

ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	CORPORATE SCRUTINY COMMITTEE / EXECUTIVE
DATE:	May 23rd / May 31st 2016
SUBJECT:	SCORECARD MONITORING REPORT - QUARTER 4 (2015/16)
PORTFOLIO HOLDER(S):	COUNCILLOR ALWYN ROWLANDS
HEAD OF SERVICE:	SCOTT ROWLEY
REPORT AUTHOR: TEL: E-MAIL:	GETHIN MORGAN 01248 752111 GethinMorgan@anglesey.gov.uk
LOCAL MEMBERS:	n/a

A - Recommendation/s and reason/s	
1.1	This is the final scorecard of the financial year 2015/16.
1.2	It portrays the position of the Council against its operational objectives as outlined and agreed collaboratively between the Senior Leadership Team / Executive and Shadow Executive for 2015/16.
1.3	The Committee is requested to scrutinise the scorecard and note the areas which the Senior Leadership Team are managing to secure improvements into the future. These can be summarised as follows –
1.3.1	People Management -
1.3.1.1	To continue to further embed good management processes and practices with regards to sickness management in order to decrease short term sickness rates further and an increased focus and analysis on long term cases which can be influenced.
1.3.1.2	To improve the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.
1.3.1.3	To present policy expectations at forthcoming Managers conference with a sharing of good practice across services.
1.3.1.4	To commission the Wales Audit Office (WAO) to audit absence management policies and procedures during June 2016 with a receipt of findings in Q2.

<p>1.3.2 Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the end of year finance report considered at this meeting.</p> <p>1.3.3 Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during 2016/17.</p> <p>1.3.3.1 To hold a workshop with the Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2016/17 scorecard and</p> <p>1.3.3.2 To revise associated 16/17 targets to ensure they are challenging yet achievable and</p> <p>1.3.3.3 Where targets are not met that an improvement year on year is the minimum expectation</p> <p>1.4 The Committee is asked to accept the mitigation measures outlined above.</p>		
B - What other options did you consider and why did you reject them and/or opt for this option?		
n/a		
C - Why is this a decision for the Executive?		
This matter is delegated to the Executive		
CH - Is this decision consistent with policy approved by the full Council?		
Yes		
D - Is this decision within the budget approved by the Council?		
Yes		
DD - Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	This was considered by the SLT at their meeting on the 17th of May and their comments are reflected in the report
2	Finance / Section 151 (mandatory)	No further comment
3	Legal / Monitoring Officer (mandatory)	No further comment
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	
E - Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	

6	Outcome Agreements	
7	Other	
F - Appendices:		
Appendix A - Scorecard Monitoring Report – Quarter 4, 2015/16 & Scorecard		
FF - Background papers (please contact the author of the Report for any further information):		
<ul style="list-style-type: none"> • 2015/16 Scorecard monitoring report - Quarter 3 (as presented to, and accepted by, the Executive Committee on 14th March 2016). 		

APPENDIX A: SCORECARD MONITORING REPORT – QUARTER 3 (2015/16)

1. INTRODUCTION

- 1.1 One of the Council's aims under the Wales Programme for Improvement is to secure the means by which continuous improvement can be evidenced and presented across the board. To that end, on an annual basis, a performance report has been drafted and published at the end of October, which demonstrates progress.
- 1.2 This scorecard was developed in parallel to identify and inform Council leaders of progress against indicators which explicitly demonstrates the successful implementation of the Council's day to day work and assists in providing the evidential base from which the performance report is drafted.
- 1.3 The scorecard continues to develop and embed, reflecting those changes that have been undertaken to traditional systems and practices within the Council. This year's indicators included within the scorecard (similar to last year) have been decided through a process of engagement and consultation with the Penaethiaid, Senior Leadership Team, the Executive and Shadow Executive.
- 1.4 The scorecard (Appendix 1) portrays the position at the end of 2015/16 and will be considered further by the Corporate Scrutiny Committee and the Executive during May.

2. CONSIDERATIONS

- 2.1 This is the third year of collating and reporting performance indicators in a co-ordinated manner. The Council is now seeing trends establish themselves with regards to a number of those indicators and SLT / Scrutiny and Executive comments are having an impact on operational delivery.
- 2.2 Overall, the scorecard demonstrates that the Authority as a whole is improving with the majority of indicators showing success against targets (green).

2.3 PEOPLE MANAGEMENT

- 2.3.1 Absence Management has been an area where considerable scrutiny (both Officer and Member) has happened over the past year.

2.3.2 In Q4, with regard to Absence Management, performance showed a slight decline (3.29 Days Sick per FTE) in performance when compared to the same period in 2014/15 (3.20 Days Sick per FTE).

