

ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	CORPORATE SCRUTINY & EXECUTIVE COMMITTEE
DATE:	13th & 20th MARCH 2017
SUBJECT:	SCORECARD MONITORING REPORT - QUARTER 3 (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 third scorecard of the financial year 2016/17.
- 1.2** It portrays the position of the Council against its operational objectives for Quarter 3.
- 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 to be presented on a monthly basis to the relevant portfolio holder and management board.
 - 1.3.2** Continue with the regular service sickness challenge panels work which has been instrumental in the improvement of our sickness management figures up to Q3.
 - 1.3.3** *The Wales Audit Office work related to sickness is reported through to the Executive and Corporate Scrutiny Committees once received. Best practise and proposed further improvements based on national best practice should then be adopted.*

<p>1.3.4 The Childrens Service Improvement Plan drafted and aligned with the CSSIW report is overseen by the Children’s Panel and the Senior Leadership Team</p> <p>1.3.5 Further support in evaluating the processes of collating Learning indicators is undertaken during Q4 and into the new financial year.</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 27 th February 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)	Comments included within the body of the report
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 3, 2016/17 & Scorecard

FF - Background papers (please contact the author of the Report for any further information):

- 2016/17 Scorecard monitoring report - Quarter 2 (as presented to, and accepted by, the Executive Committee in November 2016).

SCORECARD MONITORING REPORT – QUARTER 3 (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 (Appendix 1) portrays the current end of Q3 position and will be considered further by the Corporate Scrutiny Committee and the Executive during March.

2.1 PERFORMANCE MANAGEMENT

- 2.1.1 The scorecard for Performance Management shows performance against indicators outlined and requested by the Senior Leadership Team, Executive and Shadow Executive.
- 2.1.2 At the end of Q3 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.
- 2.1.3 Three indicators within Adult Services show an underperformance after targets –

- (i) LI/18b – AMBER - 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. Q3 – 87.5% Target – 93%. This performance is better than that of Q3, 86.3% in 2015/16, however it is still some way off the target.

In the Q2 report the service identified mitigation was to improve this PI by using increased capacity of Social Workers to do assessments and review assessments as and when required. The Service have successfully improved the performance of this PI during Q3 and therefore the Service is confident that the target will be met and have identified the need to review 30 more clients before the end of Q4.

Mitigation - to improve these standards for Q4 the Social Workers will catch-up on assessments that were due and complete new assessments and reviews in the next 3 months, currently identified as at least 30 clients in order to hit the target for the year.

- (ii) PM18 – AMBER - The percentage of adult protection enquiries completed within statutory timescales. Q3 – 81.25%, Target – 90%. This PI is new for 2016/17 and therefore the target could be seen as ambitious, however the current position continues to be some way below what the service would like to achieve.

In the Q2 report the Service identified that partner agencies investigation timings were having an impact on the timescales and performance of this indicator. The matters have again been raised in strategic group meetings and a slight improvement was seen in Q3 as a result.

Mitigation - 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. The target for the year is unlikely to be achieved, however every effort will be made to get as close as possible by the end of Q4.

- (iii) PM19 – AMBER - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over. Q3 – 5.8 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 – The mitigation identified in the Q2 report continues to be current with a transformational plan underway to secure more comprehensive domiciliary care capacity during 2017. In addition a lack of EMI nursing care capacity leads to some delays. In order to address this issue the service is developing additional specialist capacity in partnership with the Health Board. The target of 1.5 will not be achieved by the end of Q4..

2.1.4 One indicator exist within Childrens Services continues to show an underperformance from Q2 as follows –

- (i) SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations Q3 – 80% Target – 100, RED. This compares with a performance of 86.54% for the same time period of 2015/16. This indicator was also discussed in the Q2 Scorecard report and the belief that the deterioration of this indicator in the Q2 report has unfortunately declined once again in Q3 due to the further increase in looked after children. The service have now seen an increase of 20% in the number of looked after children in the first 9 months of the year.

