ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	**CORPORATE SCRUTINY & EXECUTIVE COMMITTEE**
DATE:	**26th JUNE 2017 / 17th JULY 2017**
SUBJECT:	**SCORECARD MONITORING REPORT - QUARTER 4 (2016/17)**
PORTFOLIO HOLDER(S):	**COUNCILLOR DAFYDD THOMAS**
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 2016/17.

1.2   It portrays the relatively positive position of the Council against its operational objectives for Quarter 4.

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.

>>   *1.3.1.1*   *To hold a workshop with the Executive and Shadow Executive during Q2 to confirm relevant indicators for inclusion on the 17/18 scorecard*
>>   *1.3.1.2*   *To revise the 17/18 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation*

>   1.3.2   Sickness data is used to prioritise and target resource to undertake service sickness challenge panels during 17/18, which has been instrumental in the improvement of our sickness management figures for 2016/17.

	1.3.3	The Children's Services is to monitor the service improvement plan inclusive of performance against targets through the Children's Scrutiny Panel
	1.3.4	Further support in evaluating the processes of collating Learning indicators is undertaken during the new financial year and the need to improve performance in schools across all levels.
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 12th June 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 4, 2016/17 & Scorecard Appendix B – Programme Board Summary Document, April 2017 Appendix C - Review of Attendance Management - IoACC, June 2017, Wales Audit Office

FF -   Background papers (please contact the author of the Report for any further information):
• 2016/17 Scorecard monitoring report - Quarter 3 (as presented to, and accepted by, the Executive Committee in March 2017).

SCORECARD MONITORING REPORT – QUARTER 4 (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 A) portrays the position at the end of 2016/17 and will be considered further by the Corporate Scrutiny Committee and the Executive during June.

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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 the year it pleasing to note that the vast majority of indicators performed well against their targets for the year. We do however note that 2 indicators underperformed as Amber or Red against their annual target for the year.

   2.1.3 One indicator within <u>Adult Services</u> was Amber for the year against its target –

   (i) PM19 – AMBER - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over. Q4 – 6.05 Target - 1.5. 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 and it was noted in the Q3 report that this target was not going to be achieved for the year because of this.

   Mitigation – The mitigation identified in the Q3 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.

   2.1.4 One indicator exist within <u>Children's Services</u> continued to show an underperformance from Q3 as follows –

   (i) SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations Q4 – 79.35% Target – 100, RED. This compares with a performance of 82.79% for 2015/16. This indicator was also discussed in the Q3 Scorecard report.

Mitigation - The increase in LAC population has led to an increase in demand which has impacted on performance of this PI. However, the Service continues to focus on improvement in a number of key areas. There is a clear expectation that children are seen within the relevant timescale. Targeted interventions is being undertaken with individual Social Workers to improve their performance in relation to LAC Children Statutory visits. Professional accountability for their own performance is emphasised through supervision sessions and Team meetings**.**

It is also acknowledged in the scorecard that 3 out of 4 Children's Services indicators have underperformed against targets. These have already been identified by the service and will now be monitored in the service improvement plan through the Children's Scrutiny Panel.

2.1.5   Indicators 15-18 on the scorecard relate to school performance. The Learning service recognise that whilst the results for indicators 15 and 16, KS4 and KS3 performance respectively, have improved they have not improved in line with Wales and more work is needed to improve at a greater pace. Indicators 17 and 18, KS2 and Foundation Phase, have both declined on the performance of 2014/15. The service have identified the need to improve both stages but in particular the Foundation Phase.

2.1.6   Whilst the remaining indicators are all ragged **GREEN** or **YELLOW** within the performance management section it should be noted that this does not mean that our position on a national basis would improve as a result. For example, based on 15/16 quartile results, our current performance would achieve a change in quartile for 6 of our indicators (only 8 indicators are can currently be compared nationally) –

(i)   3 of which would <u>improve</u> on their 15/16 quartile result, namely
   a. WMT / 009b - the % of waste collected by LA's and prepared for reuse and / or recycled due to our success of achieving 65.79% this year.
   b. WMT / 004b - the % of municipal waste sent to landfill due to this falling to 6.6%
   c. THS / 011c – the % of non-principal (C) roads that are in overall poor condition improving to 10.1%

(ii)   3 of which would decline on their 15/16 quartile result, namely
   a. STS / 005b – the % of highways inspected of a high or acceptable standard of cleanliness
   b. STS / 006 – the % of reported fly-tipping incidents cleared within 5 working days
   c. SCC / 025 – the % of statutory visits to LAC due in the year that took place in accordance with regulations

2.1.7   Whilst this is a mixed story overall, we will not officially know how we have performed in comparison with others until the results for 16/17 are published by Welsh Government in September. The overall picture will be discussed in the Annual Performance Report, to be considered by the Corporate Scrutiny Committee and Executive prior to adoption by the Council in the autumn.

