ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	**CORPORATE SCRUTINY & EXECUTIVE COMMITTEE**
DATE:	**21st & 28th NOVEMBER 2016**
SUBJECT:	**SCORECARD MONITORING REPORT - QUARTER 2 (2016/17)**
PORTFOLIO HOLDER(S):	**COUNCILLOR ALWYN ROWLANDS**
HEAD OF SERVICE:	**SCOTT ROWLEY**
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LOCAL MEMBERS:	**n/a**

A - Recommendation/s and reason/s

1.1 This is the second scorecard of the financial year 2016/17.

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 Q2.

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 Underperformance (red or amber indicators on the scorecard) is recognised and appropriate measures put in place for improvement

1.3.2 To continue with the regular service sickness challenge panels to keep a focus on improving our sickness management figures

1.3.3 The Wales Audit Office work related to sickness is reported through to the Executive once received. Best practise and proposed further improvements based on national best practice should then be adopted.

1.3.4 An overall view and detailed appreciation of Children's & Learning indicators are analysed further to ensure improved

performance is gained and adherence to corporate policies accomplished.

1.3.5   *From the scorecard reporting on financial issues and the in-depth analysis provided by the Q2 revenue and capital reports (considered at this meeting), the SLT and Executive will continue to manage the financial position of the Authority accordingly.*

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

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 15th of September and their comments are reflected in the report
2	**Finance / Section 151** (mandatory)	No comment
3	**Legal / Monitoring Officer** (mandatory)	No 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 2, 2016/17 & Scorecard
FF - Background papers (please contact the author of the Report for any further information):
• 2016/17 Scorecard monitoring report - Quarter 1 (as presented to, and accepted by, the Executive Committee in September 2016).

SCORECARD MONITORING REPORT – QUARTER 1 (2016/17)

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 is drafted to be published by end of October, which demonstrates progress or not (as the case may be).

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 via a workshop on the 28th July, 2016 with the Senior Leadership Team, the Executive and Shadow Executive.

1.4   The scorecard (Appendix 1) portrays the current end of Q2 position and will be considered further by the Corporate Scrutiny Committee and the Executive during November.

2.   CONSIDERATIONS

2.1   This is the fourth year of collating and reporting performance indicators in a co-ordinated manner. The Council is 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   It is important to note that the formulation of this year's scorecard requested –
   ● further trend analysis
   ● look back at previous year's performance
   ● acknowledgement of specific indicators in relation to the quartile positioning
   ● a new RAG status to include yellow (Red – greater than 10% behind target, Amber – 5 to 10% behind target, Yellow – 0 to 5% behind target, Green on target)

This assists the quarterly analysis and enables performance to be considered using a number of different comparator elements.

2.3 PERFORMANCE MANAGEMENT

2.3.1   The scorecard for Performance Management shows performance against indicators outlined and requested by the Senior Leadership Team, Executive and Shadow Executive.

2.3.2 At the end of Q2 it is encouraging to note that the majority of indicators are performing well against their targets but we note that 5 indicators are underperforming as Amber or Red against their annual target for the year.

2.3.3 Three indicators within <u>Adult Services</u> show an underperformance after targets were agreed in Q1 –

(i) Ll/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. Q2 – 82.3% Target – 93%. This performance is better than that of Q2 in 2015/16, however it is still some way off the target.

There has been a positive impact on this PI since 15/16, and continued improvement is likely due to increased capacity of Social Workers to do assessments and review assessments as and when required. Therefore the department is confident that the target will be met by Q4.

Mitigation - to improve these standards for Q3 the Social Workers will catch-up on assessments that were due and complete new assessments and reviews in the next 6 months. This will be done due to the increase in capacity of Social Workers to undertake assessments as well as the care team which currently undertake the assessments.

(ii) PM18 - The percentage of adult protection enquiries completed within statutory timescales. Q2 – 79.37%, Target – 90%. This PI is new for 2016/17 and therefore the target could be seen as ambitious, however the current position is some way below what the service would like to achieve.

Mitigation - Partner agencies' investigation timings currently having negative impact on our timescales and PI. This matter is and will continue to be raised in the strategic group meetings taken place between Gwynedd and Môn in order to resolve and lessen timeframe issues.

(iii) PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over. Q2 - 4.6 Target - 1.5. Like the above PI this is a new indicator and the target is an ambitious one. A lack of domiciliary care capacity is having a negative impact on this PI.

