

## ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template

<b>Committee:</b>	CORPORATE SCRUTINY
<b>Date:</b>	MARCH 12 <sup>th</sup> 2018
<b>Subject:</b>	SCORECARD MONITORING REPORT - QUARTER 3 (2017/18)
<b>Purpose of Report:</b>	
<b>Scrutiny Chair:</b>	COUNCILLOR ALED M JONES
<b>Portfolio Holder(s):</b>	COUNCILLOR DAFYDD RHYS THOMAS
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<b>Local Members:</b>	n/a

### 1 - Recommendation/s

- 1.1** This is the third scorecard of the financial year 2017/18.
- 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 in consultation with the Shadow Executive.
- 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 is recognised and managed with mitigation measures completed to aide improvement –*
- 1.3.1.1** Children’s Services to continue to prioritize the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025) and ensuring that the average length of time for all children who were on the CPR during the year, and who were de-registered during the year decreases and improves even further during Q4.
- 1.3.1.2** *Adults Services will improve the issues during the forthcoming quarter by –*
- *working towards a new Domiciliary Care contract to be in place in the next 6 months.*
  - *work to move clients from hospital to spaces available in Garreglwyd at the earliest opportunity.*

**1.3.1.3** *The Learning Service will improve by:*

- *monitoring underperforming schools performance in the School Progress Panel and the BAS (County Quality Board) fortnightly*
- *Work on reducing the gap between forecasts and actual performance*
- *Continue to seek better consistency across the 5 schools in sharing best practice, harmonizing and ensuring accurate assessments, and use of assessments to plan appropriate intervention / teaching.*
- *Continue to provide support to teachers in order to improve Teacher Assessments in the Foundation Phase*
- *Continue to improve target setting processes*

**1.3.2** *To continue with the regular service sickness challenge panels with an emphasis on adhering to policy expectations and support provided to those specific services who have missed their targets.*

**1.3.3** *Social Services (Adults and Children's) are encouraged to improve the way by which complaints are dealt with and that they ensure that written response to Stage 1 complaints are completed within timescales. This should be operationalized through changing current working practices.*

**1.3.4** *A review of how joint complaints involving Social Services and Health is undertaken to establish how the Service can improve on the response rate to joint complaints.*

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

## **2 – Link to Council Plan / Other Corporate Priorities**

Used as part of the monitoring of the Council Plan

## **3 – Guiding Principles for Scrutiny Members**

**To assist Members when scrutinising the topic:-**

**3.1** Impact the matter has on individuals and communities [**focus on customer/citizen**]

**3.2** A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [**focus on value**]

**3.3** A look at any risks [**focus on risk**]

**3.4** Scrutiny taking a performance monitoring or quality assurance role [**focus on performance & quality**]

**3.5** Looking at plans and proposals from a perspective of:

- Long term

- Prevention
- Integration
- Collaboration
- Involvement

**[focus on wellbeing]**

#### **4 - Key Scrutiny Questions**

1. This Qtr3 performance monitoring report gives further consideration to performance issues in Children's Services. What additional role should the Children's Services Improvement Panel play in constructive scrutiny and monitoring improvements?
2. The report discusses pupil performance at Foundation Phase and Key Stage 4. What additional contribution should the Schools' Progress Review Scrutiny Panel make in constructive challenge and monitoring of improvements in schools?
3. Financial management data in the scorecard estimates a significant overspend by year end. What measures have been introduced to bring these budget pressures under control?

#### **5 – Background / Context**

1.1 Under the Wales Programme for Improvement the way by which the Council secures and realises continuous improvement across its services can be evidenced and is presented on an annual basis, by a performance report which is published by end of October. Last year's publication noted that as a Council we have improved in a number of areas and that our progress can now be confidently compared to other like-minded Council's across Wales.

1.2 This scorecard was developed in parallel to the annual report to identify and inform Council leaders of progress against indicators on a quarterly basis which explicitly demonstrates the successful implementation of the Council's day to day work. It also 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 previous years) have been decided via a workshop held during the second quarter of, 2017/18 with members of the Senior Leadership Team, the Executive and Shadow Executive.

1.4 The scorecard (Appendix A) portrays the current end of Q3 position and will be considered further by the Corporate Scrutiny Committee and the Executive during March.

#### **6 – Equality Impact Assessment [including impacts on the Welsh Language]**

n/a

#### **7 – Financial Implications**

n/a
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<b>8 – Appendices:</b>
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Appendix A - Scorecard Quarter 3 Appendix B – Programmes and Projects Performance Dashboard – Quarter 3 Appendix C – Service Financial Breakdown – Quarter 3
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<b>9 - Background papers (please contact the author of the Report for any further information):</b>
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| <ul style="list-style-type: none"><li>• 2017/18 Scorecard monitoring report - Quarter 2 (as presented to, and accepted by, the Executive Committee in November 2017).</li></ul> |
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## **SCORECARD MONITORING REPORT – QUARTER 3 (2017/18)**

### **1. INTRODUCTION**

- 1.1 Under the Wales Programme for Improvement the way by which the Council secures and realises continuous improvement across its services can be evidenced and is presented on an annual basis, by a performance report which is published by end of October. Last year's publication noted that as a Council we have improved in a number of areas and that our progress can now be confidently compared to other like-minded Council's across Wales.
- 1.2 This scorecard was developed in parallel to the annual report to identify and inform Council leaders of progress against indicators on a quarterly basis which explicitly demonstrates the successful implementation of the Council's day to day work. It also 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 previous years) have been decided via a workshop held during the second quarter of, 2017/18 with members of the Senior Leadership Team, the Executive and Shadow Executive.
- 1.4 The scorecard (Appendix A) portrays the current end of Q3 position and will be considered further by the Corporate Scrutiny Committee and the Executive during March.

