

## ISLE OF ANGLESEY COUNTY COUNCIL

<b>REPORT TO:</b>	<b>EXECUTIVE COMMITTEE</b>
<b>DATE:</b>	<b>JUNE 18<sup>th</sup> 2018</b>
<b>SUBJECT:</b>	<b>SCORECARD MONITORING REPORT - QUARTER 4 (2017/18)</b>
<b>PORTFOLIO HOLDER(S):</b>	<b>COUNCILLOR DAFYDD RHYS THOMAS</b>
<b>HEAD OF SERVICE:</b>	<b>CARYS EDWARDS</b>
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<b>LOCAL MEMBERS:</b>	<b>n/a</b>

### A - Recommendation/s and reason/s

- 1.1** This is the final 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 –
- 1.4** Underperformance is recognised and managed with mitigation measures completed to aide improvement –
  - 1.4.1** Children and Families Service to continue to prioritize the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025).
  - 1.4.2** Adults Services will improve the issues during the forthcoming year by –
    - Awarding a new and revised Home Care Contract to providers by the end of Quarter 1 18/19 with the transfer of the contract expected to be completed during Quarter 2 18/19. As a result, improvements should be tracked as 2018/19 progresses.
    - Increasing the capacity of Garreglwyd to take individuals with severe dementia problems and to release individuals from hospitals in a timely manner.

<p><b>1.4.3</b> The Learning Service will improve by:</p> <ul style="list-style-type: none"> <li>• monitoring underperforming schools performance in the School Progress Panel and the BAS (County Quality Board) fortnightly</li> <li>• Continue to work on reducing the gap between forecasts and actual performance</li> <li>• 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.</li> <li>• Continue to provide support to teachers in order to improve Teacher Assessments in the Foundation Phase</li> <li>• Continue to improve target setting processes</li> </ul> <p><b>1.4.4</b> Sickness data is continually used to prioritise and target resource to undertake service sickness challenge panels during 2018/19, which continues to be instrumental in the management of sickness and that a corporate target of 9.75 days sickness per FTE for 2018/19 is adopted once again.</p> <p><b>1.4.5</b> Social Services (Adults and Children and Families) 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.</p> <p><b>1.5</b> The Committee is asked to accept the mitigation measures outlined above.</p>		
<b>B - What other options did you consider and why did you reject them and/or opt for this option?</b>		
n/a		
<b>C - Why is this a decision for the Executive?</b>		
This matter is delegated to the Executive		
<b>CH - Is this decision consistent with policy approved by the full Council?</b>		
Yes		
<b>D - Is this decision within the budget approved by the Council?</b>		
Yes		
<b>DD - Who did you consult?</b>		<b>What did they say?</b>
<b>1</b>	<b>Chief Executive / Strategic Leadership Team (SLT) (mandatory)</b>	This was considered by the SLT at their meeting on the 29 <sup>th</sup> May and their comments are reflected in the report
<b>2</b>	<b>Finance / Section 151 (mandatory)</b>	No comment
<b>3</b>	<b>Legal / Monitoring Officer (mandatory)</b>	No comment
<b>4</b>	<b>Human Resources (HR)</b>	
<b>5</b>	<b>Property</b>	

<b>6</b>	<b>Information Communication Technology (ICT)</b>	
<b>7</b>	<b>Scrutiny</b>	Having scrutinised the Quarter 4 Scorecard and having been assured by the information presented and the explanations provided both within the report and by officers at the meeting, the Committee resolved to note the areas which the Senior Leadership Team is managing in order to secure improvements into the future as summarised in paragraphs 1.4.1 to 1.4.5 of the report and to accept and to recommend the mitigation measures outlined in the report.
<b>8</b>	<b>Local Members</b>	
<b>9</b>	<b>Any external bodies / other/s</b>	
<b>E - Risks and any mitigation (if relevant)</b>		
<b>1</b>	<b>Economic</b>	
<b>2</b>	<b>Anti-poverty</b>	
<b>3</b>	<b>Crime and Disorder</b>	
<b>4</b>	<b>Environmental</b>	
<b>5</b>	<b>Equalities</b>	
<b>6</b>	<b>Outcome Agreements</b>	
<b>7</b>	<b>Other</b>	
<b>F - Appendices:</b>		
Appendix A - Scorecard Quarter 4 Appendix B – Programmes and Projects Performance Dashboard – Quarter 4 Appendix C – Revenue Outturn for the Financial Year Ending 31 March 2018 – Quarter 4		
<b>FF - Background papers (please contact the author of the Report for any further information):</b>		
<ul style="list-style-type: none"> <li>2017/18 Scorecard monitoring report - Quarter 3 (as presented to, and accepted by, the Executive Committee in March 2018).</li> </ul>		

## SCORECARD MONITORING REPORT – QUARTER 4 (2017/18)

### 1. INTRODUCTION

- 1.1 This is the final quarter scorecard for the financial year ending 31<sup>st</sup> March, 2018. It portrays the achievements of the Council in its business as usual activities with specific pointers noted towards other transformational activities which have been completed during this time period.
- 1.2 This scorecard report and scorecard (Appendix A) will be considered further by the Corporate Scrutiny Committee and the Executive during June, 2018.