2.3.3 This along with the underperformance in the year means that we have an overall sickness rate of 11.68 Days Sick per FTE which equates to 0.15 Days Sick per FTE worse than 2014/15 (11.53 Days Sick per FTE).

2.3.4 This amounts to 1.68 Days Sick per FTE over the corporate target of 10 Days Sick per FTE as illustrated in Table 1 below.

Sickness absence - average working days/shifts lost

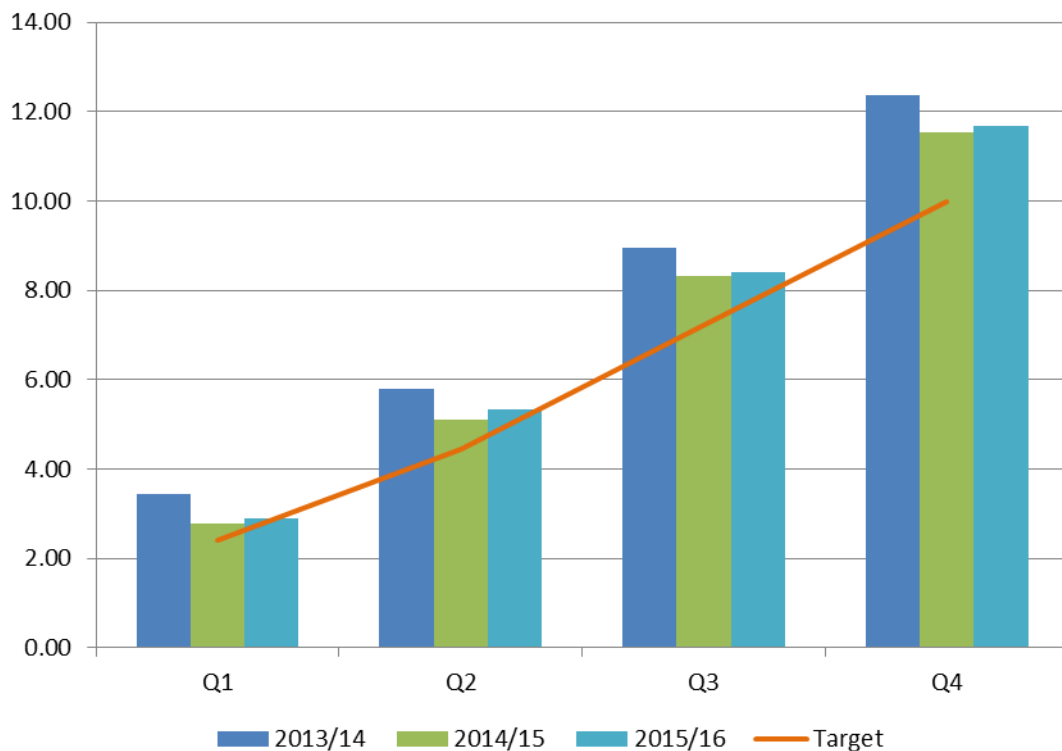


Table 1

2.3.5 Our short term sickness for Quarter 4 (3383 days) improved from the same period last year (3887 days). The recommendations agreed (in previous reports) and enacted upon to tackle short term sickness continue to show improvement and can be evidenced in Table 2 below.

