



Uttlesford District Council

Chief Executive: Dawn French

Governance, Audit and Performance Committee

Date: Thursday, 26th July, 2018

Time: 7.30 pm

Venue: Committee Room - Council Offices, London Road, Saffron Walden,
Essex CB11 4ER

Chairman: Councillor E Oliver

Members: Councillors G Barker, J Davey, J Gordon, N Hargreaves, S Harris,
D Jones (Vice-Chair), G LeCount, B Light and G Sell

Substitutes: Councillors A Anjum, A Dean, J Freeman and M Lemon

Public Speaking

At the start of the meeting there will be an opportunity of up to 15 minutes for members of the public to ask questions and make statements subject to having given notice by 12 noon two working days before the meeting. A time limit of 3 minutes is allowed for each speaker. Please refer to further information overleaf.

AGENDA PART 1

Open to Public and Press

1 Apologies for Absence and Declarations of Interest

To receive any apologies for absence and declarations of interest.

2 Minutes of the Previous Meeting

5 - 10

To consider the minutes of the previous meeting.

3 Audit Results Report 2017-18 (to follow)

To receive the Audit Results report for 2017-18.

4 Statement of Accounts 2017-18 (to follow)

To consider the Statement of Accounts for 2017-18.

5 Internal Audit Annual Report and Opinion 2017/18 11 - 22

To receive the Internal Audit Annual Report and Opinion for 2017/18.

6 General Data Protection Regulation (GDPR) Compliance Progress Report 23 - 26

To receive the GDPR Compliance Progress report.

7 Community Governance Review 2018 27 - 36

To consider the Community Governance Review 2018.

8 Planning Peer Review Action Plan 37 - 54

To consider the Planning Peer Review Action Plan report.

9 Quarter 1 KPI and PI Performance Report 55 - 66

To receive the KPI and PI performance report for Quarter 1.

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The agenda is split into two parts. Most of the business is dealt with in Part I which is open to the public. Part II includes items which may be discussed in the absence of the press or public, as they deal with information which is personal or sensitive for some other reason. You will be asked to leave the meeting before Part II items are discussed.

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Agenda Item 2

GOVERNANCE, AUDIT AND PERFORMANCE COMMITTEE held in the COMMITTEE ROOM - COUNCIL OFFICES, LONDON ROAD, SAFFRON WALDEN, ESSEX CB11 4ER, on THURSDAY, 17 MAY 2018 at 7.30 pm

Present: Councillor E Oliver (Chairman)
Councillors G Barker, J Gordon, N Hargreaves, D Jones, B Light and G Sell

Officers in attendance: D French (Chief Executive), R Auty (Assistant Director - Corporate Services), S Bronson (Audit Manager/GDPR Project Lead Officer), P Evans (Leisure and Performance Manager), B Ferguson (Democratic Services Officer), S Pugh (Assistant Director – Governance and Legal Services), P Snow (Democratic and Electoral Services Manager) and A Webb (Director – Finance and Corporate Services).

Also Present: Councillor S Howell (Cabinet Member for Finance and Administration).

GAP1 APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were received from Councillors Davey and LeCount.

GAP2 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 8 February 2018 were signed and approved as a correct record.

GAP3 DRAFT ANNUAL GOVERNANCE STATEMENT REPORT

The Audit Manager presented the report on the Draft Annual Governance Statement 2017/18.

In response to a Member question, the Chief Executive explained the non-compliance issue with the Capital Funding Guide (CFG) and said the Council had come to an agreement with Homes England to ensure compliance with the CFG in future.

Councillor Jones asked how many Code of Conduct allegations had been upheld during 2017/18.

The Assistant Director – Governance and Legal Services said of the eight allegations, two were under investigation; three were being assessed and three had been rejected. He said he would circulate further information to Members following the meeting.

RESOLVED to approve the draft Annual Governance Statement 2017/18 as set out in the appendix of the report.

GAP4 INTERNAL AUDIT PROGRESS REPORT

The Audit Manager presented the Internal Audit Progress report for the 27 January to 30 April 2018.

The Audit Manager highlighted the implementation of recommendations from the Interim Street Services Audit 2017/18. She said Street Services would also be on the audit programme for 2018/19 and checks would be made to ensure all audit recommendations had been implemented as reported.

GAP5 GAP SELF-ASSESSMENT REPORT

The Committee considered and noted the contents of the report.

GAP6 GDPR COMPLIANCE PROGRESS REPORT

The GDPR Project Lead Officer updated Members regarding the Council's progress towards compliance with GDPR, which would come into force on 25 May 2018. She said much work had gone into training and ensuring staff were aware of the upcoming regulation, and a number of schemes had been rolled out to staff such as 'Spring Clean your data day' and '12 Steps to ensure GDPR compliance'. An E-learning package would be setup for Members and login details would be circulated in the near future.

In response to a Member question, the GDPR Project Lead Officer said all Data Subject Access Requests (SARs) would require a response within one month and therefore all SARs would be tracked and recorded in a full register.

The Chairman thanked the GDPR Project Lead Officer and her team for their work on this significant new legal requirement.

GAP7 DRAFT INTERNAL AUDIT WORK PROGRAMME

The Audit Manager presented the report detailing the proposed draft Internal Audit Programme for 2018/19.

In response to a Member question, the Audit Manager said the scoring of risk assessments were based on the Corporate Plan and Risk Register, as well as the outcomes of historical audits.

RESOLVED to approve the Draft Internal Audit Work Programme for 2018/19.

GAP8 PROCUREMENT UPDATE

The Director – Corporate Services presented the bi-annual report on procurement.

In response to a Member question relating to service repairs, the Director – Corporate Services said the Council had cancelled a contract with a service repair provider and a new company had been contracted to continue this work. This had led to the two separate costs relating to service repairs stated in the report.

GAP9 POLLING DISTRICT REVIEW

The Democratic and Electoral Services Manager introduced the report reviewing polling districts and places within Uttlesford. He presented the draft proposals for Members' consideration and approval.

Members discussed the draft proposals outlined in the report, with particular focus on the polling district of AOB, Saffron Walden, Audley South.

In response to a Member suggestion to visit the Baptist Church in Saffron Walden and assess its suitability as a polling place, the Democratic and Electoral Services Manager said this could be done although a decision would be required tonight to ensure Audley South had a designated polling place as part of a published scheme.

The Chief Executive said the choice between the Council Offices and the Saffron Walden County High School as designated polling places was difficult as there were real challenges facing both locations. She said, on balance, her preference was to designate the Council Offices as a polling place, as the management of the risks would be within the control of the council.

RESOLVED that the proposed changes to the scheme of polling districts and polling places in Uttlesford District to be applied from 29 May 2018 as set out in Appendix A to the report, subject to the designation of the Council Offices as the polling place for Saffron Walden, Audley South.

GAP10 VOTING BY BALLOT

The Assistant Director – Governance and Legal Services presented the report which asked Members whether they supported amending the Constitution to provide for appointments to be made by way of ballot. The change would apply to the appointments of Chairman and Vice-Chairman at Annual Council meetings.

Members discussed the issue, with particular regard paid to the principle of transparency, as well as the nature of contested appointments.

Councillor Hargreaves said this mechanism should only ever be applied to contested votes regarding internal Council appointments; he said the vote should be non-party political and therefore anonymity should be applied.

Councillor Howell said Members were not delicate and should have the ability to stand up and take responsibility for their actions. He said he was concerned that voting by ballot could be applied to other decisions, leading to a lack of transparency.

Councillor Barker said the Constitution already allowed Members to call for a ballot, although this could be superseded by a call for a recorded vote. He said the ballot should only be applied to contested appointments.

RESOLVED for the Assistant Director – Governance and Legal Services to submit a further report to the Committee proposing changes to the Constitution to provide for contested appointments made by the Council to be decided by way of ballot.

GAP11 **PROCEDURE FOR MOVING AMENDMENTS AT COUNCIL MEETINGS**

The Leisure and Performance Manager entered the meeting at 8.50pm.

The Assistant Director – Governance and Legal Services introduced the report proposing changes to the Council Procedure Rules for moving amendments at Council meetings. The proposed change to the Constitution had been discussed at the previous meeting and the proposal had been modified in light of that debate. He said the guiding principle behind the change was to ensure Council made well-informed decisions.

Councillor Hargreaves said he was happy with the proposed change in its modified form and would be supporting it.

Councillor Barker said he agreed with the change in principle although he would like the wording to be more specific. He said he was not happy with 'exceptional' amendments being tabled at the discretion of the Chairman as this would potentially negate the whole point of the proposed change.

The Assistant Director – Governance and Legal said it was difficult to build flexibility into such a process but the Chairman had existing powers of discretion at their disposal.

Councillor Sell said if an amendment was to be tabled it should be done in good time, in respect for other Members and Officers. He said the Council was a highly visible meeting and it was important for the Council to conduct itself professionally.

Councillor Light said she disagreed with the proposal as it would stifle debate and would prevent amendments which improved motions.

Councillor Jones said debate should not be stifled but he was mindful of wrecking motions and amendments should be well thought through and given in good time.

RESOLVED that the Committee recommends to Council that it adopt the changes to the Council Procedure Rules set out in the appendix to the report.

GAP12 **KPI AND PI QUARTER 4 2017/18 OUTTURN REPORT**

The Chief Executive and Democratic and Electoral Services Manager left the meeting at 9.00pm.

The Leisure and Performance Manager presented the performance indicators report for 2017-18 quarter 4.

The following indicators were highlighted by Members:

KPI 08 Average re-let time in days

The Leisure and Performance Manager said the annual target had not been met primarily due to issues with the new asbestos survey contractor who had experienced difficulty in completing asbestos surveys within ten days. She said this contract was being reviewed by procurement and senior Housing officers.

