ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template

Committee:	CORPORATE SCRUTINY
Date:	3 JUNE 2019
Subject:	SCORECARD MONITORING REPORT - QUARTER 4 (2018/19)
Purpose of Report:	TO CHALLENGE PERFORMANCE
Scrutiny Chair:	COUNCILLOR ALED M JONES
Portfolio Holder(s):	COUNCILLOR DAFYDD RHYS THOMAS
Head of Service:	CARYS EDWARDS
Report Author:	GETHIN MORGAN
Tel:	01248 752111
Email:	GethinMorgan@anglesey.gov.uk
Local Members:	n/a

1 - Recommendation/s

- **1.1** This is the final 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 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 during 2019/20. Particular emphasis is given to those indicators which have seen a declining trend year upon year to ensure performance improves during 2019/20
- **1.3.2** To hold a workshop with the SLT, Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2019/20 scorecard
- **1.3.3** To revise the 19/20 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation
- **1.3.4** A continued focus is made on maintaining and/or improving attendance at work with the responsibility for this sitting with service managers supported by the Corporate Sickness Absence

Co-ordinator and HR staff. Challenge panels should also be utilised as and when required

- **1.3.5** A corporate target of 9.75 days sickness per FTE for 2019/20 is adopted once again.
- **1.3.6** The newly established Transforming Business Processes Board should consider how the Customer Service Indicators should be monitored as part of their developing work on the Customer Service Strategy to ensure that there is a proactive approach to improving customer service.
- **1.3.7** The new Children & Family Services procedure for responding to complaints is embedded into day to day activities in order to reduce the number of complaints and improve the rate of written responses to complaints within timescales
- **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. There is a reported decline in aspects of performance in adult and planning services during Quarters 3 and 4. What additional mitigation measures have been considered in order to have a positive impact on performance during 2019/20?
- 2. How achievable is the attendance at work target for 2019/20 given the Council's cumulative performance up to March, 2019?
- 3. The report refers to financial service pressures. What further contribution can the Finance Scrutiny Panel make to ensure that service pressures are addressed?

5 – Background / Context

- 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 in the scorecard were decided upon by the Senior Leadership Team, the Executive and Shadow Executive following guidance from Head of Services and the scorecard (Appendix 1) portrays the end of year position and will be considered further by the Corporate Scrutiny Committee and the Executive during June 2019.

6 - Equality Impact Assessment [including impacts on the Welsh Language]

n/a

7 – Financial Implications

The end of year financial position is noted in the report. The financial position will be confirmed when the end of year closing process has been completed.

8 – Appendices:

Appendix A - Scorecard Quarter 4 Appendix B – Programmes and Projects Performance Dashboard – Quarter 4 Appendix C – Revenue Out-turn Forecast for the Financial Year ending 31 March 2019 – Quarter 4

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

• 2018/19 Scorecard Monitoring Report - Quarter 3 (as presented to, and accepted by, the Executive Committee in March 2019).

SCORECARD MONITORING REPORT – QUARTER 4 (2018/19)

1. INTRODUCTION

- **1.1** This is the final quarter scorecard for the financial year ending 31st March, 2019.
- **1.2** This scorecard report and scorecard (Appendix A) will be considered further by the Corporate Scrutiny Committee and the Executive during June, 2019.
- **1.3** By undertaking this work, the Council is seeing trends being established with regards to a number of those indicators and the comments by SLT / Scrutiny and the Executive are having an impact on operational delivery.

2.1 PERFORMANCE MANAGEMENT

- **2.1.1** The Performance Management section of the scorecard shows performance against indicators outlined and prioritised by the Senior Leadership Team, Executive and Shadow Executive.
- **2.1.2** 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.
- **2.1.3** For comparative purposes and <u>based on 17/18 quartile results</u>, our end of year performance would achieve an improved change in quartile for 5 of our indicators (only 16 indicators can currently be compared nationally) and a decline in 1 of our indicators. In total 94% of these comparable indicators would have seen an improvement or maintained their current quartile –

The 5 which would improve on their 17/18 quartile result are noted as follows;

- a) PAM/017 Number of visits to leisure centres where an increase of 45 thousand visits was seen compared to 17/18. This performance would have seen the indicator in the <u>Upper Median quartile</u> during 2017/18.
- b) PAM/019 The Percentage of planning appeals dismissed which improved from 47% in 17/18 to 74% in 18/19. This performance would have seen the indicator move from the lower quartile to the <u>Upper</u> <u>Median quartile</u> during 2017/18. However, as this indicator deals with a small number of applications the performance can fluctuate greatly year on year.
- c) PAM/008 Percentage of pupil attendance in primary schools with a performance of 93.9% in the 17/18 academic year. This indicator has already been published through the Welsh Government and this is the basis for benchmarking in this years' benchmarking results (18/19 PAM Results). Despite a decline in pupil attendance from the 94.6% seen during the 16/17 academic year (released in 17/18 PAM results), a large number of local authorities saw an even larger decline and because of this our performance has seen the indicator placed in the top quartile during 2018/19.
- d) PAM/032 Average Capped 9 score for pupils in year 11 with a performance of 349.1 in the 17/18 academic year. Like above, the

results have already been published through the Welsh Government which has the indicator placed in the <u>Upper Median quartile</u>.

e) PAM/009 – Percentage of year 11 leavers not in Education, Training or Employment (NEET) with a performance of 1.1% at the end of 2018, an improvement from the 4.2% in 2017. This indicator has been published by Careers Wales and has seen the indicator move from the lower quartile to the <u>Upper quartile</u> in 2018/19.