### 2. CONSIDERATIONS

- 2.1 It is important to note in line with 1.1 above that this year's scorecard includes –
- 2.1.1.1 The new PAM (Public Accountability Measures) national performance indicators that are collected on a quarterly basis in the Performance Management Section;
  - 2.1.1.2 The inclusion of a Service breakdown for some of the Financial Management indicators as an attachment to this report (Appendix D);
  - 2.1.1.3 The People Management section which demonstrates the breakdown for Primary and Secondary schools' Sickness data as recommended in the WAO report on sickness management; and
  - 2.1.1.4 The Customer Service section provides assurances re: complaints within timescale and these are now split in two, Corporate Complaints and Social Services Complaints.

### 2.2 PERFORMANCE MANAGEMENT

- 2.2.1 The Performance Management section of the scorecard shows performance against indicators outlined and prioritised by the Senior Leadership Team, Executive and Shadow Executive.
- 2.2.2 At the end of another challenging year for the public sector, it is encouraging to note that the majority of indicators performed well against their targets and that these achievements should be celebrated in the drafting of the Annual Performance Report which will be scrutinised during the autumn. In the light of a continuous improvement mind set embedded within Council services however, it is deemed necessary to provide some narrative about the 8 indicators which have underperformed as Amber or Red against their annual targets for the year.
- 2.2.3 One indicator within Adult Services which was RED for the year against its target was –
- (i) 04) – PM19 - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over was RED on the scorecard with a performance of 6.58 compared to a target of 1.5. This performance is a decline on Q3 figures of 4.61, however it is a similar performance to that of 2016/17 which was 6.05.

The mitigation measures stated at the end of Q3 included the following which were expected have a positive impact on the performance of this indicator:

- 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.

Work has been ongoing with regards to the revised commissioning of our Home Care Provision but whilst this was not completed within 2017/18, we are in a position to complete this process in Quarter 1 of 2018/19. Improvements to the performance of this indicator therefore should be seen during the forthcoming year

**Mitigation** – to clarify therefore, the following mitigation actions will assist us to improve on this performance during 2018/19:

- A new and revised Home Care Contract to be awarded to providers by the end of Quarter 1 18/19 with the transfer of the contract expected to be completed during Quarter 2 18/19. As a result, improvements should be tracked as 2018/19 progresses.
- Increase the capacity of Garreglwyd to take individuals with severe dementia problems and to release individuals from hospitals in a timely manner.

**2.2.4** Five indicators within Children & Families Services have not met the original targets identified on the scorecard. However, 4 of these 5 have shown an improvement during the latter half of the financial year following the restructuring of the service and improvements in policies and processes –

- (i) 07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations is RED on the Scorecard with an achievement of 63.32% compared to a target of 85%. This indicator will be monitored within the service during the forthcoming year.

Similarly as explained in quarter 3 report there was a cohort of children that were seen but outside of statutory timescales. For example in February 90% of children were seen but some were seen late.

The detail is as follows -

- 74% within Timescale,
- 13% out of timescale (late but completed within 14 days)
- Late 3% (more than 14 days late),
- 10% which were due but not completed

The performance for the year has been affected by the Q1 & 2 performance which happened prior to the restructuring of the Service. We are currently improving the way the service is using WCCIS, introduced during 2017/18 in order to support staff to improve this PI performance into 2018/19.

- (ii) 08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days) which is RED with a performance of

68% against a target of 90% for the year. This is a significant drop from the 89% reported during 2016/17.

Considerable work has been completed in quarter 4 related to the working practices associated to the achievements against this target. Improvements have been seen to achieve a quarter 4 performance of 91% compared to the performance of 71% during quarter 3. However, the underperformance in the first three quarters impacts on the end of year cumulative figure of 68%.

Therefore, the revised working practices identified and realised during Q4 should provide a strong basis to realise improved performance against this indicator during the forthcoming year.

- (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 RED with performance of 32.39% compared to a target of 15%. This is significantly higher than the 17.53% reported for 2016/17.

It was necessary to have 3 children moved from their original schools in quarter 4 due to varying reasons. This is a considerable reduction against performance of this indicator in quarter 2 where 17 children were moved. This has had a negative impact on the cumulative score but with the addition of new leadership and revised working practices which are improving performance as identified in Q4, we envisage further improvements over the forthcoming year.

- (iv) 10) PM33 – The percentage of looked after children on 31 March who have had three or more placements during the year, which is AMBER on the Scorecard with 9% compared to a target of 5%. This is a decline on the performance of 5.04% seen during 2016/17.

The 9% reported relates to 13 children.

It is important to note here that we as a Council only move children from placement when absolutely required due to the complex needs of some children. For some of these children and young people, some may need to be moved to a bridging placement whilst identifying a suitable placement to suit their needs. This is accomplished as often as possible in a planned way in consultation with the child and family.

This need was evidenced during 2017/18 and the placement move was as a result deemed essential.

- (v) 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 326.5 Days against a target of 250 Days. This is an improvement on the Q3 figure of 375.5 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.

