

ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	EXECUTIVE COMMITTEE
DATE:	SEPTEMBER 17th 2018
SUBJECT:	SCORECARD MONITORING REPORT - QUARTER 1 (2018/19)
PORTFOLIO HOLDER(S):	COUNCILLOR DAFYDD RHYS THOMAS
HEAD OF SERVICE:	CARYS EDWARDS
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LOCAL MEMBERS:	n/a

A - Recommendation/s and reason/s

- 1.1** This is the first scorecard of the financial year 2018/19.
- 1.2** It portrays the position of the Council against its operational objectives as outlined and agreed collaboratively between the Senior Leadership Team / Executive and Shadow Executive in a workshop held on the 2nd of July, 2018.
- 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 during Q2 -*
 - 1.3.2** *Performance targets are re-evaluated during Q2 and Q3 following the publication of the national comparator data with an emphasis placed on improving those indicators which have performed in the lower and lower median quartiles.*
 - 1.3.3** *To continue with the regular service sickness challenge panels with an associated work-plan to keep a focus on improving our sickness management figures*

1.3.4 *The Customer Service Excellence Board continues to monitor the indicators and Childrens Services are reminded to provide a written response to complaints within timescales.*

1.3.5 *Regular scrutiny of corporate financial management is continued and the remedial actions are undertaken by the Heads of Service to assist the services in managing within the budgets they can control*

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

B - What other options did you consider and why did you reject them and/or opt for this option?

n/a

C - Why is this a decision for the Executive?

This matter is delegated to the Executive

CH - Is this decision consistent with policy approved by the full Council?

Yes

D - Is this decision within the budget approved by the Council?

Yes

DD - Who did you consult? say?

What did they say?

1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	This was considered by the SLT at their meeting on the 28th August and their comments are reflected in the report
2	Finance / Section 151 (mandatory)	No comment
3	Legal / Monitoring Officer (mandatory)	No comment
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	

E - Risks and any mitigation (if relevant)

1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	

F - Appendices:
Appendix A - Scorecard Monitoring Report – Quarter 1, 2018/19 & Scorecard
FF - Background papers (please contact the author of the Report for any further information):
<ul style="list-style-type: none">• 2017/18 Scorecard monitoring report - Quarter 4 (as presented to, and accepted by, the Executive Committee in June 2018).

SCORECARD MONITORING REPORT – QUARTER 1 (2018/19)

1. INTRODUCTION

- 1.1 One of the Council's aims under the Wales Programme for Improvement is to secure the means by which continuous improvement can be evidenced and presented across the different services. To that end, on an annual basis, a performance report is drafted to be published by end of October, which demonstrates progress or not (as the case may be).
- 1.2 This quarterly scorecard reporting has been developed in parallel with that annual work-stream to identify and inform Council leaders of progress against indicators which explicitly demonstrates the successful implementation of the Council's day to day activities and assists in providing the evidential base from which the performance report is drafted.
- 1.3 This year's indicators included within the scorecard (similar to previous years) have been decided via a workshop held on the 2nd July, 2018 with members of the Senior Leadership Team, the Executive and Shadow Executive following guidance from Head of Services as to which indicators they identified as important.
- 1.4 The scorecard (Appendix 1) portrays the current end of Q1 position and will (together with its report) be considered further by the Corporate Scrutiny Committee and the Executive during September.

2. CONTEXT

- 2.1 This is the sixth year of collating and reporting performance indicators in a coordinated manner. The Council is seeing trends establish themselves with regards to a number of those indicators and the comments by SLT / Scrutiny and the Executive are having an impact on operational delivery.
- 2.2 This impact can be evidenced quarterly and by our end of year performance against the PAM's.
 - 2.2.1 The Public Accountability Measures (PAM), which are a set of indicators which measure performance on a national basis, have been published by Data Cymru for 2018/19. Of the published indicators (Waste Management, Education and Social Services indicators won't be released until the end of October) the Councils year on year performance improved with 50% of the available indicators and declined in 35.7% of the available indicators. The remaining 14.3% were new indicators and can't be compared. (Chart 1)

Summary of area performance 2017-18

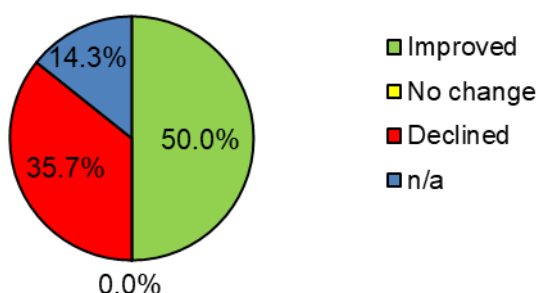


Chart 1

2.2.2 Of the published data, the Council have 5 in the Top Quartile (in the top 6 Councils in Wales), 5 in the Upper Median (placed 7th to 11th), 5 in the Lower Median (placed 12th to 16th), and 3 in the Lower Quartile (placed 17th to 22nd). For the PAM indicators which are tracked in the Scorecard their 2017/18 quartile placing can be seen in the last column.