SHORT TERM SICK DAYS

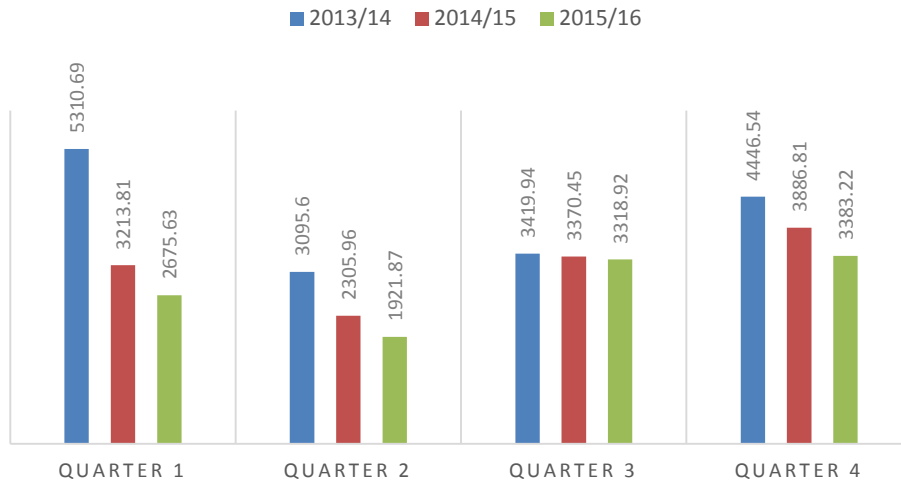


Table 2

- 2.3.6** Short term sickness for the year now equates to 4.9 Days Sick per FTE, an improvement of 0.6 Days Sick per FTE on the 2014/15 result of 5.5 Days Sick per FTE.
- 2.3.7** Analysis of the associated data shows that one of the main reasons for not achieving our corporate target was due to Long Term Sickness rates which are increasing. During Q4 we saw an approximate 4,100 working days lost due to long term sickness as noted in Table 3 below.

LONG TERM SICK DAYS

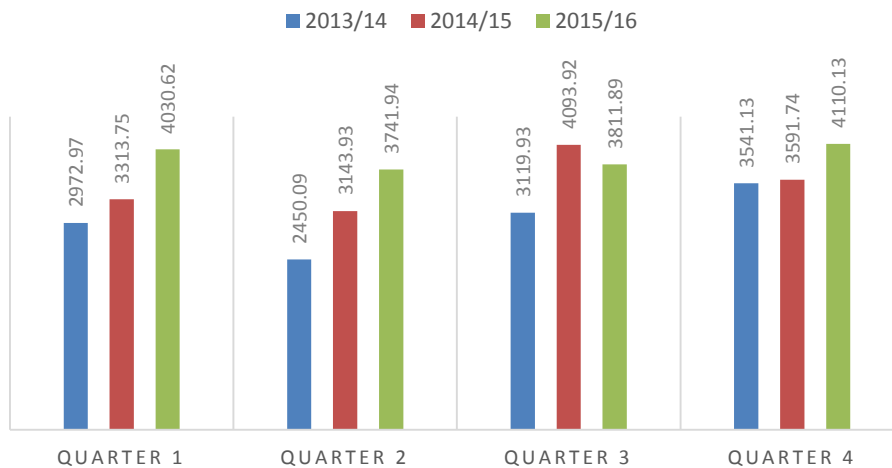


Table 3

- 2.3.8** In Q3, there was evidence that improvement work on Long Term sickness undertaken in Q2 and Q3 had seen an improvement for the first time this year compared to 2014/15. This improvement has not continued into Q4 where an

additional 500 long term sickness days have been taken compared to the same period in 2014/15 which is an increase of 300 extra days from Q3.

2.3.9 Further analysis correlated to 2.3.6, reveals that an extra 41 Long Term Sickness cases were identified during Q4 with a total at the end of March (130) compared to the end of December (89). This is an increase of 29 cases from the same period in 2014/15 (101).

2.3.10 The overall picture does demonstrate poor performance in comparison with previous years and the rest of Local Authorities in Wales where it is evidenced that our performance will continue to be placed in the lower quartile and perhaps worsen our overall position.

2.3.11 Associated with sickness rates is the 'management' of sickness. An integral part of the management process within the Council is staff's compliance with corporate sickness policies which include return to work interviews and attendance review meetings (*indicators 4 and 6 respectively on scorecard*).

2.3.12 Further work has been undertaken during Q4 with regards to the ensuring the Attendance Review Meetings (ARMs) are completed. At the time of writing this report data was only available up to the end of February. There have been 209 members of staff that have hit the trigger point for an ARM, while 120 (57%) have been completed. Of the 120 completed ARMs only 35 (17% of those that hit trigger points) were held within the timeframe.

2.3.13 The SLT therefore recommends –

2.5.11.1 To continue to further embed good management processes and practices with regards to sickness management in order to decrease short term sickness rates further and an increased focus and analysis on long term cases which can be influenced.

2.5.11.1 To improve the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.

2.5.11.1 To present policy expectations at forthcoming Managers conference with a sharing of good practice across services.

2.5.11.1 To commission the Wales Audit Office to audit absence management policies and arrangements during June 2016.

2.3.14 The '% of staff with a Disclosure Barring Service (DBS) Certificate' (item 14 on the people management section) now includes data from all services and is, at the time of writing this report, showing 97.5% of staff have a DBS in place. The remaining 2.5% of staff are in the process of applying for a DBS or are currently not in work due to sickness or maternity leave.

2.4 FINANCIAL MANAGEMENT

2.4.1 The overall projected financial position for 2015/16 on budgets controlled by services is an underspend of £1,756k. This is a significant improvement on the forecast underspend of £376k which was reported during quarter 3. A number of items are excluded from the service budgets, as expenditure against these headings are outside the control of the services. After taking into account these

items, the overall underspend for the Council increases to £1,849k and it is this sum that is available to be transferred to the Council's General Balances.