PI21 Percentage of minutes from meetings made available to the public within 10 working days

The Democratic Services Officer said the target had not been met due to staff absences and the implementation of the new Modern.Gov system.

PI22 Museum users: Total visitors to the museum building and on-site events (Max)

Members were informed that whilst the target had not been met in 2017/18, visitor numbers had increased compared to the previous year. A number of factors had contributed to missing the target, including a lack of teaching space and no Learning Officer in post until mid-September.

GAP13 **2018/19 PERFORMANCE INDICATOR TARGETS**

The Leisure and Performance Manager presented the report, proposing performance indicator targets for 2018/19, as well as identifying targets for 2019/2020.

A new indicator had been recommended for adoption, **PI 44 – Percentage of enquiries resolved at the first point of contact by the Customer Service Centre**, as this had been identified as a key measure of customer satisfaction.

RESOLVED to approve the Performance Targets for 2018/19 as set out in the Appendix to the report.

The meeting ended at 9.20pm.

Committee: Governance, Audit and Performance Committee

Date:

Thursday, 26 July 2018

Title: Internal Audit Annual Report and Opinion 2017/18

Report Author: Sheila Bronson, Audit Manager
sbronson@uttlesford.gov.uk

Summary

1. The purpose of this report is to advise on the work carried out by Internal Audit during 2017/18 and provide an overall opinion on the Council's control environment for 2017/18. The report also shows the state of compliance with the Public Sector Internal Audit Standards (PSIAS) which came into effect on 01 April 2013 and were revised and updated from 01 April 2017.

Recommendations

2. That Internal Audit coverage, the Internal Audit Opinion and compliance with the Public Sector Internal Audit Standards are noted

Financial Implications

3. None.

Background Papers

4. None.

Impact

- 5.

Communication/Consultation	The Internal Audit Reports referred to in this report have been circulated to Members This report has been discussed with the Corporate Management Team at its meeting 27 June 2018
Community Safety	none
Equalities	none
Health and Safety	none

Human Rights/Legal Implications	none
Sustainability	none
Ward-specific impacts	none
Workforce/Workplace	none

Situation

6. Internal Audit is statutory service that forms part of the Council's corporate governance framework. The service is an assurance function that primarily provides an independent and objective opinion on the management of operational risk, control and governance.
7. The Internal Audit coverage for 2017/18 was delivered by the Council's in-house Internal Audit Team, which comprised of the following resource:

	01/04/17 – 31/07/17	01/08/17 - 31/03/18
Internal Audit Manager	FT	0.20 FTE
Internal Auditor	FT	FT
Internal Auditor	0.67 FTE	FT

8. From 01 August 2018, the Internal Audit Manager was seconded to GDPR Project Team Lead Officer; to provide adequate cover for Internal Audit to ensure that the service could continue to give the level of assurance required the part-time auditor post (0.67FTE) has been increased to a full time post for the duration of the secondment.
9. Internal Audit work partly informs the Annual Governance Statement which is published with the Council's Statement of Accounts.
10. Throughout 2017/18 the Internal Audit Manager reported to Members of the Governance, Audit & Performance Committee on details of work undertaken by Internal Audit and on implemented and outstanding Internal Audit recommendations.
11. The Internal Audit Work Programme is a rolling programme of planned audit work subjected to regular reviews and updating at strategic points throughout the year to take into consideration changes in priority, audit resources and additional unplanned time requirement.
12. The initial Internal Work Programme for 2017/18 was drawn up in January 2017 and implemented from 01 April 2017 on the basis of a resource of 1 full-time audit manager, 1 full-time auditor and 1 part-time (0.7 FTE) auditor. This was reviewed and updated to reflect to resource changes from 01 August 2018. The allocation of audit days were calculated as follows:

	Initial April 2017 days	Revised August 2017 days	actual days taken	<i>diff between August 2017 and actual</i>
total days available	694	752	752	
less leave provisions and non-audit time	(253)	(221)	(270)	49
Total available for productive audit work	441	531	462	
Less Internal Audit Manager GDPR time	0	(146)	146	
total audit days available	441	385	336	
<i>programmed 2017/18 audit work</i>	290	254	245	-9
<i>productive Non-specific audit work</i>	151	131	91	-40
total audit days allocated	441	385	336	

2017/18 Leave Provisions & Non-Audit Time

13. At 31 March 2018, Leave Provisions and Non-Audit Time accounted for 270 days against the revised allocated 221 days (+49). This is accounted for by additional management and team meeting time during the secondment period and by sickness absence in quarter 4 of 2017/18.

2017/18 Productive Non-Specific Audit Work

14. At 31 March 2018, Productive Non-Specific Audit Work accounted for 91 days against the allocated 131 days (-40).

	allocated days	actual days taken	diff
contribution to corporate management	38	10	28
Annual Governance Statement	4	4	0
consultancy & general advice	11	15	-4
committee & member related work	13	7	6
fraud related work	7	3	4
irregularity provision	23	18	5
follow-up work	3	2	1
residual 2015/16 audit work	32	32	0
Other- e.g. External Auditor liaison	0	0	0
	131	91	40

2017/18 Planned Audit Work – Revised Internal Audit Programme

15. There were a total of 40 audits on the initial Internal Audit Programme 2017/18, 31 audits plus 8 potential additional audits dependent on the then unknown 2016/17 audit opinions. These were reduced in the Revised Internal Audit Strategy & Work Programme from 01 August 2018 with the overall total of actual audits from 31 to 25.

16. Of the revised 25 audits undertaken in 2017/18:

- 5 were Key Financial Audits;
- 2 were Corporate Audits;
- 18 were Other audits.

17. In the Revised Internal Audit Strategy & Work Programme revised 254 days were allocated to these audits as:

- Key Financial Audits - 45 days (10%)
- Corporate Audits - 25 days (18%)
- Other Audits - 184 days (72%)

18. At 31 March 2018, planned audit work accounted for 245 days against the revised allocated 254 days.

19. At 31 March 2018, the actual audit days used were

- Key Financial Audits - 40 days (16%)
- Corporate Audits - 31 days (13%)
- Other Audits - 174 days (71%)

20. The Internal Audit target was for 90% of planned audits to be completed to at least draft stage by 31 March 2018. Of the revised 25 planned audits, 20 (80%) were completed to at least draft report stage by 31 March 2018.

21. Although we commenced work on all 25 planned audits, two main factors affected our ability to meet the 90% target. Several audits had required additional time thus delaying starting work on others. Our ability to completed audits was influenced further by reduced audit resource due to staff absence in particular in quarter four of 2017/18.
22. In March 2018 I took the decision to ceased audit work on 4 audits which were at the planning stage and carry them forward to the 2018/19 Audit Programme:
- Budgets;
 - HR & Payroll;
 - Equality & Diversity;
 - Legal Services
23. As considerable work had been undertaken on the audit of Council Tax, this audit was to be completed as Residual Work from 2017/18 on the 2018/19 Audit Programme.
24. At 31 March 2018, 15 Final Reports and 1 Interim Report had been issued for audits from the 2017/18 audit programme.
25. Since 31 March 2017, Final Reports have been issued for a further 4 audits from the 2017/18 audit programme; at the time of this report no residual audit work has been done.

Annual Audit Opinion

26. Our audit opinions are formed on the basis of the number of recommendations made and level of risks associated with them.
27. The table reproduced at appendix A shows the audit work undertaken; the planned audit days from the 2017/18 Revised Internal Audit programme; the actual audit days taken during 2017/18; the audit opinions formed and the number of recommendations made as a result of our audit work.
28. For the 20 audits in the 2017/18 audit programme on which an opinion has been given, 70 recommendations have been made to improve the Council's control environment. This is in comparison with the 53 recommendations made in the 20 completed 2016/17 audits and 44 recommendations made in the 23 completed audits in the 2015/16 audit programmes.
29. The 70 recommendations arising from our 2017/18 audit work were assessed as follows:
- 7 recommendations were assessed as level 4
(fundamental and requiring immediate attention and priority action)
 - 21 recommendations were assessed as level 3
(significant that should be addressed within six months)

- 37 recommendations were assessed as level 2
(important that should be addressed within twelve months)
- 5 recommendations were assessed as level 1
(merit attention and would improve overall control)

30. For the 20 audits on which an opinion on the level of assurance that risks material to the achievement of the objectives for the audited areas were managed and controlled has been given:

- the opinion for 1 audit was 'little assurance'
- the opinion for 2 audit was 'limited assurance'
- the opinions for 4 audits were 'satisfactory assurance' and
- the opinions for 13 audits were 'substantial assurance'

31. For the 3 Key Financial Audits on which an opinion has been given on the level of assurance that risks material to the achievement of the objectives for the audited areas were managed and controlled:

- the opinions for 1 audits were 'satisfactory assurance' and
- the opinions for 2 audits were 'substantial assurance'

32. A 'little assurance' opinion was given in the Interim Report issued for the audit of Street Services - Trade Waste and Income Generating Services 2017/18 in which we made:

6 x level four recommendations
12 x level three recommendations
4 x level two recommendations and
0 x level one recommendation

At 30 April 2018, all recommendations made in the Interim Report have been implemented; further work will be undertaken to completed this audit as part of the 2018/19 Audit Programme.

33. A 'limited assurance' opinion was given in the report issued for the audit of Leisure – PFI 2017/18, in which we made:

1 x level four recommendations
3 x level three recommendations
3 x level two recommendations and
0 x level one recommendation

At 30 June 2018, 1x level four and 1x level two recommendations have been implemented and the remaining 5 are expected to be implemented in accordance with an agreed timetable.

34. A 'limited assurance' opinion was given in the report issued for the audit of Car Parking & NEPP 2017/18, in which we made:

- 0 x level four recommendations
- 3 x level three recommendations
- 2 x level two recommendations and
- 0 x level one recommendation

At 30 June 2018, 1 level two recommendation has been implemented and the remaining 4 recommendations are expected to be implemented in accordance with an agreed timetable.