### **2. CONSIDERATIONS**

- 2.1 This is the fifth 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 at the above noted workshop requested –
  - 2.2.1.1 The addition of the new PAM (Public Accountability Measures) national performance indicators that are collected on a quarterly basis into the Performance Management Section;
  - 2.2.1.2 The inclusion of a Service breakdown for some of the Financial Management indicators as an attachment to this report (Appendix D);
  - 2.2.1.3 The People Management section now includes the breakdown for Primary and Secondary schools Sickness data as recommended in the WAO report on sickness management; and
  - 2.2.1.4 The Customer Service section on responses to complaints within timescale is now split in two, Corporate Complaints and Social Services Complaints.

### **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. Targets for which have been reviewed in comparison with the publication of the national comparator data published on the 13<sup>th</sup> of September (excluding Social Services data).

**2.3.2** 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 Red against their annual target for the year.

**2.3.3** One indicator within Adult Services now shows an underperformance for Q3 –

- (i) 04) – PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over is RED on the scorecard with a performance of 4.61 compared to a target of 1.5. This performance is a decline on Q2 figures of 2.9, however an improvement on the performance of Q3 2016/17 which was 5.8.

A lack of EMI beds is having an impact on the current figures but extra dementia care spaces are now available in Garreglwyd, which will allow clients suffering from EMI to leave hospital sooner. Also a new Domiciliary Care contract will be in place in the next 6 months.

**Mitigation** – to improve the issues during the forthcoming quarter the service will –

- work towards a new Domiciliary Care contract to be in place in the next 6 months.
- work to move clients from hospital to spaces available in Garreglwyd at the earliest opportunity.

**2.3.4** Four indicators within Childrens Services show an underperformance on the scorecard –

- (i) 07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations which is RED on the Scorecard with 62.76% compared to a target of 85%.

There has been a slight improvement month on month in this PI. The service is fully aware of the need to significantly improve its performance in this area and significant work is being done to assist Social Workers in planning this work. As a result of this work, results are anticipated to have improved further by end of Q4 and it is worth noting that the current data would suggest that a high percentage of Looked After Children are not seen in line with Statutory obligations, however this is not the case following further interrogation of the data set. For example in November 2017, out of 140 Looked After Children 72 were seen in timescale; 22 were seen but out of timescale; 9 were not seen and 37 were not due to be seen in that month. This equates to the fact that 94 out of a total of 103 LAC have been seen during November (91%). The service continues its drive to focus on ensuring that all LAC who should be seen are being seen accordingly.

- (ii) 08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days) which is RED with a performance of 71% against a target of 90% for the quarter. This is a significant drop from the 92.67% reported during Q3 2016/17.

Quarter 3 is the first quarter this year where the Service can produce qualitative data on this PI due to a number of reasons, including the implementation of WCCIS and new forms within the new solution. The under-performance here is also related to the fact that certain staff members were not completing the assessments when required. These members of staff no longer work for the Council.

The continued drive to improve with regards to this data-set is on-going and under the remit of the new Head of Service it is anticipated further improvements will be seen during Q4.

- (iii) 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, which is AMBER with performance of 19.5% compared to a target of 15%.

Although this is high after 9 months, the reasons for moving school are as part of long term planning for the children e.g. adoption, therapeutic placements, new placements and therefore no mitigation is required.

- (iv) 11) PM28 - The average length of time for all children who were on the CPR during the year, and who were de-registered during the year (days), which is RED with a performance of 375.5 Days against a target of 250 Days

This PI refers to children who have been deregistered only and it does not refer to the total number of children on the register. Therefore caution must be exercised when analysing the data.

We have seen a period during which some children who had been on the register for some time were deregistered as the figures for quarter 2 included children who had been on the register for 4 years. It is to be welcomed that their circumstances have improved leading to their names now being removed. This meant however, that those children de-registered during that time took with them approximately 1200 days each against this indicator and as a result, skews the figure for the year. Improvements to this figure on a quarterly basis sees a decrease in the number of days from 376 to 326.

In addition the number of children on the Child Protection Register has decreased significantly over the last 6 months with 56 children currently on the Register compared with 102 at the end of March 2017. As a result, by April 2018 the Service will have a comprehensive and correct overview of the number of children on the CPR and this improvement is to be welcomed.

**Mitigation** for all 4 of the above PIs - to improve the issues during Q4 and into 2018/19 the service will –

- continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025) and ensuring that the average length of time for all children who were on the CPR during the year, and who were de-registered decreases and improves even further during Q4.

**2.3.5** Two indicators from the Learning Service underperformed for the year –

- (i) 16) KS4 - % 15 year olds achieving L2+ performed at 50.5% for the 2016/17 Academic year. This is a 8.3% drop from the performance in 2015/16 of 58%.

The performance for this indicator dropped nationally due to the change in the measurement and nature of GCSE courses. Switching of the measures includes the best between Maths and Numeracy, English Language and Welsh Language only, where previously English and Welsh Literature was considered. The Welsh National Average slipped in performance against KS4 indicators to 53.2%, whilst performance slipped 6.4% in the region on average with Anglesey 4<sup>th</sup> of the 6 Counties. Although the performance was highly variable across the 5 schools there are intensive support plans in place to improve the situation.

**Mitigation** – To improve this indicator for 2017/18 the service will:

- Monitor underperforming schools performance in the School Progress Panel and the BAS (County Quality Board) fortnightly
- Work on reducing the gap between forecasts and actual performance
- Continue to seek better consistency across the 5 schools in sharing best practice, harmonizing and ensuring accurate assessments, and use of assessments to plan appropriate intervention / teaching.

- (ii) 19) FPh - % pupils achieving CSI/FPI performed at 85.8% for the 2016/17 Academic year. This is an improvement on the 84.7% achieved during 2015/16 however it less than the target of 88.4%.

The reliability of teacher assessments in the Foundation Phase has improved slightly, despite the intervention, as a result the performance in the FPh is slightly better than last year. However, Anglesey's performance has improved to 17<sup>th</sup> nationally, compared to 20<sup>th</sup> in 2016 and 15<sup>th</sup> in 2015

**Mitigation** – To improve this indicator for 2017/18 the service will:

- Continue to provide support to teachers in order to improve Teacher Assessments in the Foundation Phase
- Continue to improve target setting processes

**2.3.6** The scorecard also evidences where improvements or good performance occurs across the board. One such indicator within Adult Services which was Red on the scorecard for Q2 has now improved and is Green on the scorecard at the end of Q3 –

- (i) 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 with a performance of 93.3% against a target of 93%. This is a significant improvement from the 83.4% reported in the Q2 scorecard and the 87.5% reported in Q3 2016/17.