- 2.4.2** During the financial year the Executive approved a transfer of £476k from the Council's General Reserves to fund the overspend on Children's Services due to the significant demand on the Looked-after-Children budget. In addition, the Executive also approved to transfer the following from Earmarked Insurance Reserves: up to £350k as required for highways flood damage and £250k for repairs following storm damage to leisure centre roofs.
- 2.4.3** The largest variance was £968k underspend. It was projected at quarter 3 that the year-end was expected to be an underspend of £248k for the year as a whole. The main reason for the underspend is an accounting transfer for an amount of £262k from the balance sheet to revenue relating to a prior-year over-provision. This is a one-off windfall for 2015/16 only and a reduction in the required Insurance Reserve has resulted in a movement from restricted reserves to general balances £598k.
- 2.4.4** It is important to note that these figures are provisional until the completion of the external audit.

2.5 PERFORMANCE MANAGEMENT

- 2.5.1** The scorecard for Performance Management has been amended for 2015/16 to show performance against indicators requested by the Senior Leadership Team, Executive and Shadow Executive. The following provides the narrative against the challenges and drive needed to further succeed in 2015/16.
- 2.5.2** The scorecard for Performance Management has also been amended for this quarter to show performance against a year on year trend. This has been completed for two reasons –

2.4.2.1 to ease analysis

2.4.2.2 demonstrate improvements

It can be seen from these trends that 12 of the indicators have improved while 14 have declined

- 2.5.3** At the end of the year we note that 7 indicators are RED against their annual target for the year and 3 indicators which are AMBER.
- 2.5.4** One indicator within Adult Services continues to be AMBER on the scorecard from Q3 –
- (i) *03 - LI/018b - the % of carers of Adults who requested an assessment or review that had an assessment or review in their own right during the year* which shows as **AMBER** on the scorecard. The result for the year (90.8%) is below the target of 93%, it is however an improvement on the Q3 performance of 86.2% and also shows that the mitigating actions from the Q3 Scorecard Report made a difference. Since April 2015 a total of 564 requested an assessment or where due review and 512 of these were assessed. 52 are awaiting assessment or review.

Mitigation - A list of outstanding reviews and assessments as well as future reviews have been passed to the carers team to action

2.5.5 Three indicators within Childrens Services shows as **RED** –

- (i) *SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations* Q4 – 82.79 Target – 100% **RED**. This is a decline on the performance of 86.54% in Q3. This indicator was also discussed in the Q3 Scorecard Report.

The number of children looked after has increased by 23% over the year, therefore a number of visits have been late because of this increase in demand. Unfortunately the resources within the service has found it difficult to maintain targets. This has been further exacerbated by staff ill health.

This performance would see us move from the upper quartile to the Lower Quartile nationally based on 14/15 results.

. **Mitigation** to improve these standards for 2016/17 are as follows –

- Additional finance has been agreed for 2016/17 to meet the demand on the service
- Sickness absence / Annual leave to be continually managed via the corporate policies and procedures with monthly updates recorded.
- The trackers system to continue to be used weekly and system to be devised to ensure visits are completed when staff are on leave or there are sickness absences.

- (ii) *SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required; Q4 – 68.18% Target – 90%, RED*. This is down when compared with a performance of 79.17% during Q3 when it was Amber on the Scorecard.

The After-Care Officer responsible for pathway plans has been on long term sick and some of the young people also refused the service.

This performance will again see us in the lower quartile nationally based on 14/15 results.

Mitigation – to improve these standards into the new financial year

- A review of the after-care service is to be undertaken during Q1 2016/17
- (iii) *SCC/043a: The % of required core assessments completed within 35 working days; Q4 – 73.38%, Target 85, RED*. This result is down on the performance of 76.29% in Q3 where it was discussed in the Q3 Scorecard Report.

The number of our children under a Child Protection Plan has now increased by 100% since April, resulting in a 23% increase of children in local authority care, therefore the number of required core assessments has also increased. Unfortunately the resources within the service has

found it difficult to maintain targets. This has been further exacerbated by staff ill health

Mitigation – to improve these standards during 2016/17 the following will continue to be actioned –

- Team Managers to remind staff of related timescales, individual staff members to be addressed via reflective discussions and the tracker system to be updated.
- Additional finance has been agreed for 2016/17 to meet the demand on the service

2.5.6 Two indicators within Learning continues to show an underperformance from Q3 –

- (i) 18 – LCL/004: The number of library materials issued during the year is AMBER on the scorecard with a performance of 284k issues compared to a target of 305k issues.