2.1.8   A large amount of indicators have either come close to or hit the targets for the year. This is encouraging, however 4 of those indicators have declined

year on year. In order to progress and improve our standing as an achieving council, the **SLT recommends** –

2.1.8.1 To hold a workshop with the Executive and Shadow Executive during Q2 to confirm relevant indicators for inclusion on the 2017/18 scorecard,

2.1.8.2 to revise the 17/18 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation.

2.1.9 Appendix B 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 quarterly 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 2016/17 has achieved the corporate target at **9.78** Days Sick per FTE against the target of 10 Days sick per FTE, and is **GREEN** on the Scorecard. This is a significant improvement when compared with 2015/16 where 11.68 Days Sick per FTE was recorded. This is a total of 4737 days less sickness than 2015/16.

2.2.2 This positive result is a reflection of the hard work undertaken by the Council over the last few years under the leadership of the Chief Executive and the sickness challenge panels supported by HR. The graph below demonstrates this improvement (Table 1).
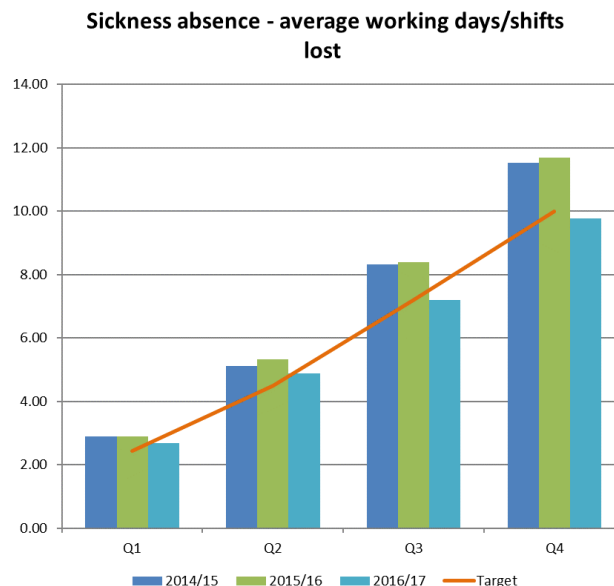

Table 1

2.2.3 The result of 9.78 Days Sickness per FTE should see our national performance improve from the bottom quartile to the upper median quartile (based on 2015/16 performance data).

2.2.4 Service Performance against these targets for Q4 indicate that only 2 Services are RED compared to their targets for the year:

2.2.4.1 Children's Services – RED – 13.91 Days Sick per FTE (Target 10.5). The service have considerably improved their sickness during Q4 (Table 2) and year on year as their 15/16 figure was 16.27 days sick per FTE.
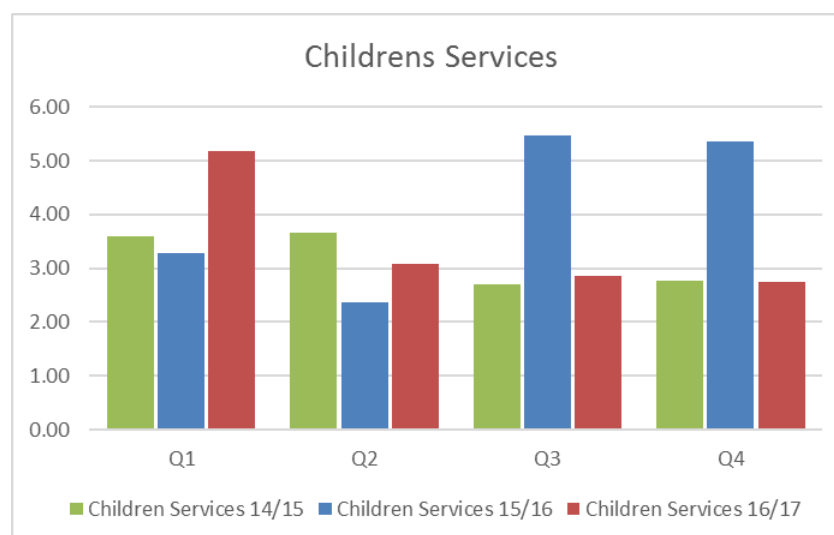

Table 2

2.2.4.2 Highways, Waste and Property – RED – 11.23 Days Sick per FTE (Target of 9.5). The service saw a slight improvement in their sickness rates during Q4 (Table 4) with a slight decline on their overall sickness rate when compared with 15/16 result of 11.18.