Mitigation - A transformational plan is underway to secure more capacity by April 2017. Additional trouble arises from a lack of EMI nursing care beds, however the service have a close relationship with the Health Board and all that can be done currently is being done.

2.3.4 Two of those indicators exist within <u>Childrens Services</u> continue to show an underperformance from Q1 as follows –

(i) SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations Q2 – 82.84% Target – 100, RED. This compares with a performance of 90.52% for the same time period of 2015/16. This indicator was also discussed in the Q1 Scorecard report and there has been a very slight improvement in Q2 compared to Q1.

From an excellent level 15 months ago, this Pi has seen a steady deterioration, due to the significant increase in the numbers of looked after children. This deterioration has now ceased following the mitigation identified at end of Q1, and the service now foresees improvement into the future.

Mitigation - to improve these standards further for Q3 the following will be acted upon–

- An increase in the capacity of social workers and a tracker system will continue to be used weekly, together with a new management system devised to ensure visits are completed when staff are on leave or there are sickness absences.

(ii)   PM32 - The % of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March. Q2 – 10.84%, AMBER.

Although this continues to be high after 6 months, the reasons for moving school are as part of long term planning for the children e.g. adoption, therapeutic placements; or an individual child's wish to move school and therefore no mitigation is required.

2.3.5   There was agreement at the workshop noted above in 1.3 that officers re-evaluate the Education Performance indicators that can be included on the current year's Scorecard to include PI's which can be monitored regularly throughout the year. This piece of work has been undertaken during Q2 and is portrayed in Scorecard (indicators 11 to 18). Whilst 4 of the indicators are annual indicators (indicators 15 to 18) they are deemed to be the most suitable for the scorecard. The remaining 4 indicators (11 to 14 on scorecard) will be reported termly by the service (September to December in the Q3 Scorecard, January to Easter in the Q4 Scorecard, April to July in Q1 2017/18).

2.3.6   The remaining indicators reported for Q2 are all currently ragged **GREEN** or **YELLOW** within the performance management section.

2.3.7   The SLT recommended in the Q1 report that targets were re-evaluated during Q2. This work has been undertaken where required and the new targets are now in place on the Scorecard. The following indicators changed their targets during this process:

- **Highways, Waste and Property** – Indicators 26 to 28 on the scorecard
  - 26) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days – Original Target 94%, Revised Target 96.7%
  - 27) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled – Original Target 58%, Revised Target 60%
  - 28) WMT/004b: The percentage of municipal waste sent to landfill – Original Target 40%, Revised Target 22%
- **Regulation and Economic Development** – Indicator 30 on the scorecard
  - 30) No. of attendances (young people) at sports development / outreach activity programmes – Original Target 70k, Revised Target 85k

2.3.8   During this financial year, the scorecard report will now provide an update on the progress of programmes/projects within the Authority. The information related to this can be gleaned from attachment 2. A brief update on some programmes / projects are as follows:

2.3.10.1 *School modernisation* – Building work is commencing on Ysgol Cybi, however the building work has slipped by a month to May 2017. This slippage currently will not affect the opening of the school in September 2017. Ysgol Rhyd y Llan has also seen the building work slip behind schedule to July 2017, however it also continues to be on track to open in September 2017. A site has now been identified in the Bro Aberffraw area in Newborough. Exploration surveys on the chosen site have been undertaken during Q2. Llangefni area has now been added to Band A and an informal consultation on the area is currently underway.

2.3.10.2 *Adult Social Care Programme* – The programme has now been amended to reflect the changing strategy and new arrangements are being established to drive delivery. Ty Glas Housing Society, in conjunction with the Council, have begin work on clearing the Ysgol y Bont site in Q2 ready for the construction of the Extra Care Housing Facility, Hafan Cefni.

2.3.10.3 *Library, Culture and Youth Transformation Programme* – The Library project now has a new timetable in place. The library strategy will now be discussed with the Executive in Q4 and go out to consultation following the elections in May 2017. The Youth Service consulted with young people on the future of the service in a Youth Conference organised by the service at the end of Q2. Their feedback will be part of the final options which is due to go back to the executive in Q3 for a decision on the future of the service. The Culture service invited organisations, businesses and individuals to come forward once again at the end of Q2 with ideas on the future running of some of our heritage sites. Any responses will be discussed and considered further during Q3.

2.3.10.4 *Leisure Transformation Project* – new classes and direct debit payment options have been made available to customers and the packages have resulted in an increase in direct debit payments received by the service. Income is behind target, the service believes a loss of circa £50k was lost due to the closure of Holyhead Swimming Pool over the summer, and therefore the service is unlikely to catch up by the end of the financial year. An online payment option for customers is currently scheduled to be launched during Q4.