This year and in particular this quarter has seen the Council undertaking some considerable work with service partners which has led to a significant reduction of children who are deemed necessary to be placed on the Child Protection Register.

We have seen a period where some children who had been on the register for 4 years were deregistered. This is to be welcomed in that their circumstances are deemed to have improved enough so that their names have now been 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.

**Mitigation** for all 5 of the above PIs - to improve the issues into 2018/19, the Council will continue with the measures identified at end of Q3 and –

- Children and Families Service to continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025).

**2.2.5** There were two indicators from the Learning Service which did not achieve their targets for the year. Both indicators have previously been discussed in the Q3 Scorecard report and a specific narrative was provided against each indicator. The mitigation measures noted in the Q3 report will continue to improve performance over the forthcoming year and those measures are noted below -

- Monitor underperforming schools performance in the School Progress Panel and the BAS (County Quality Board) fortnightly
- Continue to 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

**2.2.6** The remaining indicators are all ragged as GREEN or YELLOW within the performance management section which is encouraging to note. For comparative purposes and **based on 16/17 quartile results**, our end of year performance would achieve an improved change in quartile for 4 of our indicators (only 7 indicators can currently be compared nationally) –

The 4 of which would improve on their 16/17 quartile result are noted as follows,

- a) PAM/015 – Average number of calendar days taken to deliver a Disabled Facilities Grant (DFG) which was improved to 177 Days during the year.

This performance would see the indicator placed in the top quartile during 2016/17.

- b) WMT/009b – the % of waste collected by LA's and prepared for reuse and / or recycled which improved once again this year to 72.2%. This performance would have seen the indicator placed 1<sup>st</sup> in Wales and in the top quartile during 2016/17.
- c) WMT/004b – the % of municipal waste sent to landfill which once again improved this year to 0.5%. This performance would have seen the indicator in the top quartile during 2016/17.
- d) LCS/002b – The number of visits to LA sport and leisure centres during the year where the visitor will be participating in physical activity which improved to 508k visits from 464k visits in 2016/17. This performance would have seen the indicator improve and being in the upper median quartile for 2016/17.

**2.2.7** The Social Services indicators (01-11) PI results for 2016/17 were released late by the Welsh Government during Q3. Because of the inconsistencies of the statistics provided by Authorities across Wales, this release has now been released as experimental statistics and not for comparator purpose. Therefore our Social Services data will not be able to be compared at a national level for the time being.

**2.2.8** We can however state that all of the 5 indicators measured from Children Services have declined year on year, whilst Adult Services improved performance year on year with 4 out of the 6 indicators measured.

**2.2.9** Year on Year trends for all comparable indicators show that 55% have either improved or maintained performance whilst the other 45% of indicators have declined year on year.

**2.2.10** Whilst this is a mixed story overall, we will not officially know how we have performed in comparison with others until the results for 17/18 are published by Data Cymru in September. The overall picture will be discussed in the Annual Performance Report (as noted in 2.3.2), to be considered by the Corporate Scrutiny Committee and The Executive prior to adoption by the Council in the autumn.

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

**2.2.11.1** *Underperformance is recognised and managed with mitigation measures completed to aide improvement during 2018/19.*

**2.2.11.2** *Children & Families Service to continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025).*

**2.2.11.3** *To hold a workshop with the SLT, Executive and Shadow Executive during Q2 to confirm relevant indicators for inclusion on the 2018/19 scorecard.*

**2.2.11.4** *To revise the 18/19 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.*



**2.2.12** 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.

**2.2.13** 2017/18 has seen significant achievements for the Council with regards to its transformation programme. For example (non-exhaustive list) we have –

**2.2.13.1** Completed and opened 2 new primary schools in Ysgol Cybi / Ysgol Rhyd y Llan

**2.2.13.2** Commenced the building of the new Ysgol Santes Dwynwen in Newborough and completed the updating of Ysgol Parc y Bont, Llanddaniel

**2.2.13.3** Completed the transformation of our Youth Service and realised financial savings as a result

**2.2.13.4** Achieved national success with our Smarter Working programme and gained UK recognition for the project

**2.2.13.5** Progressed the new build of our first extra care provision - Hafan Cefni to a point where it is nearing completion

**2.2.13.6** Embedded Cyswllt Môn as our front of house provision

## **2.3 PEOPLE MANAGEMENT**

**2.3.1** 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 2017/18 has narrowly missed the corporate target of 9.75 days sick per FTE at **9.96** Days Sick per FTE. This performance is ragged as **YELLOW** on the scorecard and is a result of a peak in our sickness rate during Q4, which was also seen nationally.

Q4 performed at 3.08 Days sickness per FTE. This was a 0.51 day decline on the 2016/17 Q4 performance which if achieved would have resulted in a 2017/18 performance of 9.45 days sickness per FTE.

Table 1 demonstrates the performance over the last 3 years and emphasises the peak witnessed during Q4 of 2017/18.