2.2.3 Further analysis of the overall performance will be gained through the Annual Performance Report to be adopted by the Council in the autumn.

2.2.4 Targets for the published PAM indicators which are tracked on a quarterly basis have already been adjusted where needed. Targets for the remaining PAM indicators not yet published will be reviewed during Q2 and Q3 once the results are published and available at the end of October.

2.3 It is important to note that the formulation of this year's scorecard requested –

2.3.1 the addition of the new PAM (Public Accountability Measures) national performance indicators;

2.3.2 the Customer Service section on written responses to complaints within timescale be split in two –

- Corporate Complaints and
- Social Services Complaints.

2.3.3 In addition, the number of web and telephone payments have also been split into two in order to closely monitor the method of payments with the intention of seeing the telephone payment numbers decreasing and the web payments increasing over time as a result of our shift to a greater choice of digital channels.

2.4 PERFORMANCE MANAGEMENT

2.4.1 At the end of Q1 it is encouraging to note that the majority of performance indicators are performing well against their targets. This is encouraging to note and compares favourably to the position we were in during Q1 in 2017/18. Having said this, we do note that 2 indicators have started the year as underperforming against their annual target for the year, these are highlighted as being Red or Amber in colour

2.4.2 One of these indicators sits within the Children & Families Service and was ragged as Red against target at end of Q1 –

- (i) 04) PM28 – The Q1 target for 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) was 320 days whilst the performance for Q1 averages at 350 Days. This is also compared to a performance of 326.5 Days at the end of Q1 in 17/18.

This indicator deals with a small number of children. There will be times when children need to remain on the CPR and it is important to note that whilst this is ragged as Red against its target this is not necessarily a reflection on Social Work

practice within the department as it contains other related factors which impact on achievement e.g. court orders a.s.o.

Having said this during Q1 there has been a reduction in the number of children and young people whose names have been placed on the Child Protection register and to improve these standards further for Q2 it is proposed that the following mitigation measures are followed -

- all cases of children who have been on the register for 10 months or more will be reviewed regularly. It is anticipated that this new internal mechanism will reduce the figure moving forward and demonstrate clearly that their associated risks are being managed sufficiently so that the children can be stepped up and stepped down from the register when needed

2.4.3 The single indicator within Adult Services which had underperformed during Q1 and was Red against its target was –

- (i) 11) PM20a - The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. The performance here was 0% at the end of Q1 against a target of 50%.

This indicator deals with a small number of cases (3) and therefore performance can fluctuate considerably from quarter to quarter. In Q1, as a result of the reablement intervention that the service has provided, there has been an increase in the package of care for those individuals supported as opposed to a reduced package of care. This reflects the nature of their presenting illnesses.

Due to the small number of cases involved this is statistically insignificant data at this stage and will be continued to be monitored over Q2 & 3.

2.4.4 The remaining indicators reported for Q1 are all ragged **GREEN** or **YELLOW** within the performance management section and have started well against their targets.

2.4.5 Of the total number of indicators which were highlighted as Red or Amber at the end of 2017/18 (8), it is encouraging to see that of those that can be tracked during Q1 of the current year, 5 of the 6 have improved in performance and only one indicator is currently underperforming. These 5 lie within Adults Services and Children & Families Services. The only indicator which continues to underperform is that of PM28 and has been discussed above in point 2.4.2.

2.4.5.1 Positively, it can be reported that indicator SCC/025, which underperformed as Red throughout 17/18 has improved and is currently Yellow on the scorecard with a performance of 78% against a target of 83%. This is an improvement on Q1 performance last year (17/18) where it was performing at 59.93%. Whilst not yet hitting the service target for this PI, it's a positive indicator that demonstrates that the changes being made within the service and supported by the SLT and Executive is starting to have an effect on performance.

2.4.5.2 Further evidence of improvement in the performance of Children's Services against relevant indicators can be found in the 'Children and Families Service Progress Report' which is presented to the Corporate Scrutiny and Executive meetings during September, 2018.

2.4.6 *In order to maintain and improve our national performance and standing as an achieving council, the SLT recommends –*

2.4.6.1 Targets are re-evaluated during Q2 and Q3 following the publication of the national comparator data with an emphasis placed on improving indicators in the lower and lower median quartiles.

2.4.7 Appendix B shows the whole programme of work which the two Corporate Transformation Programme Boards are overseeing. The issues highlighted are being managed and tracked accordingly via the Boards which meet on a quarterly basis.

2.5 PEOPLE MANAGEMENT

2.5.1 The management of our people is a crucial aspect of the Council’s corporate management which enables us (when managed sufficiently) to continue with our aim of improving our services for the people of Anglesey. A good and healthy workforce engenders a good and improving provision of service.