35. Copies of the Final Reports for completed audits were circulated to Committee Members at the time of issue.

36. In determining the overall audit opinion for the year, the factors in paragraphs 28 to 35 have been taken into consideration and weighted accordingly.

37. Therefore, our audit opinion on the control environment for 2017/18 is that risks material to the achievement of the objectives for the audited areas identified by Internal Audit are, on balance, **satisfactorily** managed and controlled.

Implementation of Internal Audit Recommendations

38. To stimulate improvement and reduce the likelihood of error or loss, management have a responsibility for ensuring the recommendations contained within Internal Audit reports are implemented. To encourage the timely implantation of agreed recommendations all management action and timetable for implementation is agreed prior to the issue of the final report.

39. All recommendations, agreed management action and timetable for implementation are input into Pentana for Internal Audit management purposes.

40. Internal Audit manages the follow-up of implementation of recommendations through a combination of updates from responsible officers following automatic trigger notifications sent out by Pentana; regular reporting to meetings of this Committee and a rolling follow up programme at six months after the latest implantation date of the agreed management action or as part of the next audit of an area.

41. All audit reports are addressed to the member of CMT responsible for the audited area and copied to the Chief Executive, the Director of Finance and Corporate Services, the Director of Public Services and the Assistant Director of Governance & Legal.

42. Members of the Governance, Audit & Performance Committee received copies of all audit reports and Terms of Reference.

43. Of the 70 recommendations made in Audits from the 2017/18 audit programme to date:

- 50 have been implemented;
- 20 have yet to reach their due date and will continue to be monitored through Pentana with progress reported to this Committee during 2018/19;

External Auditors

44. Liaison meetings and informal ad hoc meetings were held between the Audit Managers of Internal Audit and the External Auditor to discuss current work being undertaken and future work plans.

Conformance with the Public Sector Internal Audit Standards (PSIAS) and Other Quality Assurance Results

45. The Public Sector Internal Audit Standards (PSIAS) require that an external review of the Internal Audit Service is conducted every five years. In the Internal Audit Annual Report and Opinion presented to this committee at its May 2017 meeting, it was reported that a self-assessment had been undertaken to review the internal audit section's conformance with the PSIAS.

46. This self-assessment was subjected to external verification as part of an External Quality Assessment carried out during the August & September 2017 with the Assessor's final report being issued on 02 October 2017. A copy of the report was circulated to Governance, Audit & Performance Committee members.

47. The External Assessor's overall assessment conclusion is that:

- The internal audit provision within Uttlesford District Council generally conforms with the expectations of the Public Sector Internal Audit Standards.
- The service has responded to the introduction of the standards in 2013 and has developed a robust methodology which is consistently applied to a high standard.
- There are a number of areas in which the service can be further improved in relation to the use of risk based auditing which will provide increased levels of assurance to the Council and assist in improving the profile of internal audit and the subsequent feedback that is received from clients.
- The further development of risk management systems to reflect an Assurance Framework within the Council would enable greater recognition of key mitigating controls and the other sources of assurance with which

internal audit effort should be co-ordinated in order to support the Governance Statement process.

- Some revisions to the internal audit process may be beneficial in terms of improving efficiency and transparency of the assurance being provided.

48. Following the External Quality Assessment a Quality Assurance & Improvement Programme (QAIP) has been drawn up to address the 16 recommendations made in the report. However current resource levels within the service have delayed progress towards their implementation during 2017/18.

49. It can also be confirmed that the internal audit activity is organisationally independent. Internal audit reports to the Assistant Director of Governance and Legal (Monitoring Officer) but has a direct and unrestricted access to all senior management and the Governance, Audit & Performance Committee.

50. Quality control procedures have been established within the Internal Audit Services as follows:

- Individual Audit Reviews – Working papers and reports are all subject to independent review to ensure that the audit tests undertaken are appropriate, evidenced and the correct conclusions drawn. All reports are reviewed to ensure that they are consistent with working papers and in layout. Whilst these reviews invariably identify issues for clarification, the overall conclusion of the quality assurance checks is that work is being completed and documented thoroughly.
- Customer Satisfaction – A Post Audit Questionnaire form is issued to the main auditees on completion of an audit. This form was revised for 2017/18 seeks the views of auditees on how the audit. Based on the Post Audit Questionnaire forms returned, the average scores for 2017/18 audits completed were:
 - 91% on the audit was conducted, the report, recommendations made and
 - an overall opinion rating of 4.9 out of 5.
- All Internal Audit staff are provided with a copy of the Public Sector Internal Audit Standards and the Internal Audit Manual has been updated to reflect the requirements of the standards.

51. The above quality control procedures have ensured conformance with the PSIAS and that all Internal Audits have been conducted in conformance with the International Standards for the Professional Practice of Internal Auditing.

Review of Performance of the Internal Audit Service Against the Current Internal Audit charter

52. The Internal Audit Charter was reported to and approved by the Performance & Audit Committee on 15 November 2016. An updated Internal Audit Charter will be presented to this committee for approval during 2018/19
53. Based on the information provided in this report on the completion of the 2017/18 Internal Audit Programme, it is considered that the requirements of the Charter were met during the year.

Internal Audit Annual Report & Opinion 2017/18 – Appendix A

ref	Audit	Revised potential days	Actual Days Taken	Final Report Issued	Audit Opinion	Status at 30/06/18	No of Recs	4	3	2	1
01C	Corporate Commercial Enterprise & Investment	15	13.82	12/06/18	substantial	final	0	0	0	0	0
02C	Corporate Governance & Ethical Culture	10	17.35	12/06/18	substantial	final	2	0	0	2	0
03C	<i>Corporate Investment - combined with 01C</i>	0									
04C	<i>Corporate Value for Money</i>	0									
05KF	Budgets	5	0.00	Carried forward to 2018/19							
06KF	Council Tax	10	8.10	To be completed as Residual Work 2018/19							
07KF	Res – LCTS	10	7.07	02/03/18	substantial	final	0	0	0	0	0
08KF	Res - Main Accounting System	10	11.51	31/01/18	substantial	final	2	0	0	2	0
09KF	Res –Taxation	10	10.86	31/01/18	satisfactory	final	3	0	1	2	0
10KF	<i>Corp Serv – Payroll - combined with 14O</i>	0									
11O	Corp Serv – Communication	10	8.33	26/09/17	substantial	final	1	0	0	1	0
12O	Corp Serv- Day Centres	12	13.49	07/08/17	substantial	final	1	0	0	1	0
13O	Corp Serv - Grants to Voluntary Organisations	10	15.14	10/01/18	satisfactory	final	8	0	2	6	0
14O	<i>Corp Serv – HR & Payroll</i>	10	2.41	Carried forward to 2018/19							
15O	Corp Serv - Leisure – PFI	10	19.39	04/04/18	limited	final	7	1	3	3	0
16O	<i>H&H - Environmental Health – Enforcement</i>	0									
17O	H&H - Environmental Health - Food Safety & Infectious Disease Control	12	12.93	30/08/17	substantial	final	3	0	0	2	1

Internal Audit Annual Report & Opinion 2017/18 – Appendix A

ref	Audit	Revised potential days	Actual Days Taken	Final Report Issued	Audit Opinion	Status at 30/06/18	No of Recs	4	3	2	1
180	H&H - Community - Equality & Diversity	10	4.23	Carried forward to 2018/19							
190	H&H - Community - Health Improvement	10	6.50	26/03/18	substantial	final	1	0	0	1	0
200	H&H – Community – Safety	0									
210	H&H - Wellbeing - Services for Older People	10	15.55	28/11/17	satisfactory	final	6	0	0	3	3
220	Legal Services	10	0.32	Carried forward to 2018/19							
230	Planning - Car Parking Partnership (NEPP)	10	5.66	09/05/18	limited	final	5	0	3	2	0
240	Planning – Conservation	8	8.12	09/08/17	substantial	final	2	0	0	2	0
250	Planning - Economic Development Service	10	7.89	27/09/17	substantial	final	1	0	0	1	0
260	Planning - Energy Efficiency	10	7.95	17/01/18	substantial	final	2	0	0	1	1
270	Planning - Housing Strategy	10	6.37	28/03/18	substantial	final	1	0	0	1	0
280	Planning – Landscape	7	7.58	09/08/17	satisfactory	final	3	0	0	3	0
290	Planning - Local Plan	5	5.18	19/03/18	substantial	final	0	0	0	0	0
300	Street Services - Trade Waste and Income Generating Services	20	29.53	20/10/17	little	interim	22	6	12	4	0
31KF	Resources - Cash & Bank	0									
TOTAL AUDIT DAYS		254	245.28				70	7	21	37	5

Agenda Item 6

Committee: Governance, Audit and Performance Committee

Date:

Thursday, 26 July 2018

Title: General Data Protection Regulation (GDPR) Compliance Progress Report

Report Author: Sheila Bronson, Audit Manager
sbronson@uttlesford.gov.uk

Summary

1. To provide an update to the Governance, Audit & Performance Committee details of work being undertaken by the Council's towards compliance with the EU General Data Protection Regulation (GDPR) and the UK's Data Protection Act 2018 (DPA 2018) which come into force on 25 May 2018.

Recommendations

2. That the General Data Protection Regulation (GDPR) Compliance Progress Report be noted.

Financial Implications

3. None

Background Papers

4. None

Impact

- 5.