Mitigation - to improve these standards for Q4 the following will be acted upon–

- An enhanced tracker system will be developed, based on best practise elsewhere, together with a new management system devised to ensure visits are completed when staff are on leave or there are sickness absences.
 - The service will not meet the target set for the year but the service improvement plan will address the issues that have led to a deterioration in performance which has occurred since the number of children who are looked after has increased
- (ii) The service was the subject of a CSSIW audit in Q3 and the recommendations that fall out of the review and an improvement plan to meet the recommendations will be discussed during the Corporate Scrutiny meeting on the 13th March and the Executive on the 20th March.

2.1.5 One new indicator which is now **AMBER** on the Scorecard is from Regulation & Economic Development –

- (i) 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 Q3 - 312k, Target - 334k. This is down 12k from Q3 15/16 (324k).

One of the main reasons for not hitting the target for Q3 was due to the closure of Holyhead Leisure Centre for 3 months in the summer, resulting in the estimated loss of 12.5k visits. However, even with the inclusion of these figures the service would still be 10k short of its target for the year. There are concerns about the use of the leisure facilities without swiping in, resulting in a loss of participation numbers. Some of these customers are Direct Debit customers who do not want to queue to swipe in at the front desk. The ideal solution would be the installation of a barrier system which would ensure users swipe in resulting in an increase in participants.

Mitigation – A short term mitigation being adopted is to provide Direct Debit customers with a sign-in sheet enabling them to pass the queue and still be included in participation numbers. The solution is to install barriers at reception areas to control access, accurately record participation numbers, improve health and safety and strengthen safeguarding practices..

2.1.6 The remaining indicators reported for Q3 are all currently ragged **GREEN** or **YELLOW** within the performance management section.

2.1.7 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.

2.2 PEOPLE MANAGEMENT

2.2.1 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 Q3 shows a significant improvement (7.21 Days Sick per FTE) when compared with last year (8.4 Days Sick per FTE), a total of 3110 days better off than 2015/16.

2.2.2 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 10.5 days per FTE (Table 1). However, if the strong performance shown in Q3 continues into Q4 then it's likely that the target of 10 days per FTE will be hit.

Sickness absence - average working days/shifts lost

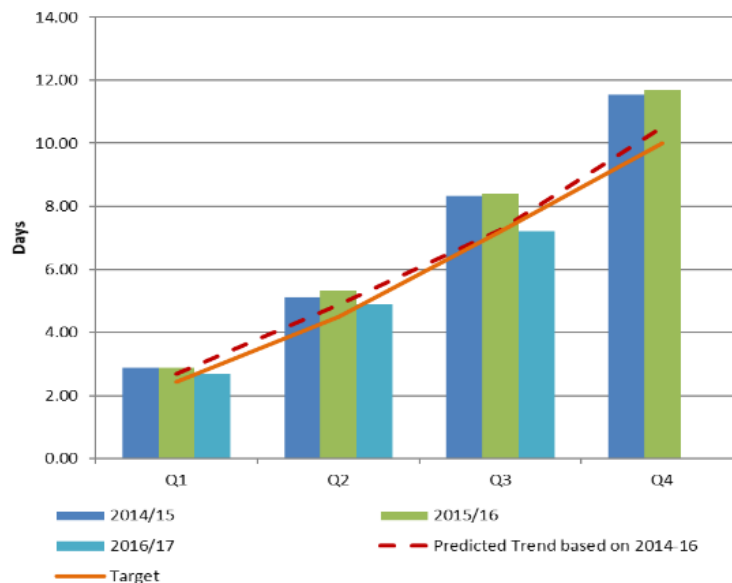


Table 1

2.2.3 Service Performance against these targets for Q3 indicate that only 2 Services are RED compared to their targets for the quarter:

- Childrens Services – RED – 11.11 Days Sick per FTE (Target 7.58). The service have considerably improved their sickness during Q3 (Table 2)