The 1 indicator which would have seen a decline in their quartile result was;

- a) PAM/012 Percentage of households successfully prevented from becoming homeless which saw a decline from 65.2% in 17/18 to 52.93% in 18/19. This performance would have seen the indicator move to the <u>lower quartile</u> in 17/18.
- 2.1.4 The Social Services indicators (01-11) PI results for 2017/18 were released by the Welsh Government during Q3. Because of the inconsistencies of the statistics provided by Authorities across Wales, this release was released as experimental statistics once again this year and therefore not available for comparator purposes. Therefore our Social Services data will not be able to be compared at a national level for the time being.
- **2.1.5** We can however state that 75% of comparable indicators measured from Children Services have improved year on year, whilst Adult Services saw a 67% decline in performance year on year with 4 of the 6 indicators measured declining.
- **2.1.6** The Education indicators which are available (indicators 13,14,31,32,33 and 34 on the scorecard) have performed well over the year with 67% of the indicators improving year on year and where the year on year indicators have declined from the 16/17 academic year, other councils have declined further, as explained above (2.1.3). There was also evidence that all Key Stages have shown an improvement during the 2017/18 academic year.
- **2.1.7** Our year on year performance for all comparable indicators (32 in total) demonstrates that 69% have either improved or maintained performance during the year (19 improved and 3 maintaining performance).
- **2.1.8** This performance is in general pleasing to see and is a reflection of the picture seen throughout the year in the scorecard reports. We will however not officially know how we have performed in comparison with others until the results for 18/19 are published by Data Cymru in September. The overall picture will be discussed in the Annual Performance Report (as noted in 2.1.2), to be considered by the Corporate Scrutiny Committee and The Executive prior to adoption by the Council in the autumn.
- **2.1.9** In the light of a continuous improvement mind set embedded within Council services however, it is deemed necessary to provide some narrative about the 3 indicators which have underperformed as Amber or Red against their annual targets for the year.
 - **2.1.9.1** Two indicators within <u>Adult Services</u> which underperformed for the year

 (i) 11) PM20a – RED - 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 30.87% at the end of Q4 against a target of 50%.

This indicator deals with a small number of cases and therefore performance can fluctuate considerably from quarter to quarter. In Q4, as a result of the re-ablement intervention that the service has provided, there has been an increase in the package of care for an additional individual supported as opposed to a reduced package of care. This reflects the nature of their presenting illnesses.

Into 2019/20, we will review the current reablement service and will consider methods of data collection that provides more detailed outcomes and rationale for ongoing interventions.

(ii) 07) PAM/025 (PM19) – RED - The Rate of people kept in hospital while waiting for social care per 1000 population aged 75+. The performance of this indicator was 7.78 at the end of the year against an annual target of 3.

It is acknowledged that there was a high rate of Delayed Transfer of Care (DTOC) particularly during the first two quarters of the year. It was anticipated that the newly commissioned patch based Domiciliary Care contract would make a positive impact in the figures. This could be seen in the performance in Q3 (1.53) where there was an improvement on the performance seen in Q2 (1.79) and Q1 (2.30). This improvement has not been seen in Q4 however where an additional 2.17 was seen over the period.

We are currently working towards ensuring that we have sufficient reablement capacity to meet increasing demand to address any concern in performance during 2019/20. Further analysis of the increasing DTOC figures during Q4 noted that the increase could also be down to incorrect coding of clients, and we are working collaboratively with our Health Board colleagues to secure a more robust data coding process, particularly in one hospital which was responsible for 89% of the figures. Further training will take place at this hospital to ensure the correct procedures are being completed into 2019/20.

2.1.9.2 One indicator within <u>Regulation & Economic Development</u> has underperformed during Q3 –

21) PAM/018 – RED- The percentage of all planning applications determined in time. The cumulative performance up to the end of the year was 81% against a target of 90%. The performance for Q3 alone was 74% and is the main reason for now being below target.

The main reasons for the underperformance over the year was due to the absence of a Senior Planning Officer during a substantial proportion of the year and a heavy workload in shaping the new planning system while coping with the requirements of GDPR.

To improve the performance into 2019/20, we will continue to ensure that new systems adopted in Q4 are in place to agree on a definite timetable

for any extension in time where applications can be brought to an early decision while deficient applications will be determined through refusal.