2.5.2 One area where this management can be tracked is associated with sickness. It is noted at the end of Q1 that the Council’s sickness rate (*indicator 3 on scorecard under people management*) of 2.69 days per FTE during the months of April through to June shows a decline when compared with the same period for 2017/18 of 2.23. However, it is on a par with the results of 2016/17 which saw an end of year performance of 9.78 days per FTE.

2.5.3 This projected result is evidenced by the broken red line in Table 1 below:

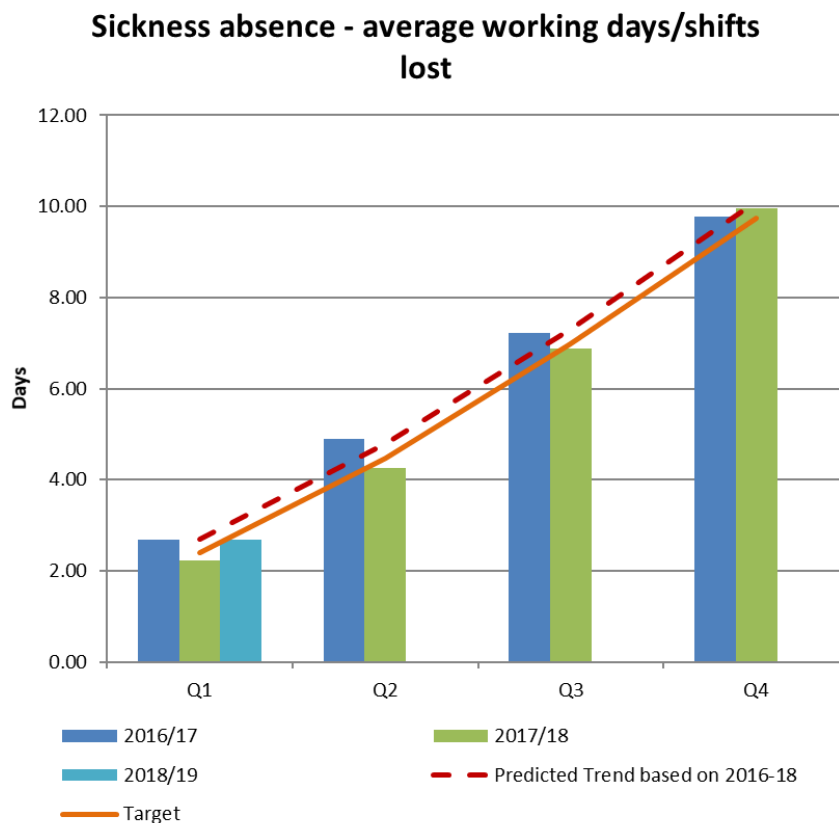


Table 1

2.5.4 In order to improve on this projected end of year possibility and to meet our annual corporate target of 9.75, service targets have been adopted for the forthcoming year based on previous year’s performance.

These can be seen in Table 2 below:

Service	2018/19 Target
Adult Services	13.75
Children & Family Services	10.75
Council Business	7
Highways, Property and Waste	8
Housing	9.25
Learning	9.5
Regulation and Economic Development	8.75
Resources	7
Transformation	7

Table 2

2.5.5 Point to Note - If all service targets above are met the Council will meet its sickness absence target of 9.75 days per FTE. Based on 17/18 figures, this would continue to place the Council above the median for Welsh Councils of 10.41 days sick per FTE.

2.5.6 Greater in-depth analysis of service performance against these targets for Q1 indicate that 2 Services are underperforming compared to their targets for the quarter. These services are:

2.5.6.1 Adult Services – where a performance of 3.39 Days Sick per FTE against a target of 2.78 days sick per FTE is evidenced in Q1. The main reason for the underperformance in Q1 is due to a number of long term sickness cases in the Provider Unit. These long term sickness cases result in a total of 634 Days lost to sickness in Q1. This equates to 49% of the total days lost to sickness for the Service during the period.