2.2.4.3 The service consists of a number of sub-divisions and a number of those divisions have performed well against targets this year, namely Highways (6.6 days per FTE) and Property (9.09 days per FTE).

2.2.4.4 Waste (19 days per FTE), has improved from the previous year with a number of long term sickness cases which have now left the Council. It is anticipated as a result, this improvement will continue into 17/18. There has also been some improvement in the sickness rates of Cleaners at 10.84 days per FTE, but there has been an issue with regards to MCT staff (25.2 days per FTE) where serious sickness has impacted on performance.

2.2.4.5 It is noted however, that whilst performance against target has slipped during 2016/17 of the 334 staff which the service employs 132 have been present every day of the year.
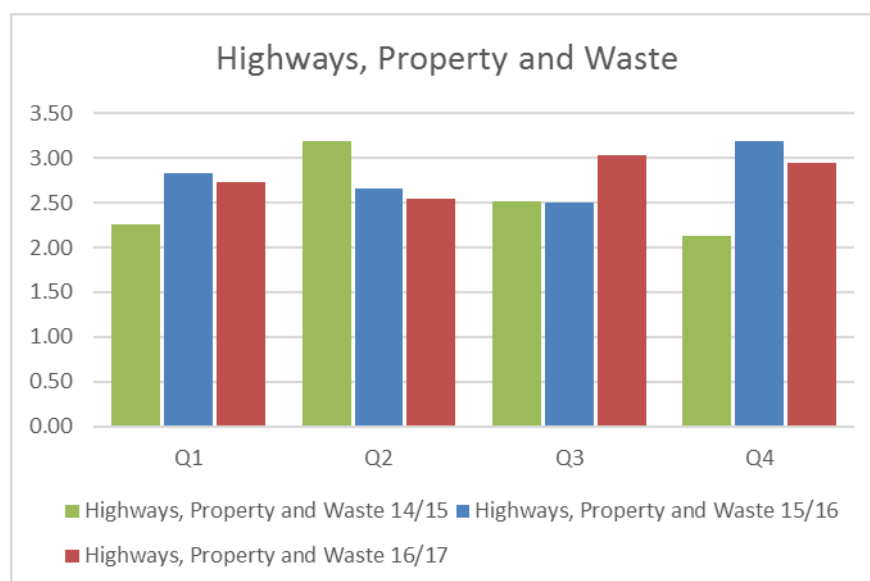
Table 3

2.2.5 It is important to note that the figures reported in this year's sickness statistics do not include days off sick due to bereavements (916 Days). If we were to include bereavements in the calculation we would still see a significant improvement on 15/16 (10.18 Days per FTE). This change in the calculation has been made to meet the guidance provided by Data Unit Wales as per the national performance indicator.

2.2.6 In order to continue to keep pace with sickness management, Service targets have been identified for the forthcoming year based on the trends of 2016/17. These can be seen in Table 4 below:

Service	2017/18 Target
Adult Services	12.5
Children Services	12.5
Council Business	8
Highways, Property and Waste	10
Housing	10
Learning	9.5
Regulation and Economic Development	7
Resources	7
Senior Management	7
Transformation	7

2.2.7 The ARM figures for Q4 at 57%, have declined on performance from Q3 which was 75% (these figures do not include Schools). Although a decline and now ragged RED on the scorecard, Human Resources have noted that the quality of the ARMs coming through from services continue to be greatly improved. Services have been reminded of the need to undertake ARMs and this will be an area for particular attention in the challenge panels of 2017/18.

2.2.8 Following the Corporate Scrutiny Committee's request to follow up on the Wales Audit Office report on absence management for the Council, the report has now been received. The report is positive and has been discussed by the SLT. It demonstrates from a WAO perspective that –

2.2.8.1 The Council has significantly improved its corporate arrangements to manage attendance by introducing more robust absence policies and procedures

2.2.8.2 The Council has prioritised attendance management and has strengthened its strategic approach which is robust and challenging

2.2.8.3 The Council's management of Council staff attendance has significantly improved and it is proactive in holding schools to account for attendance management.

2.2.9 Whilst positive in its nature, the report however does note two proposals for improvement –

2.2.9.1 In order to provide the necessary challenge to schools with regard to their attendance management arrangements, the Council should continue to ensure that it has the capacity to provide each school with monthly comparative data on teacher and non-teacher absence rates, and provide each school with the necessary support and guidance to implement attendance management arrangements.

2.2.9.2 The Council should consider schools attendance performance in its quarterly reports to the Executive and Corporate Scrutiny Committee on Council services.