Communication/Consultation	An officer Project Team has been set up with representation from all departments
Community Safety	none
Equalities	None direct, although the need to protect sensitive personal data may be more significant for groups with one or more protected characteristics.
Health and Safety	none
Human Rights/Legal Implications	The Council is under a legal obligation to comply with the terms of the GDPR and

	DPA 2018 when they take effect on 25 May 2018. Penalties can be imposed, and reputational damage suffered, if it does not. Non-compliance may also lead to an infringement of the rights of individuals, in particular their “Article 8” right to respect for their private life and home.
Sustainability	none
Ward-specific impacts	none
Workforce/Workplace	All Council employees need to be aware of data protection requirements and to carry out their work in a compliant manner. This is particularly important for employees who have access to sensitive personal information about members of the public

Situation

6. The EU General Data Protection Regulation (GDPR) and the UK’s Data Protection Act 2018 (DPA 2108) came into force on 25 May 2018.
7. GDPR and DPA 2018 have replaced the Data Protection Act 1998.
8. The Council established a GDPR Project Team to undertake a programme of work to review the actions needed to work towards the Council’s compliance with GDPR and DPA 2018 at 25 May 2018 and continuing compliance thereafter.
9. Two temporary posts (12 months) have been created to oversee the GDPR compliance work; with the Internal Audit Manager appointed as GDPR Lead Officer from 01 August 2017 and a GDPR Compliance Officer in post from 13 November 2017.

Work Programme

10. The GDPR Project Plan included the actions needed to address the twelve steps identified by the Information Commissioner that organisations should take to ensure GDPR compliance.
11. GDPR Project Team meets monthly to review progress on its Project Plan; regular updates are also reported to the Corporate and Senior Management Teams. At its 03 June 2018 meeting, it was decided to continue to meet for at least the next six months but to revise the composition of the Project Team going forward to include Senior Managers from the service areas that process the highest volume of personal and sensitive data. All of the Corporate and

Senior Management Teams will be included in the circulation of Project Team agendas and minutes from meetings and able to attend if they so wish.

12. A GDPR Compliance Progress Report will continue to be brought to future meetings of this committee during the lifetime of the GDPR Project. A copy of the current Project Plan is available to Members on request.

Progress to date

13. As of 25 May 2018, 48 out of the 54 tasks on the Project Plan had been completed; work is in progress on the remaining 6 tasks.
14. On-going compliance work from 25 May 2018 includes work on contract variations and data sharing agreements; further work on data held on systems; compilation of the Council's Information Asset Register & Record of Processing Activities and review and updating of the Council's Retention Policy and Schedules.
15. The Council's overarching Privacy Notice and Service Specific Privacy Notices have been published on the Council's website.
16. The Council's current data protection policies and procedures have been revised and updated and where necessary new policies and procedures produced.
17. A compulsory GDPR training programme for all staff has been implemented and the programme of GDPR awareness for staff continues through the GDPR intranet page and news-letters.
18. Arrangements have been made for all UDC Councillors to have access to the Local Government Association's GDPR training course for councillors.
19. Under the GDPR, it is mandatory for the Council as a public authority to appoint a Data Protection Officer (DPO). The current interim arrangement continues with the Audit Manager appointed to the designated DPO role working with the GDPR Compliance Officer on day to day DPO tasks continues. This arrangement will be reviewed once the level DPO work after 25 May 2018 can be assessed.

Risk Analysis

20.

Risk	Likelihood	Impact	Mitigating actions
The Information Commissioner can impose sanctions on the Council if it fails to	1 The Council did not achieve full compliance by	3 Data breaches due to non-compliance will be subject	Action is being taken to towards ensuring the Council is in a position to demonstrate

show its compliance with GDPR from 25 May 2018	25 May 2018, however it can demonstrate the work it has undertaken towards full compliance	to sanctions varying in severity from warnings, reprimands, corrective orders to fines of up to €20m	continuing GDPR Compliance from 25 May 2018
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- 1 = Little or no risk or impact
- 2 = Some risk or impact – action may be necessary.
- 3 = Significant risk or impact – action required
- 4 = Near certainty of risk occurring, catastrophic effect or failure of project.

Committee:	Governance, Audit and Performance Committee	Date:	Thursday, 26 July 2018
Title:	Community Governance Review 2018		
Report Author:	Rebecca Dobson, Democratic and Electoral Services Officer rdobson@uttlesford.gov.uk		

Summary

1. There is a need to progress a community governance review of parish boundaries and electoral arrangements in relation to the parishes of Little Easton and the Dunmow North ward of Great Dunmow, following a decision of the Council in 2013 to do so. A formal request in relation to the electoral arrangements at the parish of Aythorpe Roding has also been received. The next step is for the Governance, Audit and Performance Committee to agree a timetable and terms of reference to enable a review of community governance to address these requests.

Recommendation

2. To approve the terms of reference and timetable of a limited community governance review as set out in Appendices 1 and 2, including scheduling of an extraordinary meeting of the committee to enable the review to be concluded before publication of the revised register of electors.

Financial Implications

3. There are no financial implications other than officer time and some printing costs.

Background Papers

4. The following papers were referred to by the author in the preparation of this report and are available for inspection from the author of the report. The following papers were referred to by the author in the preparation of this report and are publicly available or available for inspection from the author of the report.
 - Requests submitted to the Council from the parish councils referred to above
 - Minutes of Council 23 February 2013
 - The Local Government Boundary Commission for England (LGBCE) guidance "Guidance on community governance reviews"
 - The Local Government and Public Involvement in Health Act 2007
 - The Uttlesford (Electoral Changes) Order 2014

Impact

5.

Communication/Consultation	Consultation will take place with statutory consultees, Essex Association of Local Councils, the public and the parish councils of Great Dunmow and Little Easton and Aythorpe Roding.
Community Safety	None
Equalities	None
Health and Safety	None
Human Rights/Legal Implications	None
Sustainability	None
Ward-specific impacts	Thaxted and the Eastons, Great Dunmow, High Easter & The Rodings
Workforce/Workplace	None

Situation

6. The Council has received a request from three parish councils to carry out a community governance review. Two requests are from parish councils which adjoin each other, Little Easton and Great Dunmow, which have requested a parish boundary adjustment to a section of their shared border. A further unrelated request has been received from the parish council of Aythorpe Roding, in relation to increasing the number of its parish councillors to address problems with holding meetings which are quorate.
7. In further detail, dealing first with the two parish councils of Little Easton and Great Dunmow, these parish councils have each expressed an aspiration that the parish boundary should be altered so that the area to which the request related would be transferred from one parish to the other. The area in question is the development referred to as “sector 4”, part of the Woodland Park development. Sector 4 is in the parish of Little Easton, situated, on its South-East side, next to the border of Great Dunmow North parish ward. It falls within the district ward of Thaxted & The Eastons, and within the county division of Thaxted.
8. The view of the parish councils concerned is that occupiers of houses at the sector 4 site would have an affinity with the town of Dunmow, being geographically close to it. Little Easton Parish Council has expressed the view

that parishioners of Little Easton would wish the parish to retain its rural character. Whilst there is no obligation to consider the request under the legislation, since the request was not submitted as a petition under s. 80 of the Local Government and Public Involvement in Health Act 2007, the Council took the view that it would agree to progress the review. Advice from the LGBCE is that parish boundary changes should be kept up to date, as they form the building blocks for the other administrative levels of government.

9. At its meeting on 23 February 2013, in response to a request from the parish councils of Little Easton Parish Council and Great Dunmow, the Council decided to conduct a community governance review into the boundary anomaly caused by the development of sector 4. The recommendation of the then Democratic and Electoral Services Manager was that the review should not commence immediately because of the potential uncertainty and confusion that carrying out a community governance review might create if proceeding at the same time with the further electoral review. Accordingly, the Council decided to conduct the community governance review in relation to the request of Little Easton Parish Council at a future date.
10. The further electoral review conducted by the Local Government Boundary Commission for England led to The Uttlesford (Electoral Changes) Order 2014. Lack of resources has meant that, in relation to the boundary review affecting Little Easton and Great Dunmow, there has been no practical opportunity until now, to progress the review. However, there is now an opportunity to conduct the community governance review over the next four months. The time is constrained by the fact that any boundary change would need to be reflected in the revised register of electors which must be published on 1 December each year. Any revised electoral arrangements will come into effect at the first ordinary elections to the parish council following the reorganisation order. It is important that such orders should be made sufficiently far in advance to allow preparations for the conduct of those elections to be made. The next scheduled ordinary elections are 2 May 2019.
11. The request from Aythorpe Roding Parish Council for a review of electoral arrangements was submitted by the Parish Clerk by email on 3 June 2017. The Parish Council currently has 5 councillors, and wishes to increase the number by one or two. The reason given for the request was that new developments had increased the electorate and that the number of parish councillors causes problems with arranging meetings which are quorate. The number of meetings held during any year is six. The parish clerk reports that during the previous year one meeting was inquorate and during the current year one meeting which would otherwise have been inquorate has had to be re-arranged. The clerk is aware of at least one person who would be interested in becoming a parish councillor. She reports that the view of the Parish Council is that at least one additional councillor is desirable because there has been development at a number of locations in the parish, which has increased the population. The electorate is currently 207 electors, and has increased by 9 since 2017. The Council has not yet agreed to conduct a community governance review. The Committee is therefore asked to consider whether to agree to this request, and if it does consider it appropriate to conduct the review, whether to include it in the terms of reference for the

community governance review already agreed to be conducted in respect of Little Easton Parish Council and Great Dunmow North ward of Great Dunmow parish council.