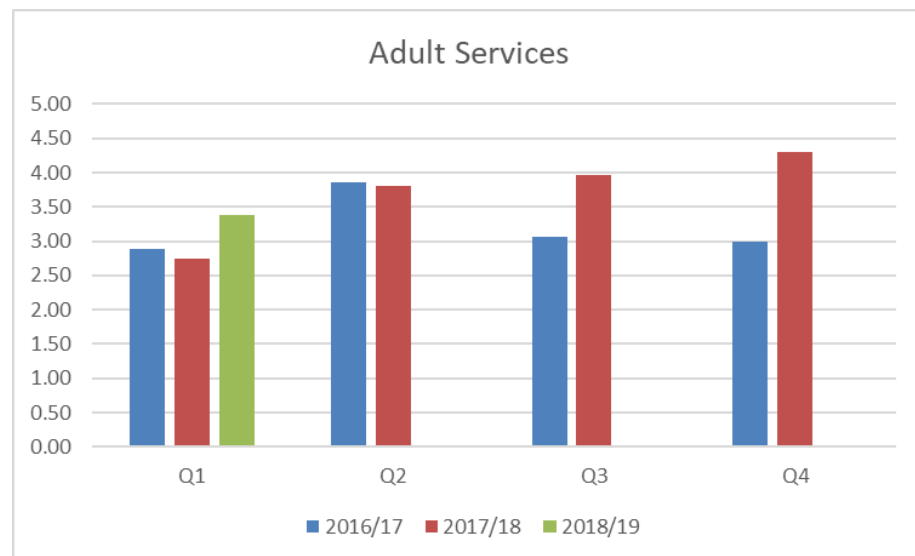


Table 3

2.5.6.2 Learning – RED – 2.99 Days Sick per FTE (Target 2.45). The main reason for this underperformance was due to the sickness levels in the Primary Schools (indicator 04 on the scorecard). Similar to Adult Services above, long term sickness is the main contributor with 1255.5 Days lost per FTE. In total, Primary Schools equated for 69% of the sickness levels in Learning during Q1.

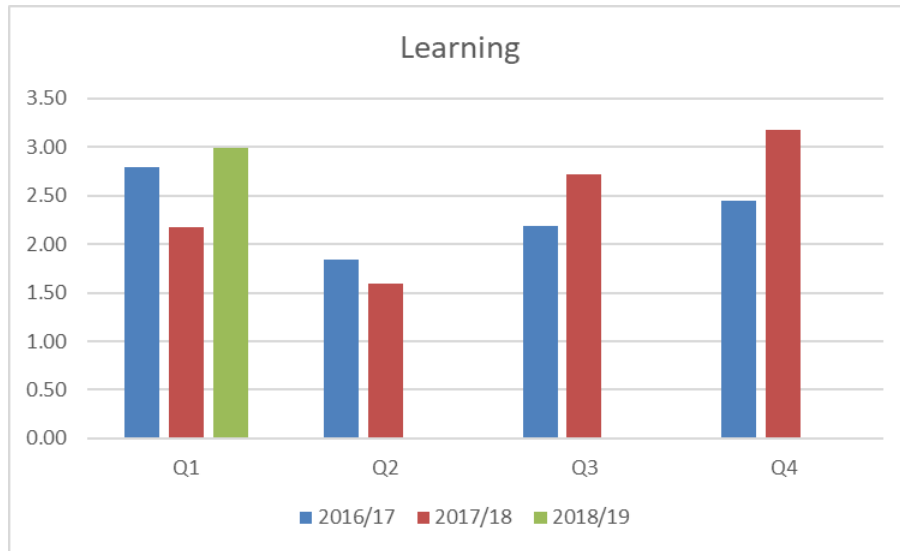


Table 4

2.5.7 At the end of Q1 it appears that a pattern of Long Term sickness can be evidenced throughout Council Services with a total of 56% of the days lost to sickness as a result of Long Term sickness. The reasons for this are varied and range from recovery post operations to stress and cancer.

2.5.8 As has been noted in previous reports, associated with Council sickness rates are the 'management' practices 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*).

2.5.9 The Council continues to scrutinise these practices regularly across its wide-ranging services and by the end of Q1 a positive performance can be gleaned which is an improvement on past years. This is evidenced in table 5.

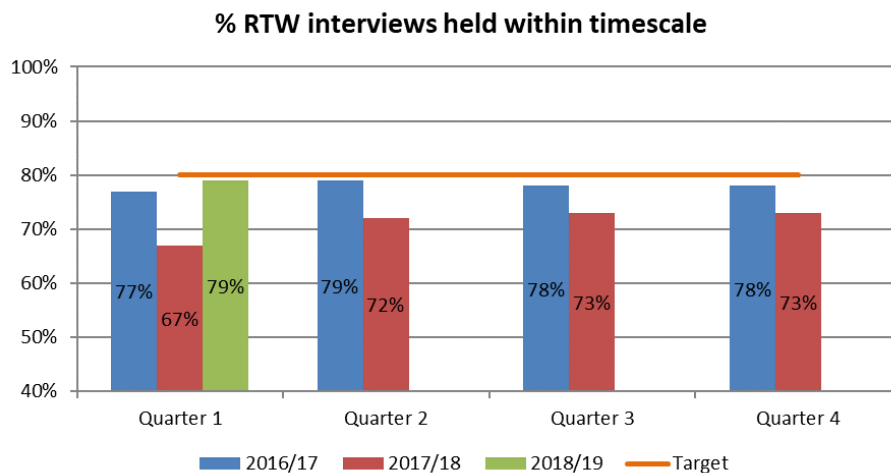


Table 5

2.5.10 The SLT therefore recommends –

2.5.10.1 *Sickness data is continually used to prioritise and target resource (Learning & Adults Service) to undertake service sickness challenge panels during 2018/19, which continues to be instrumental in the management of sickness.*