2.2.10 The WAO – Review of Attendance Management, Isle of Anglesey County Council report is attached as Appendix C.

2.2.11 During the year the council undertook a staff survey for the first time since 2013 and 3 indicators have been included in the People Management section (indicators 15-17). In total 560 staff took part which gave the council a 95% confidence level (give or take 4%) that the data represented the feeling across council staff.

2.2.12 The recommendations coming out of the staff survey have been presented to the SLT and will be included within the Council's Self-Assessment. The Councils Self-Assessment is a collaborative effort by a number of managers and staff across the organisation which identifies strengths and weaknesses within operational boundaries. It is envisaged that the findings will be presented to elected members over the forthcoming weeks.

2.2.13 *The SLT therefore recommends –*

2.2.13.1 *Sickness data is used to prioritise and target resource to undertake service sickness challenge panels during 2017/18, which has been instrumental in the improvement of our sickness management figures for 2016/17.*

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 used the technology to submit 248 reports 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). This number shot up to 1001 reports during Q4 as online forms were introduced to the website. The belief is these reports will continue to increase as more forms are added to the website. 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 541k unique visits to the website during the year. Our social media presence has also resulted in a total of 21k social media accounts following us on Facebook (9.5k followers) and Twitter (11.5k followers). An good example of why social media is important to the channel shift agenda is that by promoting the budget consultation through the medium of Facebook, the council reached approximately 44,339 people. (3,849 people through Welsh posts and 40,490 people through English posts).

2.3.3 Regarding Customer Complaints Management, by the end of the year 71 Complaints were received (compared to 59 in 15/16) and 5 Stage 2 complaints in Social Services (compared to the same amount in 15/16). All of the complaints have received a response and of these complaints 15 were upheld in full (Adult Services [1], Childrens Services [1], Regulation & Economic Development [2], Highways, Waste & Property [5], Resources [3], Learning [1], and Council Business [1]), 10 were partially upheld (Regulation & Economic Development [1], Highways, Waste & Property [4], Council Business [1], Resources [1] and Housing [3]) whilst the remaining 49 were not upheld. These indicators are reported to and tracked by the Customer Service Excellence Board.

2.3.4 A total of 80% of the complaints have been responded to within timescale with late responses (Adult Services [5] Highways, Waste & Property [1], Housing [1], Waste & Housing [1], Council Business [1] and Childrens Services [17]). This is significantly up from the 64% at the end of 2015/16 and has met the target of 80% for the year.

2.3.5 The % of FOI requests responded to within timescale performed at 77% at the end of 2016/17 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 5700 questions during 2016/17.

2.3.6 In total there was 1037 FOI requests with 236 late responses in 2016/17. The majority of the late responses came from Resources which equated to 33% of the late responses. This had 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 saw an improvement during the 4th

quarter with 43% late responses recorded for 16/17 from the 59% up to the end of Q3. Other services include Learning with 17% (41% of the 97 received by the service), Social Services with 21% (24% of the 203 received by the service) and Regulation & Economic Development with 13% (17% of the 187 received by the service). Our response to FOIs is important and the SLT and Heads of Service continue to monitor the performance of FOIs closely.

2.3.7   The Mystery Shop (Items 16-19 on the scorecard) exercise was undertaken once again been undertaken by the Tenants Advisory Group following their efforts in 2015/16. There was an agreed change for this year to focus on selected front facing services to enable a more detailed audit than in 2015/16. The services which were audited were Libraries, Leisure, Housing, Public Protection, Education and Childrens Services. The remaining services will be the focus of the next audit planned for 2017/18.

2.3.8   The report notes that "Overall the standard of Customer Care within Anglesey Council has improved since the last audit, however there is still room for improvement" and recommendations of their report can be seen below:

- All emails to include a signature detailing the officer's name and job role.
- Set up automated acknowledgement responses for all publically available emails such as housing@ynysmon.gov.uk
- All officers working in a reception area to wear name badges rather than lanyards
- Officers responsible for answering the telephones to be aware of the customer care charter.

2.3.9   The Customer Service Excellence Board have accepted the recommendations and have agreed to a programme of implementation.

2.4 FINANCIAL MANAGEMENT

2.4.1   The total underspend for the Council as at 31st March 2017 was £311k (0.47%).

2.4.2   The Services saw a £538k overspend on their controlled budgets which is better than that reported in quarter 3. The services that experienced 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 over-spend on services was funded by an underspend in Corporate Finance of £1.541m which is mainly due to a one off windfall and savings on Corporate Financing.