- **2.1.10** The remaining indicators are all ragged as GREEN or YELLOW within the performance management section which is encouraging to note. It is however concerning that 53% of the comparable indicators from Q3 saw a downward trend in Q4 which resulted in 3 indicators dropping to a lower RAG status.
- 2.1.11 In order to continually improve our standing as an achieving council, the SLT recommends
 - **2.1.11.1** Underperformance is recognised and managed with mitigation measures completed to aide improvement during 2019/20. Particular emphasis is given to those indicators which have seen a declining trend year upon year to ensure performance improves during 2019/20
 - **2.1.11.2** To hold a workshop with the SLT, Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2019/20 scorecard.
 - **2.1.11.3** To revise the 19/20 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation.
- **2.1.12** 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.
- **2.1.13** 2018/19 has seen achievements for the Council with regards to its transformation programme. For example (non-exhaustive list) we have
 - 2.1.13.1 Completed the build on Ysgol Santes Dwynwen;
 - **2.1.13.2** Opened Hafan Cefni, our first extra care provision;
 - 2.1.13.3 Retendered the Home Care Provision on the Island;
 - **2.1.13.4** Agreed on and gained planning permission for the location of a temporary stopping site for Gypsy Travellers;
 - **2.1.13.5** Updated the look and feel of our website in order to drive our digital channel shift agenda;
 - **2.1.13.6** Improved our Scrutiny arrangements and received a positive review by the Wales Audit Office (WAO);
 - **2.1.13.7** Completed the build and let the new business units at Pen-Yr-Orsedd, Llangefni

2.2 PEOPLE MANAGEMENT

2.2.1 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 the delivery of our services for the people of Anglesey. A good and healthy workforce engenders a good and improving provision of service.

- 2.2.2 Attendance at work is an area which is reported on monthly and analysed to ensure improvement. Quarter 4 showed a score of 2.91 Working Days Lost (WDL) per FTE which is an improvement on that seen in the 3.08 WDL in Quarter 4 for 2017/18. The cumulative score for the year is 10.34 WDL per FTE (indicator 3 on scorecard under people management). This is however over the target of 9.75WDL per FTE for the year and also over the 9.96 WDL per FTE seen in 2017/18. As a result, our overall end of year performance should see our national ranking drop one quartile to the Lower Median Quartile when compared to the 2017/18 results. However early indications from a number of authorities positioned similar to Ynys Mon in 2017/18 also show an increase in WDL per FTE.
- **2.2.3** In order to improve performance of our sickness rates further during 2019/20, service targets have been identified for the forthcoming year based on the 2018/19 trends.

2.2.4 The SLT therefore recommends -

- **2.2.4.1** A continued focus is made on maintaining and/or improving attendance at work with the responsibility for this sitting with service managers supported by the Corporate Sickness Absence Co-ordinator and HR staff. Challenge panels should also be utilised as and when required.
- **2.2.4.2** A corporate target of 9.75 days sickness per FTE for 2019/20 is adopted once again.

2.3 CUSTOMER SERVICE

- 2.3.1 Up to the end of Q4, users used AppMôn technology to submit close to 4700 reports (including fly tipping, faulty street lighting, compliments or complaints, broken pavements, sports club database forms and ordering recycling bins). This is over double of the 2000 reports seen in 17/18. 84% of these reports have come through the website which has seen an updated look and feel during Q4.
- **2.3.2** A new indicator for this year is the number of registered users we have on AppMôn and the Council Website which has increased by over 1500 users from the end of Q3 to 8155 at the end of Q4. This is positive and it is anticipated that now the new website is in place this will encourage a greater use of online forms and online contact which will drive our digital channel shift to enabling resident to be able to pay and request services online. Because of this it is expected that online web payment numbers will also increase further in 2019/20.
- **2.3.3** Our social media presence increased once again during Q4 to 29.5k followers. This is shared between Facebook (13.5k followers), Twitter (15k followers) and Instagram (1k). These modes of communication are continuing to increase and the flow of information distributed and received via these channels will only increase further, changing the way by which residents and others communicate with us as a Council.
- **2.3.4** Regarding Customer Complaints Management, by the end of the year 76 Complaints were received (compared to 71 in 17/18). 74 of the complaints that

required a response have received a response and of these complaints 16 were upheld in full (Housing [4], Highways, Waste & Property [4], Resources [4], Learning [2], Regulation & Economic Development [1], and Transformation [1]), 7 were partially upheld (Resources [2], Resources + Transformation [1], Learning [1], Regulation & Economic Development [1] and Regulation & Economic Development + Highways, Waste & Property [1]) whilst the remaining 49 were not upheld.

- **2.3.5** Lessons learnt from the upheld and partly upheld complaints this year include:
 - Reviewing administration of benefit claims
 - A better explanation of planning processes was required
 - Internal procedures to be reviewed when dealing with LPE1 form submissions; and
 - Services were reminded of the requirement to respond fully and promptly to correspondence
- 2.3.6 Within Social Services there were 8 Stage 2 complaints (Adult Services [6], Children & Family Services [2]) and 44 Stage 1 Complaints (Children's Services [30], Adult Services [14]) received for 2018/19. Of these complaints, a total of 57% (Red on the scorecard) have been responded to within timescale with 19 late responses (Children & Family Services [13] and Adult Services [6]). Although the Children & Family Services failed to send written responses within timescale for 13 of the 30 Stage 1 complaints, 24 of the 30 (80%) had held a discussion with the complainant within timescales. It should be noted that 100% of the complaints seen in Q4 were responded to in time.
- **2.3.7** The % of FOI requests responded to within timescale performed at 81% (Green on the scorecard) at the end of 2018/19 compared to 78% at the end of 2017/18. This is encouraging as the Council has dealt with 1052 requests, or 7532 questions, during 2018/19, up from the 919 seen in 2017/18.