2.6 CUSTOMER SERVICE

- 2.6.1** During Q1, users used AppMôn technology to submit 905 reports (including fly tipping, faulty street lighting, compliments or complaints, broken pavements, sports club database forms and ordering recycling bins) up from 567 for Q1 17/18. 85% of these reports have come through the website.
- 2.6.2** A new indicator for this year is the number of registered users we have on AppMôn and the Council Website which stood at 4290 at the end of Q1. The Council website will have a new look during the year and because of this it is expected that the number of registered users increases as the access to more and more online forms and a customer focussed design becomes available. With the new design we also anticipate to see the number of web payments increasing during the year.
- 2.6.3** The remaining indicators within the Digital Services Section focus on the website and on our social media presence. Our social media presence increased once again during Q1 to 27k followers. This is shared through Facebook (12k followers), Twitter (14k followers) and Instagram (1k). 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 further, therefore changing the way by which residents and others communicate with us as a Council. It also impacts on the workload of the small corporate team which currently monitors and responds to this social media presence.
- 2.6.4** With regards to customer complaints management, at the end of Q1 13 Complaints were received compared to 20 in Q1 17/18. This is an improvement on our service provision especially when we note that all of the complaints requiring a response by the end of Q1 (12) have received a response within timescale. Of these complaints 8 were not upheld, 3 were upheld in full (Resources [1], Highways, Property & Waste [1], and Housing [1]) and 1 was partly upheld (Highways, Property & Waste [1]). This once again demonstrates that we are progressive in our approach to dealing with complaints and use them pro-actively to improve matters.
- 2.6.5** Within social services there were 1 Stage 2 complaints in social services (Adult Services) and 9 Stage 1 Complaints (Childrens Services [5], Adult Services [4]) received during Q1. Of these complaints, a total of 56% (Red on the scorecard) have been responded to within timescale with 4 late responses (Childrens Services [3] and Adult Services [1]). Although Childrens Services failed to send written responses within timescale for 3 of the 5 Stage 1 complaints, 4 of the 5 (80%) had held a discussion with the complainant within timescales.
- 2.6.6** The % of FOI requests responded to within timescale performed at 80.5% at the end of Q1 compared to 78% at the end of 2017/18 which is an improvement in response rate. In total there was 287 FOI requests (totalling 2042 questions) in Q1 with 56 late responses. The majority of the late responses came from Social Services which equated to 32% of the late responses (43% of the 42 received by the service),

Regulation & Economic Development with 29% (32% of the 50 received by the service), and Resources with 12.5% (13% of the 55 received by the service). Our response to FOIs is important and improving and the SLT and Heads of Service continue to monitor the performance of FOIs closely.

2.6.7 The SLT therefore recommends –

2.6.7.1 *The Customer Service Excellence Project continue to monitor the indicators and Childrens Services are requested to re-evaluate their complaints management system in order to improve their rate of written responses to complaints within timescales.*

2.7 FINANCIAL MANAGEMENT

2.7.1 At the end of Q1 a total overspend of £1.744m is projected for the year-ending 31st March 2019. This is very similar to the overspend in 2017/18. £2.454m 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 2017/18 (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.

2.7.2 Corporate Finance is expected to underspend by £0.412m and Council Tax, which includes the Council Tax Premium, is forecast to collect a surplus of £0.298m. The overall overspend is, therefore, reduced to £1.744m. The projected level of overspend is 1.33% of the Council's net budget. There is concern about the impact of this level of overspend on general balances should the overspend materialise.

2.7.3 Although this level of overspending can be funded from general reserves in 2018/19, it will deplete the general reserves to a figure well below the generally accepted minimum. It will be necessary during the 2019/20 budget setting process to fund the underlying level of overspending and to begin the process of replenishing the general balances. This is a prudent approach and is necessary to ensure that long term financial viability of the Council.

2.7.4 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.

2.7.5 The SLT therefore recommends that –

2.7.5.1 Regular scrutiny of corporate financial management is continued and the remedial actions are undertaken by the Heads of Service to assist the services in managing within the budgets they can control.

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 during Q2.
 - 3.1.2** Targets are re-evaluated during Q2 and Q3 following the publication of the national comparator data with an emphasis placed on improving indicators in the lower and lower median quartiles.
 - 3.1.3** To continue with the regular service sickness challenge panels with an associated work-plan to keep a focus on improving our sickness management figures
 - 3.1.4** The Customer Service Excellence Project continue to monitor the indicators and Childrens Services are requested over the forthcoming six months to re-evaluate their complaints management system in order to improve their rate of written responses to complaints within timescales.
 - 3.1.5** Regular scrutiny of corporate financial management is continued and the remedial actions are undertaken by the Heads of Service to assist the services in managing within the budgets they can control.
- 3.2** The Committee is asked to accept the mitigation measures outlined above.