12. There is a duty on the Council, as a “principal authority” under the relevant legislation to have regard to the need to secure that any community governance for the area under review reflects the identities and interests of the local community in that area, and that it is effective and convenient.
13. The next steps are to publish a timetable for consultation and terms of reference for consideration of the boundaries and electoral arrangements at Little Easton parish and Great Dunmow North parish ward, and for consideration of the electoral arrangements at Aythorpe Roding. The public and specifically the parishes in the relevant areas will be consulted. Other stakeholders to be notified will include Essex County Council, Essex Association of Local Councils, relevant district ward members and any identified community groups. The terms of reference of the community governance review will be published to the parish councils concerned. It is proposed that any additional suggestions which may come forward in relation to other parish boundaries or electoral arrangements are considered as part of a later district-wide review, between 2019 and 2023, which would be a significant project requiring planning for resources.
14. The suggested terms of reference for a community governance review in 2018 are set out at Appendix A. The suggested timetable and consultation process is set out at Appendix B.
15. The principal council can only make an order affecting parish boundaries and parish electoral arrangements. The Council therefore does not have the power to change district ward or county electoral division boundaries, or electoral arrangements for these administrative levels. However, if an order is made by the Council to alter the parish ward boundary, then the Local Government Boundary Commission for England (LGBCE) would consider making by means of a consequential changes order, an alteration to the district wards and county divisions affected. Changes made by virtue of an order under the community governance review would take effect at the next ordinary election of parish councillors. It is possible that changes made by a consequential order may be made during the same timescale. Although if the LGBCE should for any reason not make a consequential order before the May 2019 elections, resulting in a period during which the parish and district or county boundaries were not synchronised, arrangements would be put in place to enable electors, if any are in occupation in Sector 4 at the time of those elections, to participate in all local elections at which they would be entitled to vote. The LGBCE is aware of the suggested terms of reference and timetable and has indicated that there is no reason not to proceed.

16.

Risk Analysis

17.

Risk	Likelihood	Impact	Mitigating actions
2 That identities and interests of the local community in the area are not reflected, and that community governance is not effective or convenient	2	2	To conduct a limited community governance review in time to take effect for the ordinary local elections in May 2019.

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

APPENDIX A

Terms of reference

1. To review whether the community governance for the specified area under review, described at paragraph 2 below, and identified on the accompanying map, reflects the identities and interests of the local community in that area, and whether it is effective and convenient. The area of focus of the review will primarily be whether the area of the existing parishes of Little Easton and Great Dunmow North ward should be altered, and to make recommendations as to related alterations to the boundaries of the District Council's electoral areas, and the County electoral divisions. Consideration will be given to whether to modify the parish boundary so that the area would instead be situated in the Great Dunmow North ward of the parish of Great Dunmow.
2. The specific area for the consideration of a boundary review is the development known as Sector 4 at the Woodlands Park development at Great Dunmow which is located in the parish of Little Easton, and shown in brown on the attached map (the parish boundary being marked in green).
3. To consider the governance of altered parishes, having regard to the need for community governance within the area under review to reflect the identities and interests of the community of that area to ensure the governance is effective and convenient.
4. To consider parish warding.
5. To consider ward and electoral division boundary changes consequential upon any parish boundary change made, as a matter then to be referred to the Local Government Boundary Commission for England.
6. To consider electoral arrangements in the parish of Aythorpe Roding.

APPENDIX B

Consultation on the terms of reference.

The requirement is to consult the local government electors in the area under review, and others which have an interest in the review. Consultees will therefore include:

- Local government electors
- The Parish Councils named in the report
- Essex County Council
- Essex Association of Local Councils
- Relevant district ward councillors
- Local residents' associations, where relevant

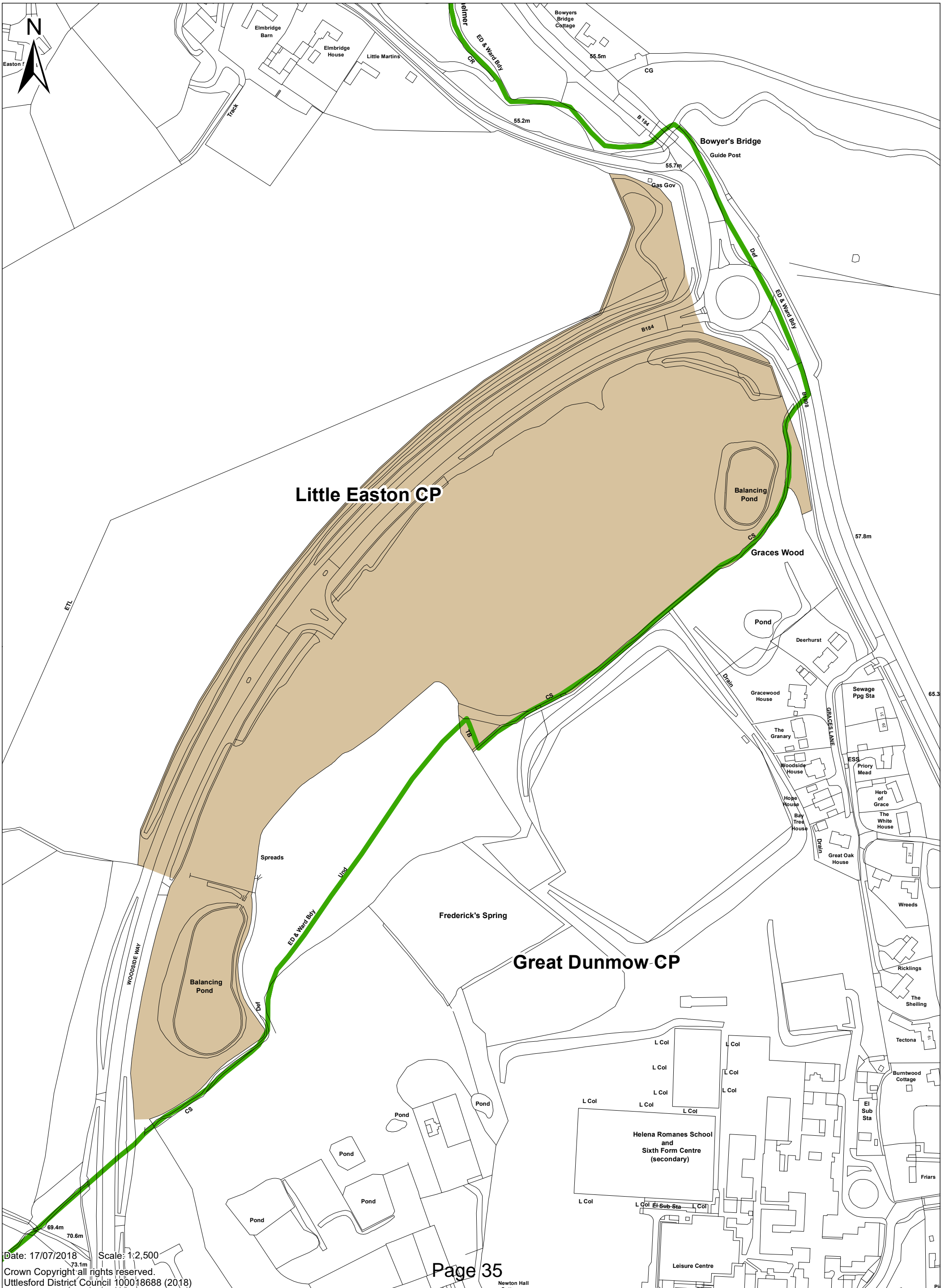
Community Governance Review Timetable

Dates may alter due to matters requiring direct consultation or research resulting from submissions. Any such alteration of the timetable will be authorised by the Governance, Audit and Performance Committee and notification published of any alteration of date or extension of the timetable.

STAGE	ACTIVITY	DATE
Initial report to Governance, Audit and Performance Committee	Agreement of terms of reference and timetable to start review	26 July 2018
Commencement	Publication of terms of reference and timetable	30 July 2018
Stage 1 Consultation	Initial submissions invited.	30 July – 31 August 2018
Consideration of submissions received	Representations to be collated and investigated; recommendations to Committee to be prepared.	3 September – 21 September 2018
Further report to	Agreement on	9 October 2018

STAGE	ACTIVITY	DATE
Governance, Audit and Performance Committee	recommendations	(extraordinary meeting before Council)
Stage 2 Consultation	Publication of recommendations for further representations to be received on such recommendations.	15 October – 26 October 2018
Decision of Committee	Agreement on recommendations for implementation on 1 December 2018.	15 November 2018
Order made	Publication of order and request made to Local Government Boundary Commission for consequential order to district ward boundaries if any affected.	16 November 2018
Implementation of changes to district ward and county electoral division boundaries (this stage is not part of the community governance review), as it would be within the remit of the LGBCE	Consequential changes order to be made by Boundary Commission	To be notified by the LGBCE

Woodlands Park Sector 4, Great Dunmow Parish Boundaries



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Committee:	Governance, Audit and Performance Committee	Date:	Thursday, 26 July 2018
Title:	Planning Peer Review Action Plan		
Report Author:	Gordon Glenday, Assistant Director - Planning gglenday@uttlesford.gov.uk		

Summary

1. During February 2018, the Planning Service (excluding Building Control) underwent a Peer Review to gauge the performance and quality of decision making. It identified and quantified issues relating to the way planning policy projects and development management cases are handled and made recommendations on how structures and procedures might be improved and simplified. The Peer Review was carried out by two consultants from The Planning Officer's Society Enterprises Ltd (POS).
2. Having considered the recommendations from POS, a Planning Service Action Plan has been prepared to implement the recommendations so that improvements to the overall Planning Service are implemented as soon as possible. A summary document is attached.
3. The Action Plan covers performance issues which forms part of Governance, Audit and Performance Committee. However, it also covers resource issues which will need to be considered by Cabinet and items relating to Planning Committee so the Action Plan will also need to be considered by Planning Committee.

Recommendations

4. That Governance Audit and Performance Committee approves the Planning Service Action Plan (relating to performance), summary appended to this report.

Financial Implications

5. By introducing more efficient and effective working practices, implementing the Action Plan will save resources overall. However, it is difficult to predict the specific financial benefits at this stage in the process. The Action Plan will be monitored to ensure that financial benefits are secured whenever possible, bearing in mind the needs of our customers at all times.