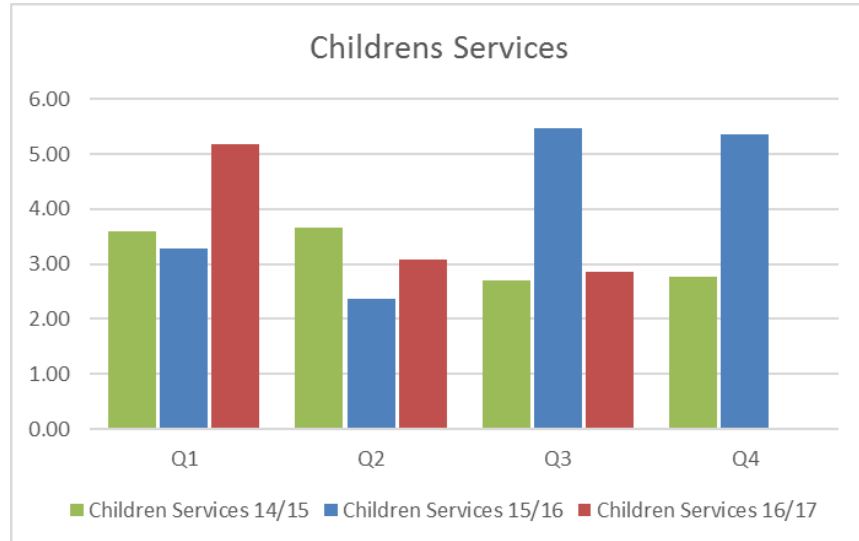


Table 2

- Highways, Waste and Property – RED – 8.30 Days Sick per FTE (Target of 7.13)The service saw a decline in their sickness rates during Q3 (Table 3). This decline is mainly down to the increase in long term sickness which equated to 56% of the sickness for year up to the end of Q3.

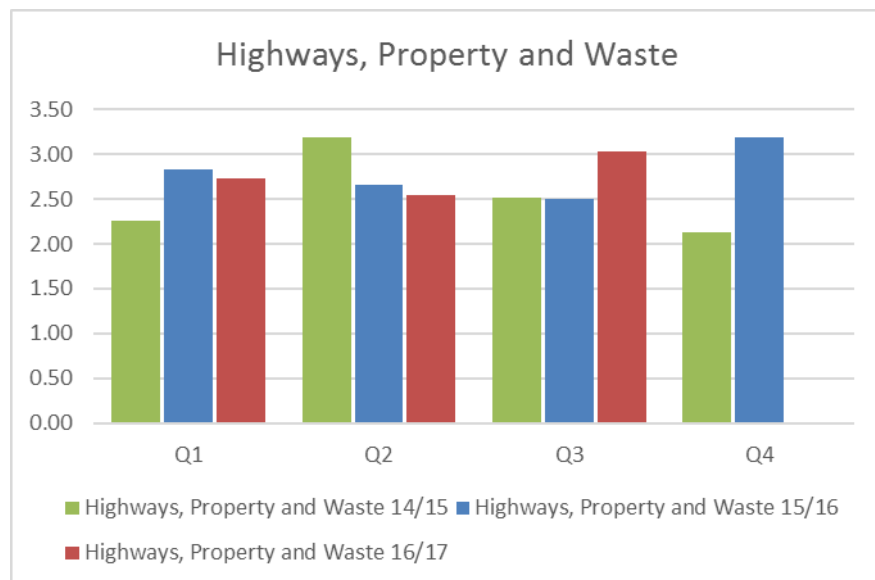


Table 3

2.2.4 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 last year. In this respect, Q3 has seen an improvement in

comparison with Q3 2015/16, 2800 days sick compared to 3800 days sick respectively (See table 4 below). An improvement of a 1000 days.

LONG TERM SICK DAYS

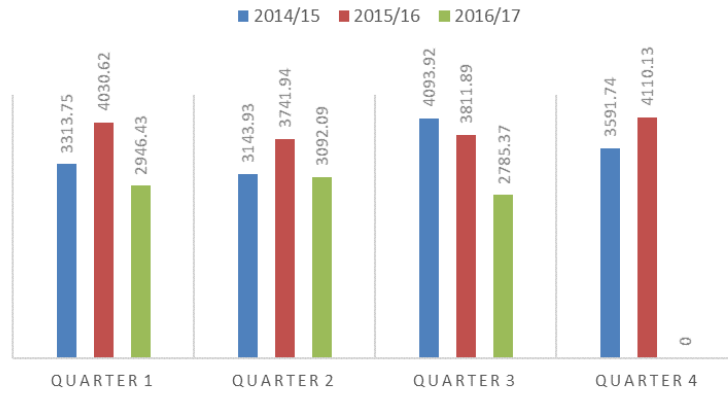


Table 4

2.2.5 Long Term sickness equated to 54% of our total sickness for Q3 compared to 59% over the same period for 2015/16. This is an improvement on where the Council was this time last year and has been instrumental in the Council hitting its target at the end of Q3.