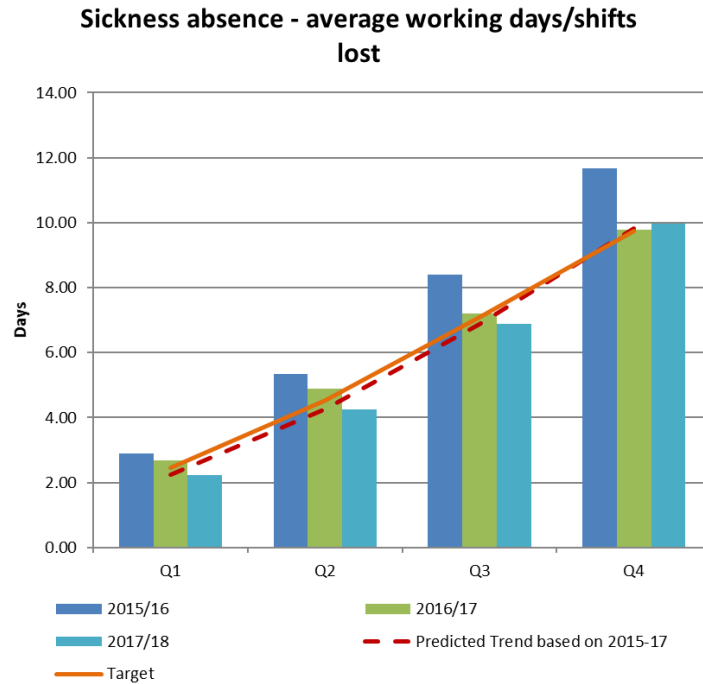


Table 1

- 2.3.2** The higher than normal sickness rates during Q4 impacted on 6 of the 9 Council Services which effectively meant that the Corporate Target of 9.75 Days sick per FTE was not achieved.
- 2.3.3** Keeping in mind our performance in Q's 1,2 & 3 of 2017/18 were ahead of target and the best we have seen over the past 3 years, the peak attributed to Q4 impacted on our end of year performance. As a result, it is envisaged that our overall end of year performance should still see our national ranking continue in the Upper Median Quartile when compared to the 2016/17 results. This is encouraging and shows the efforts made to manage sickness rates within the Council is impacting successfully on our performance.
- 2.3.4** In order to improve performance of our sickness rates further during 2018/19, service targets have been identified for the forthcoming year based on the 2017/18 trends.
- 2.3.5** The Council continues to embed this working practice across its services and by the end of 2017/18, 2558 of the Return to Work (RTW) interviews were held within timescale (73%) and is AMBER on the Scorecard for the year (Table 4). This is a decline on the performance of 78% seen during 2016/17. This decline can be attributed to the poor Q1 performance which has had an impact on the cumulative annual performance. The total RTW interviews held (within and out of timescale) was also low at 85% (2982 RTW interviews) compared to a target of 95%.

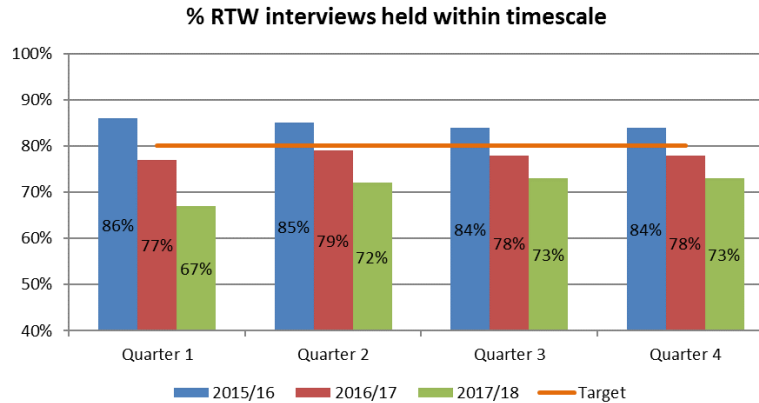


Table 4

**2.3.6** However, it is proposed that the correlation between RTW and sickness rates cannot be guaranteed. Table 4 above demonstrates that our performance against this indicator is declining when our sickness rates (all be it bar Q4 during 2017/18) are improving, therefore perhaps there is a question of whether this should continue as an indicator on our scorecard into the future.

**2.3.7** The ARM figures for Q4 at 69% (88 of the 128 ARMs due) have declined on the 83% seen in Q3 and is now RED on the Scorecard (point to note - these figures do not include Schools).

### **2.3.8 The SLT therefore recommends –**

**2.3.8.1** *Sickness data is continually used to prioritise and target resource to undertake service sickness challenge panels during 2018/19, which continues to be instrumental in the management of sickness and that a corporate target of 9.75 days sickness per FTE for 2018/19 is adopted once again.*

## **2.4 CUSTOMER SERVICE**

**2.4.1** During the year, users used AppMôn technology to submit 2k 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.

**2.4.2** The remaining indicators within the Digital Services Section focus on the website and on our social media presence. We had an increase of 80k unique visits for the year compared last year (621k for 17/18 and 541k for 16/17). Our social media presence increased during the year by 5k to have a total of 26k social media accounts following us on Facebook (12k followers) and Twitter (14k followers). The Council now have a presence on Instagram where 670 people currently follow the page up from the 332 followers in Q3. 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.

