

ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	EXECUTIVE COMMITTEE
Date:	23RD MARCH 2020
Subject:	SCORECARD MONITORING REPORT - QUARTER 3 (2019/20)
Portfolio Holder(s):	COUNCILLOR DAFYDD RHYS THOMAS
Head of Service / Director:	CARYS EDWARDS
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Local Members:	n/a

A –Recommendation/s and reason/s	
1.1	This is the third scorecard of the financial year 2019/20.
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 Q4 and that continuous scrutiny of financial performance is undertaken with particular emphasis and support given to the services under pressure due to the increasing demand so that their management of performance does not decline or underperform into Q4.
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

E – Impact on our Future Generations(if relevant)		
1	How does this decision impact on our long term needs as an Island	<p>The Corporate Scorecard Report gives a snapshot of the KPI performance against the Council Plan’s 3 objectives at the end of each quarter.</p> <p>All 3 objectives, below, consider the long term needs of the Island</p> <ol style="list-style-type: none"> 1. Ensure that the people of Anglesey can thrive and realise their longterm potential 2. Support vulnerable adults and families to keep them safe, healthy and as independent as possible 3. Work in partnership with our communities to ensure that they can cope effectively with change and developments whilst protecting our natural environment <p>The measurement of the KPIs against each objective demonstrates how decisions are making an impact on our current performance.</p>
2	Is this a decision which it is envisaged will prevent future costs / dependencies on the Authority. If so, how:-	Performance of some KPIs could potentially have an impact on future costs however mitigation measures proposed look to alleviate these pressures.

3	Have we been working collaboratively with other organisations to come to this decision, if so, please advise whom:	Elements of the work monitored within the Scorecard is undertaken in a collaborative manner with other organisations such as Betsi Cadwaladr University Health Board, Welsh Government, Keep Wales Tidy, Careers Wales, Sports Wales, GWE, amongst others.
4	Have Anglesey citizens played a part in drafting this way forward? Please explain how:-	N/A
5	Outline what impact does this decision have on the Equalities agenda and the Welsh language	N/A

DD – Who did you consult?		What did they say?
1	Chief Executive / Senior Leadership Team (SLT) (mandatory)	This was considered by the SLT 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	Procurement	
8	Scrutiny	<p>The Q3: 2019/20 Corporate Scorecard was considered by the Corporate Scrutiny Committee at its meeting on 9th March, 2020.</p> <p>During its consideration of the report, the Committee raised the following matters:</p> <ol style="list-style-type: none"> 1. Members noted that local performance during Q3 was the best that it has been since the Council first introduced the Corporate Scorecard reporting framework 2. A reported decline in aspects of performance in Housing, Planning, Leisure and Adult Services during Quarter 3 was noted and the Committee supported the mitigation measures introduced in

		<p>order to have a positive impact on performance over the coming months</p> <ol style="list-style-type: none"> 3. Timely response to complaints by Social Services was reported as an issue in Qtr 3 and the Committee expressed concerns regarding this decline in performance 4. Concerns were expressed by the Committee regarding a dip in local performance against Performance Indicator 38 → % of waste reused, recycled or composted. The Committee supported the mitigation measures in place to impact positively on performance 5. The Committee also noted its concern about managing expenditure in Adults' Services because of increasing demand for care services <p>Having considered all the information presented as well as the clarifications provided by the Portfolio Holders / officers on the points raised, it was resolved that the Committee –</p> <ul style="list-style-type: none"> • Notes the areas which the Senior Leadership Team is managing to secure improvements into the future as outlined in the report – in order to address underperforming areas and Complaints Management in Social Services • Recommends the mitigation measures for those areas set out in the report
9	Local Members	

F - Appendices:

Appendix A - Scorecard Quarter 3

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

- 2019/20 Scorecard monitoring report - Quarter 2 (as presented to, and accepted by, the Executive Committee in November 2019).