2.4.3   In addition there is an estimated shortfall on the collection on Council Tax of £370k mainly due to the requirement to provide for bad debts. Accounting Adjustments of £321k bring the total underspend for the Authority back to £311k

2.4.4 It's important to note that the capital spend noted in the scorecard does not include HRA figures. As a result, the report to the Executive on end of year capital spend varies from this figure as it also includes HRA spend.

2.4.5 It should be noted that this is a provisional outturn report contained within the scorecard, the Council's Statement of Accounts are currently being produced for the statutory deadline of 30th June 2017and are then subject to External Audit, with the final Statement of Accounts being brought to Full Council during September 2017. Any variations from this reported outturn will be noted during the Full Council meeting in September

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.

3.1.1.1 *To hold a workshop with the Executive and Shadow Executive during Q2 to confirm relevant indicators for inclusion on the 17/18 scorecard*

3.1.1.2 *To revise the 17/18 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation*

3.1.2 Sickness data is used to prioritise and target resource to undertake service sickness challenge panels during 2017/18, which has been instrumental in the improvement of our sickness management figures for 2016/17.

3.1.3 The Children's Services is to monitor the service improvement plan inclusive of performance against targets through the Children's Scrutiny Panel.

3.1.4 Further support in evaluating the processes of collating Learning indicators is undertaken during the new financial year and the need to improve performance in schools across all levels.

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	⬇	71	59	59	65
02) No of Stage 2 Complaints received for Social Services	-	➡	5	-	5	
03) Total number of complaints upheld / partially upheld	-	⬇	25	-	21	
04) Total % of written responses to complaints within 20 days	Gwyrdd / Green	⬆	80%	80%	64%	
05) Number of concerns (excluding Social Services)	-	⬆	191	-	261	71
06) Number of Stage 1 Complaints for Social Services	-	➡	54	-	53	
07) Number of Compliments	-	⬇	566	-	712	521
08) % of FOI requests responded to within timescale	Melyn / Yellow	⬆	77%	80%	67%	65%
09) Number of FOI requests received	-	-	1037	-	854	894
10) % of telephone calls not answered	Gwyrdd / Green	⬇	13%	15%	12%	
11) No of AppMôn users	-	-	-	-	-	
12) No of reports received by AppMôn	-	⬆	1001	-	-	
13) No of web payments	-	-	10144	-	-	
14) No of 'followers' of IOACC Social Media	-	⬆	21k	-	-	
15) No of visitors to the Council Website	-	⬆	541k	-	-	
16) % of written communication replied to within 15 working days of receipt (Mystery Shop)	Gwyrdd / Green	⬆	78%	-	67%	
17) % of written responses in the customers language of choice (Mystery Shop)	Gwyrdd / Green	⬆	100%	-	100%	
18) % of telephone calls answered bilingually (Mystery Shop)	Gwyrdd / Green	⬆	83%	-	77%	
19) % of staff that took responsibility for the customer query (Mystery Shop)	Melyn / Yellow	⬇	87%	-	90%	

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	⬆	9.78	10	11.68	11.53
04) Short Term sickness - average working days/shifts lost per FTE	-	-	4.72	-	4.89	5.49
05) Long Term sickness - average working days/shifts lost per FTE	-	-	5.06	-	6.79	6.04
06) % of stress related sickness	-	➡	7%	9%	7%	5%
07) % of RTW interview held within timescale	Melyn / Yellow	➡	78%	80%	84%	85%
08) % of RTW interview held	Melyn / Yellow	⬆	91%	95%	-	
09) % of Attendance Review Meetings held	Coch / Red	⬇	57%	80%	-	
10) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	10%	-	-	
11) % of PDR's completed within timeframe	Gwyrdd / Green	⬇	80%	80%	-	
12) % of staff with DBS Certificate (if required within their role)	-	⬇	91.40%	-	98%	
13) No. of Agency Staff	-	⬆	15	-	26	21
14) Overall I am satisfied with my job	-	➡	83%	-	-	85%
15) I know what is expected of me	-	⬆	94%	-	-	92%
16) I feel that I have enough support from Anglesey to help me deal with stress	-	⬇	51%	-	-	69%

