ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	**EXECUTIVE / CORPORATE SCRUTINY COMMITTEE**
DATE:	**March 14th 2015**
SUBJECT:	**SCORECARD MONITORING REPORT - QUARTER 3 (2015/16)**
PORTFOLIO HOLDER(S):	**COUNCILLOR ALWYN ROWLANDS**
HEAD OF SERVICE:	**SCOTT ROWLEY**
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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 2015/16.

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 for Q3.

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 People Management - continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council

1.3.2 Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the Q3 finance report considered at this meeting.

1.3.3 Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during Q4.

1.3.4 Customer Service – The continued implementation of the action plan in response to the Ombudsman Reports.

	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?** **What did they say?**

1	**Chief Executive / Strategic Leadership Team (SLT)** (mandatory)	This was considered by the SLT at their meeting on the 16th of February and their comments are reflected in the report
2	**Finance / Section 151** (mandatory)	No further comment
3	**Legal / Monitoring Officer** (mandatory)	No further 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 3, 2015/16 & Scorecard

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

- 2015/16 Scorecard monitoring report - Quarter 2 (as presented to, and accepted by, the Executive Committee on 30th November 2015).

APPENDIX A: SCORECARD MONITORING REPORT – QUARTER 3 (2015/16)

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 board. To that end, on an annual basis, a performance report has been drafted and published at the end of October, which demonstrates progress.

   1.2   This scorecard was developed in parallel to identify and inform Council leaders of progress against indicators which explicitly demonstrates the successful implementation of the Council's day to day work and assists in providing the evidential base from which the performance report is drafted.

   1.3   The scorecard continues to develop and embed, reflecting those changes that have been undertaken to traditional systems and practices within the Council. This year's indicators included within the scorecard (similar to last year) have been decided through a process of engagement and consultation with the Penaethiaid, Senior Leadership Team, the Executive and Shadow Executive.

   1.4   The scorecard (Appendix 1) portrays the current end of Q3 position and will be considered further by the Corporate Scrutiny Committee and the Executive during March.

2. **CONSIDERATIONS**

   2.1   This is the third year of collating and reporting performance indicators in a co-ordinated manner. The Council is now seeing trends establish themselves with regards to a number of those indicators and SLT / Scrutiny and Executive comments are having an impact on operational delivery.

   2.2 **PEOPLE MANAGEMENT**

   2.2.1 With regard to Absence Management, Q3 performance showed a slight improvement (3.07 Days Sick per FTE) in performance when compared to the same period in 2014/15 (3.21 Days Sick per FTE). However, sickness for the period April to December continues to be worse (8.4 Days Sick per FTE) when compared to the same period in 2014/15 (8.33 Days Sick per FTE).

   2.2.2 This along with the underperformance in the first half of the year means that we are on course to hit 11.73 Days Sick per FTE this year (Table 1) and therefore 1.73 Days Sick per FTE over our target of 10 Days Sick per FTE. This is a 0.2 day decline in performance based on 14/15 figures.

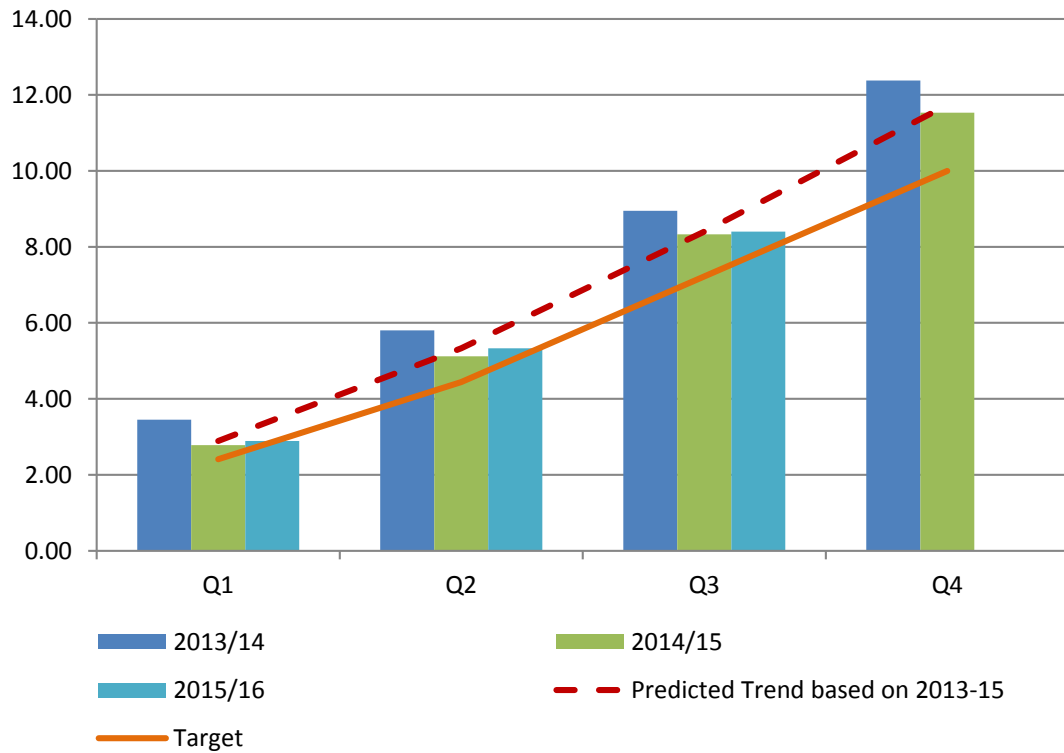## Sickness absence - average working days/shifts lost