2.3.8 The SLT therefore recommends -

- **2.3.8.1** The newly established Transforming Business Processes Board should consider how the Customer Service Indicators should be monitored as part of their developing work on the Customer Service Strategy to ensure that there is a proactive approach to improving customer service.
- **2.3.8.2** The new Children & Family Services procedure for responding to complaints is embedded into day to day activities in order to reduce the number of complaints and improve the rate of written responses to complaints within timescales.

2.4 FINANCIAL MANAGEMENT

2.4.1 There is an overspend of £633k for the year ending 31 March 2019. This is better than expectation and reports made throughout the year. The service budgets overspend was £2.287m Corporate finance underspends of £1.654m have reduced

the overall overspend. The Services that are still experiencing significant budgetary pressures are similar to 2017/18 (Children and Families Services and Learning). The Adults Service budgets are also under pressure due to increasing demand. The Heads of Service were requested to limit their expenditure to essential only and have responded positively to the request during the year. Going forward the level of corporate finance underspends will not be sustained and therefore it is important that the issues of demand led budgets are addressed.

- **2.4.2** This is a provisional outturn report and is subject to change as new information becomes available between now and when the final Statement of Accounts is reported on in September
- **2.4.3** 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 17th June.

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 2019/20. Particular emphasis is given to those indicators which have seen a declining trend year upon year to ensure performance improves during 2019/20.
 - **3.1.2** To hold a workshop with the SLT, Executive and Shadow Executive during Q1 to confirm relevant indicators for inclusion on the 2019/20 scorecard.
 - **3.1.3** To revise the 19/20 targets to ensure they are challenging yet achievable and where targets are not met in the year that a year on year improvement is the minimum expectation.
 - **3.1.4** A continued focus is made on maintaining and/or improving attendance at work with the responsibility for this sitting with service managers supported by the Corporate Sickness Absence Co-ordinator and HR staff. Challenge panels should also be utilised as and when required.
 - **3.1.5** A corporate target of 9.75 days sickness per FTE for 2019/20 is adopted once again.
 - **3.1.6** The newly established Transforming Business Processes Board should consider how the Customer Service Indicators should be monitored as part of their developing work on the Customer Service Strategy to ensure that there is a proactive approach to improving customer service.
 - **3.1.7** The new Children & Family Services procedure for responding to complaints is embedded into day to day activities in order to reduce the number of

complaints and improve the rate of written responses to complaints within timescales