Library materials issued are under target and slightly down on 2014/15 figures but the library service has set a high target (above last years performance) as a mechanism for improvement. This is challenging given the economic and staffing realities. These figures exclude e-resources which are increasing.

Mitigation – to improve the issues during 16/17 the service will –

- Continue to promote reading and borrowing through engaging in Reader Development Activities.

- (ii) 13 – Number of days lost to temporary exclusion – Secondary is RED on the scorecard with a performance of 173 days lost compared to the annual target of 94 days lost.

There have been serious incidents in 3 schools over the period where one incident in a school resulted in 9 days of temporary exclusion. The Education Officer has carried out awareness-raising sessions with the schools within the year and has given additional resources where needed.

Mitigation – to improve matters into the future

- The Education Officer will visit the schools to undertake a follow up visit to the awareness-raising sessions.

2.5.7 One indicator continues to show an underperformance from Q3 in Q4 within Economic & Community Regeneration –

- (i) 19 – LCS/002b – *The number of visits to local authority sport and leisure centres during the year where visitors will be participating in physical activity* is **RED** on the scorecard. The result of 458k against a target of 540k.

Participation numbers are lower than anticipated however the service set a challenging target at the start of the year. Severe weather has also impacted

upon Leisure Centre Participation figures during Q4 with closure of some facilities in 3 of our Leisure Centres.

This performance is likely to see us in the lower quartile based on 14/15 results

Mitigation – the following will be implemented into the new financial year:

- It is expected that the number of participants at Leisure Centres for 2016/17 will have increased as a result of the offer of new classes and Direct Debit Packages

2.5.8 Three indicators within the Housing Service shows an underperformance, all of which were discussed in the Q3 Scorecard Report –

- (i) 20 - % of tenants satisfied with responsive repairs; Q4 – 89.5%, Target 92%; **AMBER**

This performance indicator has been stable throughout the year. Training for all operatives on the completion of Tennant Satisfactory Questionnaires (TSQs) is on-going. There is greater emphasis on collecting TSQs by the workforce to ensure the capture of data and improvement in the KPI return. Trend for the performance indicator is up, this trend should continue into the new financial year.

Mitigation –

- A review of all operatives' returns will be carried out and further Tool Box Talks (TBT) arranged to ensure data is correctly captured
- A welsh language questionnaire will be available during 2016/17

- (ii) 21 – Average number of housing repair jobs completed per operative per day; Q4 – 3.4, Target – 6; **RED**

Format for capturing number of jobs completed is under review as void property and day to day multi trade/multi Schedule of Rates orders are currently counted as single jobs within the KPI calculation. In addition cyclical servicing works orders are not contained within the calculation for the KPI.

Mitigation – This KPI should be reviewed to see if it should be collected as the data is not accurate and another KPI is seen as a better indicator of productivity (scorecard PI 22 – Productivity of workforce - % of time which is classified as productive)

- (iii) The average no. of calendar days to let lettable units of accommodation (excluding DTL's); Q4 – 33.7, Target – 25; **RED**

We are continuing to see improvement in the allocation process, and identifying areas which impact the figures. Stepped targets are in place together with an amendment to the working void data base. This enables us to monitor void days on a daily basis, enabling us to intervene much earlier if a problem occurs and reduce the void period. We are confident that this process does work and there is a clear improvement in the joint up working with the housing management team at Gaerwen.

Mitigation – to improve this for 2016/17 the following will be actioned -

- Continue to review all allocations during the weekly Voids group and continue to monitor performance

2.5.9 Whilst the remaining indicators are all ragged GREEN within the performance management section it should be noted that this does not mean that our position on a national basis will improve across all areas. Based on 14/15 quartile results we would achieve a change in quartile for 8 of our indicators –

2.4.9.1 – 7 of which would improve on their 14/15 quartile result

2.4.9.2 – 1 of which would see a decline

2.5.10 Whilst this is a positive story overall, we will not know how we have performed in comparison with others until the results for 15/16 are published in September. The overall picture will be articulated in the body of our Annual Performance Report, to be considered by the Corporate Scrutiny Committee and the Executive prior to adoption by the Council in the autumn.

2.5.11 A large amount of the indicators have hit their targets for the year. This is encouraging, however around half (14) of the indicators which were also measured last year have declined in performance. If we are to progress and improve our standing as an achieving Council, **the SLT recommends** –

2.5.11.1 To hold a workshop with the Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2016/17 scorecard and

2.5.11.2 to revise associated 16/17 targets to ensure they are challenging yet achievable and

2.5.11.3 where targets are not met in the year that an improvement year on year is the minimum expectation.