**2.3.7** Whilst the remaining indicators reported for Q3 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 will improve across all areas.



**2.3.8** The Social Services indicators (01-11) PI results for 2016/17 were released late by the Welsh Government during Q3. Because of the inconsistency of statistics provided by Authorities across Wales this release has now been released as experimental statistics. Further information can be found here <http://gov.wales/docs/statistics/2017/171031-social-services-performance-measures-2016-17-en.pdf>

**2.3.9 The SLT recommends –**

**2.3.9.1** *Underperformance is recognised and managed with mitigation measures completed to aide improvement during Q3.*

**2.3.9.2** *Children’s Services to continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025) and ensuring that the average length of time for all children who were on the CPR during the year, and who were de-registered during the year decreases and improves even further during Q4.*

**2.3.10** 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.

**2.4 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 Q3 of 6.88 shows a further improvement when compared with the same period for 2016/17 of 7.21. This indicates that the projected end of year sickness level (if trends continue as indicated over the past two years) would equate to 9.81 days per FTE.

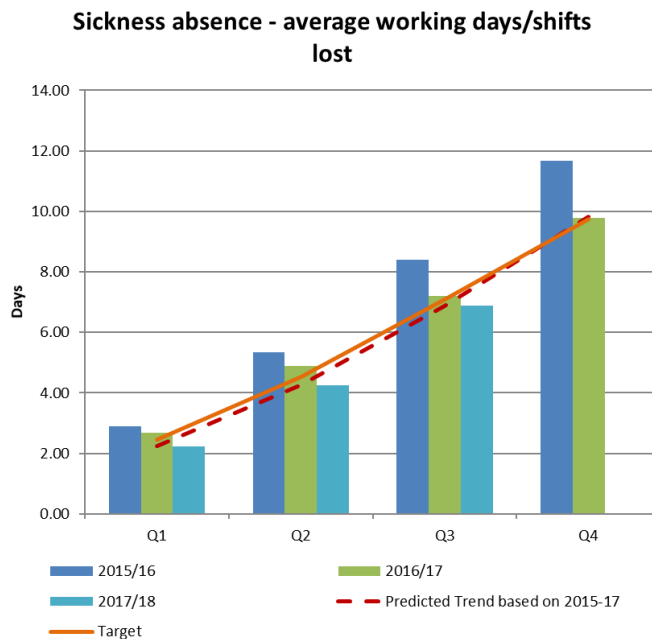


Table 1

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

**2.4.2.1 Regulation & Economic Development – RED – 6.87 Days Sick per FTE (Target 5.18).** Sickness issues within Leisure have now improved and the Service are under target for the October to December period (1.79 Days Sick per FTE against a Target of 2.11 Days Sick per FTE). The main reasons for continuing to be RED on the Scorecard are to do with the high sickness levels during the first half of the year, and because this is a cumulative indicator (April to December) this means the service will be over target for the year.

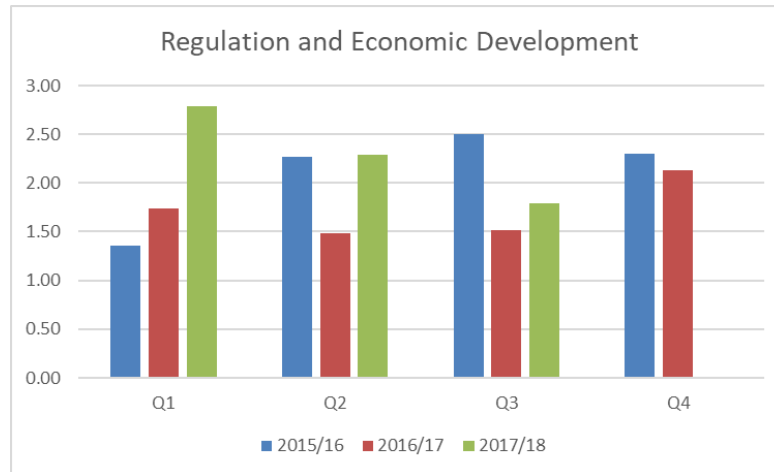


Table 2

**2.4.2.2 Adult Services – RED – 10.45 Days Sick per FTE (Target 9.15).** The main reason for the decline in the sickness is as of a result of Long Term sickness cases in the Provider Unit, which equates to 2011 Days Sick of the Service total of 3882 Days sick (52%). This is an increase of 0.89 Days Sick per FTE (3.96 Days sick per FTE) for the October to December period when compared to the same period in 2016/17 (3.07 Days Sick Per FTE). The increase can be seen in table 3 below:

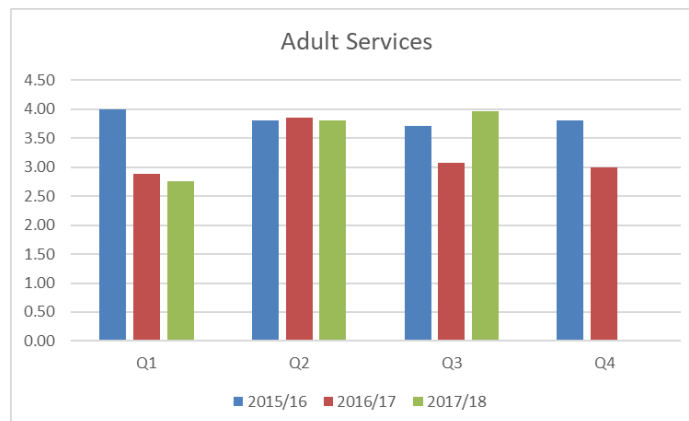


Table 3

**2.4.2.3 Adult Services** have approx. 16.5% of the workforce for the Council and therefore any changes in sickness levels have a big impact on the overall Council Sickness Rates. If the pattern shown in Q3 was to continue for

the remainder of the year then the Council's overall sickness could well be above target for the year.