SCORECARD MONITORING REPORT – QUARTER 3 (2019/20)

1. INTRODUCTION

- 1.1. One of the Council's duties under the Wales Programme for Improvement is to make arrangements to secure continuous improvement in the exercise of our services. We are required to put in place arrangements which allow us effectively to understand local needs and priorities, and to make the best use of our resources and capacity to meet them and evaluate the impact of our actions.
- 1.2. Our Council Plan for 2017 to 2022 identifies the local needs and priorities and sets out our aims for the period. The delivery of the Council Plan is delivered through the realization of the Annual Delivery Document (ADD).
- 1.3. This scorecard monitoring report is used as part of this process to monitor the success of our identified Key Performance Indicators (KPIs), a combination of local and nationally set indicators, in delivering the Councils day to day activities. The report also identifies any mitigating actions identified by the Senior Leadership Team (SLT) to drive and secure improvements.
- 1.4. The scorecard monitoring report has been in use since 2013 and the development of this report amongst other performance related improvements have contributed to the Council's current performance management framework. This embedded performance management approach has resulted in a continuous improvement culture within the council, improvements in performance against targets, as well as an improvement in our performance nationally.
- 1.5. The scorecard (appendix 1) portrays the current end of Q3 position and will (together with this report) be considered further by the Corporate Scrutiny Committee and the Executive during March.

2. CONTEXT

- 2.1. It was agreed as part of the previously noted workshop that some changes were required of the Scorecard this year to ensure a greater strategic approach. To that end, the performance monitoring KPIs have been aligned to the Councils' three strategic objectives:
 - Objective 1 - Ensure that the people of Anglesey can thrive and realise their long-term potential
 - Objective 2 - Support vulnerable adults and families to keep them safe, healthy and as independent as possible
 - Objective 3 - Work in partnership with our communities to ensure that they can cope effectively with change and developments whilst protecting our natural environment
- 2.2. It will not be possible to publish information for all KPIs on the Scorecard on a quarterly basis due to the nature of data collection methods. When this is the case, a note will indicate how often the KPI is monitored and when the data will be available for collection, e.g. (annual) (Q4), (termly) (Q3).

3. CORPORATE HEALTH PERFORMANCE

- 3.1. It is encouraging to note that the majority (71%) of the indicators monitored are continuing to perform well against targets (Green or Yellow RAG) as was the case at the end of Q2. Some of the highlights are noted below.
- 3.2. Attendance at work is GREEN at the end of Q3.
- 3.3. The digital strategy continues to see the main developments progress during Q3 where the majority of indicators under the digital service shift subheading sees an upward trend compared to Q3 of 2018/19 where all but 1 indicator (No of visits to Council Website) demonstrate an increase, although this is predicted to increase in Q4 due to the consultations currently being undertaken on School Modernisation and the Budget. The number of web and telephone payments (items 12+13) see an increase of over 2700 payments compared to the same period in 2018/19. As explained previously, this is positive as studies undertaken by SOCITM (Society for innovation, technology and modernisation) demonstrate that digital transaction costs are lower than face to face contact costs.
- 3.4. There continues to be no cause for concern with the customer service charter sub heading where the majority (75%) of indicators are performing well against targets. The only indicator which is RED against target is item 04b - the % of written complaints responded to by Social Services within 15 days. 29 of the 31 (94%) complaints were discussed with the complainant within timescale whilst 20 of the 31 (65%) complaints were written to within timescale.
- 3.5. Some of the lessons learnt from complaints upheld include:
- Internal co-ordination required when an enquiry relates to other services,
 - Process of making adjustments or write offs to be reviewed and the need to recognise and record a complaint,
 - System to be put in place for bus companies to inform the Council of any issues with school buses.
- 3.6. The financial management section currently forecasts, on the basis of the financial position at the end of the third quarter, that the Council will overspend its revenue budget, for the year-ending 31 March 2020, by £1.246m. The service budgets are expected to overspend by £1.096m and corporate finance is forecast to overspend by £0.008m. A shortfall of £0.142m is expected on the standard Council Tax. The historic trend over the last few years has been that Corporate Finance and Council Tax Council had significant underspends/surplus of income which has helped to reduce the overspends in service costs. Unfortunately, for 2019/20 these budgets are also under pressure and will not be available to fund service overspends.
- 3.7. The Adults Service budgets are under significant pressure due to increasing demand and the transition of a costly placement from Children's Services. This increasing demand is something that can be seen on a Wales and UK basis due to an ageing population.