2.5.12 Programme boards were also re-established during Q4. There are now 2 Transformation Programme Boards -

2.5.12.1 *Partnerships, communities and Service Improvement* – which develops the principle of “place”, promotes partnerships and improves services provided for Anglesey citizens; and

2.5.12.2 *Governance and Business Process Transformation* – which concentrates on transforming internal processes, and on internal management and governance arrangements

2.5.13 During the year the scorecard has also monitored 4 programmes/projects. An update from these can be seen below:

2.5.14 *School modernisation* – Building work has commenced on Ysgol Cybi with a provisional opening date of April 2017. Ysgol Rhyd y Llan is expected to commence building work in Q1 2016 with a provisional opening date of June 2017. Work has been underway to identify sites for a new school in the Bro Rhosyr / Bro Aberffraw area, these will be cut down and a final site will be agreed during the first half of 2016/17.

2.5.15 *Adult Social Care Programme* – The programme has now been amended to reflect the changing strategy and new arrangements are being established to drive delivery.

2.5.16 *Leisure Transformation Project* – A new brand called MônActif was launched during the year. It is now possible for a parent to track online how their child is developing

in their swimming lessons. A restructuring of the leisure service has been completed. Wifi is now available in all leisure centres and new classes and direct debit payment options have been made available to customers.

2.5.17 *Library, Culture and Youth Transformation Programme* – The Library service have been in consultation to agree on the future use of the library service provision for the island. The Executive agreed in February 2016 to move on to stage 2 of the consultation process which will detail the agreed areas to focus on. The Youth Service have also been consulting on the future of the service and will be finalising options from the initial consultation for further consideration by service users during Q2 of 2016/17. The Culture service are currently inviting organisations, businesses and individuals to come forward during Q1 with ideas on the future running of some of our heritage sites.

2.6 CUSTOMER SERVICE

2.6.1 Regarding Customer Complaints Management, by the end of Q4 59 Complaints were received and 5 Stage 2 Complaints in Social Services. All of the complaints have received a response and of these complaints 14 were upheld in full, 7 were partially upheld whilst the remaining 38 were not upheld.

2.6.2 There were 261 concerns recorded this year and of these concerns 207 related to Waste Management, 15 for Planning, 11 for Resources, 12 for Housing, 10 for Education, 5 for Leisure and 1 for Highways. The majority of the Waste Management concerns relates to phone calls not being answered due to staffing shortages.

2.6.3 In the Q3 Scorecard Report it was noted that a review of Waste Management Customer Services was undertaken to ascertain why there are a high number of concerns and also identify suitable solutions to the issues affecting its' current performance. Positive discussions were held during Q4 with regards to some of the solutions identified in the review and the agreed solutions will be implemented during 2016/17.

2.6.4 The % of FOI requests responded to within timescale performed at 67% at the end of Q4 compared to 65% for the same period in 2014/15. It should be noted that this is still some way short of the target of 80%.

2.6.5 There were 854 FOI requests to the council during the year with a total of 3357 questions needing to be responded to within timescale. This result is very similar to the 894 requests and 3541 questions needing to be responded to in 2014/15.

2.6.6 During the year the Tenant Auditing Group (TAG) undertook an audit of the Council as part of the Customer Service Excellence Project. The aim of the mystery shop was to ensure all services within the council are adhering to the Customer Care Charter.

2.6.7 The Customer Service Excellence Boars have accepted the recommendations from the audit and have agreed a process to action the recommendations.

2.6.8 The Council now have a new process within services to ensure that the way we respond to letters is professional and replicated throughout. The remaining recommendations will be implemented over the next few months as part of the Customer Service Excellence project.

3. RECOMMENDATIONS

3.1 The Committee is requested to scrutinise the scorecard and note the areas which the Senior Leadership Team are managing to secure improvements into the future. These can be summarised as follows –

3.1.1 People Management -

- To continue to further embed good management processes and practices with regards to sickness management in order to decrease short term sickness rates further and an increased focus and analysis on long term cases which can be influenced.
- To improve the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.
- To present policy expectations at forthcoming Managers conference with a sharing of good practice across services.
- To commission the Wales Audit Office (WAO) to audit absence management policies and procedures during June 2016 with a receipt of findings in Q2.

3.1.2 Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the end of year finance report considered at this meeting.

3.1.3 Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during 2016/17.