2.3.10.5 *Smarter Working Project* – The project is currently on track to be completed during Q3. Staff from Planning have all been moved into the Head Office during Q2. The final moves will take place during Q3 where the remaining staff in the Rovacabin and Childrens Services staff in from Shire Hall will be moved into the Main Offices. The remodelling of the reception has been completed and Cyswllt Môn was opened at the end of Q2 to the public. An upgrade to the door access system to a new modern and reliable design has also been completed during November.

2.3.10.5 Appendix 2 shows the whole programme of work which the two Corporate Transformation Programme Boards are overseeing. Whilst some of the programmes / projects are ragged as RED it is important to state that the issues highlighted are being managed and tracked accordingly via the Boards which meet on a two monthly basis.

2.4 PEOPLE MANAGEMENT

2.4.1 With regard to People Management, it is noted that the performance of the Council's sickness rates (*indicator 3 on scorecard under people management*) at the end of Q2 shows a slight improvement (4.89 Days Sick per FTE) when compared with last year (5.33 Days Sick per FTE). However, the figures reported in this years' sickness statistics do not include days off sick due to bereavements (414 Days). If we were to include bereavements in the calculation we would still see a slight improvement (5.02 Days per FTE). This change in the calculation has been made to meet the guidance provided by Data Unit Wales in the national performance indicator.

2.4.2 This indicates that the projected end of year sickness level (if the trend was to continue in a similar manner to the past two years of, i.e. higher sickness results in Q3 & Q4 than in Q1 & Q2) would equate to 11.28 days per FTE (Table 1)

Table 1

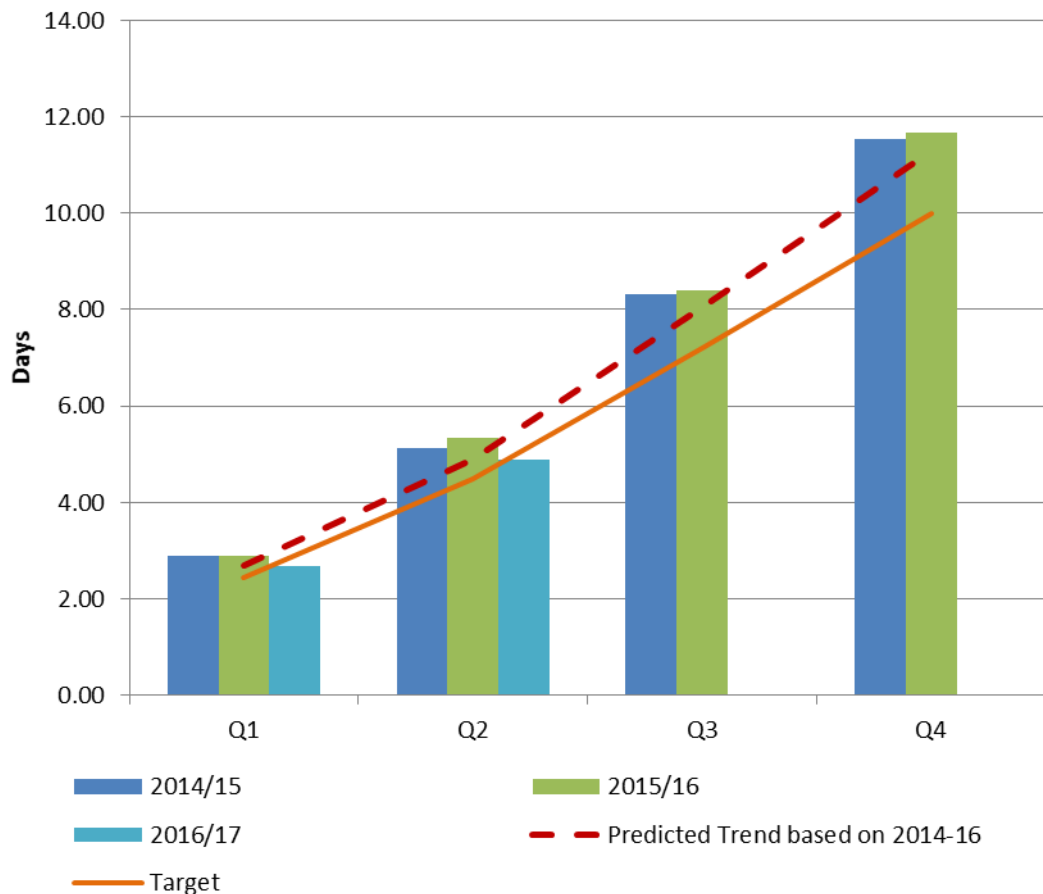**2.4.3** Service Performance against these targets for Q2 indicate that 5 Services are RED or AMBER compared to their targets for the quarter:

- Adult Services – AMBER - 6.70 Days Sick per FTE (Target 6.13)
- Childrens Services – RED - 8.21 Days Sick per FTE (Target 4.65)
- Highways, Waste and Property – AMBER – 5.28 Days Sick per FTE (Target of 4.89)
- Learning – RED – 4.62 Days Sick per FTE (Target of 4.17)

- Corporate Transformation – RED – 3.64 Days Sick per FTE (Target 3.23)

2.4.4 One of the main reasons for not achieving our corporate target for 2015/16 was due to an increase in our Long Term Sickness rates which equated to 58% of the total sickness days lost. In this respect, Q2 has seen a significant improvement in comparison with Q2 2015/16, 3100 days sick compared to 3700 days sick respectively (See table 2 below).

LONG TERM SICK DAYS

■ 2014/15   ■ 2015/16   ■ 2016/17

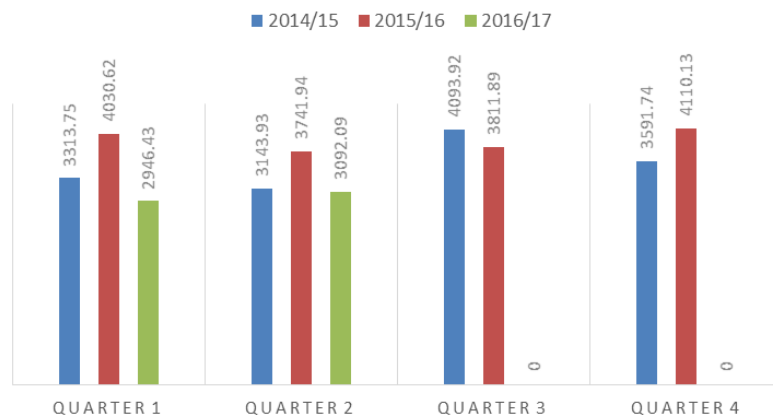|	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2014/15	3313.75	3143.93	4093.92	3591.74
2015/16	4030.62	3741.94	3811.89	4110.13
2016/17	2946.43	3092.09	0	0

Table 2

2.4.5 Long Term sickness equated to 55% of our total sickness for Q2 compared to 63% over the same period for 2015/16. A continued drive and need to decrease long term figures is seen as essential to improve our year on year forecast.

2.4.6 With regards to short term sickness our year on year comparison doesn't show the same improvement. Indeed, for the first 6 months of the year (cumulative total) our short term sickness days per FTE has declined from the same period last year by 292 days. There continues to be a drive to decrease short term sickness rates however, and this drive can be seen in Q2 where there was an improvement of 120 days on the same period last year (Table 3).

SHORT TERM SICK DAYS

■ 2014/15   ■ 2015/16   ■ 2016/17

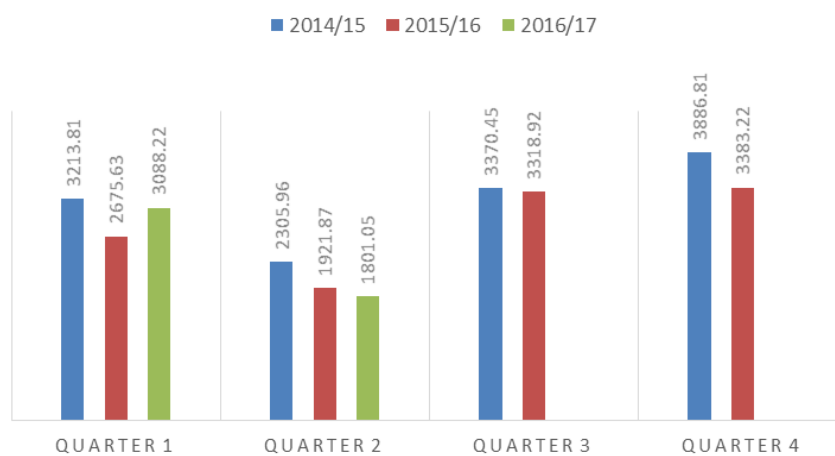|	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2014/15	3213.81	2305.96	3370.45	3886.81
2015/16	2675.63	1921.87	3318.92	3383.22
2016/17	3088.22	1801.05		

Table 3

2.4.7 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 includes the undertaking of return to work interviews and Attendance Review Meetings (*indicators 7 & 8 on scorecard*).