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q1

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 17/18 Result	Canlyniad 16/17 Result
Siarter Gofal Cwsmer / Customer Service Charter						
01) No of Complaints received (excluding Social Services)	Gwyrdd / Green	↑	13	18	71	71
02) No of Stage 2 Complaints received for Social Services	↑	↑	1		9	5
03) Total number of complaints upheld / partially upheld	-	↑	4		28	25
04a) Total % of written responses to complaints within 20 days (Corporate)	Gwyrdd / Green	↑	100%	80%	92%	93%
04b) Total % of written responses to complaints within 15 days (Social Services)	Coch / Red	↑	56%	80%	-	-
05) Number of Stage 1 Complaints for Social Services	-	↑	9		51	54
06) Number of concerns (excluding Social Services)	-	↑	22		112	191
07) Number of Compliments	-		135		753	566
08) % of FOI requests responded to within timescale	Gwyrdd / Green		81%	80%	78%	77%
09) Number of FOI requests received	-		287		919	1037
Newid Cyfrwng Digidol / Digital Service Shift						
10) No of Registered Users on AppMôn / Website	-	-	4290		-	-
11) No of reports received by AppMôn / Website	-	↑	905		2k	1k
12) No of web payments	-	↑	3.5k		11k	
13) No of telephone payments	-	↑	1.8k		5k	
14) No of 'followers' of IOACC Social Media	-	↑	27k	25k	25k	21k
15) No of visitors to the Council Website	-	↓	209k	-	820k	715k

Rheoli Pobl / People Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 17/18 Result	Canlyniad 16/17 Result
01) Number of staff authority wide, including teachers and school based staff (FTE)	-	-	2266	-	2252	2258
02) Number of staff authority wide, excluding teachers and school based staff(FTE)	-	-	1263.00	-	1244	1250
03a) Sickness absence - average working days/shifts lost	Coch / Red	↑	2.69	2.4	9.96	9.78
03b) Short Term sickness - average working days/shifts lost per FTE	-	-	1.17	-	4.63	4.72
03c) Long Term sickness - average working days/shifts lost per FTE	-	-	1.52	-	5.32	5.06
04a) Primary Schools - Sickness absence - average working days/shifts lost	Coch / Red	↓	3.78	2.45	10.39	-
04b) Primary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	1.7	-	4.85	-
04c) Primary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	2.08	-	5.55	-
05a) Secondary Schools - Sickness absence - average working days/shifts lost	Gwyrdd / Green	↑	2.18	2.45	9.67	-
05b) Secondary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	1.13	-	5.32	-
05c) Secondary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	1.06	-	4.35	-
06) % of RTW interview held within timescale	Melyn / Yellow	↑	78%	80%	73%	78%
07) % of RTW interview held	Ambr / Amber	↑	86%	95%	85%	91%
08) % of Attendance Review Meetings held	Gwyrdd / Green	↑	86%	80%	69%	57%
09) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	-	-	11%	10%
10) % of PDR's completed within timeframe (Q4)	-	-	-	80%	90.50%	80%
11) % of staff with DBS Certificate (if required within their role)	-	-	-	-	91.40%	-
12) No. of Agency Staff	-	↓	13	-	12	15

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		£34,868,218	£35,762,826	2.57%		
02) Forecasted end of year outturn (Revenue)	Coch / Red		£130,899,873			£132,646,393	1.33%
03) Forecasted end of year outturn (Capital)			£44,539,000			£22,071,000	-50.45%
04) Achievement against efficiencies	Ambr / Amber		£2,521,500			£2,386,500	-5.35%
05) Income v Targets (excluding grants)	Gwyrdd / Green		-£5,268,266	-£5,351,667	1.58%		
06) Amount borrowed			£9,317,000			£5,847,000	
07) Cost of borrowing			£4,491,593			£4,168,876	-7.18%
08) % invoices paid within 30 days	Gwyrdd / Green			92.20%			
09) % of Council Tax collected (for last 3 years)	Gwyrdd / Green			98.60%			
10) % of Business Rates collected (for last 3 years)	Gwyrdd / Green			98.60%			
11) % of Sundry Debtors collected (for last 3 years)	Melyn / Yellow			97.50%			
12) % Housing Rent collected (for the last 3 years)				99.77%			
13) % Housing Rent collected excl benefit payments (for the last 3 years)				99.54%			