- 3.8. It is the normal pattern for the final outturn position to be better than the first few quarters estimate, however, if the projected overspend transpires, it would be funded from the Council's general balances which would reduce to £5.035m.
- 3.9. This reduction weakens the Council's financial position but vindicates the decision not to use general balances to fund part of the 2019/20 budget. Previously the Executive agreed to the introduction of Service Reserves where any Service that has an underspend at year-end is permitted to retain up to 2.5% of their net annual budget or £75k (whichever is highest) in order to reinvest in their Service to improve future resilience. Based on the position at the end of Quarter 3, this would result in Services retaining £0.427m reducing the general reserve to £4.608k. This is well below the minimum balance of the general reserve which has been set at £6.7m as approved by full Council on 27th February 2019.
- 3.10. Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q3' which will be discussed in The Executive meeting on the 2nd March.
- 3.11. What this demonstrates therefore is the reasonable assurance which can be provided through the use of the scorecards analysis that the Council's day to day activities in managing its people, its finances and serving its customers are delivering against their expectation to a standard which is appropriate and agreed by Members. This is also reflected in the fact that the indicators from a performance management perspective are also demonstrating good performance.

4. PERFORMANCE MANAGEMENT

- 4.1. At the end of Q3 it is encouraging to note that a high majority (86%) of performance indicators continue to perform above target or within 5% tolerance of their targets. This once again compares favourably to the performance seen during the first half of the year as well as to Q3 in 2018/19. We do note however that five indicators are underperforming against their targets and are highlighted as being Red or Amber in the Scorecard.
- 4.2. Performance for **Objective 1** at the end of Q3 has been good where only two indicators against the objective are currently underperforming, an additional one compared to Q2. This equates to 17% of the 12 PIs monitored this quarter.
- Indicator 8 – Number of visits to leisure centres – which is AMBER with a performance of 385k visits against a target of 396k visits. This is a decrease of 19k compared to the 404k seen in Q3 2018/19, however it remains 21k higher than the 364k seen in Q3 2017/18.

The number of visits has been lower this year when compared to the performance of 2018/19, however this was a particularly busy year compared to the previous 5 years. The target set for this year was based on the performance of a busy 2018/19. Due to some essential maintenance and upgrades to the leisure centres, it has not been possible to reach the proposed targets so far this year. However, the number of direct debit payments have increased over the last year, thereby ensuring that a

consistent income stream is received when visitor numbers don't reach targets.

An increase in the figures in the January to March period is expected which should result in a performance closer to the target. However upgrades to the Plas Arthur fitness room, the sports hall at Holyhead Leisure Centre, and the repair of storm damage caused by Storm Ciara at David Hughes Leisure Centre will have an impact on Q4 performance.

Into Q4, we will continue to promote the activities available in our Leisure Centres via MonActif as well as ensure that all activities are accurately recorded on the electronic computer systems.

- Indicator 17 – Landlord Services: Average number of days to complete repairs – which is RED with a performance of 15.49 days against a target of 12 days. This is higher than the 9.95 days seen in Q3 2018/19 and the 15.14 days seen at the end of Q2.

As explained in the Q2 report, following a change in the Repairs and Maintenance Policy in October 2018 there has been an impact on this indicator. Work orders are now prioritised for completion within 12 hours, 48 hours, 5 days, 20 days and 3 months dependant on the urgency of the work. Previous work orders could also be set for 10 days and 15 days which is no longer an option.

The Housing Service will continue to monitor this indicator and take action as necessary with a view to improving the performance.

We are pleased that 94% of the works orders have been completed on time in relation to the Repairs and Maintenance Policy, October 2018.

4.3. Performance against the indicators for **Objective 2** demonstrate that only two indicators of the 17 monitored in Q2 (12%) are currently underperforming for the objective.

- Indicator 19 – Rate of people kept in hospital while waiting for social care per 1000 population aged 75+ is RED with a performance of 6 against a target of 3. This performance is similar to the 5.6 seen in Q3 2018/19.

Our challenges with regards to reablement performance have become clearer since we implemented our area based domiciliary care contracts. Those contracts are generally supporting people to be discharged quickly when they have established packages in place. However due to the pressure of ensuring that we provide reablement to all people new to services we are at present struggling to ensure sufficient capacity. To address this we are both aiming to ensure those receiving reablement do actually require it, and that our service works to move individuals when they reablement period is complete at the right time.