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)	Gwyrdd / Green	-	£124,037,000	£123,726,000	-	-	-
02) Forecasted end of year outturn (Capital)	-	-	£38,664,770	£28,033,124	-	-	-
03) Salary Year to Date Variance	-	-	-	-	-	-	-
04) % of Budget spent on Salary	-	-	-	-	39.71%	-	-
05) Cost of agency staff	Coch / Red	⬇	£252,860	£1,411,093	458.05%	-	-
06) Budget v Actuals	-	-	-	-	-	-	-
07) Achievement against efficiencies	Ambr / Amber	⬆	£2,980,000	£2,569,560	-13.77%	-	-
08) Income v Targets (excluding grants)	Gwyrdd / Green	⬆	£25,717,640	£28,708,199	11.63%	-	-
09) Amount borrowed	-	-	-	£6.2M	-	-	-
10) Cost of borrowing	-	-	£8,435,760	£7,605,780	-9.84%	-	-
11) % invoices paid within 30 days	Ambr / Amber	➡	-	81.15%	-	-	-
12) % of Council Tax collected (for last 3 years)	Melyn / Yellow	⬆	-	98.90%	-	-	-
13) % of Business Rates collected (for last 3 years)	Melyn / Yellow	➡	-	98.90%	-	-	-
14) % of Sundry Debtors collected (for last 3 years)	Melyn / Yellow	⬆	-	97.70%	-	-	-
15) % Housing Rent collected (for the last 3 years)	Gwyrdd / Green	-	-	100.26%	-	-	-
16) % Housing Rent collected excl benefit payments (for the last 3 years)	Gwyrdd / Green	-	-	100.63%	-	-	-

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 15/16 Result	Canlyniad 15/16 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	⬇	20.51	22	⇨	20.3	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	Gwyrdd / Green	⬆	94.4	93	⬆	90.8	-
03) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	⬆	90.48	90	-	-	-
04) PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Ambr / Amber	⬇	6.05	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	-	⬆	62.6	-	-	-	-
06) PM20b - The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	-	⇨	33.33	-	-	-	-
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	Coch / Red	⬇	79.35	100	⬇	82.79	Canolrif Isaf / Lower Median
08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days)	Melyn / Yellow	⬇	89.17	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	⬇	17.53	15	-	-	-
10) PM33 - The percentage of looked after children on 31 March who have had three or more placements during the year	Gwyrdd / Green	⬆	5.04	8	-	-	-
11) Attendance - Primary (%)	-	-	94.8	-	-	95.1	-
12) Attendance - Secondary (%)	-	-	94.6	-	-	94.5	-
13) No. of days lost to temp exclusion - Primary	-	-	21.5	-	-	-	-
14) No. of days lost to temp exclusion - Secondary	-	-	241	-	-	-	-
15) KS4 - % 15 year olds achieving L2+	-	-	58.8	-	⬆	56.9	-
16) KS3 - % pupils achieving CSI	-	-	87.6	-	⬆	84.5	-
17) KS2 - % pupils achieving CSI	-	-	89.4	-	⬇	91.8	-
18) FPh - % pupils achieving CSI/FPI	-	-	84.7	-	⬇	86.2	-
19) LCL/001b: The no. of visits to public libraries during the year	Melyn / Yellow	⇨	288k	290k	⬇	289k	-
20) LCL/004: The no. of library materials issued, during the year	Melyn / Yellow	⬇	272k	284k	⬇	284k	-
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	Melyn / Yellow	⬇	90.2	92	⬆	89.5	-
23) Productivity of workforce- % time which is classified as productive	Gwyrdd / Green	⬆	80.1	75	⬆	74.6	-
24) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Melyn / Yellow	⬆	28	25	⬆	33.7	-
25) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	Melyn / Yellow	⬇	93.4	94	⬇	95.1	Canolrif Isaf / Lower Median
26) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	Gwyrdd / Green	⬇	97.31	96	⬆	98.5	Uchaf / Upper
27) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	Gwyrdd / Green	⬆	65.79	60	⬆	59.5	Canolrif Isaf / Lower Median
28) WMT/004b: The percentage of municipal waste sent to landfill	Gwyrdd / Green	⬆	6.6	16.9	⬆	16.9	Canolrif Isaf / Lower Median
29) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	Gwyrdd / Green	⬆	10.1	13.5	⬆	13.5	Canolrif Isaf / Lower Median
30) No. of attendances (young people) at sports development / outreach activity programmes	Gwyrdd / Green	⬆	113k	70k	⬇	132k	-
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	⬆	464k	467k	⬆	458k	Canolrif Isaf / Lower Median

Appendix B – Programme Summary Update: Q4 2016/17

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

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.
	Bro Rhosyr and Bro Aberffraw	Full Business Case approved in principal by WG
	Llangefni Area	Report on consultation going to Executive July 17
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 - EMI	
	Supported Living	Further confirmation of the project's risk strategy is needed as well as re-assessment of the related financial situation
	Re-tendering of Home Care Services	
	Outsourcing Warden 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 was presented to the Executive Committee in February 2017 with decision on revised model taken.
Leisure		
Energy Island		The programme has been invited to the Board in January 2017 to provide an update on the program's future