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

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q4 2018/19

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecar	d Ch-Q4 2	2018/19)		Canlyniad	Tuedd Bl i Fl	Chwartel	*Chwartel
	CAG /	_ /	Canlyniad /	Targed /	17/18	/ Yr on Yr	17/18	18/19
Rheoli Perfformiad / Performance Management 01) PAM/029 (PM33) - Percentage of children in care who had to move 3 or	RAG Gwyrdd /	Trend	Actual 9.52%	Target 11%	Result 9%	Trend	Quartile	Quartile
more times 02) PAM/028 (PM24) - Percentage of child assessments completed in time	Green Melyn /		86.17%	90%	67.57%	↑		_
03) SCC/025 - The percentage of statutory visits to looked after children due in	Yellow Melyn /		81%	83%	63.32%	1	_	_
the year that took place in accordance with regulations 04) PM28 - The average length of time for all children who were on the CPR	Yellow Gwyrdd /							
during the year, and who were de-registered during the year (days) 05) SCC/010 - The percentage of referrals that are re-referrals within 12	Green Melyn /		241	320	326.5	^	-	-
months 06) SCC/006 - The percentage of referrals during the year on which a decision	Yellow Gwyrdd /	Ŷ	16.87%	15%	-	-	-	-
was made within 1 working day	Green	Ŷ	98%	94%	-	-	-	-
07) PAM/025 (PM19) - Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	Coch / Red	₩	7.78	3	6.58	₩	-	-
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	Gwyrdd / Green	Ψ	93.30%	93%	96%	•	-	-
during the vear 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	₩	17.35	19	17.44	⇒	-	-
10) PM18 - The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	Ψ	90.91%	90%	93.25%	¥	-	-
11) PM20a - The percentage of adults who completed a period of reablement	Coch / Red	₩	30.87%	50%	59.26%	•	-	-
and have a reduced package of care and support 6 months later 12) PM20b - The percentage of adults who completed a period of reablement	Gwyrdd /	♠	62.84%	62%	62.65%	⇒	-	-
and have no package of care and support 6 months later 13) PAM/007 - Percentage of pupil attendance in secondary schools (Termly)	Green Melyn /	•	92.91%	93.30%	93.3%**	- -	Uchaf / Upper	Uchaf / Upper**
14) PAM/008 - Percentage of pupil attendance in primary schools (Termly)	Yellow Gwyrdd /	•					Canolrif Isaf /	
15) PAM/010 (STS/005b) - Percentage of streets that are clean	Green Gwyrdd /	₩ ₩	94.98%	93.90% 94%	93.9%**	♥	Lower Median Canolrif Isaf /	Uchaf / Upper** Canolrif Isaf /
16) PAM/030 (WMT/009b) - Percentage of waste reused, recycled or	Green Melyn /		95.29%		93%	^	Lower Median	Lower Median
composted 17) PAM/035 - Average number of working days taken to clear fly-tipping	Yellow Gwyrdd /	1	69.86%	72%	72.2%	•	Uchaf / Upper	Uchaf / Upper
incidents 18) PAM/043 - Kilograms of residual waste generated per person	Green Melyn /	₩	0.2	1	-	-	-	-
19) PAM/043 - Allograms of residual waste generated per person 19) PAM/017 (LCS/002b) - Number of visits to leisure centres	Yellow Gwyrdd /	⇒	240kg	210kg	236kg	•	- Canolrif Isaf /	- Canolrif Uchaf /
20) PAM/023 (PPN/009) - Percentage of food establishments that meet food	Green Gwyrdd /	r	553k	515k	508k	Ŷ	Lower Median	Upper Median
hygiene standards	Green	-≫ ↓	98% 80%	95% 90%	98% 86%	<i>⇒</i>	Uchaf / Upper	Uchaf / Upper
21) PAM/018 - Percentage of all planning applications determined in time 22) PAM/019 - Percentage of planning appeals dismissed	Gwyrdd / Green	▼	74%	90% 65%	47%	▲	Isaf / Lower Isaf / Lower	Canolrif Uchaf / Upper Median
23) PAM/041 - Percentage of NERS clients who completed the exercise	Gwyrdd /	₩	67%	50%	-	-	-	-
programme 24) PAM/042 - Percentage of NERS clients whose health had improved on	Green Gwyrdd /	Ŷ	85%	80%	-	<u>-</u>	-	-
completion of the exercise programme 25) PAM/012 - Percentage of households successfully prevented from	Green Melyn /	4	52.93%	55%	65.20%		Canolrif Uchaf /	Isaf / Lower
becoming homeless 26) PAM/013 - Number of empty private properties brought back into use	Yellow Gwyrdd /	↑				^	Upper Median Uchaf / Upper	
27) PAM/014 - Number of new homes created as a result of bringing empty	Green Gwyrdd /	-¶* -⇒	78 9	75 4	75 4	1	-	Uchaf / Upper
properties back into use 28) PAM/015 (PSR/002) - Average number of calendar days taken to deliver a	Green Gwyrdd /						Liebef / Lipper	
Disabled Facilities Grant 29) PAM/037 - Average number of days to complete repairs	Green Melyn /	1	161.9	175	177	^	Uchaf / Upper	Uchaf / Upper
30) PAM/038 - Landlord Services: Percentage of homes that meet the Welsh	Yellow Gwyrdd /	•	13.63	12	-	-	-	-
Housing Quality Standard (WHQS) 31) PAM/009 - Percentage of Year 11 leavers not in Education, Training or	Green	⇒	100%	100%	-	-	-	-
Employment (NEET) [Annual]	-	-	1.1%	-	4.20%	Ŷ	Isaf / Lower	Uchaf / Upper** Canolrif Uchaf /
 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 	-	-	349.1	-	335.9	^	Isaf / Lower	Upper Median**
Foundation Phase [Annual] 34) PAM/034 - Percentage of year 11 pupils studying Welsh (first language)	-	-	88.3%	-	72.6%	1	-	-
[Annual]	-	-	65%	-	63.7%	Ŷ	-	-
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]	Gwyrdd / Green	-	97%	92%	92%	^	-	-
37) PAM/026 (PM15) - Percentage of carers that feel supported [Annual]	Gwyrdd / Green	-	94%	90%	90%	1	-	-
38) PAM/027 (PM13c) - Percentage of children satisfied with their care and support [Annual]	Gwyrdd / Green	-	89%	83%	83%	1	-	-
39) PAM/020 (THS/012a) - Percentage of A roads in poor condition [Annual]	Gwyrdd /	-	3%	3%	3.20%	1	Canolrif Uchaf / Upper Median	Canolrif Uchaf / Upper Median
40) PAM/021 (THS/012b) - Percentage of B roads in poor condition [Annual]	Green Gwyrdd /		3.80%	5%	4.40%	1	Canolrif Uchaf /	Canolrif Uchaf /
41) PAM/020 (THS/012c) - Percentage of C roads in poor condition [Annual]	Green Gwyrdd /	-	8.60%	10%	8.90%	1	Upper Median Canolrif Isaf /	Upper Median Canolrif Isaf /
42) PAM/039 - Landlord Services: Percentage of rent lost due to properties	Green		1.30%	1070	0.3076		Lower Median	Lower Median
being empty [Annual]	-		1.50 %	-				-