2.2.6 With regards to short term sickness our year on year comparison has now improved. Indeed, for the first 9 months of the year (cumulative total) our short term sickness days per FTE has improved from the same period last year by 350 days. There continues to be a drive to decrease short term sickness rates however, and this drive can be seen in Q3 where there was an improvement of 640 days on the same period last year (Table 5).

SHORT TERM SICK DAYS

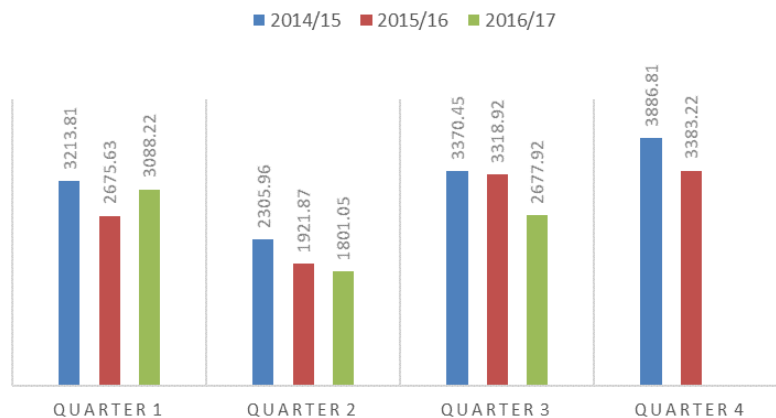


Table 5

2.2.7 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 to 9 on scorecard*).

- 2.2.8** The Council continues to embed this working practice across its services and is performing well against its target of Return to Work (RTW) interviews within timescale (i.e. 5 working days) operates at a 78% success rate, whilst total RTW interviews is operating at a 90% success rate.
- 2.2.9** 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.
- 2.2.10** ARM figures for Q3 have maintained its performance from Q2 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 continue to be greatly improved.
- 2.2.11** The figures reported in this years sickness statistics do not include days off sick due to bereavements (750 Days). If we were to include bereavements in the calculation we would still see a slight improvement (7.54 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.

2.2.12 *The SLT therefore recommends –*

- *To continue with the regular service sickness challenge panels to keep a focus on improving our absence management figures*
- *The Wales Audit Office work related to absence management has yet to be received but the aim remains that it will be reported through to the Executive and Corporate Scrutiny Committees following receipt of the report.*

2.3 CUSTOMER SERVICE

- 2.3.1** Two of the new indicators looking at channel shift look at the successful launch of AppMôn, where users have used the technology to submit 248 reports to up to the end of Q3 (including fly tipping, faulty street lighting, compliments or complaints, broken pavements, sports club database forms and ordering recycling bins). Unfortunately we are currently unable to provide the amount of downloads of AppMôn from the supplier.
- 2.3.2** The remaining indicators focus on the website and on our social media presence. We had a total of 395k unique visits to the website during the first half of the year. Our social media presence has also resulted in a total of 20k social media accounts following us on Facebook (9k followers) and Twitter (11k followers).
- 2.3.3** Regarding Customer Complaints Management, by the end of Q3 52 Complaints were received and 1 Stage 2 complaints in Social Services. All of the complaints have received a response and of these complaints 6 were upheld in full (Regulation & Economic Development [1], Highways, Waste & Property [2], and Resources [3]), 8 were partially upheld (Regulation & Economic Development [1], Highways, Waste & Property [4], and Housing [3]) whilst the remaining 35 were not upheld. These indicators are reported to and tracked by the Customer Service Excellence Board.