Table 1

2.2.3 Analysis of the associated data shows that one of the main reasons for not achieving our corporate target in Q3 of 7.5 days sick per FTE, was due to Long Term Sickness rates which continue to be high. During Q3 we saw an approximate 3,800 working days lost due to long term sickness as noted in Table 2 below.
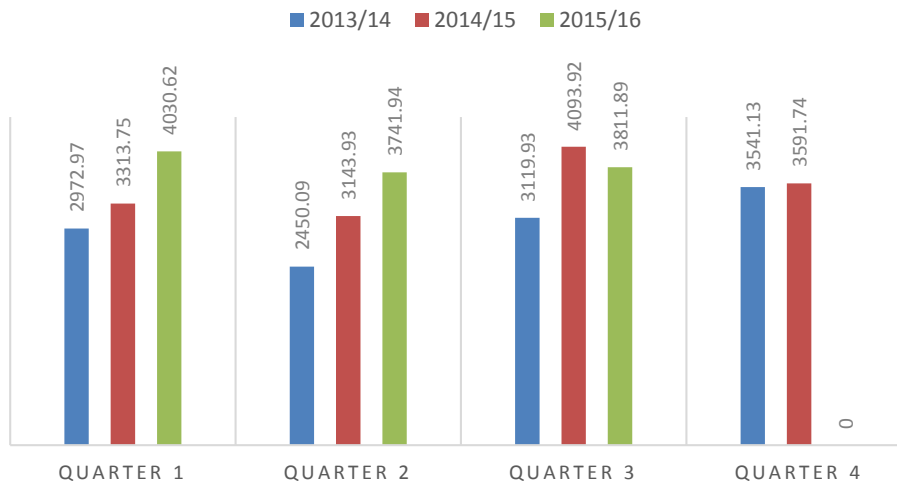
LONG TERM SICK DAYS

Table 2

2.2.4 There is however evidence that improvement work on Long Term sickness undertaken in Q2 and Q3 has seen, for the first time this year, an improvement when compared to 2014/15, although there is still some improvement to be made to reach performance of 2013/14.

2.2.5 It is believed that this improvement work should also show an improvement in Long Term sickness rates for Q4 and into the new financial year.

2.2.6 Our short term sickness for Quarter 3 (3318 days) improved slightly from the same period last year (3370 days). The recommendations agreed (in previous reports) and enacted upon to tackle short term sickness continue to show improvement and can be evidenced in Table 3 below.
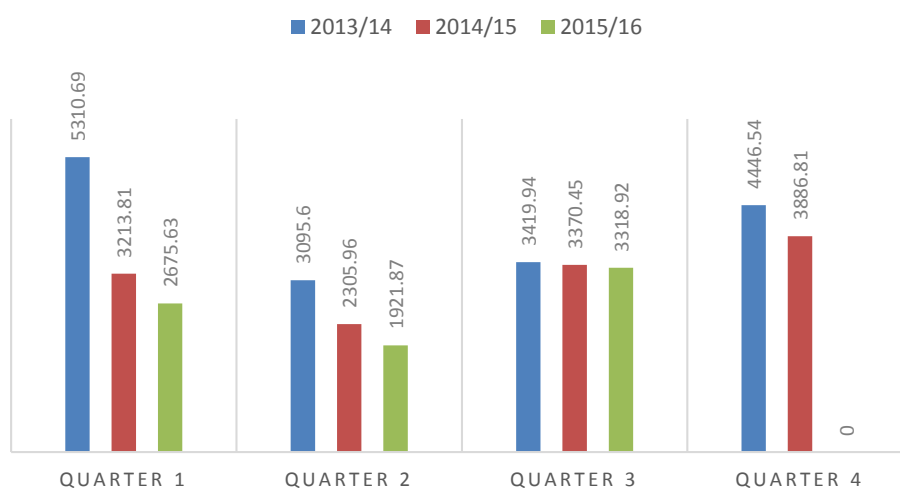
SHORT TERM SICK DAYS