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q4

Appendix A - Cerdyn Sgono Comoraethol - Corporate Scorecard	a Ch-Q4					
	CAG /				Canlyniad	Canlyniad
Gofal Cwsmer / Customer Service	RAG	Tuedd / Trend	Canlyniad / Actual	Targed /	17/18	16/17 Descrift
Siarter Gofal Cwsmer / Customer Service Charter	KAG	Trena	Actual	Target	Result	Result
	Gwyrdd /					
01) No of Complaints received (excluding Social Services)	Green	4	76	71	71	71
02) No of Stage 2 Complaints received for Social Services	-	Ĵ.	8	-	9	8
03) Total number of complaints upheld / partially upheld	-	Ť	27		28	25
	Gwyrdd /		21		20	20
04a) Total % of written responses to complaints within 20 days (Corporate)	Green		93%	80%	92%	93%
04b) Total % of written responses to complaints within 15 days (Social						
Services)	Coch / Red		57%	80%	_	
05) Number of Stage 1 Complaints for Social Services	COULT Red		44	0078	51	54
	-	-		-		-
06) Number of concerns (excluding Social Services)	-		62	-	112	191
07) Number of Compliments	-	•	513	-	753	566
08) % of FOI requests responded to within timescale	Gwyrdd / Green		040/	000/	700/	770/
<i>, , , , , , , , , ,</i>	Gleen		81%	80%	78%	77%
09) Number of FOI requests received	-		1052	-	919	1037
Newid Cyfrwng Digidol / Digital Service Shift				1		
10) No of Registered Users on AppMôn / Website	-	T	8155	1		
 No of reports received by AppMôn / Website 	-		4680		2k	1k
12) No of web payments	-	1	11.2k		11k	
13) No of telephone payments	-		5.2k		5k	
14) No of 'followers' of IOACC Social Media	-	\Rightarrow	29.5k	25k	25k	21k
15) No of visitors to the Council Website	-	•	798k		820k	715k
		-	0	T	Caniyniad	Caniyniad
Dhaali Dahl / Daanla Mananamant	CAG/RAG	Tuedd /	Canlyniad /	Targed /	17/18	16/17
Rheoli Pobl / People Management	CAG / RAG	Trend	Actual	Target	Result	Result
1) Number of staff authority wide, including teachers and school based staff						
FTE)	-	-	2243	-	2252	2310
02) Number of staff authority wide, excluding teachers and school based						
staff(FTE)	-	-	1252	-	1244	1303
03a) Sickness absence - average working days/shifts lost	Coch / Red		10.34	9.75	9.96	11.68
03b) Short Term sickness - average working days/shifts lost per FTE	-	-	4.68	-	4.63	11.68
03c) Long Term sickness - average working days/shifts lost per FTE	-	-	5.66	-	5.32	6.79
04a) Primary Schools - Sickness absence - average working days/shifts lost	Coch / Red		12.21	9.5	10.39	-
04b) Primary Schools - Short Term sickness - average working days/shifts lost						
per FTE			4.97		4.85	
04c) Primary Schools - Long Term sickness - average working days/shifts lost			4.57		4.05	-
per FTE			7.04			
		-	7.24	-	5.55	-
	Melyn /					
05a) Secondary Schools - Sickness absence - average working days/shifts lost	Yellow		9.57	9.5	9.67	-
05b) Secondary Schools - Short Term sickness - average working days/shifts						
ost per FTE	-	-	5.26	-	5.32	-
05c) Secondary Schools - Long Term sickness - average working days/shifts						
ost per FTE	-	-	4.31	-	4.35	-
	Melyn /					
06) % of RTW interview held within timescale	Yellow	->	79%	80%	73%	84%
	Ambr /					
07) % of RTW interview held	Amber	⇒	88%	95%	85%	-
08) % of Attendance Review Meetings held	Coch / Red		58%	80%	69%	-
09) Local Authority employees leaving (%) (Turnover) (Annual)	-	⇒	11%	-	11%	-
	Gwyrdd /					
10) % of PDR's completed within timeframe (Q4)	Green	₩	84%	80%	90.50%	-
1) % of staff with DBS Certificate (if required within their role)	-	-	-	-	-	98%
2) No. of Agency Staff	-	1	10	-	12	26
						Rhagolygon
						o'r Gwariant /
		Tuedd /	Cyllideb /	Canlyniad /	Amrywiant /	Forcasted
Rheolaeth Ariannol / Financial Management	CAG/RAG	Trend	Budget	Actual	Variance (%)	Actual
01) Budget v Actuals (Controllable Budget Lines)	Coch / Red		£130,566,193		0.25%	-
D2) End of year outturn (Revenue)	Coch / Red		£130,899,873	£131,533,355	0.48%	-
03) End of year outturn (Capital)	- soonn Rou		£46,520,951	£21,649,188	-53.46%	-
	Ambr /		240,520,951	221,043,100	-33.40%	
04) Achievement against efficiencies	Amber	4	£2,521,500	£2,063,500	-18.16%	_
	Gwyrdd /		22,021,000	~_,000,000	.0.1070	
05) Income v Targets (excluding grants)	Green		-£11,752,829	-£13,488,420	14.77%	-
06) Amount borrowed			£5,783,000	£15,563,536	169.13%	_
07) Cost of borrowing			£4,494,993	£4,035,324	-10.23%	
08) % invoices paid within 30 days		4	£4,494,993 -			
00) 70 monites paid within 50 days	Gwordd /		-	90.87%	-	-
09) % of Council Tax collected (for last 3 years)	Gwyrdd / Green	Ŷ		99.10%		
by to or obundin tax confected (for last o years)	Green Gwyrdd /	704		33.10%		
10) % of Business Rates collected (for last 3 years)	Gwyrdd / Green	♠	_	98.80%	_	
	Melyn /		-	00.0070		
11) % of Sundry Debtors collected (for last 3 years)	Yellow		_	97.60%	-	-
12) % Housing Rent collected (for the last 3 years)		V	-	100.23%	-	-
						-
13) % Housing Rent collected excl benefit payments (for the last 3 years)				100.57%		-