Capacity to support those with EMI (Elderly Mental Illness) in the residential and nursing sector has also contributed to this overall picture

We continue to strengthen our partnership with BCUHB to facilitate swift discharges from all hospitals, with particular attention turning to our Community Hospitals. Additionally we will be reviewing our internal processes by having weekly meetings with our reablement provider to ensure timely discharges from all hospitals.

- Indicator 36 - Landlord Services: Percentage of rent lost due to properties being empty is RED on the scorecard with 1.55% lost against a target of 1.15%

This indicator is directly linked with indicator 35 on the Scorecard, the average number of calendar days to let lettable units of accommodation which improved during the last two quarters. The poor performance of that indicator in Q1 had an impact on this KPI and it has not been possible to claw back as much as hoped.

We will continue to implement the new streamlined process identified in Q1 to improve the performance of this indicator.

4.4. The indicators to monitor **Objective 3** have also performed well in Q3, however one indicator of the seven (14%) monitored for the objective has underperformed against target.

- Indicator 43 - Percentage of planning enforcement cases investigated within 84 days – which is AMBER with a performance of 69% against a target of 80%. This is a new indicator for the Scorecard this year. Performance of this indicator was 17% during Q4 2018/19, 55% at the end of Q1 and 69% at the end of Q2.

There continues to be good progress being made given the historic backlog of work in this area and the current performance demonstrates a significant increase as new processes are embedded, capacity and expertise is improved, and the backlog is cleared. It is anticipated that this improvement will continue for the remainder of the financial year with an expectation of starting at a stronger position in 2020/21.

4.5. Overall the performance in Q3 compares favourably to the performance seen during the first half of the year and it is encouraging that 86% of performance indicators continue to perform above target (Green) or within 5% tolerance (Yellow).

5. RECOMMENDATIONS

5.1. 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 –

- Underperformance is recognised and managed with mitigation measures completed to aide improvement during Q4 and that continuous scrutiny of financial performance is undertaken with particular emphasis and support

given to the services under pressure due to the increasing demand so that their management of performance does not decline or underperform into Q4.