Background Papers

6. The POS Peer Review Final Report can be found via this [link](#).

Impact

Communication/Consultation	No specific implications
Community Safety	No specific implications
Equalities	No specific implications
Health and Safety	No specific implications
Human Rights/Legal Implications	No specific implications
Sustainability	No specific implications
Ward-specific impacts	No specific implications
Workforce/Workplace	The Action Plan will lead to more effective and efficient working practices.

Situation

7. In the context of the Planning Service Peer Review, the Government White Paper 'Fixing our Broken Housing Market' allowed each Local Authority to increase the nationally set planning fee by 20% subject to Statutory Instrument. The additional fee income is for councils to invest in their planning department in order to help deliver houses. Cabinet subsequently agreed to increase Uttlesford's fees by 20% and so this additional charge has been in force since 17th January 2018
8. Between January 17, 2018 and March 31st, 2018 20% of the application fees received equated to £28,000. This is not a typical quarter so it is anticipated that other quarters will have a proportionally higher rate. For April to June 2018, this figure was c. £45,000. The forecast for 2018/19 financial year has therefore been estimated at £150,000. However, it needs to be acknowledged that this can only be an estimate at this stage therefore the spending plan needs to be monitored in accordance with the level of fees coming into the Council. A breakdown of how this additional fee income could be spend is included within the appended Action Plan report
9. The Review identified some 'main findings' including:

- Review the performance monitoring process to ensure that corporate, department and service priorities are regularly monitored at the appropriate level and to the right timescales.
- Quarterly monitoring of CLG current and proposed 'designation' criteria
- Regular reporting of key performance indicators to members
- Review the roles of the DM Manager and the Team Leaders to ensure their respective management and professional roles are clarified.
- The authority reviews the project management process (of the Local Plan) to ensure delivery while freeing up key resources for plan preparation.

10. The Final Report sets out best practice from other authorities, including:

- The need for an up to date, fully NPPF compliant Local Plan, reflecting corporate objectives, in place at the earliest convenience.
- a clearly expressed policy towards the use of S106 obligations setting out when they will be required, for what purpose and the necessary mechanisms to ensure delivery.
- an efficient proactive development management service that meets all statutory and local targets and offers good customer care and consistent planning advice, using up to date technology and delivering, enabling, monitoring and enforcing quality outcomes.
- adequate resources to deliver all of the above with less dependence on agency staff.

11. Subsequent to the Peer Review the Planning Service Management Team has compiled a draft Action Plan (a summary document is attached). This Action Plan aims looks at identifying efficiencies in the way our services are delivered. It also explores income generating opportunities across the Service.

12. As part of a wider corporate initiative, there will be a wider Planning Service Budget Review that will be focussed on overall resource requirements moving forward in line with the business plan commitments that have been identified for 2019/20 and beyond.

13. Overall outcomes of Peer Review Action Plan:

- Introduce smarter working processes
- Stop doing things we don't need to do
- Make efficiency savings wherever possible.
- Generate income wherever possible
- Improve overall customer experience (including developers, householders, Members, colleagues etc.)

- Improve Performance Management (aim for top quartile relating to national performance indicators)
- Reduce and manage work related pressures on staff
- Use IT to streamline services more where opportunities arise
- Create a Planning Service that is more effective and efficient.

14. Conclusions

15. The efficient and effective delivery of the Peer Review Action Plan is key to a successful, cost effective and customer focussed Planning Service for the future. It is clear from the Action Plan that the Planning Service needs to change the way it operates in certain areas. More efficient ways of working will mean doing less of the things that the Planning Service currently does – we need to stop doing tasks just because we have always done it that way. This sort of message needs to be communicated carefully and sensitively to our customers though so that those affected by changes in our services are fully aware in advance.
16. A smarter working service needs to focus on the priority areas that it needs to be delivering on. Our customers need to be at the centre of these priorities. Many services we currently deliver at no direct cost to the customer will need to be charged for or else not provided. A “Gold, Silver and Bronze” range of services needs to be considered so that our customers can access the level of service that suits their specific requirements. This approach to service delivery will be the focus of the Planning Service moving forward.
17. While the individual actions are allocated to team managers, it will be for the Assistant Director of Planning and Building Control to drive this overall agenda forward.

Risk Analysis

Risk	Likelihood	Impact	Mitigating actions
Members do not support the Planning Service Action Plan	1 – The Action Plan is based on the findings of a Peer Review	3 – If the Planning Service is to operate more efficiently, actions are needed to change the	Consider the needed for a reviewed Action Plan that addresses any concerns members have with the Plan appended to this report

	by the highly regarded Planning Officers Society	way we work and resource services. The Action Plan identifies mechanisms for doing this.	
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- 1 = Little or no risk or impact
- 2 = Some risk or impact – action may be necessary.
- 3 = Significant risk or impact – action required
- 4 = Near certainty of risk occurring, catastrophic effect or failure of project.

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SUMMARY OF MAIN RECOMMENDATIONS

Area of Action	Agree/Not agree	Indicative timescale	Additional resources required	Comments if applicable
Review the performance monitoring process to ensure that corporate, department and service priorities are regularly monitored at the appropriate level and to the right timescales.	Agreed	September 2018	None required	
Quarterly monitoring of CLG current and proposed 'designation' criteria.	Agreed	September 2018	None required	This relates to the Government KPI regarding appeals decisions. Driver for this KPI is to ensure that the Council makes appropriate planning decisions based on law and evidence so that it does not lose many appeals. This is expressed as ensuring that no more than 10% of major planning application appeal decisions are lost by the Council.
Regular reporting of the key performance	Agreed	September 2018	None required	

indicators to members.				
Review the roles of the DM Manager and the Team Leaders to ensure their respective management and professional roles are clarified.	Agreed	August 2018	Potentially to be clarified following the review.	This will aim to clarify management responsibilities and enable the Council to focus more managers' on managing resources more effectively and efficiently while aiming to generate more income through Planning Performance Agreement's and other income generating measures.
The authority reviews the project management process to ensure delivery while freeing up key resources for plan preparation.	Agreed	September 2018	None Required	

PERFORMANCE

Reinforce with both officers and members the need for an approach to decision making which reflects the Council's vulnerability at appeal, in	Agreed	September 2018	None required	To include a programme of training sessions for officers and members of Planning Committee.
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respect of 5-year housing supply issues, and the potential impact on designation as a poorly performing authority.				
Local targets set should be ambitious but realistic, with interim and ultimate levels.	Agreed	December 2018	None Required	
Implement Performance Management Software - Enterprise as soon as possible, with training for all Development Management team and Support and Registration Staff	Agreed	October 2018	Funding for implementation supplied from the 20% planning application fee increase income as this would be an investment into the service.	
Introduce a monitoring system for MAJOR applications.	Agreed	September 2018	None required	

POLICY

Ensure that the Local Plan Strategy minimises the risk of vulnerability at appeals for MAJOR applications.	Agreed	September 2018	None required	Working closely with relevant departments within the Council to review strategies to ensure that they are all consistent in their objectives and actions
Put mechanisms in place to establish	Agreed	September 2018	None required	Team meetings are important to assist with

common objectives which are fully communicated and endorsed throughout the Planning Service.				common objectives and their communication. There is also a need for greater exchange of information between teams therefore there will be more focus on officers from different teams attending other team meetings.
Review Geographical Information System (GIS) licences and the compatibility of GIS with other Information Technology (IT) systems.	Agreed	March 2019	None required	Need to look at ways of making the GIS service more of a corporate resource with corporate responsibility for addressing the Council needs. This could involve training some staff across the Council to develop their GIS skills. Also need to consider linking into other authorities for back up if necessary to help prevent one point of failure.

DEVELOPMENT MANAGEMENT

Introduce a fit for purpose Pre-application process, with realistic timescales which are	Agreed	October 2018	None required	As Central Government funding for local government continues to be reduced it is
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achievable and with fees which cover the costs of the service. Set up a monitoring system and introduce performance targets.				becomes more important for the Council to ensure that the Council generates income. The Planning Service has an opportunity to play an important role in this process by introducing a customer focussed, fee paying service to those who want a bespoke planning service.
Review the requirement for an advertised duty planner.	Agreed	October 2018	None required	More efficient use of scarce skilled planner resource.
Introduce a triage process for applications to give initial guidance and assist allocations.	Agreed	July 2018	None required	Implemented.
Set up regular MAJOR case meetings to project manage large applications from pre-app through to implementation.	Agreed	July 2018	None required	Implemented
Establish a clear protocol for the use of Extensions of Time (EOT).	Agreed	July 2018	None required	Implemented
Consider what applications may benefit	Agreed	September 2018	None required	

from Planning Performance agreements at pre-app stage.				
Use the appointment of a s106 Monitoring officer to develop a fit for purpose s106 monitoring system.	Agreed	October 2018	Funding from s106 obligation monitoring.	
Introduce a format for streamlined delegated reports.	Agreed	March 2019	None required	Officers need to prepare more focussed reports addressing the key statutory issues, especially relating to delegated reports. This will free up more officer time to deal with more complex cases and issues.

OFFICER-MEMBERSHIP RELATIONSHIPS

Consider what opportunities there could be for briefing members in advance of Committee to ensure that the answers to any members questions are available at the meeting.	Agreed	September 2018	None required	Members of the Planning Committee may benefit from having the opportunity to discuss factual matters with officers before Planning Committee in order to make a fully informed decision at the Planning Committee itself.
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Introduce a protocol for applications recommended for refusal which the Committee wishes to grant.	Agreed	September 2018	None required	
Reduce the member call-in time period from 5 to 3 weeks.		October 2018	None required	Members views on this will be sought.
Review the public speaking arrangements.	Disagree			Current arrangements considered to work well with both Committee Members and Public. However, this recommendation will be reviewed should public speaking at Committee become an issue.