**2.4.3** Regarding Customer Complaints Management, by the end of the year 71 Complaints were received (compared to 71 in 16/17) and 9 Stage 2 complaints in

Social Services (compared to 5 in 15/16). All of the complaints have received a response and of these complaints 18 were upheld in full (Resources [7], Highways, Waste and Property [6], Housing [2], Regulation & Economic Development [1], Transformation [1] and Social Services [1]), 5 were partially upheld (Housing [3], Resources [1] and Regulation & Economic Development / Highways [1]) whilst the remaining 48 were not upheld. These indicators are reported to and tracked by the Customer Service Excellence Board.

**2.4.4** There were 9 Stage 2 Complaints in Social Services (Children and Families Service [5] and Adult Services [4]) and 51 Stage 1 Complaints (Childrens Services [38], Adult Services [13]) received during the year.

**2.4.4.1** Of the 51 Stage 1 complaints for the year, a total of 49%, which is a slight improvement to the 47% reported in the Q3 report, have been responded to in writing within timescale. There were 26 late written responses in total during 2017/18 with 17 in Children and Families Service and 9 in Adult Services.

**2.4.4.2** Performance was better for Stage 1 discussions, with a discussion being offered to the complainant within timescale for 31 of the 38 complaints to Children and Families Service, and 8 of the 13 complaints to Adult Services during 2017/18.

**2.4.4.3** The complaints to Adult Services included 2 complaints that were joint complaints with the Health Board, and these were discussed in the Q3 report where two of the discussions had yet to be held and at the end of Q3 and were overdue. These complaints have now been concluded and 1 of the 2 complaints were provided with a written response within 5 days of the discussion taking place.

**2.4.4.4** Underperformance within Children and Families Service is in relation to sending written responses within timescale (45%, or 17 of the 38 received, were late). This emphasises that the Q1&2 performance impacted on the annual result and an improvement was seen with 8 out of the 13 complaints received in the second half of the year provided with a written response within timescale. It should also be noted that the volume of complaints dropped in the second half of the year with 25 complaints in the first half of the year which decreased to 13 in the second half.

**2.4.4.5** Underperformance in Adult Services is in relation to failure to provide a written response to 7 of the 8 complainants between October and March within timescale. The service responded to 31% of complaints within timescale (4 of the 13 received).

**2.4.4.6** For 39 of the 51 (77%) complaints received by Adult and Children and Families Service had held a discussion with the complainant was offered within timescales.

**2.4.5** The % of FOI requests responded to within timescale performed at 78% at the end of 2017/18 compared to 77% at the end of 2016/17. Although not hitting the Corporate Target of 80% this is encouraging as the Council has dealt with 7527 questions during 2017/18 up from 5700 questions during 2016/17.

**2.4.6** In total there was 919 FOI requests with 204 late responses in 2017/18. The majority of the late responses came from Learning which equated to 32% of the late responses (43% of the 150 received by the service), Social Services with 19% (39% of the 101 received by the service), Regulation & Economic with 16% (21%

of the 157 received by the service), Transformation with 9% (26% of the 70 received by the service) and Resources with 8% (13% of the 129 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.

#### **2.4.7 The SLT therefore recommends –**

**2.4.7.1** *Social Services (Adults and Children and Families) 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 FINANCIAL MANAGEMENT**

**2.5.1** There is an overspend of £1.704m for the year-ending 31 March 2018. This is in line with the expectation and reports made throughout the year.

**2.5.2** £2.351m of this is on service budgets, which are made up of a number of over and underspends. The Services which experienced significant budgetary pressures during 17/18 were similar to those of 2016/17 (Children & 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. Corporate Finance was underspent by £0.655m in part due to a change in the method of calculation for Minimum Revenue Provision (MRP). The Council overspend is 1.35% of the net budget. It is of concern that it was not possible for the Council's revenue expenditure to remain within budget for 2017/18 but the Council's success in remaining within budget and building up general reserves in previous years has allowed the Council to fund the overspend whilst still maintaining an acceptable level of General Balances.

**2.5.3** However, if services cannot address some of the financial difficulties they face during 2018/19 there is a significant risk that a further overspend will occur in 2018/19 which will erode the Council's general balances to an unacceptable level which will have to be addressed in future budgets in order that reserves are increased back to the required level.

**2.5.4** This provisional out-turn is subject to change as new information becomes available between now and when the final Statement of Accounts is reported on in September.

**2.5.5** Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q4' which has been discussed in The Executive meeting on the 21<sup>st</sup> May.

### **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 and Families Service to continue to prioritise the improvements noted with particular emphasis placed on improving the timely assessments undertaken within regulations (PM24 / SCC/025).

**3.1.1.2** Adults Services will improve the issues during the forthcoming year by –

**3.1.1.2.1** Awarding a new and revised Home Care Contract to providers by the end of Quarter 1 18/19 with the transfer of the contract expected to be completed during Quarter 2 18/19. As a result, improvements should be tracked as 2018/19 progresses.

**3.1.1.2.2** Increasing the capacity of Garreglwyd to take individuals with severe dementia problems and to release individuals from hospitals in a timely manner.