**2.4.2.4** However, Adult Services as with Health Services have experienced an increase in sickness cases during Q3 on a national level and due to the nature of their work this service is amongst the most at risk of illness when out working in the community.

**2.4.3** 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*).

**2.4.4** The Council continues to embed this working practice across its services and by the end of Q3 1735 of the cumulative Return to Work (RTW) interviews were held within timescale (73%). This is a similar improvement seen in Q2 where 72% were within timescale. However, this continues to be below the target of 80% and continues to be AMBER on the Scorecard (Table 4). The total RTW interviews held (within and out of timescale) is also low at 86% (2036 RTW interviews) compared to a target of 95%, this continues to show the same trend as Q2.

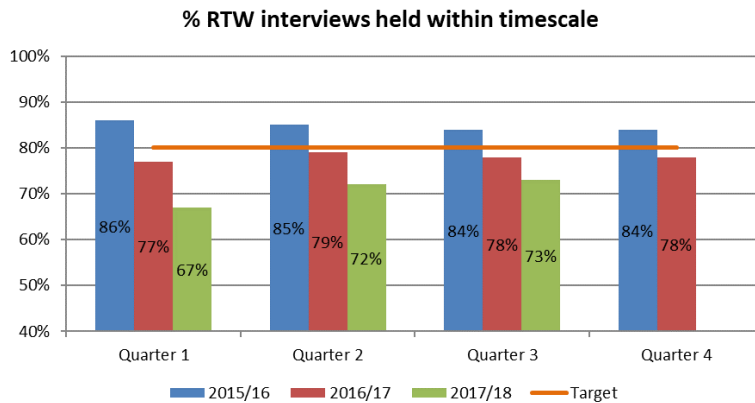


Table 4

**2.4.5** By the end of Q3 the services which failed to hit the Corporate RTW Target of 80% within timescale were Adult Services 76%, Childrens Services 71%, Learning 70% and Resources 70%.

**2.4.6** The only service that was Red (more than 10% below target) on the total % RTW interviews held (within and out of timescale) was Learning at 81% completed. Two Services were Amber (between 5% and 10% below target), Childrens Services with 86% and Resources with 90% completed. The remaining services are within 5% of the targets.

**2.4.7** The ARM figures for Q2 at 83% (50 of the 60 ARMs due) have improved on the 59% seen in Q2 and is now GREEN on the Scorecard (point to note - these figures do not include Schools).

**2.4.8** Whilst improvements can still be made with the adherence to the Absence Management Policy, i.e. RTW and ARMs, it is encouraging to note that the overall sickness target has been achieved for the 5<sup>th</sup> quarter running and if this trend continues we anticipate a result of 9.81 Days per FTE (based on a 3 year average).

**2.4.9** *The SLT therefore recommends –*

**2.4.9.1** *To continue with the regular service sickness challenge panels with an emphasis on adhering to policy expectations and support provided to those specific services who have missed their targets.*

## **2.5 CUSTOMER SERVICE**

- 2.5.1** During Q3, users used AppMôn technology to submit 1.5k reports (including fly tipping, faulty street lighting, compliments or complaints, broken pavements, sports club database forms and ordering recycling bins). 81% of these reports have come through the website, a similar level to Q2 where 83% of reports were submitted via the website.
- 2.5.2** Further work is required to secure the amount of downloads of AppMôn from the supplier. Gaining these figures from the supplier continues to be a challenge but work will continue to confirm these statistics and intelligence during Q4.
- 2.5.3** The remaining indicators within the Digital Services Section focus on the website and on our social media presence. We had an increase of 65k unique visits up to the end of Q3 compared to the same period last year (460k for 17/18 and 395k for 16/17). Our social media presence has also resulted in a total of 25k social media accounts following us on Facebook (11k followers) and Twitter (14k followers). The Council now have a presence on Instagram where 332 people currently follow the page. These modes of communication are continuing to increase and the flow of information distributed and received via these channels it is envisaged will only increase.
- 2.5.4** Regarding Customer Complaints Management, due to long term sickness within the team who collates the statistics on behalf of the Council, we are unable to report on Customer Complaints or FOI for the quarter (excluding Social Services who report differently). Whilst we do not have the statistics available from the services collated on behalf of the council, the Services continue to monitor the Complaints and FOI requests in the same manner as they have done in the past.
- 2.5.5** There were 8 Stage 2 Complaints in Social Services (Childrens Services [4] and Adult Services [4]) and 38 Stage 1 Complaints (Childrens Services [28], Adult Services [10]) received up to the end of Q3.
- 2.5.5.1** Of the 38 Stage 1 complaints up to the end of Q3, a total of 47%, which is a decline on the 53% reported in the Q2 report, have been responded to in writing within timescale. There were 18 late written responses in total up to the end of Q3 with 13 in Childrens Services and 5 in Adult Services.
- 2.5.5.2** Performance was better for Stage 1 discussions, with a discussion being offered to the complainant within timescale for 24 of the 28 complaints to Children's Services, and 6 of the 10 complaints to Adult Services in up to the end of Q3.
- 2.5.5.3** The complaints to Adult Services included 2 complaints that were joint complaints with the Health Board and two of the discussions had yet to be held and at the end of Q3 and were overdue. Because of this it was not possible to say if a written response would be sent within 5 days of the discussion taking place. This will be reported in the Q4 Scorecard report.

- 2.5.5.4** Underperformance within Childrens Services is in relation to sending written responses within timescale, although 2 out of the 3 complaints received between October and December were provided with a written response within timescale.
- 2.5.5.5** Underperformance in Adult Services is in relation to failure to provide a written response to any of the 5 complaints received between October and December within timescale, although statistics were not available the 2 joint complaints at the end of Quarter 3.
- 2.5.5.6** For 30 of the 38 (79%) complaints received by Adult and Children Services had held a discussion with the complainant was offered within timescales which is a decline on the performance in Q2 (87%).