- 2.3.4** A total of 77% of the complaints have been responded to within timescale with 23 late responses (Adult Services [5] Highways, Waste & Property [1], Housing [1], Waste & Housing [1], Council Business [1] and Childrens Services [14]). This is significantly up from the 64% at the end of 2015/16, however it continues to be marginally below the target of 80%.
- 2.3.5** The % of FOI requests responded to within timescale performed at 73% at the end of Q3 compared to 67% at the end of 2015/16. This is a considerable improvement year on year bearing in mind that the Council has dealt with in excess of 4000 questions in the first 3 quarters of 2016/17.
- 2.3.6** In total there was 704 FOI requests after Q3 with 189 late responses. The majority of the late responses came from Resources which equated to 37% of the late responses (59% of the 119 received by the service, a similar level on the 60% late in Q2). This has been identified by the Head of Service as an improvement area and changes to the systems in the way FOI's are processed have been introduced which will see an improvement during the 4th quarter. Other services include Learning with 16% (52% of the 58 received by the service), Social Services with 14% (19% of the 139 received by the service) and Regulation & Economic Development with 14% (33% of the 108 received by the service). Our response to FOIs is important and the SLT and Heads of Service monitor the performance of FOIs closely.
- 2.3.7** The Mystery Shop (Items 16-19 on the scorecard) exercise is currently being undertaken and due to be completed by the end of Q4. The Mystery Shop has once again been undertaken by the Tenants Advisory Group following their efforts in 2015/16. Findings and recommendations of their report will be reported here in Q4.

2.4 FINANCIAL MANAGEMENT

- 2.4.1** A total overspend of £16k (0.01%) is projected for the year ending 31 March 2017.
- 2.4.2** An overspend of £756k is predicted on service budgets, though this is made up of a number of over and underspends. The services that are experiencing significant budgetary pressures are Lifelong Learning and Children's Services. This is due to the cost of statutory services for specialist placements over which these services have limited control. The overspend on services is expected to be funded by an underspend in Corporate Finance of £1.004m, which is mainly due to an underspend on the Council Tax Reduction Scheme and savings on Corporate Financing. In addition, there is an estimated shortfall on the collection of Council Tax of £264k, mainly due to the requirement to provide for bad debts.
- 2.4.3** It should be noted that this is a forecast and items outside the control of the Council, such as severe weather, will have an impact on expenditure but cannot be factored into this forecast. Forecasts are subject to change as new information becomes available, however, with regular scrutiny from SLT and remedial action is taken by Heads of Services these will help the services manage within the budgets they can control.
- 2.4.4** Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q3' which was reported to the Executive and Corporate Scrutiny in February.

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 as noted as part of this report. These are to be presented on a monthly basis to the relevant portfolio holder and associated management boards.
 - 3.1.2** Continue with the regular service sickness challenge panels work, which has been instrumental in the improvement of our sickness management figures up to Q3.
 - 3.1.3** The Wales Audit Office work related to sickness is reported through to the Executive and Corporate Scrutiny once received. Best practise and proposed further improvements based on national best practice should then be adopted.
 - 3.1.4** The Childrens Service Improvement Plan drafted and aligned with the CSSIW report is overseen by the Children’s Panel & Senior Leadership Team.
 - 3.1.5** Further support in evaluating the processes of collating Learning indicators is undertaken during Q4 and into the new financial year.
- 3.2** The Committee is asked to accept the mitigation measures outlined above.