**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** Continue to work on reducing the gap between forecasts and actual performance

**3.1.1.3.3** Continue to seek better consistency across the 5 secondary 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** Sickness data is continually used to prioritise and target resource to undertake service sickness challenge panels during 2018/19, which continues to be instrumental in the management of sickness and that a corporate target of 9.75 days sickness per FTE for 2018/19 is adopted once again.

**3.1.3** *Social Services (Adults and Children & Families) 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.*

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

# Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q4 2017/18

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 16/17 Result	Canlyniad 15/16 Result
<b>Siarter Gofal Cwsmer / Customer Service Charter</b>						
01) No of Complaints received (excluding Social Services)	Gwyrdd / Green	↓	71	71	71	59
02) No of Stage 2 Complaints received for Social Services	-	↓	9	-	5	5
03) Total number of complaints upheld / partially upheld	-	↓	28	-	25	21
04a) Total % of written responses to complaints within 20 days (Corporate)	Gwyrdd / Green	↓	92%	80%	93%	64%
05) Number of concerns (excluding Social Services)	-	↑	112	-	191	261
06) Number of Stage 1 Complaints for Social Services	-	↑	51	-	54	53
07) Number of Compliments	-	↑	753	-	566	712
08) % of FOI requests responded to within timescale	Melyn / Yellow	↑	78%	80%	77%	67%
09) Number of FOI requests received	-	-	919	-	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)	-	-	N/A	-	78%	67%
12) % of written responses in the customers language of choice (Mystery Shop)	-	-	N/A	-	100%	100%
13) % of telephone calls answered bilingually (Mystery Shop)	-	-	N/A	-	83%	77%
14) % of staff that took responsibility for the customer query (Mystery Shop)	-	-	N/A	-	87%	90%
<b>Newid Cyfrwng Digidol / Digital Service Shift</b>						
15) No of AppMôn users (annual)	-	-	-	-	-	-
16) No of reports received by AppMôn	-	↑	2k	-	1k	-
17) No of web and telephone payments	-	↑	16k	-	10k	-
18) No of 'followers' of IOACC Social Media	Gwyrdd / Green	⇒	25k	21k	21k	-
19) No of visitors to the Council Website	-	↑	621k	-	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)	-	-	2252	-	2258	2310
02) Number of staff authority wide, excluding teachers and school based staff(FTE)	-	-	1244	-	1250	1303
03a) Sickness absence - average working days/shifts lost	Melyn / Yellow	↓	9.96	9.75	9.78	11.68
03b) Short Term sickness - average working days/shifts lost per FTE	-	-	4.63	-	4.72	11.68
03c) Long Term sickness - average working days/shifts lost per FTE	-	-	5.32	-	5.06	6.79
04a) Primary Schools - Sickness absence - average working days/shifts lost	Ambr / Amber	↓	10.39	9.5	-	-
04b) Primary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	4.85	-	-	-
04c) Primary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	5.55	-	-	-
05a) Secondary Schools - Sickness absence - average working days/shifts lost	Melyn / Yellow	↓	9.67	9.5	-	-
05b) Secondary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	5.32	-	-	-
05c) Secondary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	4.35	-	-	-
06) % of RTW interview held within timescale	Ambr / Amber	-	73%	80%	78%	84%
07) % of RTW interview held	Coch / Red	-	85%	95%	91%	-
08) % of Attendance Review Meetings held	Coch / Red	-	69%	80%	57%	-
09) Local Authority employees leaving (%) (Turnover) (Annual)	-	↓	11%	-	10%	-
10) % of PDR's completed within timeframe (Q4)	Gwyrdd / Green	↑	90.50%	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 / Forecasted Actual	Amrywiad a Ragwelir / Forecasted Variance (%)
01) Budget v Actuals	Coch / Red	↓	£126,157,000	£127,860,940	1.35%	-	-
02) Forecasted end of year outturn (Revenue)	Coch / Red	↓	£126,157,000	£127,860,940	1.35%	-	-
03) Forecasted end of year outturn (Capital)	-	↑	£39,759,000	£20,064,000	-49.54%	-	-
04) Achievement against efficiencies	Ambr / Amber	↓	£1,954,000	£1,555,000	-20.40%	-	-
05) Income v Targets (excluding grants)	Gwyrdd / Green	↑	-£25,556,650	-£29,050,430	13.67%	-	-
06) Amount borrowed	-	↑	£12,377,000	£6,445,000	-47.93%	-	-
07) Cost of borrowing	-	↑	£4,257,000	£4,004,650	-5.93%	-	-
08) % invoices paid within 30 days	-	↑	-	82.28%	-	-	-
09) % of Council Tax collected (for last 3 years)	Gwyrdd / Green	↑	-	99.00%	-	-	-
10) % of Business Rates collected (for last 3 years)	Gwyrdd / Green	⇒	-	98.80%	-	-	-
11) % of Sundry Debtors collected (for last 3 years)	Melyn/Yellow	↑	-	97.40%	-	-	-
12) % Housing Rent collected (for the last 3 years)	Melyn/Yellow	↓	-	100.50%	-	-	-
13) % Housing Rent collected excl benefit payments (for the last 3 years)	-	↓	-	101.15%	-	-	-



Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 16/17 Result	Tuedd Bll F / Yr on Yr Trend	Chwarterel 17/18** 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	⬆️	17.44	22	20.51	⬆️	-
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	⬆️	96	93	94.4	⬆️	-
03) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	⬆️	93.25	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	⬇️	6.58	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	➡️	59.26	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	⬇️	62.65	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	⬆️	63.32	85	79.35	⬇️	-
08) PM24 - The percentage of assessments completed for children within statutory timescales (42 working days)	Coch / Red	⬇️	67.57	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	⬇️	32.39	15	17.53	⬇️	-
10) PM33 - The percentage of looked after children on 31 March who have had three or more placements during the year	Ambr / Amber	⬇️	9	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	➡️	326.5	250	266	⬇️	-
12) Attendance - Primary (%)	Melyn / Yellow	⬇️	94.6	94.8	94.8	n/a	-
13) Attendance - Secondary (%)	Ambr / Amber	⬇️	93.3	94.6	94.6	n/a	-
14) No. of days lost to temp exclusion - Primary	-	-	49	-	-	n/a	-
15) No. of days lost to temp exclusion - Secondary	-	-	73	-	-	n/a	-
16) KS4 - % 15 year olds achieving L2+ (Q3)	Coch / Red	⬇️	50.5	63.4*	58.8*	⬇️	Canolrif Isaf / Lower Median
17) KS3 - % pupils achieving CSI (Q3)	Melyn / Yellow	⬆️	88.9	90.1	87.6	⬆️	Canrif Uchaf / Upper Median
18) KS2 - % pupils achieving CSI (Q3)	Gwyrdd / Green	⬆️	91.4	91	89.4	⬆️	Uchaf / Upper
19) FPh - % pupils achieving CSI/FPI (Q3)	Ambr / Amber	⬆️	85.8	88.4	84.7	⬆️	Isaf / Lower
20) LCL/001b: The no. of visits to public libraries during the year	Gwyrdd / Green	⬆️	286k	285k	288k	⬇️	Uchaf / Upper
21) LCL/004: The no. of library materials issued, during the year	Gwyrdd / Green		259k	260k	272k	⬇️	-
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	⬇️	-
24) Productivity of workforce- % time which is classified as productive	Melyn / Yellow	⬇️	79%	80	80.1	⬇️	-
25) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Gwyrdd / Green	⬇️	22.4	23	28	⬆️	-
26) PAM/013 - Number of empty private properties brought back into use	Gwyrdd / Green	⬆️	75	70	-	n/a	-
27) PAM/014 - Number of new homes created as a result of bringing empty properties back into use	-	-	4	-	-	n/a	-
28) PAM/015 - Average number of calendar days taken to deliver a Disabled Facilities Grant (DFG)	Gwyrdd / Green	⬆️	177	200	238.8	⬆️	Uchaf / Upper
29) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	-	-	-	94	93.4	-	-
30) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	Gwyrdd / Green	⬇️	98.29	100	97.31	⬆️	Uchaf / Upper
31) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	Gwyrdd / Green	⬇️	72.21	67	65.79	⬆️	Uchaf / Upper
32) WMT/004b: The percentage of municipal waste sent to landfill	Gwyrdd / Green	➡️	0.5	5	6.6	⬆️	Uchaf / Upper
33) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	Gwyrdd / Green	⬆️	8.9	10	10.1	⬆️	-
34) No. of attendances (young people) at sports development / outreach activity programmes	Gwyrdd / Green	⬆️	43.5k	30k	113k	⬇️	-
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	⬆️	508k	474k	464k	⬆️	Canolrif Uchaf / Upper Median
36) PAM/023 - Percentage of food establishments that meet food hygiene standards	Gwyrdd / Green	➡️	98	80	98	➡️	Uchaf / Upper

\* based on the old curriculum, \*\* when compared with 16/17 results



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The key ragging for the said document is as follows –

RAG:

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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