2.4.8 The Council continues to embed this working practice across its services but during Q2 the Return to Work (RTW) interviews within timescale (79%) improved slightly on Q1 but is marginally below the target of 80%. (Table 4).

2.4.9 The total percentage of RTW interviews held in Q2 maintained its performance of 93% seen in Q1 and this is seen as a healthy result, however, it continues to be slightly below our challenging target of 95% for this indicator. This indicator only has one service, Childrens services, as Amber with 87% (34 out of 39) of RTWs completed. The remaining services are within 5% of the targets.

2.4.10 During Q2 the services which failed to hit the Corporate Target of 80% within timescale were Council Business 57% (4 out of 7), Resources 70% (33 out of 47), Childrens Services 74% (29 out of 39), and Highways, Waste and Property 74% (116 out of 157).

% RTW interviews held within timescale
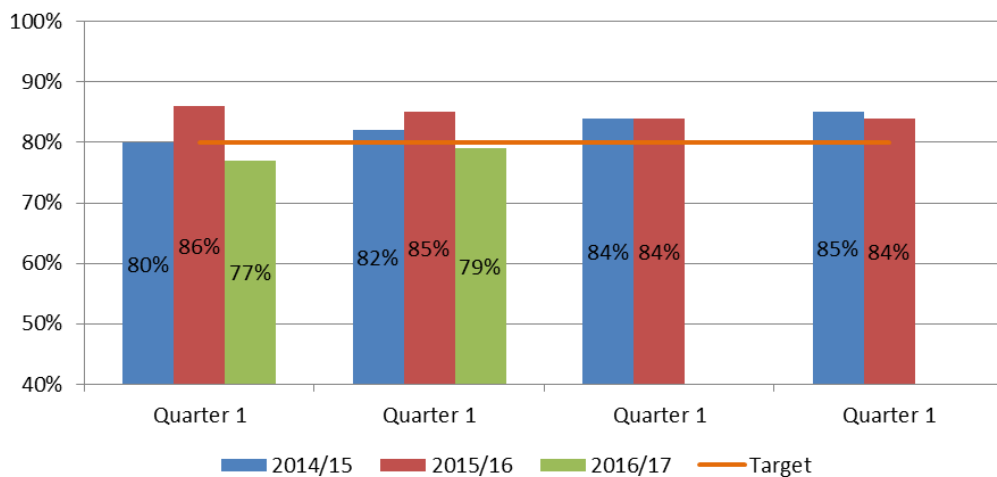
Table 4

2.4.11 It was recommended by the SLT in 2015/16, that further consideration and focus is given to the management of recurring short-term sickness absence where trigger points are reached and the completion of attendance review meetings (ARM's) are undertaken. These continue to be monitored in the Sickness Challenge Panels.

2.4.12 ARM figures for Q2 have maintained its performance from Q1 at 75% (these figures do not include Schools). Although no improvement has been made in the quarter, Human Resources have noted that the quality of the ARMs coming through from services have greatly improved.

2.4.13 *The SLT therefore recommends –*

- *To continue with the regular service sickness challenge panels to keep a focus on improving our sickness management figures*

- *The Wales Audit Office work related to sickness has yet to be received and it will therefore be reported through to the Executive following receipt of the report.*

2.5   CUSTOMER SERVICE

2.5.1   This year sees the introduction of 5 new Performance Indicators (items 11-15), specifically looking at the channel shift in communication with the Council which are monitored in the Customer Service Excellence Board. These do not have targets set up for this year, we do however expect an upward trend in all of these indicators during the year.

2.5.2   Two of the new indicators look at the successful launch of AppMôn, where an additional 218 users have installed the App on their mobiles (a total of 647). The users have used the technology to submit 91 reports to us during Q1 and Q2 (including fly tipping, faulty street lighting, compliments or complaints, broken pavements, sports club database forms and ordering recycling bins).

2.5.3   The remaining indicators focus on the website and on our social media presence. We had a total of 247k unique visits to the website during the first half of the year. Our social media presence has also resulted in a total of 19k social media accounts following us on Facebook (8k followers) and Twitter (11k followers).