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 -

- Transforming Services Programme Board and the;
- Corporate Governance Programme Board

The key ragging for the said document is as follows -

RAG:	
Completed	Project has been completed
<mark>On Track</mark>	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

Transformation Services Programme Board							
Programme/Project	Related Projects	RAYG and brief Update					
School Modernisation	Bro Rhosyr a Bro Aberffraw	Ysgol Santes Dwynwen at Newborough opened on the 29 th April 2019.					
		Official opening end of Summer / beginning of September 2019.					
	Llangefni Area	Ysgol Bodffordd, Ysgol Corn Hir and Ysgol Henblas Original decision rescinded and requested of Officers to consider the possibilities of the area under the new School Organisation Code (11/2018)					
		Ysgol y Graig and Ysgol Talwrn Original decision rescinded and requested of Officers to consider the possibilities of the area under the new School Organisation Code (11/2018)					
	Seiriol + South East	Original decision rescinded and requested of Officers to consider the possibilities of the area under the new School Organisation Code (11/2018)					
	Ysgol Syr Thomas Jones and the areas Primary schools.	Engagement meetings were held between 05/11/18 – 14/12/18. Work on analysing the results and developing a consultative proposal progressing.					
	Post 16	Engagement meetings were held between the 19/11/18 – 16/12/18. Work on analysing the results has been completed and further time awarded to research future models.					
Adult Social Care -	Llangefni Extra Care	Project completed and preparation of Project Closure Report to be presented to the Adult Social Care Programme Board (21/5).					
	South of the Island Extra Care	Following the recommendation to rescind the decision on the future of Ysgol Beaumaris, further exploratory work needed in order to see what can be achieved.					
	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.					
		Prepare Project Closure Report and present to the Adult Care Board in May 2019.					
	Re-tendering of Home Care Services	Project complete. Initiating new monitoring arrangements in partnership with health.					

		Project Closed – Report presented to the Adult
	Supported Living	Care Board in February 2019. The aim of the project is to re-model and redesign
	(External)	the services in close consultation with the requirements of the Supporting People Programme.
		Ongoing discussions with providers at present
	Day Care Services	Developing the vision for day opportunities and implementation timetable.
		Engaging on day opportunities strategy currently. Report to Scrutiny and Exec in Q3
Transformation of Libraries, Youth Services, Museums,Culture and	Transformation of Museums and	Melin Llynnon and Roundhouses – License given to a local man / Michelin Star, Richard Holt.
Market Hall	Culture	Beaumaris Court and Goal –The Council have transferred the assets to Beaumaris Town Council, awaiting agreement to be processed.
	Remodelling of Library Service	Project complete.
		Related workstreams being managed by the Libraraies & Heritage Programme Board
	Market Hall, Holyhead	Project to be completed in July 2019. Problems with Phase 2 works has delayed the project – phase 2 work is ongoing.
Gypsy Traveller sites		Star site – Project behind schedule, Tender in place by Q1 beginning Q3, foreseen date of completion September 2019.
Increase levels of recycling		Please see Scorecard KPIs 16 + 17 for Q1 achievement
Flood alleviation work		Beaumaris – new contractors to be on site by late May 2019.
		Nant y Felin, Pentraeth - works have been postponed to start towards the end of the year.
		Llanfairpwll – Outline business case due to be submitted to WG end April 2019. Once receive – will arrange drop in sessions for the residents.
		Valley – Outline business case submitted to the WG, awaiting update.
		Dwyran – Joint working plan with Natural Resources Wales ongoing, project behind schedule and is expected to be completed mid- July 2019.

Attachment B

	Llangefni – Joint working plan with Natural Resources Wales ongoing, expected to be completed end of May 2019 Bodffordd - Completed
Leisure Modernisation Strategy	Public Consultation has been completed and the responses have been analysed.