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)	Melyn / Yellow	↑	52	49	59	65
02) No of Stage 2 Complaints received for Social Services	-	-	1	-	5	
03) Total number of complaints upheld / partially upheld	-	-	14	-	21	
04) Total % of written responses to complaints within 20 days	Melyn / Yellow	↓	77%	80%	64%	
05) Number of concerns (excluding Social Services)	-	↓	125	-	261	71
06) Number of Stage 1 Complaints for Social Services	-	-	43	-	53	
07) Number of Compliments	-	↑	465	-	712	521
08) % of FOI requests responded to within timescale	Melyn / Yellow	↓	73%	80%	67%	65%
09) Number of FOI requests received	-	-	704	-	854	894
10) % of telephone calls not answered	-	-	-	15%	12%	
11) No of AppMôn users	-	-	-	-	-	
12) No of reports received by AppMôn	-	↑	248	-	-	
13) No of web payments	-	-	-	-	-	
14) No of 'followers' of IOACC Social Media	-	↑	20k	-	-	
15) No of visitors to the Council Website	-	↓	395k	-	-	
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	Gwyrdd / Green	↑	7.21	7.2	11.68	11.53
04) Short Term sickness - average working days/shifts lost per FTE	-	-	3.33	-	4.89	5.49
05) Long Term sickness - average working days/shifts lost per FTE	-	-	3.88	-	6.79	6.04
06) % of stress related sickness	Gwyrdd / Green	↓	7%	9%	7%	5%
07) % of RTW interview held within timescale	Melyn / Yellow	↓	78%	80%	84%	85%
08) % of RTW interview held	Melyn / Yellow	↓	90%	95%	-	-
09) % of Attendance Review Meetings held	Melyn / Yellow	-	74%	80%	-	-
10) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	-	-	-	-
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	Amrywiad / Variance (%)	Rhagolygon o'r Gwariant / Forecasted Actual	Amrywiad a Ragwelir / Forecasted Variance (%)
01) Forecasted end of year outturn (Revenue)	Gwyrdd / Green	↑	£124,037,000	-	-	£124,053,000	0.01%
02) Forecasted end of year outturn (Capital)	-	↓	£52,863,268	-	-	£38,786,031	-26.63%
03) Salary Year to Date Variance	Gwyrdd / Green	↑	£61,623,633	£61,705,719	0.13%	-	-
04) % of Budget spent on Salary	-	-	-	-	62.50%	-	-
05) Cost of agency staff	Coch / Red	↓	£173,451	£984,885	467.82%	-	-
06) Budget v Actuals	Coch / Red	↑	-	-	-1.91%	-	-
07) Achievement against efficiencies	-	-	-	-	-19.10%	-	-
08) Income v Targets (excluding grants)	Gwyrdd / Green	↑	-	-	8.22%	-	-
09) Amount borrowed	-	-	-	£110M	-	-	-
10) Cost of borrowing	-	-	-	-	-	£8,450,000	-
11) % invoices paid within 30 days	Ambr / Amber	-	-	81.58%	-	-	-
12) % of Council Tax collected (for last 3 years)	Melyn / Yellow	↑	-	98.40%	-	-	-
13) % of Business Rates collected (for last 3 years)	Melyn / Yellow	↑	-	98.90%	-	-	-
14) % of Sundry Debtors collected (for last 3 years)	Melyn / Yellow	↑	-	96.50%	-	-	-
15) % Housing Rent collected (for the last 3 years)	-	-	-	-	-	-	-
16) % Housing Rent collected excl benefit payments (for the last 3 years)	-	-	-	-	-	-	-

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 15/16 Result	Canlyniad 14/15 Result	Chwarter 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	↑	19.87	22	20.3	22	Isaf / Lower
02) 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	Ambr / Amber	↑	87.5	93	90.8	93	-
03) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Ambr / Amber	↑	81.25	90	-	-	-
04) PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Ambr / Amber	↓	5.8	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	-	-	50	-	-	-	-
06) PM20b - The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	-	-	33.3	-	-	-	-
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	Coch / Red	↓	80	100	82.79	93.53	Canolrif Isaf / Lower Median
08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days)	Gwyrdd / Green	↓	92.67	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	Melyn / Yellow	↑	13.25	15	-	-	-
10) PM33 - The percentage of looked after children on 31 March who have had three or more placements during the year	Gwyrdd / Green	↓	5.22	8	-	-	-
11) Attendance - Primary (%)	-	-	-	-	-	-	-
12) Attendance - Secondary (%)	-	-	-	-	-	-	-
13) No. of days lost to temp exclusion - Primary	-	-	-	-	-	-	-
14) No. of days lost to temp exclusion - Secondary	-	-	-	-	-	-	-
15) KS4 - % 15 year olds achieving L2+	-	↑	58.8	-	56.9	53.8	Canolrif Isaf / Lower Median
16) KS3 - % pupils achieving CSI	-	↑	87.6	-	84.5	83.6	Canolrif Uchaf / Upper Median
17) KS2 - % pupils achieving CSI	-	↓	89.4	-	91.8	87.8	Canolrif Uchaf / Upper Median
18) FPh - % pupils achieving CSI/FPI	-	↓	84.7	-	86.2	84.6	Isaf / Lower
19) LCL/001b: The no. of visits to public libraries during the year	Gwyrdd / Green	↑	213k	210k	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	↑	94.1	92	89.5	92	-
23) Productivity of workforce- % time which is classified as productive	Gwyrdd / Green	↓	79.7	75	74.6	-	-
24) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	-	↓	30.8	25	33.7	25	-
25) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	Melyn / Yellow	↓	92	94	95.1	95	Canolrif Isaf / Lower Median
26) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	Gwyrdd / Green	↑	96.7	96.7	94	95	Uchaf / Upper
27) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	Gwyrdd / Green	↑	65	60	59.5	58	Canolrif Isaf / Lower Median
28) WMT/004b: The percentage of municipal waste sent to landfill	Gwyrdd / Green	↑	8.3	22	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	↑	94k	50k	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	Ambr / Amber	↓	312k	334k	458k	540k	Canolrif Isaf / Lower Median