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Targed BI / Yr Target	Canlyniad 17/18 Result	Canlyniad 16/17 Result	Chwarter 17/18 Quartile
01) PAM/029 (PM33) - Percentage of children in care who had to move 3 or more times	Gwyrdd / Green	↑	0.65%	2.75%	11%	9%	5%	TBC Hydref / October
02) PAM/028 (PM24) - Percentage of child assessments completed in time	Gwyrdd / Green	↑	96.39%	90%	90%	67.57%	89.17%	TBC Hydref / October
03) SCC/025 - The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations	Melyn / Yellow	↑	78%	83%	83%	63.32%	79.35%	TBC Hydref / October
04) 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	↓	350	320	320	326.5	266	TBC Hydref / October
05) SCC/010 - The percentage of referrals that are re-referrals within 12 months	Gwyrdd / Green		11.87%	15%	15%	-	-	TBC Hydref / October
06) SCC/006 - The percentage of referrals during the year on which a decision was made within 1 working day	Gwyrdd / Green		96%	94%	94%	-	-	TBC Hydref / October
07) PAM/025 (PM19) - Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	Gwyrdd / Green	↑	2.29	3	3	6.58	6.05	TBC Hydref / October
08) SCA/018b - 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%	93%	93%	96%	94.40%	TBC Hydref / October
09) 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	↑	16.51	19	19	17.44%	20.51%	TBC Hydref / October
10) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	↓	90%	90%	90%	93.25%	90.48%	TBC Hydref / October
11) PM20a - The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later	Coch / Red	↓	0%	50%	50%	59.26%	62.60%	TBC Hydref / October
12) PM20b - The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	Melyn / Yellow	↓	60.34%	62%	62%	62.65%	33.30%	TBC Hydref / October
13) PAM/007 - Percentage of pupil attendance in secondary schools (17/18)	Melyn / Yellow	↓	94.42%	94.80%	94.80%	94.80%		TBC Rhagfyr / December
14) PAM/008 - Percentage of pupil attendance in primary schools (17/18)	Gwyrdd / Green	↓	94.40%	94.60%	94.60%	94.60%		Uchaf / Upper
16) PAM/030 (WMT/009b) - Percentage of waste reused, recycled or composted	Gwyrdd / Green	↑	75.07%	74%	72%	72.2%	65.8%	TBC Hydref / October
17) PAM/035 - Average number of working days taken to clear fly-tipping incidents	Gwyrdd / Green		0.13	1	1	-	-	-
18) PAM/043 - Kilograms of residual waste generated per person			61kg		210kg	-	-	-
19) PAM/017 (LCS/002b) - Number of visits to leisure centres per 1,000 population	Gwyrdd / Green		131k	111k	515k	508k	464k	Canolrif Isaf / Lower Median
20) PAM/023 (PPN/009) - Percentage of food establishments that meet food hygiene standards	Gwyrdd / Green	↓	97%	95%	95%	98%	98%	Uchaf / Upper
21) PAM/018 - Percentage of all planning applications determined in time	Gwyrdd / Green	↑	90%	90%	90%	86%	-	Isaf / Lower
22) PAM/019 - Percentage of planning appeals dismissed	Gwyrdd / Green	↑	80%	65%	65%	47%	-	Isaf / Lower
23) PAM/041 - Percentage of NERS clients who completed the exercise programme	Gwyrdd / Green		78%	50%	50%	-	-	-
24) PAM/042 - Percentage of NERS clients whose health had improved on completion of the exercise programme	Gwyrdd / Green		88%	80%	80%	-	-	-
25) PAM/012 - Percentage of households successfully prevented from becoming homeless	Gwyrdd / Green		56.75%	55%	55%	-	-	Canolrif Uchaf / Upper Median
26) PAM/013 - Number of empty private properties brought back into use	Gwyrdd / Green	↑	24	16	75	75	-	Uchaf / Upper
27) PAM/014 - Number of new homes created as a result of bringing empty properties back into use	Gwyrdd / Green	↑	2	1	4	4	-	-
28) PAM/015 (PSR/002) - Average number of calendar days taken to deliver a Disabled Facilities Grant	Gwyrdd / Green	↑	156.4	175	175	177	238.8	Uchaf / Upper
29) PAM/037 - Average number of days to complete repairs	Gwyrdd / Green		11.96	12	12	-	-	-
30) PAM/038 - Landlord Services: Percentage of homes that meet the Welsh Housing Quality Standard (WHQS)	Gwyrdd / Green		100%	100%	100%	-	-	-
31) PAM/009 - Percentage of Year 11 leavers not in Education, Training or Employment (NEET) [Annual]	-		-	-	-	-	-	Isaf / Lower
32) PAM/032 - Average Capped 9 score for pupils in year 11 [Annual]	-		-	-	-	-	-	-
33) PAM/033 - Percentage of pupils assessed in Welsh at the end of the Foundation Phase [Annual]	-		-	-	-	-	-	-
34) PAM/034 - Percentage of year 11 pupils studying Welsh (first language) [Annual]	-		-	-	-	-	-	-
35) PAM/040 - Percentage of Quality Indicators (with targets) achieved by the library service [Annual]	-		-	-	-	-	-	-
36) PAM/024 (PM13a) - Percentage of adults satisfied with their care and support [Annual]	-		-	-	-	-	-	TBC Hydref / October
37) PAM/026 (PM15) - Percentage of carers that feel supported [Annual]	-		-	-	-	-	-	TBC Hydref / October
38) PAM/027 (PM13c) - Percentage of children satisfied with their care and support [Annual]	-		-	-	-	-	-	TBC Hydref / October
39) PAM/020 (THS/012a) - Percentage of A roads in poor condition [Annual]	-		-	-	3%	3.20%	2.30%	Canolrif Uchaf / Upper Median
40) PAM/021 (THS/012b) - Percentage of B roads in poor condition [Annual]	-		-	-	5%	4.40%	3.20%	Canolrif Uchaf / Upper Median
41) PAM/020 (THS/012c) - Percentage of C roads in poor condition [Annual]	-		-	-	10%	8.90%	10.10%	Canolrif Isaf / Lower Median
42) PAM/039 - Landlord Services: Percentage of rent lost due to properties being empty [Annual]	-		-	-	-	-	-	-