**2.5.6 The SLT therefore recommends –**

- 2.5.6.1** *Social Services (Adults and Children's) are encouraged to improve the way by which complaints are dealt with and that they ensure that written response to Stage 1 complaints are completed within timescales. This should be operationalised through changing current working practices.*
- 2.5.6.2** *A review of how joint complaints involving Social Services and Health is undertaken to establish how the Service can improve on the response rate to joint complaints.*

**2.6 FINANCIAL MANAGEMENT**

- 2.6.1** A total overspend of £1.624m is projected for the year-ending 31 March 2018.
- 2.6.2** This is an improvement on of £300k from Quarter 2. £2.461m of this is on service budgets, which are made up of a number of over and underspends. The Services that are still experiencing significant budgetary pressures are similar to 2016/17 (Children and Families Service and Learning). The Heads of Service are aware of the issues and are working to reduce the level of overspending which is within their control at the year-end. Corporate Finance is expected to underspend by £0.503m and Council Tax, which includes the Council Tax Premium, is forecast to collect a surplus of £0.334m. The overall overspend is, therefore, reduced to £1.624m. The projected level of overspend is 1.29% of the Council's net budget. There is concern about the impact of this level of overspend on general balances should the overspend materialise. However, the general balances are currently sufficient enough to sustain the overspend without impeding on the minimum level target of £6m set by the full Council on 28 February 2017.
- 2.6.3** 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.
- 2.6.4** Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q3' which has been discussed in The Executive meeting on the 19<sup>th</sup> 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 is recognised and managed with mitigation measures completed to aide improvement –*
- 3.1.1.1** Children’s Services to continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025) and ensuring that the average length of time for all children who were on the CPR during the year, and who were de-registered during the year decreases and improves even further during Q4.
- 3.1.1.2** Adults Services will improve the issues during the forthcoming quarter by –
- 3.1.1.2.1** working towards a new Domiciliary Care contract to be in place in the next 6 months.
- 3.1.1.2.2** work to move clients from hospital to spaces available in Garreglwyd at the earliest opportunity.
- 3.1.1.3** The Learning Service will improve by:
- 3.1.1.3.1** monitoring underperforming schools performance in the School Progress Panel and the BAS (County Quality Board) fortnightly
- 3.1.1.3.2** Work on reducing the gap between forecasts and actual performance
- 3.1.1.3.3** Continue to seek better consistency across the 5 schools in sharing best practice, harmonizing and ensuring accurate assessments, and use of assessments to plan appropriate intervention / teaching.
- 3.1.1.3.4** Continue to provide support to teachers in order to improve Teacher Assessments in the Foundation Phase
- 3.1.1.3.5** Continue to improve target setting processes
- 3.1.2** To continue with the regular service sickness challenge panels with an emphasis on adhering to policy expectations and support provided to those specific services who have missed their targets.
- 3.1.3** *Social Services (Adults and Children’s) are encouraged to improve the way by which complaints are dealt with and that they ensure that written response to Stage 1 complaints are completed within timescales. This should be operationalised through changing current working practices.*
- 3.1.4** A review of how joint complaints involving Social Services and Health is undertaken to establish how the Service can improve on the response rate to joint complaints.
- 3.2** The Committee is asked to recommend the mitigation measures outlined above.

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q3 2017/18

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 16/17 Result	Canlyniad 15/16 Result
<b>Starter Gofal Cwsmer / Customer Service Charter</b>						
01) No of Complaints received (excluding Social Services)	-	-	-	-	71	59
02) No of Stage 2 Complaints received for Social Services	-	-	8	-	5	5
03) Total number of complaints upheld / partially upheld	-	-	-	-	25	21
04a) Total % of written responses to complaints within 20 days (Corporate)	-	-	-	80%	93%	64%
04b) Total % of written responses to complaints within 20 days (Social Services)	-	-	-	80%	63%	-
05) Number of concerns (excluding Social Services)	-	-	-	-	191	261
06) Number of Stage 1 Complaints for Social Services	-	-	35	-	54	53
07) Number of Compliments	-	-	426*	-	566	712
08) % of FOI requests responded to within timescale	-	-	-	80%	77%	67%
09) Number of FOI requests received	-	-	-	-	1037	854
10) % of telephone calls not answered	Gwyrdd / Green	⇒	12%	15%	13%	12%
11) % of written communication replied to within 15 working days of receipt (Mystery Shop)	Gwyrdd / Green	-	78%	-	67%	-
12) % of written responses in the customers language of choice (Mystery Shop)	Gwyrdd / Green	-	100%	-	100%	-
13) % of telephone calls answered bilingually (Mystery Shop)	Gwyrdd / Green	-	83%	-	77%	-
14) % of staff that took responsibility for the customer query (Mystery Shop)	Gwyrdd / Green	-	87%	-	90%	-

<b>Newid Cyfrwng Digidol / Digital Service Shift</b>						
15) No of AppMôn users (annual)	-	-	-	-	-	-
16) No of reports received by AppMôn	-	↑	1.5k	-	1k	-
17) No of web payments	-	↑	11k	-	10k	-
18) No of 'followers' of IOACC Social Media	Gwyrdd / Green	↑	25k	21k	21k	-
19) No of visitors to the Council Website	Gwyrdd / Green	↑	460k	406k	541k	-

Rheoli Pobl / People Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 16/17 Result	Canlyniad 15/16 Result
01) Number of staff authority wide, including teachers and school based staff (FTE)	-	-	2253	-	2258	2310
02) Number of staff authority wide, excluding teachers and school based staff(FTE)	-	-	1245	-	1250	1303
03a) Sickness absence - average working days/shifts lost	Gwyrdd / Green	↓	6.88	7.07	9.78	11.68
03b) Short Term sickness - average working days/shifts lost per FTE	-	-	3.02	-	4.72	11.68
03c) Long Term sickness - average working days/shifts lost per FTE	-	-	3.86	-	5.06	6.79
04a) Primary Schools - Sickness absence - average working days/shifts lost	Melyn / Yellow	↓	6.81	6.76	-	-
04b) Primary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	3.16	-	-	-
04c) Primary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	3.65	-	-	-
05a) Secondary Schools - Sickness absence - average working days/shifts lost	Gwyrdd / Green	↓	6.69	6.76	-	-
05b) Secondary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	3.5	-	-	-
05c) Secondary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	3.19	-	-	-
06) % of RTW interview held within timescale	Ambr / Amber	↑	73%	80%	78%	84%
07) % of RTW interview held	Ambr / Amber	⇒	86%	95%	91%	-
08) % of Attendance Review Meetings held	Gwyrdd / Green	↑	83%	80%	57%	-
09) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	-	-	10%	-
10) % of PDR's completed within timeframe (Q4)	-	-	-	80%	80%	-
11) % of staff with DBS Certificate (if required within their role)	-	-	-	-	91.40%	98%
12) No. of Agency Staff	-	-	12	-	15	26