5.2. The committee is asked to accept the mitigation measures outlined above.

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q3 2019/20

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed Ch/ Q Target	Targed Bl / Yr Target	Canlyniad 18/19 Result	Canlyniad 17/18 Result
Objective 1 - Ensure that the people of Anglesey can thrive and realise their long-term potential							
1) Percentage of pupil attendance in primary schools (tymhorol) (Q3)	Gwyrdd / Green	↑	94.60%	93.90%	93.90%	94.20%	93.90%
2) Percentage of pupil attendance in secondary schools (termly) (Q3)	Melyn / Yellow	↓	91.42%	92.70%	92.70%	92.70%	93.30%
3) Percentage of Year 11 leavers not in Education, Training or Employment [NEET] (annual) (Q4)	-	-	-	-	-	1.10%	4.20%
4) Average Capped 9 score for pupils in year 11 (annual) (Q3)	Melyn / Yellow	-	345.4	349	349	349.1	335.9
5) Percentage of pupils assessed in Welsh at the end of the Foundation Phase (annual) (Q4)	-	-	-	-	-	0.883	72.60%
6) Percentage of year 11 pupils studying Welsh [first language] (annual) (Ch4)	-	-	-	-	-	0.65	63.70%
7) Percentage of Quality Indicators (with targets) achieved by the library service (annual) (Q3)	Gwyrdd / Green	-	75%	75%	75%	-	-
8) Number of visits to leisure centres	Ambr / Amber	↓	386k	396k	-	553k	508k
9) Percentage of food establishments that meet food hygiene standards	Gwyrdd / Green	⇒	98%	95%	95%	98%	98.00%
10) Percentage of high risk businesses that were subject to planned inspections that were inspected to ensure compliance with Food Hygiene Legislation	Gwyrdd / Green	↑	96%	90%	90%	-	-
11) Percentage of NERS clients who completed the exercise programme	Gwyrdd / Green	↓	74%	50%	50%	70%	-
12) Percentage of NERS clients whose health had improved on completion of the exercise programme	Gwyrdd / Green	↓	84%	80%	80%	83%	-
13) Number of empty private properties brought back into use	Gwyrdd / Green	↑	88	56	75	78	75
14) Number of new homes created as a result of bringing empty properties back into use	Gwyrdd / Green	↑	3	3	4	9	4
15) Number of additional affordable housing units delivered per 10,000 households (annual) (Q4)	-	-	-	-	-	-	-
16) Landlord Services: Percentage of homes that meet the Welsh Housing Quality Standard (WHQS)	Gwyrdd / Green	⇒	100%	100%	100%	100%	-
17) Landlord Services: Average number of days to complete repairs	Coch / Red	↓	15.49	12	12	13.63	-
18) Percentage of tenants satisfied with responsive repairs (annual) (Q4)	-	-	-	-	-	-	-
Objective 2 - Support vulnerable adults and families to keep them safe, healthy and as independent as possible							
19) Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	Coch / Red	↓	6	3	3	7.78	6.58
20) The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	↑	91.07%	90.00%	90.00%	90.91%	93.25%
21) The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later	Gwyrdd / Green	↑	44.4%	35.00%	35.00%	30.87%	59.26%
22) The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	Gwyrdd / Green	↑	63.43%	62.00%	62.00%	62.84%	62.65%
23) 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	↑	18.3	19	19	17.35	17.44
24) 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	↑	97.40%	93.00%	93%	93.30%	96.00%
25) Percentage of child assessments completed in time	Gwyrdd / Green	↑	92.51%	90.00%	90.00%	86.17%	67.57%
26) Percentage of children in care who had to move 3 or more times	Gwyrdd / Green	↑	5.88%	7.50%	10%	10%	9.00%
27) The percentage of referrals of children that are re-referrals within 12 months	Melyn / Yellow	↑	12.68%	10.00%	10%	16.87%	-
28) 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)	Gwyrdd / Green	↓	232	270	270	241	326.5
29) The percentage of referrals during the year on which a decision was made within 1 working day	Gwyrdd / Green	↑	98.69%	95%	95%	98%	-
30) The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations	Melyn / Yellow	↑	86.52%	90.00%	90.00%	86.17%	63.32%
31) Percentage of households successfully prevented from becoming homeless	Gwyrdd / Green	↑	75.11%	60.00%	60.00%	-	-
32) Percentage of households (with children) successfully prevented from becoming homeless	Gwyrdd / Green	↑	80.30%	60.00%	60.00%	55%	65.20%
33) Average number of calendar days taken to deliver a Disabled Facilities Grant	Gwyrdd / Green	↑	157.2	170	170	161.9	177
34) Decision Made on Homeless Cases within 56 days (annual) (Q4)	-	-	-	-	-	-	-
35) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Melyn / Yellow	↓	22.4	21	21	-	-
36) Landlord Services: Percentage of rent lost due to properties being empty	Coch / Red	↑	1.55%	1.15%	-	1.3%	-
Objective 3 - Work in partnership with our communities to ensure that they can cope effectively with change and developments whilst protecting our natural environment							
37) Percentage of streets that are clean	Melyn / Yellow	↓	94.77%	95%	95%	95.60%	93.60%
38) Percentage of waste reused, recycled or composted	Melyn / Yellow	↓	68.02%	70%	70%	69.86%	72.20%
39) Average number of working days taken to clear fly-tipping incidents	Gwyrdd / Green	↓	0.99	1	1	0.2	-
40) Kilograms of residual waste generated per person	Gwyrdd / Green	↑	154.84kg	180kg	240kg	240kg	236kg
41) Percentage of all planning applications determined in time	Gwyrdd / Green	↓	90%	90%	90%	80.0%	86.0%
42) Percentage of planning appeals dismissed	Gwyrdd / Green	↑	67%	65%	65%	74.0%	47.0%
43) Percentage of planning enforcement cases investigated within 84 days	Ambr / Amber	↓	69%	80%	80%	-	-
44) Percentage of A roads in poor condition (annual) (Q4)	-	-	-	-	2.90%	2.90%	0.029
45) Percentage of B roads in poor condition (annual) (Q4)	-	-	-	-	3.80%	3.80%	0.042
46) Percentage of C roads in poor condition (annual) (Q4)	-	-	-	-	8.70%	8.70%	0.089

Red - more than 10% below target and/or needing significant intervention Amber - between 5% & 10% below target and/or requiring some intervention
 Yellow - within 5% of target Green - on or above target