- To hold a workshop with the Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2016/17 scorecard and
- to revise associated 16/17 targets to ensure they are challenging yet achievable and
- where targets are not met that an improvement year on year is the minimum expectation.

3.2 The Committee is asked to accept the mitigation measures outlined above.

Corporate Scorecard C-Q4

Gofal Cwsmer / Customer Service	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	Canlyniad 14/15 Result
01) No of Complaints received (excluding Social Services)	59	65	Gwyrdd / Green	-	-
02) No of Stage 2 Complaints received for Social Services	-	-	-	-	-
03) Total number of complaints upheld / partially upheld	-	-	-	-	-
04) Total % of complaints acknowledged within 5 working days	100%	100%	Gwyrdd / Green	-	-
05) Total % of written responses to complaints within 20 days	-	-	-	-	-
06) Number of concerns (excluding Social Services)	261	-	-	-	-
07) Number of Stage 1 Complaints for Social Services	-	-	-	-	-
08) Number of Ombudsman referrals upheld	-	-	-	-	-
09) Number of Compliments	-	-	-	-	-
10) % of FOI requests responded to within timescale	67%	80%	Coch / Red	↑	-
11) Number of FOI requests received	854	-	-	-	-
12) Average 'rings' taken to answer telephone (1 Ring = 3 Sec)	3	5	Gwyrdd / Green	→	-
13) % of telephone calls not answered	12%	15%	Gwyrdd / Green	→	-
14) % of written communication replied to within 15 working days of receipt (Mystery Shop - Q2)	67%	-	-	-	-
15) % of written responses in the customers language of choice (Mystery Shop - Q2)	100%	-	-	-	-
16) % of telephone calls answered bilingually (Mystery Shop - Q2)	77%	-	-	-	-
17) % of staff that took responsibility for the customer query (Mystery Shop - Q2)	90%	-	-	-	-
People Management	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	14/15 Result
01) Sickness absence - average working days/shifts lost	11.68	10	Coch / Red	↓	11.53
02) Short Term sickness - average working days/shifts lost per FTE	4.89	-	-	-	-
03) Long Term sickness - average working days/shifts lost per FTE	6.79	-	-	-	-
04) % of RTW interview held	84%	80%	Ambr / Amber	→	85%
05) % of stress related sickness	7%	9%	Gwyrdd / Green	↑	5%
06) Number of employees that have hit trigger points requiring a Attendance Review Meeting (ARM)	-	-	-	-	-
07) Number of staff authority wide, including teachers and school based staff (FTE)	2310	-	-	-	2336
08) Number of staff authority wide, excluding teachers and school based staff(FTE)	1303	-	-	-	1362
09) % of PDR's completed within timeframe	85.5%	80%	Gwyrdd / Green	↑	76%
10) Local Authority employees leaving (%) (Turnover) (Annual)	6%	-	-	-	-
11) Local Authority employees made redundant (compulsory)	15	-	-	-	-
12) Local Authority employees made redundant (voluntary)	26	-	-	-	-
13) No. of Agency Staff	-	-	-	-	21
14) % of staff with DBS Certificate (if required within their role)	-	-	-	-	-
Rheolaeth Ariannol / Financial Management	Gwariant / Spend (£)	Amrywiad / Variance (%)	CAG / RAG	Tuedd / Trend	14/15 Result
01) Forecasted end of year outturn	£122,795,000	-1.48%	Coch / Red	-	-
02) Salary Year to Date Variance	£44,626,027	-2.17%	Coch / Red	-	-
03) % of Budget spent on Salary	-	36.34%	-	-	-
04) Cost of agency staff	£1,026,046	-	Coch / Red	-	-
05) Cost of consultancy	£2,773,476	-	Coch / Red	-	-
06) Notional cost of sickness absence	£2,368,141	-	-	-	-
07) Budget v Actuals (Economic & Community Regeneration)	£167,994	5.94%	Coch / Red	-	-
08) Budget v Actuals (Learning)	£111,703	1.56%	Coch / Red	-	-
09) Budget v Actuals (Housing)	£612,790	63.0%	Coch / Red	-	-
10) Achievement against efficiencies (Childrens Services)	£65,000	35.33%	-	-	-
11) Achievement against efficiencies (Resources)	£74,600	72.01%	-	-	-
12) Achievement against efficiencies (Economic & Community Regeneration)	£69,500	21.72%	-	-	-
13) Income v Targets (excluding grants) (Resources)	£165,737	37.63%	Coch / Red	-	-
14) Income v Targets (excluding grants) (Childrens Services)	£168,510	34.01%	Coch / Red	-	-
15) Income v Targets (excluding grants) (Transformation)	£42,729	16.86%	Coch / Red	-	-
16) % of Council Tax collected (for last 3 years)	98.8%	-	-	-	-
17) % of Business Rates collected (for last 3 years)	98.8%	-	-	-	-
18) % of Sundry Debtors collected (for last 3 years)	97.2%	-	-	-	-
19) % Housing Rent collected (for the last 3 years)	98.30%	-	-	-	-