Rheolaeth Ariannol / Financial Management	CAG / RAG	Tuedd / Trend	Cyllideb / Budget	Canlyniad / Actual	Amrywiad / Variance (%)	Rhagolygon o'r Gwariant / Forcasted Actual	Amrywiad a Ragwelir / Forcasted Variance (%)
01) Budget v Actuals	Coch / Red	-	£96,137,000	£98,145,000	2.09%	-	-
02) Forecasted end of year outturn (Revenue)	Coch / Red	-	£126,157,000	-	-	£127,781,000	1.29%
03) Forecasted end of year outturn (Capital)	-	-	£39,184,000	-	-	£21,717,000	-44.58%
04) Achievement against efficiencies	Ambr / Amber	-	£2,444,000	-	-	£1,646,250	-32.80%
05) Income v Targets (excluding grants)	Gwyrdd / Green	-	-£15,083,310	-16848740	11.70%	-	-
06) Amount borrowed	-	⇒	£12,377,000	-	-	£8,317,000	-32.80%
07) Cost of borrowing	-	⇒	£4,257,000	-	-	£4,095,000	-3.81%
08) % invoices paid within 30 days	-	-	-	-	-	-	-
09) % of Council Tax collected (for last 3 years)	Gwyrdd / Green	↑	-	98.90%	-	-	-
10) % of Business Rates collected (for last 3 years)	Gwyrdd / Green	↑	-	98.80%	-	-	-
11) % of Sundry Debtors collected (for last 3 years)	Melyn/Yellow	↑	-	97.20%	-	-	-
12) % Housing Rent collected (for the last 3 years)	Gwyrdd / Green	-	-	101%	-	-	-
13) % Housing Rent collected excl benefit payments (for the last 3 years)	-	-	-	102%	-	-	-

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 16/17 Result	Canlyniad 15/16 Result	Chwartert 16/17 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	⇒	19.06	22	20.51	20.3	-
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	↑	93.3	93	94.4	90.8	-
03) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	↑	92.93	90	90.48	-	-
04) PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Coch / Red	↓	4.61	1.5	6.05	-	-
05) PM20a - The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later	Gwyrdd / Green	↓	59.09	40	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	Gwyrdd / Green	↑	64.57	62	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	↑	62.76	85	79.35	82.79	-
08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days)	Coch / Red	↓	71	90	89.17	-	-
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	Coch / Red	↓	30	15	17.53	-	-
10) PM33 - The percentage of looked after children on 31 March who have had three or more placements during the year	Melyn / Yellow	↓	7.86	5	5.04	-	-
11) PM28 - The average length of time for all children who were on the CPR during the year, and who were de-registered during the year (days)	Coch / Red	↑	326	250	266	-	-
12) Attendance - Primary (%)	-	-	94.98	-	94.8	95.1	-
13) Attendance - Secondary (%)	-	-	93.63	-	94.6	94.5	Uchaf / Upper
14) No. of days lost to temp exclusion - Primary	-	-	10	-	-	-	-
15) No. of days lost to temp exclusion - Secondary	-	-	35.5	-	-	-	-
16) KS4 - % 15 year olds achieving L2+ (Q3)	Coch / Red	↓	50.5	63.4*	58.8*	56.9*	Canolrif Isaf / Lower Median
17) KS3 - % pupils achieving CSI (Q3)	Melyn / Yellow	↑	88.9	90.1	87.6	84.5	Canrif Uchaf / Upper Median
18) KS2 - % pupils achieving CSI (Q3)	Gwyrdd / Green	↑	91.4	91	89.4	91.8	Uchaf / Upper
19) FPh - % pupils achieving CSI/FPI (Q3)	Ambr / Amber	↑	85.8	88.4	84.7	86.2	Isaf / Lower
20) LCL/001b: The no. of visits to public libraries during the year	Gwyrdd / Green	↓	212k	210k	288k	289k	Uchaf / Upper
21) LCL/004: The no. of library materials issued, during the year	Melyn / Yellow	↓	193k	195k	272k	284k	-
22) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation	Gwyrdd / Green	⇒	0	0	0	-	-
23) % tenants satisfied with responsive repairs	Melyn / Yellow	↓	89	92	90.2	89.5	-
24) Productivity of workforce- % time which is classified as productive	Melyn / Yellow	↓	79.32	80	80.1	74.6	-
25) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Gwyrdd / Green	↑	17.7	23	28	33.7	-
26) PAM/013 - Number of empty private properties brought back into use	Gwyrdd / Green	↑	53	52	-	-	-
27) PAM/014 - Number of new homes created as a result of bringing empty properties back into use	-	-	1	-	-	-	-
28) PAM/015 - Average number of calendar days taken to deliver a Disabled Facilities Grant (DFG)	Gwyrdd / Green	↑	181.4	200	-	-	Canolrif Isaf / Lower Median
29) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	Gwyrdd / Green	↓	94.3	94	93.4	95.1	-
30) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	Gwyrdd / Green	↓	99.67	100	97.31	98.5	-
31) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	Gwyrdd / Green	↓	73.24	67	65.79	59.5	Uchaf / Upper
32) WMT/004b: The percentage of municipal waste sent to landfill	Gwyrdd / Green	↓	0.47	5	6.6	16.9	Canolrif Isaf / Lower Median
33) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	-	-	-	10	10.1	13.5	Canolrif Isaf / Lower Median
34) No. of attendances (young people) at sports development / outreach activity programmes	Gwyrdd / Green	-	32k	30k	113k	132k	-
35) 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	Gwyrdd / Green	-	364k	319k	464k	458k	Isaf / Lower
36) PAM/023 - Percentage of food establishments that meet food hygiene standards	Gwyrdd / Green	-	98	80	98	-	Uchaf / Upper