■2013/14 ■2014/15 ■2015/16

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
2013/14	5310.69	3095.6	3419.94	4446.54
2014/15	3213.81	2305.96	3370.45	3886.81
2015/16	2675.63	1921.87	3318.92	0

Table 3

2.2.7 Whilst this is a positive step in the right direction the overall picture does demonstrate poor performance in comparison with previous years and the rest of Local Authorities in Wales where it is evidenced that our performance will continue to be placed in the lower quartile and perhaps worsen our overall position.

2.2.8 During Q3 the Council's Heads of Service implemented agreed options to improve Long Term Sickness, focussing efforts on the Long Term Sickness cases which could be influenced in accordance with our Managing Absence Policy. The work undertaken has already seen an improvement and expectations are that these improvements will continue to be evidenced during Q4 and into 2016/17.

2.2.9 Associated with sickness rates is the 'management' of sickness. An integral part of the management process within the Council is staff's compliance with corporate sickness policies which include return to work interviews (*indicator 5 on scorecard*).

2.2.10 The Council has embedded this working practice across its services and analysis of the data now appears to indicate a plateau in Return to Work (RTW) interviews being held within 5 working days (Table 4).
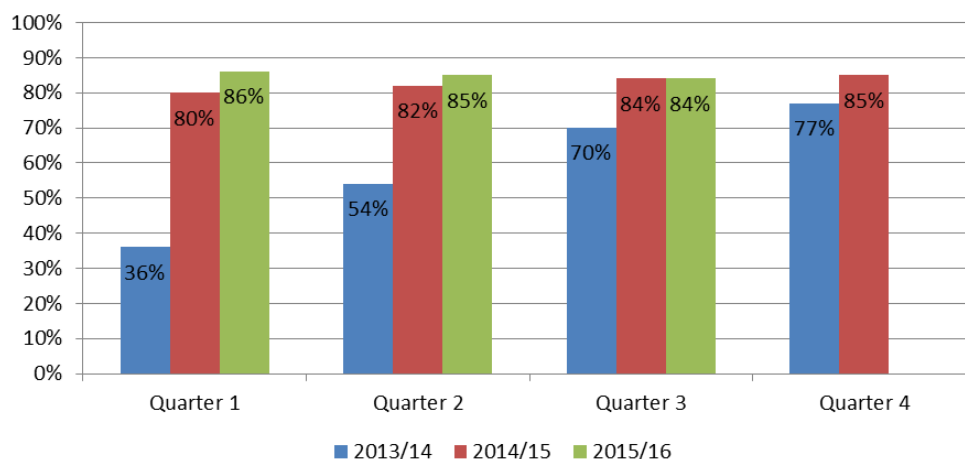
% Return to Work Interviews Held

Table 4

2.2.11 Further work has been undertaken during Q3 with regards to the ensuring the Attendance Review Meetings (ARMs) are completed. To date there have been 243 members of staff that have hit the trigger point for an ARM.

2.2.12 The SLT therefore recommends –

- To continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.

2.2.13 The '% of staff with a Disclosure Barring Service (DBS) Certificate' (item 14 on the people management section) now includes data from all services and is, at the time of writing this report, showing 98% of staff have a DBS in place. The remaining 2% of staff are in the process of applying for a DBS.

2.3 FINANCIAL MANAGEMENT

2.3.1 The overall projected financial position for 2015/16 on services is an overspend of £390K which is less than 1% (0.31%) of the Council's net budget for 2015/16. This is a significant improvement on the forecast overspend of £980K (0.78%) which was reported during quarter 2.

2.3.2 The predicted outturn includes an overspend of £476K on Children's Services which is the result of an overspend on looked after children. The demand against this budget is difficult to control as the costs relate to statutory services to safeguard and promote the wellbeing of children in the authority's care. The Executive is being asked to fund this from the Council's general reserves. If this is approved the outturn would reduce by this amount though council reserves will also have reduced.

2.3.3 In addition the net impact of council tax collection is shown in this quarter's forecast. An over-achievement on the collection of council tax of £153K is predicted. However, a provision of £213K for bad debt on council tax is being recommended to ensure the council is prudent and provides for the risk of non-payment of council tax. The net impact of council tax on the council fund is therefore an overspend of £60K.