Partnerships, Communities & Service Improvement Transformation Programme Board		
Programme/Project	Related Projects	RAYG and brief Update
School Modernisation	Bro Rhosyr a Bro Aberffraw	<p>The timeline for building Ysgol Santes Dwynwen at Newborough is March 2019.</p> <p>Preparatory work has started during Easter at Ysgol Brynsiencyn ready for adaptations in the Summer</p>
	Llangefni Area	<p>The executive decided to approve Option 2 namely to build a new school for Bodffordd and Corn Hir schools and to continue to maintain educational provision in Llangristiolus either by maintaining Ysgol Henblas in its current form or as a multi-site school [i.e merge Ysgol Henblas with the new school and create one school on two sites]. This decision to be linked to assurance in a year's time [i.e. by the end of the 2018/19 school year] that standards at Ysgol Henblas are improving, that the current pace of improvement increases and that prospects with regard to pupil numbers remain constant or increase.</p> <p>A Statutory Consultation for Ysgol Y Graig and Ysgol Talwrn is now open.</p>
	Seiriol + South East	The formal consultation process is currently being undertaken
Adult Social Care -	Llangefni Extra Care	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.
	Amlwch Extra Care	An assessment is being undertaken by the Housing Service to look at housing needs more widely within the area that includes considering Extra Care
	South of the Island Extra Care	The Executive agreed that the Beaumaris School site is used to develop an Extra Care Housing scheme within the Seiriol area. Dependent on the results of the consultation regarding the future of Beaumaris School, the development should be built either behind the school as part of an integrated development with the school remaining open, or should be built utilising parts of the school building should a decision be made to close the school.
	Housing with Internal Support	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>	<p>The aim of the project is to:</p> <ul style="list-style-type: none"> <li>• re-model and redesign the services in close consultation with the requirements of the Supporting People Programme.</li> <li>• Ensure that the service continues to be financially sustainable in the long term.</li> <li>• Make financial savings of at least £225k</li> </ul>
	<b>Re-tendering of Home Care Services</b>	The tender is now closed and the evaluation has started. New contracts to be in place by end Q1 2018/19
	<b>In house day Services</b>	Proposed Project considered by the Executive during in April.
<b>Transformation of Libraries, Youth Services, Museums,Culture and Market Hall</b>	<b>Transformation of Museums and Culture</b>	<p>New timetable agreed by the Project Board in Q4.</p> <p>Melin Llynnon and Roundhouses – Agreement to advertise the business in a specialist magazine in June 2018 to try and attract a commercial bid for the site.</p> <p>Beaumaris Court and Goal – Work in partnership with Beaumaris Town Council to transfer the assets by October 2018</p>
	<b>Remodelling of Library Service</b>	<p>The process for restructuring the workforce to be in place by Q2</p> <p>Work is continuing with transferring the community libraries to Beaumaris and Rhosneigr by Q2</p> <p>Work has started with the closing of Cemaes, Moelfre and Newborough Libraries</p>
	<b>Review of Youth Services</b>	New structure in place and operational during Q4. Project Closure report accepted by the board on the 26 <sup>th</sup> March 2018.
	<b>Market Hall</b>	Project is behind schedule and will now complete in December 2018. Financial matters relating to ERDF funding has delayed the project.
<b>Leisure</b>		
<b>Energy Island</b>		*A number of Members' Briefings have been held with regards to Wylfa Newydd and a number in the

		process of being organised with regards to National Grid
<b>Gypsy Traveller sites</b>		The Gypsy Traveller board are to review the timeline for the project in Q1 18/19. Planning application for Star site has been submitted
<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 Q4 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.

<b>Governance &amp; Business Process Transformation Programme Board</b>		
<b>Programme/Project</b>	<b>Related Projects</b>	<b>RAYG and brief Update</b>
<b>Resource Plan – Northgate</b>		Web Recruitment - All the configuration in TEST was deleted/overridden due to essential upgrade. Pilot has been suspended until further notice because of this.  Mileage and Expenses - piloting in Q1, this will be a phased roll out Phase 1 completion date has been pushed back to December 2018 as a result.
<b>Customer Service Excellence</b>	<b>Cyswllt Môn Expansion Programme / Face to Face Contact</b>	Two pilot schemes have been agreed. Delays in library service re-structure has resulted in delays starting the pilots. The Market Hall opening delay will allow for a more rounded pilot to take place in Amlwch later in the summer.
	<b>Customer contact Centre</b>	Discussions underway to merge existing call centres – has been put on hold for 18 months
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	<b>CRM</b>	The Waste and Recycling Module has been implemented. Delays in getting the AD link and Telephony integration mean that the project is Red, plans are in place to remedy these delays.
	<b>Improving Business Processes</b>	Group have decided to concentrate efforts on the VOIDS element of the housing service. The VOIDS Service Manager has scoped current process for scrutiny by group at forthcoming meeting which has been delayed twice and now due to take place in Q1 18/19
	<b>Compliance and Satisfaction</b>	
<b>Energy Efficiency</b>		<p>Bid for Invest to Save Capital fund successful with allocation of £250,000 to go towards Refit programme and other in house projects. Refit Cymru Client Support Agreement and Local Partnerships Access Agreement submitted to Legal Department for initial approval.</p> <p>Draft list of initial projects created and to be agreed by Land and assets Group in April meeting. Presentation to be presented to Board in April / May 2018</p>
<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>		On track
<b>Communication Strategy</b>		Revised Communication Strategy delayed until December 2018

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	<b>Improving Business Processes</b>	Group have decided to concentrate efforts on the VOIDS element of the housing service. The VOIDS Service Manager has scoped current process for scrutiny by group at forthcoming meeting which has been delayed twice and now due to take place in Q1 18/19
	<b>Compliance and Satisfaction</b>	
<b>Energy Efficiency</b>		<p>Bid for Invest to Save Capital fund successful with allocation of £250,000 to go towards Refit programme and other in house projects. Refit Cymru Client Support Agreement and Local Partnerships Access Agreement submitted to Legal Department for initial approval.</p> <p>Draft list of initial projects created and to be agreed by Land and assets Group in April meeting. Presentation to be presented to Board in April / May 2018</p>
<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>		On track
<b>Communication Strategy</b>		Revised Communication Strategy delayed until December 2018