\* based on the old curriculum



## Appendix B

This document is contained within the quarterly scorecard monitoring report which is presented to the Corporate Scrutiny Committee and The Executive every quarter to provide a brief high-level update as to the status of work which is applicable and reports to both the -

- ***Partnerships, Communities & Service Improvement Transformation Programme Board and the;***
- ***Governance & Business Process Transformation Programme Board***

The key ragging for the said document is as follows –

RAG:

Completed

Project has been completed

On Track

Project is developing as expected and is on track

Behind Schedule

The Project needs key decisions / support

Late

The project is late and is falling behind expected timelines

White

The Project has not started to date

<b>Partnerships, Communities &amp; Service Improvement Transformation Programme Board</b>		
<b>Programme/Project</b>	<b>Related Projects</b>	<b>RAYG and brief Update</b>
<b>School Modernisation</b>	<b>Bro Rhosyr a Bro Aberffraw</b>	The timeline for building Ysgol Santes Dwynwen at Newborough has slipped to March 2019.  Ysgol Parc y Bont building adaptations for a new classroom completed December 2017
	<b>Llangefni Area</b>	Following a pause & review on the Llangefni area and Banb B funding confirmation, a statutory consultation is currently ongoing with Ysgol Henblas, Ysgol Bodffordd and Ysgol Corn Hir included.
	<b>Seiriol + South East</b>	The formal consultation process is currently being undertaken
<b>Adult Social Care -</b>	<b>Llangefni Extra Care</b>	Good progress is being made with the construction work and the builders are confident that they adhere to the timetable and the work be completed by June 2018.
	<b>Amlwch Extra Care</b>	An assessment is being undertaken by the Housing Service to look at housing needs more widely within the area that includes considering Extra Care
	<b>South of the Island Extra Care</b>	Decision to be agreed by the Executive in Q4
	<b>Housing with Internal Support</b>	The new aim of the project is to retain the service internally within the Council but to re-model in order to achieve financial savings. Examples of how we intend to re-model the service include: <ul style="list-style-type: none"> <li>• restructure of the staffing cohort</li> <li>• review of care over 24 hours</li> <li>• confirmation that the number of hours support provided, supported independence</li> <li>• more use of telecare equipment.</li> </ul>
	<b>Housing with External Support</b>	PID and Project Plan were submitted to the Adults Services Transformation Board in Q3
	<b>Re-tendering of Home Care Services</b>	Looking at the North Wales framework for Home Care. This tender is now live as at Feb 2018.
	<b>In house day Services</b>	Proposed Project considered by the SLT during Q3

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<b>Transformation of Libraries, Youth Services, Museums, Culture and Market Hall</b>	<b>Transformation of Museums and Culture</b>	New timetable to be agreed by the Project Board in Q4
	<b>Remodelling of Library Service</b>	The Executive Committee held on 18/12/2017 resolved as follows :  <ul style="list-style-type: none"> <li>• Adopt the draft Library Service Strategy 2017-2022</li> <li>• That the proposed changes in the Draft Library Service Strategy 2017-2022 be actioned</li> <li>• Implement Option C within the Draft Library Service costings - retain 22 hours or 2/3 of the staffing from the closed libraries within the staffing structure to help with mitigation and sustain performance against WPLS standards.</li> </ul>
	<b>Review of Youth Services</b>	New structure in place and operational in Q4
	<b>Market Hall</b>	Slightly behind schedule with building works
<b>Leisure</b>		Draft Strategy being drafted
<b>Energy Island</b>		Six week public consultation on an updated Wylfa Newydd Supplementary Planning Guidance during Q4 ( <a href="http://www.anglesey.gov.uk/council-and-democracy/consultations/wylfa-newydd-spg-2018-consultation/133459.article">http://www.anglesey.gov.uk/council-and-democracy/consultations/wylfa-newydd-spg-2018-consultation/133459.article</a> )
<b>Gypsy Traveller sites</b>		
<b>Prevention Strategy</b>	<b>Early Intervention</b>	
	<b>Implementing Tackling Poverty Strategy</b>	
<b>Increase levels of recycling</b>		Please see Scorecard KPIs 31 + 32 for Q3 achievement
<b>Flood alleviation work</b>		The recent major flood event of the 22/11/2017 has highlighted the need to persevere with such schemes, with problems at Beaumaris, Menai Bridge, Llanfairpwll, Llangefni, Dwyran and numerous other places. FLWMA Reports are being prepared for all areas where properties have been affected. It is hoped that funding will be received from WG to resolve some of these issues.  A Flood Consultation event was held at Beaumaris on the day before the flood event, with only 20 people attending. However, the consensus was

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		<p>very much in favour of providing pipes from Castle Meadow to the sea rather than constructing a huge dam in the field. An amended Project Appraisal Report has been prepared and sent to WG with the hope for an early start of works..</p> <p>The flood defence fund that was constructed in Castle Meadow worked well in holding back 8,000 cubic metres of flood water that would otherwise have been in Beaumaris High Street.</p> <p>Discussions with NRW to proceed with a flood defence scheme for Afon Cefni at Llangefni and the service has offered to take over the responsibility for the Afon Cefni in Llangefni from NRW, in order to expedite matters.</p>
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Governance & Business Process Transformation Programme Board		
Programme/Project	Related Projects	RAYG and brief Update
<b>Resource Plan – Northgate</b>		<p>MyView Dashboard rolled out to all 6 care homes</p> <p>Timesheets and Web Expenses function configured in TEST for pilot.</p> <p>Aprox 500 extra staff receiving electronic payslips in Q4</p> <p>Web Recruitment currently being tested</p>
<b>Customer Service Excellence</b>	<b>Cyswllt Môn Expansion Programme / Face to Face Contact</b>	Two pilot schemes have been agreed
	<b>Customer contact Centre</b>	Discussions underway to merge existing call centres
	<b>Contact over the phones + Channel Shift</b>	Contact Centres currently being tested by the services. Revenues next to be LIVE.
	<b>CRM</b>	The Waste and Recycling Module was implemented in Q3.
	<b>Improving Business Processes</b>	Group have decided to concentrate efforts on the VOIDS element of the housing service VOIDS Service Manager has scoped current process for scrutiny by group at forthcoming meeting