Appendix B – Programme Summary Update: Q4 2016/17

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

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		Anticipated 4 week delay (out of a 92.5 week programme) due to unforeseen delays related to difficult ground conditions. Phase 1 works underway with Phase 2 tender documents nearing completion with an anticipated issue by late July.
Local Development Plan (LDP)		
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
Single Status		
Resource Link – Northgate (HR)		
Customer Service Excellence		
Procurement		
Energy Efficiency		
Business Continuity		
ICT Strategy		
Modernise and Co-ordinate the benefits advice service		
WCCIS		
Policy Management		

Review of Attendance Management –
Isle of Anglesey County Council

Audit year: 2017

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Contents

The Council has significantly improved its corporate arrangements to manage attendance by introducing more robust absence policies and procedures.

Summary report

1   In December 2015, the Wales Audit Office published its Corporate Assessment Report which concluded that the Council was addressing ongoing issues with high levels of sickness absence and poor rates of the completion of Performance Development Reviews.

2   To support the Isle of Anglesey County Council (the Council) in reducing its sickness absence levels, it has agreed for the Wales Audit Office to undertake a local review of attendance management.

3   In this review we concluded that **the Council has significantly improved its corporate arrangements to manage sickness attendance by introducing more robust absence policies and procedures**. We reached this conclusion because:

- the Council has strengthened its policies and procedures for managing attendance absence;

- the Council has prioritised attendance management and has strengthened its strategic approach which is robust and challenging; and

- the Council's management of Council staff attendance has significantly improved and it is more proactive than before in holding schools to account for attendance management.

4   We have made two proposals for improvement.

Proposals for improvement

Exhibit 1: proposals for improvement

Proposals for improvement
P1   In order to provide the necessary challenge to schools with regard to their attendance management arrangements, the Council should continue to ensure that it has the capacity to provide each school with monthly comparative data on teacher and non-teacher absence rates, and provide each school with the necessary support and guidance to implement attendance management arrangements.
P2   The Council should consider schools' attendance performance in its quarterly reports to the Executive and Corporate Scrutiny Committee on Council services.

5   The audit team wishes to thank all those we met for their time in contributing to this review.

Detailed report

The Council has significantly improved its corporate arrangements to manage attendance by introducing more robust absence policies and procedures

The Council has strengthened its policies and procedures for managing attendance absence

6   In December 2015, the Wales Audit Office published its Corporate Assessment Report which concluded that the Council was addressing ongoing issues with high levels of sickness absence and poor rates of the completion of Performance Development Reviews.

7   The Corporate Assessment reported that the Council's Transformation Plan had identified the HR and People Strategy and the management of staff performance as areas that need to be addressed to enable further progress. The Council had rightly identified that it needs to understand the new skills and capabilities that will be required in the medium term, and to plan how best to add this capacity to its workforce.

8   In June 2016, the Wales Audit Office published its Annual Improvement Report which concluded that the Council was continuing to address ongoing issues with high levels of sickness absence. The Council is aware of this issue and has sharpened its focus on preventing long-term sickness absence, increasing the levels of absence review meetings (ARMs) to the same percentage as return to work interviews and has plans to further increase the percentage of ARMs in 2017. To enable services to gain the support they need to help improve sickness levels, the Council has subsequently extended the contract of the Sickness Absence Management Co-ordinator to September 2017.

9   To support the Council in reducing its sickness absence levels, it has agreed for the Wales Audit Office to undertake a local review of absence management. Sickness absence clearly carries a measurable cost and is also directly related to the continuity of service delivery.

10   The Council has a clear and comprehensive policy and procedures documents on absence management. This is largely based on a standard national policy developed for use by many councils in the UK. The Council has publicised the revised policy through training for managers and staff representatives which describes the impact and costs of sickness absence. The policy provides an overview of the maximising attendance at work policy, sets out the factors that can contribute to absence by staff and explains the procedures managers need to follow to manage short and long-term absences.

11   The policy also includes performance measures, responsibilities of employees and line managers, short-term and long-term illnesses and the support of Occupational Health. These are key areas we would expect to be contained in a policy and procedures document.

12   The Council has also produced guidance for staff to encourage maximising attendance at work and sets out the details of the policy on the management of sickness absence and the support available to staff. All new staff are given induction training which includes the sickness management policy and the impact of sickness absence on the Council.