Programme/Project	Related Projects	RAYG and brief Update
Modernizing Schools	Llannau Area	External structure of the building has been completed.
	Holyhead Area	The project continues to develop well and is on time. Completion date for the project continues to be March 2017.
	Bro Rhosyr and Bro Aberffraw	The timetable for introducing the Full Business Case is as follows – presented to the Executive Committee on February 13 th and presented to WG Capital Panel in February/March 2017
	Llangefni Area	The Executive Committee, on December 19, has decided to authorize officers to proceed to formal consultation process or statutory consultation on the options under consideration
Adult Social Care	Llangefni Extra Care	The work of preparing the site for construction continues on the former site of Ysgol y Bont. Regular meetings of the Hafan Cefni Working Group are being held. Construction is expected to be completed by Summer 2018.
	Amlwch Extra Care	The work on the Amlwch area is now at a Pause and Review stage until 2018
	South of the Island Extra Care	Holistic considerations for a new area are being considered by the Board
	Garreglwyd Extra Care	
	Supported Living	Further confirmation of the project's risk strategy is needed as well as re-assessment of the related financial situation
	Tendering of Home Care Services	
Transformation of Libraries, Youth Services, Museums and Culture	Transformation of Museums and Culture	A revised timetable has been agreed by the Libraries, Culture and Youth Transformation Board on the 20/12/16
	Remodelling of Library Service	A revised timetable has been agreed by the Libraries, Culture and Youth Transformation Board on the 20/12/16 – new model in place by January 2018
	Review of Youth Services	The report on the proposed remodelling of the Youth Service will be presented to the Executive Committee has been extended to 13.02.2017 to coincide with the budget consultation
Leisure		
Energy Island		The programme has been invited to the Board in January 2017 to provide an update on the program's future
Vibrant and Viable Places (VVP)		Moving forward well as a whole. Some risks have been recognized as detailed below with the Market Hall project
Market Hall		A report was submitted and accepted on the matter by the Executive on the 19 th December. It was reported in Part II of the report as it was in a live tender process at the time of the committee.
Local Development Plan (LDP)	NO UPDATE	
Destination Management Plan (DMP)		The Destination Management Plan has been adopted by the Executive. There needs to be a better understanding of what is expected from the Council regarding its realization
Job Evaluation and Single Status		
Resource Link – Northgate (HR)		
Customer Service Excellence		
Procurement		
Energy Efficiency		
Business Continuity		
ICT Strategy		

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

Modernise and Co-ordinate the benefits advice service		
WCCIS		
Policy Management		

Completed Projects

Civica Improvements	Business as usual for Resources			
Smarter Working	Assets	ICT	Workforce Development	Contact Môn
Affordable Housing	Project has changed. Consequently the Board has agreed to remove it. The Senior Responsible Officer has agreed to update the Board of developments related to the future, date yet to be agreed			