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	<b>Compliance and Satisfaction</b>	
<b>Energy Efficiency</b>		Work is ongoing through the Refit programme to develop potential projects. A bid for Capital funding from the Invest To Save project will be submitted in January.
<b>Implementation of ICT Strategy</b>		The Digital IT Strategy – ‘Digital Island’ has been approved and covers 2016-2020. Strategy being revised following new Council Plan.
<b>Scrutiny Improvement Plan</b>		Good progress has been made against the 22 individual improvement actions with 13 ragged Green and fully implemented. The remaining 9 are on track to be completed to timescale and as such ragged Yellow.
<b>Communication Strategy</b>		With the new Council Plan 2017-22 now in place, this will also help shape our priorities in terms of communications over the coming years.

**Projected Revenue Outturn for the Financial Year Ending 31 March 2018 – Quarter 3**

Service/Function	2017/18 Annual Budget	Q3 2017/18 Budget Year to Date	Q3 Actual & Committed spend	Q3 2017/18 Variance	Q3 Estimated Expenditure to 31 March 2018	Q3 Estimated Outturn 31 March 2018 over/(under)	Q2 Estimated Outturn 31 March 2018	Q1 Estimated Outturn 31 March 2018	2017/18 Projected Over/(Under)spend as a % of Total Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Lifelong Learning</b>									
Delegated Schools Budget	44,021	33,848	33,848	(0)	44,021	0	0	0	0.00%
Central Education	2,811	1,618	2,185	567	3,689	878	618	618	31.23%
Culture	1,355	1,117	1,076	(41)	1,248	(107)	(70)	20	(7.90%)
<b>Adult Services</b>	22,456	17,390	17,941	551	22,515	59	191	299	0.26%
<b>Children's Services</b>	8,035	6,596	8,015	1,419	9,779	1,744	1,899	2,106	21.70%
<b>Housing</b>	1,036	1,462	1,441	-21	1,036	0	0	0	0.00%
<b>Highways, Waste &amp; Property</b>									
Highways	6,567	6,499	6,846	347	6,653	86	100	3	1.31%
Property	1,143	1,019	1,051	32	1,136	(7)	-11	-33	(0.61%)
Waste	6,294	5,756	5,679	(78)	6,274	-20	-25	30	(0.32%)
<b>Regulation &amp; Economic Development</b>									
Economic Development	1,942	1,679	1,561	(118)	1,972	30	110	80	1.55%
Planning and Public Protection	2,202	1,657	1,195	-462	2,142	-60	-97	-14	-2.72%
<b>Transformation</b>									
Human Resources	1,204	903	888	(15)	1,174	(30)	0	0	(2.49%)
ICT	1,746	1,312	1,459	147	1,846	100	100	100	5.73%
Corporate Transformation	935	641	547	(95)	766	(169)	(30)	0	(18.07%)
<b>Resources</b>	2,797	2,387	2,398	11	2,841	44	40	32	1.57%

Service/Function	2017/18 Annual Budget	Q3 2017/18 Budget Year to Date	Q3 Actual & Committed spend	Q3 2017/18 Variance	Q3 Estimated Expenditure to 31 March 2018	Q3 Estimated Outturn 31 March 2018 over/(under)	Q2 Estimated Outturn 31 March 2018	Q1 Estimated Outturn 31 March 2018	2017/18 Projected Over/(Under)spend as a % of Total Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Council Business</b>	1,615	1,168	1,359	190	1,872	257	207	50	15.91%
<b>Corporate &amp; Democratic costs</b>	1,922	1,811	1,606	(205)	1,658	(264)	(248)	(172)	(13.74%)
<b>Corporate Management</b>	761	556	494	(61)	681	-80	(80)	(70)	(10.52%)
<b>Total Service Budgets</b>	108,843	87,421	89,589	2,168	111,304	2,461	2,706	3,049	2.26%
Levies	3,335	3,335	3,332	-3	3,335	0	0	0	0.00%
Discretionary Rate Relief	60	0	0	0	60	0	0	0	0.00%
Capital Financing	8,158	3,867	3,746	(120)	7,950	(208)	(194)	(235)	(2.55%)
General & Other Contingencies	1,045	1,045	794	(251)	794	(251)	(213)	0	(24.01%)
Corporate Savings	(227)	(227)	0	227	0	227	227	150	(100.00%)
Support Services contribution HRA	(678)	0	0	0	(678)	0	0	0	0.00%
Benefits Granted	5,622	698	684	(14)	5,351	(271)	(152)	(149)	(4.82%)
<b>Total Corporate Finance</b>	17,314	8,716	8,556	(160)	16,812	(503)	(331)	(234)	(2.90%)
<b>Total 2017/18</b>	126,157	96,137	98,145	2,008	128,115	1,958	2,374	2,815	1.55%
<b>Funding</b>									
NDR	(23,002)	(15,920)	(15,925)	(5)	(23,002)	0	0	0	0.00%
Council Tax	(32,941)	0	0	0	(33,028)	(87)	(189)	(348)	0.26%
Council Tax Premium	(564)	0	0	0	(811)	(247)	(261)	(347)	43.71%
Revenue Support Grant	(69,650)	(48,205)	(48,219)	(15)	(69,650)	0	0	0	0.00%
<b>Total Funding 2017/18</b>	(126,157)	(64,124)	(64,144)	(19)	(126,491)	(334)	(450)	(695)	0.26%
<b>Total out-turn including impact of funding</b>	0	32,012	34,001	1,989	1,624	1,624	1,924	2,119	1.29%