The Council has prioritised attendance management and has strengthened its strategic approach which is robust and challenging

13   Human Resources (HR) staff and managers we spoke to were confident that, with their support, sickness absence was being managed proactively by all line managers and in accordance with the sickness absence policy and procedure. The Council is regularly auditing compliance with the sickness absence policy through quarterly reports to the Executive and Corporate Scrutiny Committee. The Chief Executive holds monthly meetings with services to discuss sickness absence and agree action where performance is not meeting the Council's targets. There is an HR case management database for sickness absence cases, where management action is recorded.

14   The Council believed that at the time of the Corporate Assessment, an effective Performance Development Review (PDR) system had the potential to identify issues such as skills and shortages. The completion rate of PDRs has historically been inconsistent, exacerbating the lack of strategic workforce planning. However, a recent focus on the completion of PDRs had led to an improvement, and this should, in turn, lead to a better awareness of underlying issues which may be impacting upon sickness levels.

15   The Council consider individual sickness cases on their merits but the guidance offered to managers deliberately does not encourage a belief that the sickness records of staff are necessarily acceptable even if the defined thresholds set in the policy have not yet been reached. The Council's initial trigger points for action (three or more periods of sickness totalling five days in a 12-month period) are robust and more challenging for managers than many other public sector bodies. Managers are looking for any underlying absence patterns and interviewing staff to establish the reasons for this even when trigger points had not been reached. The HR team and managers we spoke to said that meetings between operational managers and HR staff regularly occur to discuss problematic absence patterns as part of sickness absence management.

16 The Council conducts attendance review meetings with staff where trigger points have been reached to explore reasons for absence from work and identify underlying issues. The procedures for conducting these meetings are clearly set out and in the sample cases we looked at the meetings were well documented and clear targets and actions were set out for staff and their managers.

17 Where further action is required the Council's sickness capability panels (for cases of frequent short term absences) and case review panels (for cases of long term absence) also have clear procedures for conducting these meetings and in the sample cases we looked at, the meetings were well documented and showed compliance with the Council's procedures.

18 The Council's policy is to take steps to provide support for staff who are ill and to help promote a more speedy recovery, so that they can return to work. However, where a return to work is unlikely in the foreseeable future, employment is being terminated where necessary and appropriate.

The Council's management of Council staff attendance has significantly improved and it is proactive in holding schools to account for attendance management

19 The Council has significantly improved its management of staff attendance, with levels of sickness absence falling from an average of 14.4 days per full time member of staff in 2012-13 to 9.78 days in 2016-17. In 2013, the role of a Corporate Sickness Absence Management Co-ordinator was established on a temporary basis with the responsibility to support and work with the heads of service, service managers, and the HR team to improve the levels of sickness absence. The completion of return-to-work questionnaires increased from 59% in 2013-14 to 90% in the first nine months of 2016-17.

20 Long-term sickness rates have also declined in 2016-17 by over 25%, and it is possible that the overall Council's sickness absence rate at 9.78 days in 2016-17 which four years ago was among the highest will now be closer to the average for councils in Wales.

21 One of the greatest number of days lost due to sickness absence in any one service is Education. In 2015-16 a total of 11,318 days were lost due to school staff sickness.

Exhibit 2: School staff sickness absence Isle of Anglesey for 2015-16

	Number of days sick
Primary School teachers	1,821
Secondary School teachers	3,249
Primary School other staff	2,098
Secondary school other staff	4,150
Total	11,318

22 Schools' governing bodies have responsibility for the oversight of attendance management arrangements for staff in schools. The Council has a statutory duty to promote high standards in its schools. Effective resource and staff absence management plays a key role in the delivery of high standards. In promoting high standards, the Council should monitor, challenge, and support its schools.

23 The Council recognises that it needs to improve the support and challenge offered to schools with regard to the management of their sickness absence. In the national report[1] by the Wales Audit Office in 2013 on Covering Teachers' Absence, one of the recommendations is that councils should provide schools with comparative data on teacher absence rates. In 2016 the Council officers have had a series of meetings with schools to discuss the level of sickness absence in some schools on the Isle of Anglesey. In addition, the Council has revised the Primary schools' 'Absence scheme' which provides financial reimbursement for primary schools where school staff are absent for any reason.

24 The issues on absence management that the Council and schools are facing are not new, but the urgency and pace at which they need to respond to them are taking on greater significance. At present, the Council does provide each school with monthly comparative data on teacher and non-teacher absence rates but it does not specifically consider schools' absence performance in its quarterly reports to the Executive and Corporate Scrutiny Committee. In order to provide the necessary challenge to schools with regard to their absence management arrangements we propose that the Council should consider strengthening its reporting arrangements.

[1] Wales Audit Office national report: **Covering Teachers' Absence**, September 2013

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