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q3 2019/20

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 18/19 Result	Canlyniad 17/18 Result
Siarter Gofal Cwsmer / Customer Service Charter						
01) No of Complaints received (excluding Social Services)	Gwyrdd / Green	↓	53	57	76	71
02) No of Stage 2 Complaints received for Social Services	-	↑	8	-	8	9
03) Total number of complaints upheld / partially upheld	-	↓	19	-	27	28
04a) Total % of written responses to complaints within 20 days (Corporate)	Gwyrdd / Green	↓	92%	80%	93%	92%
04b) Total % of written responses to complaints within 15 days (Social Services)	Coch / Red	↑	65%	80%	57%	-
05) Number of Stage 1 Complaints for Social Services	-	↓	31	-	44	51
06) Number of concerns (excluding Social Services)	-	↓	65	-	62	112
07) Number of Compliments	-	↑	434	-	513	753
08) % of FOI requests responded to within timescale	Gwyrdd / Green	↓	84%	80%	81%	78%
09) Number of FOI requests received	-	↓	644	-	1052	919
Newid Cyfrwng Digidol / Digital Service Shift						
10) No of Registered Users on AppMôn / Website	-	↑	13k	-	8.2k	-
11) No of reports received by AppMôn / Website	-	↑	5.7k	-	4.7k	2k
12) No of web payments	-	↑	10.1k	-	-	-
13) No of telephone payments	-	↑	5.3k	-	-	-
14) No of 'followers' of IOACC Social Media	-	↑	32.5k	29.5k	29.5k	25k
15) No of visitors to the Council Website	-	↓	566k	-	-	-

Rheoli Pobl / People Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 18/19 Result	Canlyniad 17/18 Result
01) Number of staff authority wide, including teachers and school based staff (FTE)	-	-	2177	-	-	-
02) Number of staff authority wide, excluding teachers and school based staff(FTE)	-	-	1230	-	-	-
03a) Sickness absence - average working days/shifts lost	Gwyrdd / Green	↓	6.72	6.98	-	-
03b) Short Term sickness - average working days/shifts lost per FTE	-	-	2.89	-	-	-
03c) Long Term sickness - average working days/shifts lost per FTE	-	-	3.82	-	-	-
04a) Primary Schools - Sickness absence - average working days/shifts lost	Gwyrdd / Green	↑	5.72	6.87	-	-
04b) Primary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	2.71	-	-	-
04c) Primary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	3.01	-	-	-
05a) Secondary Schools - Sickness absence - average working days/shifts lost	Ambr / Amber	↓	6.48	6.12	-	-
05b) Secondary Schools - Short Term sickness - average working days/shifts lost per FTE	-	-	2.76	-	-	-
05c) Secondary Schools - Long Term sickness - average working days/shifts lost per FTE	-	-	3.72	-	-	-
06) Local Authority employees leaving (%) (Turnover) (Annual) (Q4)	-	-	-	11%	11%	-
07) % of PDR's completed within timeframe (Annual) (Q4)	-	-	-	80%	84%	90.50%

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	↓	£98,676,313	£99,298,170	0.63%	-	-
02) Forecasted end of year outturn (Revenue)	Coch / Red	↑	£135,210,190	-	-	£136,456,183	0.92%
03) Forecasted end of year outturn (Capital)	-	-	£28,240,000	-	-	£17,941,000	-36.47%
04) Achievement against efficiencies	Ambr / Amber	↓	£2,561,000	-	-	£2,133,800	-16.68%
05) Income v Targets (excluding grants)	Gwyrdd / Green	↓	-£8,078,896	-£9,005,732	11.47%	-	-
06) Amount borrowed	-	⇒	£2,184,000	-	-	£0	0.00%
07) Cost of borrowing	Gwyrdd / Green	⇒	£4,262,730	-	-	£4,260,516	-0.05%
08) % invoices paid within 30 days	Melyn / Yellow	↓	-	82.55%	-	-	-
09) % of Council Tax collected (for last 3 years)	Gwyrdd / Green	↑	-	99.10%	-	-	-
10) % of Business Rates collected (for last 3 years)	Gwyrdd / Green	↑	-	98.90%	-	-	-
11) % of Sundry Debtors collected (for last 3 years)	Melyn / Yellow	↑	-	97.30%	-	-	-
12) % Housing Rent collected (for the last 3 years)	Melyn / Yellow	↑	-	99.84%	-	-	-
13) % Housing Rent collected excl benefit payments (for the last 3 years)	-	↑	-	99.63%	-	-	-