2.5.4   Regarding Customer Complaints Management, by the end of Q2 36 Complaints were received and 1 Stage 2 complaints in Social Services. All of the complaints have received a response and of these complaints 3 were upheld in full (Regulation & Economic Development [1], Highways, Waste & Property [1], and Resources [1]), 5 was partially upheld (Regulation & Economic Development [1], Highways, Waste & Property [3], and Housing [1]) whilst the remaining 23 were not upheld. These indicators are now reported to and tracked by the Customer Service Excellence Board.

2.5.5   A total of 78% of the complaints have been responded to within timescale with 13 late responses (Adult Services [3] Highways, Waste & Property [1], Housing [1], Council Business [1] and Childrens Services [9]). This is significantly up from the 64% at the end of 2015/16, however it continues to be marginally below the target of 80%.

2.5.6   The % of FOI requests responded to within timescale performed at 78% at the end of Q2 compared to 67% at the end of 2015/16. In total there was 453 FOI requests after Q2 with 100 late responses. The majority of the late responses came from Resources which equated to 46% of the late responses (60% of the 77 received by the service, an improvement on the 74% late in Q1), Social Services with 20% (13% of the 45 received by the service) and Regulation & Economic Development with 14% (29% of the 28 received by the service). Our response to FOIs is important and the SLT and Heads of Service monitor the performance of FOIs closely.

2.5.7   The Mystery Shop (Items 16-19 on the scorecard) has been pencilled in to take place in Q3. The Mystery Shop will again be undertaken by the Tenants Advisory Group. Findings and recommendations of their report will be reported here in Q4.

2.6 FINANCIAL MANAGEMENT

2.6.1 A total overspend of £660k (0.53%) is projected for the year-ending 31 March 2017. An overspend of £801k is predicted on service budgets though it must be highlighted that this is made up of a number of over and underspends. The services that are still experiencing budgetary pressures are similar to 2015/16 (Adults' Services, Children's Services, Waste and Resources). In addition Lifelong Learning is forecast to overspend by £114k. The Heads of Service are aware of the issues and are working to reduce the level of overspending at the year-end. The overspend on services is offset in part by an underspend in Corporate Finance of £339k which is mainly due to an underspend on the Council Tax Reduction Scheme. In addition there is an estimated shortfall on the collection on Council Tax of £198k due to the requirement to provide for bad debts. Although the current level of reserves are sufficient to meet this level of overspending, should the Council also have to fund the costs of equal pay claims form its general reserves, then the level would then fall close to the minimum level set of £5m.

2.6.2 It should be noted that quarter 2 is still early in the financial year and items such as the impact of winter maintenance have not been included in the forecast as there is no information available. Forecasts are subject to change as new information becomes available. However with regular scrutiny from SLT and if remedial action is taken by Heads of Services these will help the services manage within the budgets they can control.

2.6.3 Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q2' which is an agenda item in this meeting.

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 Underperformance (red or amber indicators on the scorecard) is recognised and appropriate measures put in place for improvement

3.1.2 To continue with the regular service sickness challenge panels to keep a focus on improving our sickness management figures

3.1.3 The Wales Audit Office work related to sickness is reported through to the Executive once received. Best practise and proposed further improvements based on national best practice should then be adopted.

3.1.4 An overall view and detailed appreciation of Children's & Learning indicators are analysed further to ensure improved performance is gained and adherence to corporate policies accomplished.

3.1.5 From the scorecard reporting on financial issues and the in-depth analysis provided by the Q2 revenue and capital reports (considered at this meeting), the SLT and Executive will continue to manage the financial position of the Authority accordingly.

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

Corfforaethol - Corporate Scorecard Ch-Q2 2016/17

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 15/16 Result	Canlyniad 14/15 Result
01) No of Complaints received (excluding Social Services)	Coch / Red	↓	36	29.5	59	65
02) No of Stage 2 Complaints received for Social Services	-	-	1	-	5	
03) Total number of complaints upheld / partially upheld	-	-	8	-	21	
04) Total % of written responses to complaints within 20 days	Melyn / Yellow	⇨	78%	80%	64%	
05) Number of concerns (excluding Social Services)	-	⇧	78	-	261	71
06) Number of Stage 1 Complaints for Social Services	-	-	29	-	53	
07) Number of Compliments	-	⇧	339	-	712	521
08) % of FOI requests responded to within timescale	Melyn / Yellow	⇨	78%	80%	67%	65%
09) Number of FOI requests received	-	-	453	-	854	894
10) % of telephone calls not answered	-	-	-	15%	12%	
11) No of AppMôn users	-	⇧	647	-	-	
12) No of reports received by AppMôn	-	↓	91	-	-	
13) No of web payments	-	-	-	-	-	
14) No of 'followers' of IOACC Social Media	-	⇧	19k	-	-	
15) No of visitors to the Council Website	-	⇧	274k	-	-	
16) % of written communication replied to within 15 working days of receipt (Mystery Shop)	-	-	-	-	-	
17) % of written responses in the customers language of choice (Mystery Shop)	-	-	-	-	-	
18) % of telephone calls answered bilingually (Mystery Shop)	-	-	-	-	-	
19) % of staff that took responsibility for the customer query (Mystery Shop)	-	-	-	-	-	

People Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 15/16 Result	Canlyniad 14/15 Result
01) Number of staff authority wide, including teachers and school based staff (FTE)	-	-	2258	-	2310	2336
02) Number of staff authority wide, excluding teachers and school based staff(FTE)	-	-	1250	-	1303	1362
03) Sickness absence - average working days/shifts lost	Ambr / Amber	⇧	4.84	4.5	11.68	11.53
04) Short Term sickness - average working days/shifts lost per FTE	-	-	2.16	-	4.89	5.49
05) Long Term sickness - average working days/shifts lost per FTE	-	-	2.67	-	6.79	6.04
06) % of stress related sickness	-	-	6%	9%	7%	5%
07) % of RTW interview held within timescale	Melyn / Yellow	⇧	79%	80%	84%	85%
08) % of RTW interview held	Melyn / Yellow	⇨	93%	95%	-	
09) % of Attendance Review Meetings held	Melyn / Yellow	⇨	75%	80%	-	
10) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	6%	-	-	
11) % of PDR's completed within timeframe	Gwyrdd / Green	-	85.50%	80%	-	
12) % of staff with DBS Certificate (if required within their role)	-	-	-	-	98%	
13) No. of Agency Staff	-	⇧	21	-	26	21
14) Staff Survey (Staff Satisfaction) - TBC	-	-	-	-	-	
15) Staff Survey (Staff Satisfaction) - TBC						
16) Staff Survey (Staff Satisfaction) - TBC						

Rheolaeth Ariannol / Financial Management	CAG / RAG	Tuedd / Trend	Cyllideb / Budget	Canlyniad / Actual	Amrywiant / Variance (%)	Rhagolygon o'r Gwariant / Forcasted Actual	Amrywiant a Ragwelir / Forcasted Variance (%)
01) Forecasted end of year outturn (Revenue)	Coch / Red	↓	£124,037,000	-	-	£124,697,000	0.53%
02) Forecasted end of year outturn (Capital)	Coch / Red	↓	£52,246,000	-	-	£43,062,000	-17.58%
03) Salary Year to Date Variance	Ambr / Amber	⇧	£40,679,042	£40,836,570	0.39%	-	-
04) % of Budget spent on Salary		-		57.09%	-	-	-
05) Cost of agency staff	Coch / Red	↓	£134,352	£622,325	363.20%	-	-
06) Budget v Actuals	Gwyrdd / Green	⇧	£64,519,000	£64,742,000	0.35%	-	-
07) Achievement against efficiencies	-	-	£2,980,000	£2,427,000	-18.56%	-	-
08) Income v Targets (excluding grants)	Gwyrdd / Green	⇧	-£14,269,253	-£14,759,560	3.44%	-	-
09) Amount borrowed	-	-	-	£110M	-	-	-
10) Cost of borrowing	-	-	-	-	-	£8,450,000	-
11) % invoices paid within 30 days	-	↓	-	81.92%	-	-	-
12) % of Council Tax collected (for last 3 years)	-	↓	-	97.90%	-	-	-
13) % of Business Rates collected (for last 3 years)	-	⇧	-	98.80%	-	-	-
14) % of Sundry Debtors collected (for last 3 years)	-	⇧	-	95.50%	-	-	-
15) % Housing Rent collected (for the last 3 years)	-	-	-	98.78%	-	-	-
16) % Housing Rent collected excl benefit payments (for the last 3 years)	-	-	-	97.02%	-	-	-