Rheoli Perfformiad / Performance Management	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	Canlyniad 14/15 Result	Canlyniad 13/14 Result	Chwarter 14/15 Quartile
01) SCA/002b: The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	20.3	22	Gwyrdd / Green	→	22	23.28	Isaf / Lower
02) SCA/018a: The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	95.3	93	Gwyrdd / Green	↑	93	92.9	Canolrif Isaf / Lower Median
03) LI/18b The percentage of carers of adults who requested an assessment or review that had an assessment or review in their own right during the year	90.8	93	Ambr / Amber	↑	93	92	-
04) SCA/018c: The % of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service	96.3	96	Gwyrdd / Green	→	96	96	-
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	93.0	90	Gwyrdd / Green	↑	90	91.92	Isaf / Lower
06) SCC/002: During the year, the percentage of children looked after at 31 March, who have experienced one or more changes of school, during the periods of being looked after, which were not due to transitional arrangements	17.39	15	Gwyrdd / Green	↑	15	18.52	Isaf / Lower
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	82.79	100	Coch / Red	↑	100	98.15	Uchaf / Upper
08) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required	68.18	90	Coch / Red	↓	90	-	Isaf / Lower
09) SCC/43a: The % of required core assessments completed within 35 working days	73.38	85	Coch / Red	↓	85	-	-
10) Attendance - Primary (%)	94.9	94.5	Gwyrdd / Green	-	94.5	-	Canolrif Isaf / Lower Median
11) Attendance - Secondary (%)	94.2	93.3	Gwyrdd / Green	-	93.3	-	Canolrif Isaf / Lower Median
12) No. of days lost to temp exclusion - Primary	18.5	25	Gwyrdd / Green	-	25	-	-
13) No. of days lost to temp exclusion - Secondary	173	94	Coch / Red	-	94	-	-
14) KS4 - % 15 year olds achieving L2+	56.9	56	Gwyrdd / Green	-	56	-	-
15) EDU/015a: The percentage of final statements of special education need issued within 26 weeks including exceptions	32.5	-	-	↓	-	-	-
16) EDU/015b: The percentage of final statements of special education need issued within 26 weeks excluding exceptions	75	-	-	↓	-	-	-
17) LCL/001b: The no. of visits to public libraries during the year	289k	285k	Gwyrdd / Green	↓	285k	-	Isaf / Lower
18) LCL/004: The no. of library materials issued, during the year	284k	305k	Ambr / Amber	-	305k	-	-
19) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation	0	-	-	-	-	-	-
20) % tenants satisfied with responsive repairs	89.5	92	Ambr / Amber	↑	92	-	-
21) Average number of housing repair jobs completed per operative per day	3.4	6	Coch / Red	↑	6	-	-
22) Productivity of workforce- % time which is classified as productive	74.6	75	Gwyrdd / Green	↑	75	-	-
23) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	33.7	25	Coch / Red	↑	25	-	-
24) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	95.1	94	Gwyrdd / Green	↓	95	96.3	Canolrif Isaf / Lower Median
25) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	98.49	94	Gwyrdd / Green	↓	95	95.9	Canolrif Isaf / Lower Median
26) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	-	58	-	-	58	-	Canolrif Isaf / Lower Median
27) WMT/004b: The percentage of municipal waste sent to landfill	-	40	-	-	41	-	Isaf / Lower
28) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	13.4	15	Gwyrdd / Green	-	15.9%	-	THS/012 -Isaf / Lower
29) No. of attendances (young people) at sports development / outreach activity programmes	132k	85k	Gwyrdd / Green	↑	85k	-	-
30) LCS/002b: The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity	458k	540k	Coch / Red	↓	540k	-	Canolrif Uchaf / Upper Median
31) No of new apprenticeships	41	-	-	-	-	-	-
32) Adult Social Care Programme	-	-	Oren / Orange	-	-	-	-
33) Leisure Transformation Project	-	-	Melyn / Yellow	-	-	-	-
34) Library, Culture and Youth Transformation Programme	-	-	Melyn / Yellow	-	-	-	-
35) School Modernisation Programme	-	-	Melyn / Yellow	-	-	-	-