etc, and do you have any data sharing arrangements in place
- Is this indicator comparable or LBB specific
- If comparable please provide details of who else measures this to assist with Benchmarking
- Are there any checks in place to ensure the data is accurate and how are these checks carried out
- Where is the data kept (e.g. spreadsheets, systems and what security / lock is in place (e.g. password protected) to ensure data is not altered, is data stored online with Freedom of Information and the Data Protection Act
- Any risks to collecting, submitting or publishing this data - also if the data is incorrect, and consequences of this. Please log any associated risks on OJA and provide reference number
- What will happen if performance against the indicator is poor
- Is the indicator commercially sensitive. If please describe how and give any other relevant information or background
- Who should be signed by senior officer. Name of officer with overall responsibility for this indicator

Indicator Reference			
PI HCC04			
Indicator Title			
Charter for the Bereaved status and charter score			
Definition			
Maintain and improve charter for the bereaved score for Burial and Cremation from Bronze to Gold standard			
Why we are using this indicator			
The Charter for the Bereaved is a National indicative qualitative benchmarking process operated by the Institute of Cemetery and Crematorium Management (ICCM). It measures quality of bereavement services between Charter members and identifies service delivery improvements which members can pursue and in doing so achieve higher scores in the charter process.			
How we are measuring this indicator			
Hendon Cemetery and Crematorium achieved charter status in 2012 with an overall charter score of 66.6%			
Year 1 Financial Year			
Increase charter score (in % of points achieved against number of points available) for cremation and burial each year by at least 5% year-on-year and achieve Gold Standard by end of Year 3 and maintain Gold Standard thereafter.			
Note: For example, if the baseline is 50%, then the target for Year 1 is 52.5%.			
Q1	Q2	Q3	Q4
Data Collection			
Bereavement service staff complete an annual charter questionnaire which results in an accumulated score. The questionnaire is forwarded to the ICCM			
Formula			
Take part in ICCM Charter for the bereaved benchmarking activities, incrementally improving allocated numerical score until Silver and then Gold standard is achieved and maintain Gold Standard for rest of contract. Current Charter score Cremation 286 points and Burial 384 points.			
Number of points scored divided by number of points available expressed as a percentage (i.e. x100), minus			
Number of points scored in previous year divided by the number of points available in previous year expressed as a percentage (i.e. x100)			
Reported format		%	
Reporting frequency		Annually Reported	
Data Provider			
Data Source			
Data provided by ICCM			
Data Publishing Arrangements			
ICCM Website			
Data Storage Arrangements			
No			
Comparability Indicator			
LBB Specific			
N/A			
Data Access or Checks			
ICCM complete random checks on charter members to authenticate scores etc.			
Data Storage and Security			
Data stored by ICCM and is accessible in read only format by public			
No			
Impact on good practice or service delivery			
This will indicate a drop in the delivery of quality bereavement service performance			
Commercial sensitivity			
No			
Data quality, reporting			
I certify that the information provided above is, to the best of my knowledge and belief, true and accurate. I have read and understood the reporting instructions in the Burial and Cremation Charter.			
Name		Date	



Indicator number used for reference purposes with DRS management systems

Indicator title

Put the format yet concise (prior to definition here)

Please provide details about why this indicator has been chosen

Name & title of the senior officer with overall responsibility for this indicator

Provide baseline where applicable and explanation of how baseline is available

Target for current financial year

Quarterly targets (if different from the overall end of year target)

Please provide a sequential list (in a process map) outlining how the data is collected from first point up to the agreed baseline for performance measures

Formulae

Number of calls answered / Number of calls received

Agreed Reporting frequency is this to be reported monthly or quarterly please delete as appropriate

Name of person who provides the data. Alternative person who provides the data in the absence of the above

Where is the data sourced from? Systems, surveys etc.

Is this information published on website and if so where

Do we provide this information to any third parties such as DEFRA, CEMOs and do you have any data sharing arrangements in place

Is this indicator comparable with LBB specific? If comparable please provide details of who else measures this to assist with benchmarking

Are there any checks in place to ensure the data is accurate and how are these checks carried out

Where is the data kept i.e. spreadsheets, systems and what security / any built in place (e.g. password protected) to ensure data is protected. Is data stored in line with freedom of information and the Data Protection Act

Any risks to collecting, submitting or publishing this data? Also if the data is incorrect and consequences of this. Please include any associated risks to data and provide relevant numbers

What will happen if performance against the indicator is poor

Is the indicator commercially sensitive? If please describe how you can give any other relevant information on background

This should be signed by senior officer with overall responsibility for this indicator

PI HCC03

Number of cremations in relation to regional competitors

Maintain current performance expressed as a percentage position compared to main regional competitors for cremation services.

To ensure the Council remains competitive (financially and qualitatively) with regional bereavement service providers, balancing quality of service provision and financial income targets.

Person responsible for data collection

Baseline will be percentage (%) average of cremations completed at Hendon compared to all cremations completed by named competitors (see below) FY 2010/11.

These figures are obtainable from the Cremation Society of GB - Table of Cremations and Crematoria UK and are produced annually. However the most recent table/figures were published in 2011 and record statistics for the period January to December 2010 to January to December 2011. This indicates Hendon's market share at the time is 12%. Please see table at the bottom of this page for details.

An increase of 2 percentage points per year until 20% is reached then maintain.

However, the challenge will be how to gather the required information considering figures are published annually and then between 1 and 2 years in arrears.