Programme/Project	Related Projects	RAYG and brief Update
	•	
Resource Plan –		Project closed on the 31.03.19 and carrying on as
Northgate		business as usual.
		Project Closure Report presented to the Board in May 2019.
Transforming Business	Cyswllt Môn	All PC's are currently being upgraded in the
Processes	Expansion	libraries as well as the software links to enabling
	Programme / Face	printing and scanning.
	to Face Contact	
		Project behind schedule - Pilot started after Easter
		in Amlwch and Menai Bridge for 4 months
		followed by a review of the date which will be
		presented to the Board with recommendations for
		future delivery.
	Telephone Contact	(ON HOLD) Each Contact Centre has gone live
	and Channel Shift	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	Telephony Integration – ShoreTel upgrade
		significantly changes the user experience.
		Waste Management – Specification developed.
		Awaiting quotation.
		- maning quotation.
		Blue Badge Integration – Progressing well. Forms
		built and integrated. No links from Council website
		to the National yet due to non-compliance with
		Welsh Language Standards.
Alternative Delivery		Work on ADM's is on-going and will be
Models		continuously be exploring new options available.

	School Taxi Contract – contract up and running.
	School Grass Cutting – contract up and running.
	Re-Tender Oriel Mon Café – contract up and running.
	Payment for parking in some car parks on the island – ongoing
Energy Efficiency	Plan for 2018/19 presented to Programme Board and being implemented.
Implementation of ICT Strategy	 Website went live in February 2019. Digital Strategy 2017-2021 has been updated (Version 2.0). On-going work with the CRM under direction of Transformation of Business Processes Project Board.
Scrutiny Improvement Plan	Programme was put in place 18 months ago and is now complete and closed down with a new development programme in place.
Communication Strategy	Strategy approved by the Executive, document to be published on Monitor. 19/20 work-plan being developed.
Waste Collection & Cleansing Contract	Started the process of retendering for our Waste Collection & Cleansing Contract.
School Meals Contract	Prepare for and tender the School Meals contract ensuring a healthy and locally sourced menu for 2020-2025.

Projected Revenue Outturn for the Financial Year Ending 31 March 2019 – Quarter 4

Service/Function	2018/19 Annual Budget	Provisional Outturn	Provisional Total Outturn Variance	Provisional Uncontrollable Variance (Exceptions)	Provisional Controllable Variance (Non- Exceptions)	Estimated Outturn 31 March 2019 over/(under) at Q3
	£'000	£'000	£'000	£'000	%	£'000
Lifelong Learning						
Delegated Schools Budget	43,216	43,216	0	0	0	0
Central Education	4,411	4,760	349	220	327	589
Culture	1,332	1,207	(126)	(2)	(124)	(100)
Adult Services	24,921	26,094	1,173	(5)	1,178	1,035
Children's Services	8,729	10,565	1,837	7	1,830	2,009
Housing	1,091	802	(289)	15	(304)	(45)
Highways, Waste & Property						
Highways	6,385	6,101	(284)	38	(322)	(107)
Property	1,009	1,136	128	92	35	36
Waste	7,490	7,453	(37)	291	(328)	(257)
Regulation & Economic Development						
Economic Development	1,750	1,679	(71)	36	(107)	(119)
Planning and Public Protection	2,070	1,967	(103)	18	(121)	(50)
Transformation						
Human Resources	1,251	1,195	(56)	(2)	(54)	(15)
ICT	2,354	2,483	128	(7)	135	112
Corporate Transformation	826	644	(182)	0	(183)	(155)

Service/Function	2018/19 Annual Budget	Provisional Outturn	Provisional Total Outturn Variance	Provisional Uncontrollable Variance (Exceptions)	Provisional Controllable Variance (Non- Exceptions)	Estimated Outturn 31 March 2019 over/(under) at Q3
	£'000	£'000	£'000	£'000	%	£'000
Resources	2,840	2,886	46	85	(39)	(34)
<u></u>	2,010	2,000	+0		(00)	(04)
Council Business	1,464	1,411	(53)	0	(53)	(4)
Corporate & Democratic costs	3,290	3,115	(175)	6	(181)	(138)
Corporate Management	657	659	3	0	2	15
-						
Estimated Impact of Uncontrollable Costs						200
Total Service Budgets	115,086	117,373	2,287	596	1,692	2,972
Levies	3,361	3,361	0	0	0	0
Discretionary Rate Relief	0	0	0	0	0	2
Capital Financing	7,541	6,356	(1,185)	0	(1,185)	(1,056)
General & Other Contingencies	0	0	0	0	0	(93)
Support Services contribution HRA	(693)	(845)	(152)	(152)	0	0
Benefits Granted	5,606	5,558	(48)	127	(175)	(63)
Total Corporate Finance	15,815	14,429	(1,385)	(25)	(1,360)	(1,210)
Total 2018/19	130,900	131,802	902	570	331	1,762

Service/Function	2018/19 Annual Budget	Provisional Outturn	Provisional Total Outturn Variance	Provisional Uncontrollable Variance (Exceptions)	Provisional Controllable Variance (Non- Exceptions)	Estimated Outturn 31 March 2019 over/(under) at Q3
	£'000	£'000	£'000	£'000	%	£'000
Funding						
NNDR	(22,574)	(22,574)	0	0	0	0
Council Tax	(34,440)	(35,357)	(269)	191	(460)	45
Council Tax Premium	(648)	0	0	0	0	(218)
Revenue Support Grant	(73,238)	(73,728)	0	0	0	0
Total Funding 2018/19	(130,900)	(131,168)	(269)	191	(460)	(173)
Total outturn including impact of funding	0	633	633	761	(128)	1,589