ADMINISTRATION AND PROCESSES

Arrange for the electronic application forms to be updated to reflect recent changes in the local validation list and also the number of copies of documents required.	Disagree			The forms are provided from government, it is not considered necessary as current arrangements correlate with the Government's proposals.
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RESOURCES, STRUCTURE AND RESILIENCE

Review the siting of the	Disagree			Review of what is
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printer and its proximity to the Support and Registration team in any further office accommodation re-organisation.				printed and look towards becoming a 'less' paper office.
Ensure that diarised team meetings are not habitually cancelled and continue to take place at least once a quarter on varying days of the week to ensure the participation of part-time staff.	Agreed	June 2018	None required	Completed
Arrange cross departmental attendance at team meetings to enable briefings and updates on policy and processes.	Agreed	July 2018	None required	In progress
Explore whether there is any scope to increase the attractiveness of permanent posts, including increase in salaries thus reducing the reliance/expenditure on agency personnel.	This is a Corporate Issue and will need to be considered in a wider context than just the Planning Service.	December 2018	None Required	
Remove the responsibility for procuring agency	Agreed	Immediately	None required	Completed

personnel from Team Leaders.				
Review arrangements currently being provided for administrative support to the Policy Team at this crucial time in the Local Plan process.	Agreed	September 2018	To be reviewed following the Planning Service Budget Review.	
Review the authority's conservation resources in the medium term and consider the addition of urban design skills to the team in the light of the proposed new garden communities.	Agreed	March 2019	To be reviewed following the Planning Service Budget Review.	
Consider the case for additional resources for development management casework in conjunction with the other factors identified elsewhere in the report which will contribute towards more efficient handling of applications.	Agreed	March 2019	To be reviewed following the Planning Service Budget Review.	
Resolve the issues surrounding grading and delegation arrangements in enforcement as a matter of urgency.	Agreed	July 2018	Funding from the 20% planning application fee increase income as this would be an investment into the service.	

Train other members of the validation team to validate all types and scale of MAJOR applications as a matter of urgency to ensure resilience within the processing system.	Agreed	May 2018 and ongoing	None required	
Review the workload and the current level of resourcing for street name and numbering (SNN).	Agreed	March 2019	Any additional resources will be funded from the SNN fees.	
Identify a dedicated resource from within the department to provide the appropriate level of input regarding process and timescales to work with IT and IDOX during the preparation for the introduction to Enterprise.	Agreed	April 2018	None required	Completed
Seek advice from other authorities who have recently implemented the Enterprise module.	Agreed	June 2018	None required	Completed
Provide informative “on the job” training sessions for members of the Support & Registration Team.	Agreed	December 2018 and ongoing	Funding for any courses can be provided from the 20% planning fee increase.	

In the long term, consider staff exchanges/secondments between teams – especially the Planning Policy and Development Management staff.	Agreed	March 2019	None required	
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Committee: Governance, Audit and Performance Committee
Title: Quarter 1 KPI and PI Performance Report
Report Author: Paula Evans, Leisure and Performance Manager
pevans@uttlesford.gov.uk

Date:
Thursday, 26 July 2018

Summary

1. This report presents the 2018/19 Quarter 1 Outturn data for all Key Performance Indicators (KPIs) and Performance Indicators (PIs)

Recommendations

2. None

Financial Implications

3. There are no financial implications associated with this report. However, some indicator data relates to the financial performance of services within the authority.

Background Papers

4. None.

Impact




- 5.

Communication/Consultation	None
Community Safety	None
Equalities	None beyond service improvement on the equality and diversity performance indicators
Health and Safety	None beyond service improvement on the health and safety related performance indicators
Human Rights/Legal Implications	None

Sustainability	None
Ward-specific impacts	None
Workforce/Workplace	None







Situation

- Appendix One presents the data for Quarter 1 of 2018/19 (1 April – 30 June) for each indicator that is monitored and reported on a quarterly basis. Performance is monitored against all targets agreed at Governance, Audit and Performance in May 2018. All outturn data is in bold.
- For comparison purposes, the table also includes data for Quarters 1, 2, 3, and 4 2017/18.
- All data and performance notes have been reviewed by the Corporate Management Team.
- Overall performance for both the KPIs and PIs combined for Q1 can be summarised as follows with the majority of indicators meeting target:

TOTAL Q1 2018/19		
	19	68%
	5	18%
	4	14%
TOTAL:	28*	100%










* Data was not available for one KPI (KPI 14) at the time of publication

- When analysing the performance of KPIs and PIs by directorate, Corporate Services indicators have performed better than Public Services for KPIs but their performance is comparable when looking at PIs:

KPIs (16 in total)		
Corporate Services		
	8	80%
	2	20%
	0	0%
TOTAL:	10	100%
Public Services		
	3	60%
	1	20%
	1	20%
TOTAL:	5*	100%

* Data was not available for one KPI (KPI 14) at the time of publication

Overall a total of 11 KPIs (68%) met their target.

PIs (13 in total)		
Chief Executive		
	1	50%
	1	50%
	0	0%
TOTAL:	2	100%
Corporate Services		
	3	50%
	1	17%
	2	33%
TOTAL:	6	100%
Public Services		
	3	60%
	0	0%
	2	40%
TOTAL:	5	100%

Overall a total of 12 PIs (42%) met their target.

11. When reviewing the short term performance trend (comparing Q4 2017/18 with Q1 2018/19) for all KPIs 20% (3) have improved their performance, 73% (11) have stayed the same, and 7% (1) have worsened.

When reviewing the long term performance trend (comparing Q1 2017/18 with Q1 2018/19) for all KPIs 20% (3) have improved their performance, 67% (10) have stayed the same, and 13% (2) have worsened.

12. When reviewing the short term performance trend for all PIs of the 12 that can be analysed (excludes one new indicator for 2018/19 reporting) 9% (1) have improved their performance, 58% (7) have stayed the same, and 33% (4) have worsened.

When reviewing the long term performance trend for all PIs 25% (3) have improved their performance, 42% (5) have stayed the same, and 33% (4) have worsened.

13. Three KPIs have not met their target; two are within 10% (amber status) but one KPI 08 Average re-let time (days) has exceeded its 10% performance threshold. Performance officers will be working with Housing colleagues to review the current performance of this indicator and how voids are currently monitored and reported. Where relevant benchmarking will be completed to ensure best practice is being used.

14. Upon members request one local indicator PC 01 – Total users of museum service has been promoted to performance indicator (PI) status. Outturn data for this indicator will now be recorded and monitored via PI 45. All historical data has been transferred so that performance trends can be analysed.

Risk Analysis

15.

Risk	Likelihood	Impact	Mitigating actions
<p>If performance indicators do not meet quarterly/annual targets then areas such as customer satisfaction and statutory adherence to government led requirements could be affected leading to a loss of reputation for the Council.</p>	<p>2 – The majority of performance indicators perform on or above target.</p>	<p>3 – The majority of service areas in the council are customer-facing.</p>	<p>Performance is monitored by CMT and the committee on a quarterly basis.</p> <p>The inclusion of five quarters of data helps to identify trends.</p>

1 = Little or no risk or impact

2 = Some risk or impact – action may be necessary.

3 = Significant risk or impact – action required

4 = Near certainty of risk occurring, catastrophic effect or failure of project.

2018/19 Quarter 1 KPIs & PIs Report

Generated on: 16 July 2018



Key:

* Cumulatively monitored	max	Aim to maximise performance
# Quarterly targets profiled	min	Aim to minimise performance

Directorate: CORPORATE SERVICES - KPIs

PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note:
KPI 01 Percentage of supplier invoices paid within 30 days of receipt by the Council (max)	100.00%	100.00%	96.22%	97.84%	98.9%	Q1 2018/19 Numerator: 1950 Denominator: 1928 The positive response to the new procedures is clear in the target being reached for Q1 with 98.9% of invoices being paid within 30 days of receipt by the council. Guidance notes were sent to all departments to support the new processes of electronic invoices being received by the payments team for faster processing. This is an ongoing project to help reduce the transition time between departments and payment being made.
	98.00%	98.00%	98.00%	98.00%	98.00%	
KPI 17 Local Council Tax Support Collection Rate (max) *	27.53%	51.33%	75.26%	87.52%	25.36%	Q1 2018/19 Numerator: £184,650.14 (Total Net Receipts) Denominator: £728,206.99 (Total Net Liability)
	23.00%	48.00%	77.00%	87.00%	25.00%	
KPI 03 Percentage of Non-domestic Rates Collected (max) *	30.63%	60.00%	88.30%	99.47%	32.03%	Q1 2018/19 Numerator: £14,676,808.46 (Total Receipts) Denominator: £45,820,897.28 (Total Estimated Net Collectable Debit)
	29.30%	58.75%	87.50%	98.80%	29.60%	

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PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note:
KPI 04 Accuracy of processing - HB/CTB claims (max)	99.48%	99.46%	99.23%	100.00%	98.45%	Q1 2018/19 Numerator: 191 Denominator: 194 178 New claims and 16 Change of circumstances checked in Q1 of 2018/19, and 3 financial errors were identified, giving an accuracy rate of 98.45%. We continue to achieve our target of 98% due to our proactive checking arrangements which identifies any potential training issues quickly and by giving prompt and appropriate training
	98.00%	98.00%	98.00%	98.00%	98.00%	
KPI 05 Percentage of Council Tax collected (max) *	30.35%	58.52%	86.76%	99.17%	30.04%	Q1 2018/19 Numerator: £18,526,611.91 (Total Receipts) Denominator: £61,666,588.57 (Estimated Net Collectable Debit)
	29.50%	58.20%	86.00%	98.70%	29.80%	
KPI 06 (a) Time taken to process Housing Benefit/Council Tax Benefit new claims (days) (min)	21.8	21.0	21.3	21.8	22.4	Q1 2018/19 Numerator: 7,248 Denominator: 323 82 new claims to Housing Benefit (HB) were processed taking a total of 1,396 days. 241 new claims to Local Council Tax Support (LCTS) were processed taking 5,852 days. This is a combined total of 323 new claims taking 7,248 days; an average of 22.4 days. This small drop in performance is due to staff vacancies and the impact of the re-structure consultation in April 2018. Vacant posts are currently being recruited to.
	22.0	22.0	22.0	22.0	22.0	
KPI 06 (b) Time taken to process Housing Benefit/Council Tax Benefit change events (days) (min)	8.1	7.0	6.1	3.6	5.2	Q1 2018/19 Numerator: 37,847 Denominator: 7,235 3,290 changes in circumstance to Housing Benefit (HB) were processed taking a total of 18,640 days. 3,945 changes in circumstance to Local Council Tax Support (LCTS) were processed taking 19,207 days. This is a combined total of 7,235 changes taking 37,847 days; an average of 5.23 days.
	7.0	7.0	7.0	7.0	7.0	
KPI 07 (a) Average number of days lost per employee through short-term sickness absence (min) *	1.47	2.19	3.66	5.50	0.97	Q1 2018/19 Numerator: 804 Denominator: 357
	1.75	3.50	5.25	7.00	1.75	