Note: the target assumes that there is no catastrophic breakdown/interruption to crematoria operations.

Bereavement Service staff to record and collate data by requesting information from relevant cremation providers. Data to be recorded for annual reporting. The service provider will be responsible for collecting data on an annual basis (i.e. request from all competitors at the end of the year)

Total number of cremations taking place at Hendon divided by total number of cremations held at Hendon, Enfield, Golders Green, Islington, New Southgate, St Marylebone crematoriums.

Monthly Quarterly Reported Annually

Data requested from named cremation providers, collated and maintained by bereavement service staff and held by Hendon Crematory and Crematorium

Data Publishing Arrangements

No

Cremation figures are shared with CIPFA, CAMEO and the Cremation Society of Great Britain but not in percentage format with named regional competitors

DATA compiled by Bereavement service staff and checked by Manager before production

Data Storage and Security

Data is kept on a spreadsheet which is password protected and subject to data protection measures

If the data submitted is incorrect the published figures would not be an accurate reflection of the authority's performance and service performance/business income would be affected.

However, the challenge will be how to gather the required information considering figures are published annually and then between 1 and 2 years in arrears.

Financial loss to the council/service provider if Local Authority doesn't meet target and may indicate loss of service delivery quality.

No

Local authority responsible for data collection and publication of the information. The information is also available on the council's website.

Name

Date

CREMATORIA	Jan-Dec 2010	Jan-Dec 2011	Total Since Opening	2011 Total as % of County	2011 RC Recorded	2011 RC as % of County	2011 RC as % of County
LONDON (24)							
Barnet	1,899	1,822	112,656	225	225	725.00	725.00
Bromley	1,776	1,751	159,024	181	181	652.00	652.00
Chroydon	2,507	2,489	215,008	244	244	565.00	565.00
Enfield	2,021	2,039	224,943	N/A	N/A	565.00	565.00
Golders Green	1,538	1,818	325,319	172	172	577.00	577.00
Hendon	1,115	1,115	177,995	265	265	606.00	606.00
Islington	1,115	1,044	131,458	265	265	606.00	606.00
Kingston	898	775	56,218	175	175	510.00	510.00
Kingston-upon-Thames	790	775	56,218	175	175	510.00	510.00
Levensham	790	775	56,218	175	175	510.00	510.00
London (City of)	1,621	1,303	89,049	N/A	N/A	585.00	585.00
London (South)	1,004	893	208,321	332	332	660.00	660.00
London (West)	991	991	174,231	N/A	N/A	500.00	500.00
Marble	2,375	2,234	40,601	N/A	N/A	442.00	442.00
New Southgate	1,775	1,803	40,601	N/A	N/A	442.00	442.00
North London Crematory	1,078	1,142	11,357	N/A	N/A	500.00	500.00
Penry Vale	3,020	3,049	212,596	156	156	490.00	490.00
Rainhill	1,976	2,159	189,132	156	156	490.00	490.00
South West Midlands	543	559	47,841	34.210	N/A	480.00	480.00
West Newwood						515.00	515.00

Indicator Reference			
KPI HCC01			
Indicator Title			
Meeting religious burial requests			
Definition			
To meet service requests for burials related to religious and cultural needs (e.g. Muslim burial requirements)			
Measure against the indicator			
To ensure the service provider continues to provide burial meeting religious customs and design the service to meet cultural needs subject to compliance with legislative requirements, including the completion and submission of all required documentation. This includes Muslim burials where there is a need to meet next day or same day burial requests.			
Person responsible for data collection			
Baseline			
90% October 2012 to end of May 2013 for Muslim burials			
Year and target			
To process at least 95% of Muslim or other cultural or religious requests to ensure burial can proceed as required during each normal office working day, Monday to Friday excluding bank and public holidays.			
Note: this excludes instances where there are events outside the control of the service provider (e.g. unsuitable ground conditions due to adverse weather or exceedance of operational burial capacity for the day). This assumes that there is land available to meet cultural/religious needs.			
Indicator Targets			
Q1	Q2	Q3	Q4
95%	95%	95%	95%
Method of collection			
Bereavement Service staff to record and collate service request and record when request is not met. Data to be recorded in data base for quarterly/annual reporting.			
Formula			
Number of Muslim or other cultural or religious burial requests with complete documentation that are met (including for same day or next day burial), divided by the total number of Muslim or other cultural or religious burial requests with complete documentation			
Reporting format			
% No, Days			
Reporting frequency			
Monthly	Quarterly	Yes plus average for the year	
Data Provider			
Data Source			
Service request recorded and maintained by Hendon Cemetery and Crematorium -- The data is initially recorded in a paper-based booking diary and then transferred into an Excel spreadsheet.			
Data handling/arrangements			
NO			
Data sharing/arrangements			
NO			
Confidentiality indicator			
LBB specific			
N/A			
Data Accuracy Checks			
DATA compiled by Bereavement service staff and checked by Manager before production			
Data Storage and Security			
Data is kept on Spreadsheet in password protected files and subject to data protection measures			
No risks. If the data submitted is incorrect the published figures would not be an accurate reflection of the authority's performance and service performance/business income would be affected.			
Impact of poor performance on delivery targets			
Customer impact through poor service delivery. Financial loss to the council/service provider if Local Authority doesn't meet service requests through delayed processing.			
Commercial sensitivity			
No			
Data Quality Reporter			
I certify that the information provided above is, to the best of my knowledge, accurate, also readily available and understood by the responsible parties laid out in the Data Quality Policy.			
Name			
Date			