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 15/16 Result	Canlyniad 14/15 Result	Chwartel 15/16 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	Gwyrdd / Green	⬆	19.82	22	20.3	22	Isaf / Lower
02) Ll/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	Ambr / Amber	⬆	82.3	93	90.8	93	-
03) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Coch / Red	⬆	79.37	90	-	-	-
04) PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Ambr / Amber	⬇	4.6	1.5	-	-	-
05) PM20a - The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later (Ch3/Q3)	-	-	-	-	-	-	-
06) PM20b - The percentage of adults who completed a period of reablement and have no package of care and support 6 months later (Ch3/Q3)	-	-	-	-	-	-	-
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	Coch / Red	⬆	82.84	100	82.79	100	Canolrif Isaf / Lower Median
08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days)	Gwyrdd / Green	⬇	97.94	100	-	-	-
09) PM32 - The percentage of looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March	Ambr / Amber	⬇	10.84	15	-	-	-
10) PM33 - The percentage of looked after children on 31 March who have had three or more placements during the year	Gwyrdd / Green	⬆	2.31	8	-	-	-
11) Attendance - Primary (%) (Ch3/Q3)	-	-	-	-	-	-	-
12) Attendance - Secondary (%) (Ch3/Q3)	-	-	-	-	-	-	-
13) No. of days lost to temp exclusion - Primary (Ch3/Q3)	-	-	-	-	-	-	-
14) No. of days lost to temp exclusion - Secondary (Ch3/Q3)	-	-	-	-	-	-	-
15) KS4 - % 15 year olds achieving L2+ (Ch3/Q3)	-	-	-	-	-	-	-
16) KS3 - % pupils achieving CSI	-	-	87.6	-	-	-	Canolrif Uchaf / Upper Median
17) KS2 - % pupils achieving CSI	-	-	89.4	-	-	-	Canolrif Uchaf / Upper Median
18) FPh - % pupils achieving CSI/FPI	-	-	84.7	-	-	-	Isaf / Lower
19) LCL/001b: The no. of visits to public libraries during the year	Gwyrdd / Green	-	144k	145k	289k	285k	Isaf / Lower
20) LCL/004: The no. of library materials issued, during the year	-	-	-	75k	284k	305k	-
21) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation	Gwyrdd / Green	⮕	0	-	0	-	-
22) % tenants satisfied with responsive repairs	Gwyrdd / Green	⬆	98.3	92	89.5	92	-
23) Productivity of workforce- % time which is classified as productive	Gwyrdd / Green	⬇	80	75	74.6	-	-
24) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Melyn / Yellow	⬇	32.6	25	33.7	25	-
25) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	Gwyrdd / Green	⬆	94.3	94	95.1	95	Canolrif Isaf / Lower Median
26) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	Melyn / Yellow	⬇	95	96.7	98.49	95	Uchaf / Upper
27) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	Gwyrdd / Green	⬇	64.87	60	59.5	58	Canolrif Isaf / Lower Median
28) WMT/004b: The percentage of municipal waste sent to landfill	Gwyrdd / Green	⬇	9.8	16.9	16.9	41	Canolrif Isaf / Lower Median
29) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	-	-	-	13.5	13.5	15	Canolrif Isaf / Lower Median
30) No. of attendances (young people) at sports development / outreach activity programmes	Gwyrdd / Green	⬆	60.5k	30k	132k	85k	-
31) 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	Melyn / Yellow	⬇	198k	201k	446k	540k	Canolrif Isaf / Lower Median

RAG: Completed   On Track   Behind Track – needs key decisions/support   Late   (White = not started)

Programmes	Individual Projects			
School Modernisation	Llannau Area	Holyhead Area	Bro Rhosyr & Bro Aberffraw	Seiriol South East – Beaumaris
Older Adult Social Care - Home Improvement Options Project	Extra Care Llangefni	Extra Care Amlwch	Extra Care South of Island	Extra Care Garreglwyd
	Supported Living	Outsourcing of internal home care	Outsourcing Warden Services	
Transforming Libraries, Youth Service, Museums and Culture	Transforming Museums and Culture	Remodelling of Library Service	Review of Youth Services	
Leisure				
Energy Island				
Vibrant and Viable Places				
Market Hall				
Affordable Housing				
Local Development Plan (LDP)				
Destination Management Plan (DMP)				
Smarter Working	Assets	ICT	Workforce Development	Contact Môn
Job Evaluation and Single Status				
Resource Link – Northgate (HR)				
Customer Service Excellence				

Update November 2016

RAG: Completed   On Track   Behind Track – needs key decisions/support   Late   (White = not started)

Procurement			
Energy Efficiency			
Civica Improvements	This is now business as usual		
Policy Management			
Business Continuity			
Business Processes			
ICT Strategy			
Modernise and Co-ordinate the benefits advice service	Welfare Reform	Tackling Poverty	Service Review