Attachment 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

Partnerships, Communities & Service Improvement Transformation Programme Board		
Programme/Project	Related Projects	RAYG and brief Update
School Modernisation	Bro Rhosyr a Bro Aberffraw	The completion date for building Ysgol Santes Dwynwen at Newborough is March 2019. Ysgol Brynsiencyn adaptations underway during the Summer
	Llangefni Area	Ysgol Bodffordd, Ysgol Corn Hir and Ysgol Henblas 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. Ysgol y Graig and Ysgol Talwrn It was resolved that the capacity of Ysgol y Graig be increased to accommodate pupils from Ysgol Talwrn, and that Ysgol Talwrn be closed.
	Seiriol + South East	The executive decided to approve Option 1, namely to refurbish and extend Ysgol Llandegfan, close Ysgol Beaumaris and refurbish and extend Ysgol Llangoed.
Adult Social Care -	Llangefni Extra Care	Good progress is being made with the construction work. The handover has slipped to the end of September with tenants being able to move in at the start of October.
	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. Now that a decision has been agreed with regards to the future of Beaumaris School, the development of the site will be reviewed.
	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.
	Housing with External Support	The aim of the project is to re-model and redesign the services in close consultation with the requirements of the Supporting People Programme.

	Re-tendering of Home Care Services	The tender work has been completed. New contracts in place by end Q1 2018/19 with a transition period thereafter.
Transformation of Libraries, Youth Services, Museums, Culture and Market Hall	Transformation of Museums and Culture	Melin Llynnon and Roundhouses – Advertised in a specialist magazine in June 2018 to try and attract a commercial bid for the site. Beaumaris Court and Goal – Work in partnership with Beaumaris Town Council to transfer the assets by October 2018
	Remodelling of Library Service	The process for restructuring the workforce to be in place by Q2 Work is continuing with transferring the community libraries to Beaumaris and Rhosneigr. Moelfre and Newborough Libraries have now been closed. Cemaes will remain open for the year after the local community agreed funding to continue the library provision over the short term
	Market Hall, Holyhead	Project is behind schedule and will now complete in December 2018. Financial matters relating to ERDF funding has delayed the project.
Gypsy Traveller sites		The Gypsy Traveller group to review the timeline for the project in Q1 18/19. Planning application for Star site been submitted and deferred by Planning Committee until later date for decision.
Increase levels of recycling		Please see Scorecard KPIs 16 + 17 for Q1 achievement
Flood alleviation work		Plan is on course to deliver flood alleviation works in Pentraeth, Beaumaris and Bodffordd during 2018/19.

Governance & Business Process Transformation Programme Board		
Programme/Project	Related Projects	RAYG and brief Update
Resource Plan – Northgate		Payslips – progressing well, remaining payslips to be transferred electronically during Q2 Web Recruitment – Slight technical issue arisen in Welsh version means roll-out delayed. Pilot and briefing sessions to managers successful.

		Mileage and Expenses – on track and progressing well.
Customer Service Excellence	Cyswllt Môn Expansion Programme / Face to Face Contact	Two pilot schemes have been agreed. Delays in library service re-structure 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.
	Telephone Contact and Channel Shift	Each Contact Centre has gone live successfully without disruption to the public. There is an evidenced improvement in the number of missed calls in those services who have gone live (up to 80% reduction in dropped calls.)
	CRM	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.
	Improving Business Processes	Decision to concentrate efforts on the VOIDS. Process scoped, revised efforts on-going. Agreement to re-visit following the embedding of revised practise.
Energy Efficiency		Plan for 2018/19 presented to CTPB and being implemented. Further refit development work on-going to identify opportunities for future years.
Implementation of ICT Strategy		The Digital IT Strategy – ‘Digital Island’ has been approved and covers 2016-2020. Strategy being revised for re-adoption during Q2.
Scrutiny Improvement Plan		On track
Communication Strategy		Revised Communication Strategy being developed to be signed off in December 2018.