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PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note:
KPI 07 (b) Average number of days lost per employee through long-term sickness absence (min)	35.50	40.28	33.73	41.30	32.80	Q1 2018/19 Numerator: 459 Denominator: 14 Average of 32.8 days off work for the fourteen long term sick cases this quarter. One is now on suspension, nine have now returned to work with the other four still remaining off work under a fit note.
	44.00	44.00	44.00	44.00	44.00	
KPI 16 Rent collected as percentage of rent owed (including arrears b/f) (Max) *	93.49%	96.47%	97.25%	98.24%	93.70%	Q1 2018/19 Numerator: £3,767,171.14 Denominator: £4,020,839.10 This PI has exceeded the target due to the rigorous approach to rent collection and regular checking and support by the Arrears Officer to the tenant in arrears to assist them in maintaining their payment agreements. Collection is still holding up despite the move to Universal full service in October 2017.
	89.50%	94.55%	95.55%	97.50%	89.60%	

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Directorate: PUBLIC SERVICES - KPIs

PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
KPI 08 Average re-let time in days (General Needs only)	14	15	26	28	36	Q1 2018/19 Numerator: 434 Denominator: 12 The poorer performance this quarter is mainly due to a number of properties being hard to let, due to their location and type, and needing to be re- advertised. Some locations in the district are less popular than others and continue to be of low demand when they are advertised against newer properties in more desirable locations. Second or third floor flats also remain unpopular properties with families who would rather have a house. The problem with the asbestos contract that was mentioned in the previous quarter has been subject to close monitoring and performance has improved.
	20	20	20	20	20	
KPI 11 Processing of planning applications: Major applications	77.78%	88.89%	88.89%	90.00%	60.00%	Q1 2018/19 Numerator: 6 Denominator: 10 Target achieved. Concerns at sustainability of meeting this target, in light of likely

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PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
(within 13 weeks or including any agreed extension of time) (max)						volume of majors to be submitted during Reg 19 consultation period of local plan.
	60.00%	60.00%	60.00%	60.00%	60.00%	
KPI 12 Processing of planning applications: Minor applications (within 8 weeks or including any agreed extension of time) (max)	65.05%	76.64%	73.63%	64.22%	76.92%	Q1 2018/19 Numerator: 80 Denominator: 104 Target achieved, cumulative target over last four quarters below target due to end of 2017-18 challenges.
KPI 13 Processing of planning applications: Other applications (within 8 weeks or including any agreed extension of time) (max)	73.71%	79.15%	79.39%	79.86%	83.82%	Q1 2018/19 Numerator: 228 Denominator: 272 Target for Q1 achieved. Improved and more focussed approach on householder applications. Four quarter cumulative target almost met, pulling around end of 2017-8 challenges.
KPI 14 Percentage of household waste sent for reuse, recycling and composting (LAA) (max)	54.54%	50.67%	52.24%	44.85%	TBA	Data is not available at present due to staff shortages. Data is being processed as quickly as possible and draft data will be uploaded as soon as available.
	51.00%	55.00%	51.00%	50.00%	51.00%	
KPI 15 (b) Percentage of domestic collections of waste and recyclables successfully made on first visit (max)	99.89%	99.86%	99.91%	99.84%	99.89%	Q1 2018/19 Numerator: 935,026 (Number of successful collections) Denominator: 936,000 (Total number of scheduled collections) Number of missed bins: 974. Just below target, however a great performance and good achievement.
	99.90%	99.90%	99.90%	99.90%	99.90%	

Directorate: CHIEF EXECUTIVE - PIs

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PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
PI 21 Percentage of minutes from meetings made available to the public within 10 working days (max)	82%	81%	90%	89%	89%	Q1 2018/19 Numerator: 24 Denominator: 27 Out of the total of 27 meetings for which minutes were published during this quarter, 24 were published within 10 working days. A number of activities, including the interim polling district review and a by-election in the parish of Hatfield Broad Oak, have contributed to the delay in publishing minutes, together with a significant period of recruitment and the retirement of the manager, involving hand over meetings.
	95%	95%	95%	95%	95%	
PI 06 Percentage of standard searches carried out in 10 working days (max)	100%	93%	100%	100%	100%	Q1 2018/19 Numerator: 475 Denominator: 475 Performance meets target.
	100%	100%	100%	100%	100%	

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Directorate: CORPORATE SERVICES - PIs

PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
PI 02 Average time (days) to pay supplier invoices (min)	8.5	8.5	12.1	9.7	7.4	Q1 2018/19 Numerator: 14,532 Denominator: 1,950 New processes are in place for receiving invoices electronically and this is supporting an upwards trend in the processing time of invoices, with suppliers receiving payment within an average of 7.42 days once received by the payments team.
	11.0	11.0	11.0	11.0	11.0	
PI 03 Percentage of sundry debt income overdue (debts over 90 days old not subject to a payment agreement) (min)	4.3%	.8%	1.6%	2.2%	5.4%	Q1 2018/19 Numerator: £27,760.93 Denominator: £512,887.48 Indicator has historically included 'in-dispute' cases. There are three outstanding debts over 90 days old in total: two are in dispute one is subject to a Charging Order. Legal and/or Senior Officers involved with progressing resolution. Without the two cases in dispute performance would be at 2.8%.
	4.0%	4.0%	4.0%	4.0%	4.0%	

APPENDIX ONE






PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
PI 20 Percentage of IT help Desk calls resolved within target (max)	99.24%	99.18%	98.38%	98.89%	98.92%	Q1 2018/19 Numerator: 1282 Denominator: 1296 98.92% of calls resolved within SLA target of 4 hours
	95.00%	95.00%	95.00%	95.00%	97.00%	
PI 22 Museum users: Total visitors to the museum building and on-site events (max) #	2,903	4,112	2,782	3,019	3,217	Q1 2018/19 Long spell of fine weather and competing weekend outdoor summer events seem to have discouraged visits to indoor venues. It is becoming harder to attract large numbers to activities and events despite efforts in advertising and marketing within available resources. The museum continues to explore marketing opportunities.
	3,400	4,000	3,100	3,500	3,400	
PI 44 % of customer enquiries resolved at first point of contact (max)	NEW INDICATOR FOR 2018/19				87%	Q1 2018/19 Numerator: 32,043 Denominator: 36,904 An excellent performance by the Customer Services team despite a higher than usual volume of customer contacts. This performance is particularly good given that three experienced members of the team retired during the quarter. Although it takes time to train replacement staff, the newly recruited members of the team have made a positive impact in their first weeks on the job.
					80%	
PI 45 Museum users: Total visitors to the museum building and on-site events (max) #	16,829	16,286	15,978	16,163	9,890	Q1 2018/19 (indicator promoted from local to PI Q1 2018/19 formerly PC 01) Total users of service slightly below target, mainly due to drop in website visits, and school holidays falling in this quarter have reduced the number of school children visiting and number of loan boxes used. One post vacant May-June has probably impacted on social media and website figures to some extent because there has been less staff time to maintain on-line profile. This post has now been recruited to.
	10,500	10,500	9,000	10,000	10,500	

Directorate: PUBLIC SERVICES - PIs

PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
PI 16 Number of households living in temporary accommodation (min)	9	18	12	12	11	Q1 2018/19 Total of 11 at end of quarter (2 in emergency accommodation and 9 in Council owned). Within target.
						
	14	14	14	14	14	
PI 30 Percentage planning applications validated within 5 days (max)	100%	100%	100%	100%	100%	Q1 2018/19 Numerator: 468 Denominator: 468 Excellent work from the team. Working together to achieve this high standard whilst training different team members on how to validate a variety of types of applications.
						
	95%	95%	95%	95%	95%	
PI 40 Number of subscribers to garden waste collection service (max)	6,275	6,674	6,740	6,738	7,206	Q1 2018/19 Above target and a popular service with residents.
						
	6,300	6,350	6,400	6,400	6,800	
PI 41 Percentage of routine food hygiene premises inspections completed within the quarter (max)	100%	98%	97%	91%	69%	Q1 2018/19 Numerator: 70 Denominator: 99 69% Inspection target met. The team remains down two inspecting officers with formally required food competencies. We have secured a trainee technical officer, who while able to meet some service demands is currently unable to inspect food premises. Steps have been taken to recruit a temporary EHO while we look to secure permanent longer term resource. The target achieved reflects EH being 1/3 down on resource and shows the continued commitment of the team.
						
	98%	98%	98%	98%	98%	

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PI Code & Short Name	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Latest Note
PI 42 Percentage of planning appeals upheld (Min)	15%	18%	46%	29%	50%	Q1 2018/19 Numerator: 6 Denominator: 12 Early in quarter performance not being met, further analysis of appeal trends required.
						
	30%	30%	30%	30%	30%	