2.3.4 If the overspend on Children's is funded by general reserves the estimated outturn after the impact of council tax is predicted to be an underspend of £26K.

2.3.5 The SLT recommends:-
- That the position set out in respect of financial performance to date, the projected year end deficit, and actions being taken to address this are noted

2.4 PERFORMANCE MANAGEMENT

2.4.1 The scorecard for Performance Management has been amended for 2015/16 to show performance against indicators requested by the Senior Leadership Team, Executive and Shadow Executive. The following provides the narrative against the challenges and drive needed to further succeed in 2015/16.

2.4.2 At the end of Q3 we note that 3 indicators are RED against their annual target for the year and 8 indicators which are AMBER.

2.4.3 One indicator within <u>Adult Services</u> continues to be RED on the scorecard from Q2 –

    (i) *03 - LI/018b - the % of carers of Adults who requested an assessment or review that had an assessment or review in their own right during the year* which shows as **AMBER** on the scorecard. The result for Q3 (86.3%) is below the target of 93%, it is however an improvement on the Q2 performance of 77.9% and also shows that the mitigating actions from the Q2 Scorecard Report are making a difference. Since April 2015 a total of 443 requested an assessment or where due review and 382 of these were assessed. 61 are awaiting assessment or review

    Mitigation - A list of outstanding reviews and assessments as well as future Q4 reviews have been passed to the carers team to action during Q4. An internal review of the data held within the carers systems has also been implemented resulting in any changes to the citizens circumstances being updated on the carers systems in a timely manner.

2.4.4 Four indicators within <u>Childrens Services</u> shows as **AMBER** –

    (i) SCC/002 - During the year, the percentage of children looked after at 31 March, who have experienced one or more changes of school, during the periods of being looked after, which were not due to transitional arrangements – Q2 16.18%, Target – 15% **AMBER**. This compares with a performance of 16.67% for Q2, which was also discussed in the Q2 Scorecard Report.

    The service endeavours to ensure that our Looked after children are able to continue their schooling in their current school wherever possible. Sometimes it is better for the child to change school rather than travel many miles to school,

every morning and afternoon; however each decision for a change of school is always only undertaken after looking at all the positives and negatives of such a change. Therefore this PI is very difficult to adhere to, due to each individual child's circumstances, wishes and requirements. In the period up to the end of Q3, 10 children changed school and 8 of these were in accordance with their permanency plans, whilst the remainder moved into residential settings.

(ii)   *SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations* Q3 – 86.54% Target – 100% **AMBER**. This is a decline on the performance of 90.52% in Q2. This indicator was also discussed in the Q2 Scorecard Report.

The number of children looked after has increased by 30% since April 2015, therefore a number of visits have been late because of this increase in demand. Unfortunately the resources within the service has found it difficult to maintain targets. This has been further exacerbated by staff ill health.

    . **Mitigation** to improve these standards for Q4 are as follows –

- FIT team capacity to be reviewed as demands have increased. Service Manager and Team will to continue to address this.
- Sickness absence / Annual leave to be continually managed via the corporate policies and procedures with monthly updates recorded.
- The trackers system to continue to be used weekly and system to be devised to ensure visits are completed when staff are on leave or there are sickness absences.

(iii)   SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required; Q3 – 79.17%, Target – 90%, **AMBER**. This is down when compared with a performance of 86.36% during Q2 when it was Green on the Scorecard.

Three After Care young people have adamantly refused to receive a service, therefore it has not been possible to plan or create a pathway plan for them. No mitigating actions have been identified.

(iv)   SCC/043a: The % of required core assessments completed within 35 working days; Q3 – 76.29%, Target 85, **AMBER**. This result is slightly up on the performance of 75.81% in Q2 where it was discussed in the Q2 Scorecard Report.

The number of our children under a Child Protection Plan has now increased by 100% since April, so the number of required core assessments has also increased. Unfortunately the resources within the service has found it difficult to maintain targets. This has been further exacerbated by staff ill health

Mitigation – to improve these standards during Q4 the following will continue to be actioned –

- Team Managers to remind staff of related timescales, individual staff members to be addressed via reflective discussions and the tracker system to be updated.

2.4.5 Two indicators within <u>Learning</u> continues to show an underperformance from Q2 –

(i) 18 – LCL/004: The number of library materials issued during the year is AMBER on the scorecard with a performance of 214k issues compared to a target of 225k issues.

Library materials issued are under target and slightly down on 2014/15 figures but the library service has set a high target (above last years performance) as a mechanism for improvement. This is challenging given the economic and staffing realities. These figures exclude e-resources which are increasing.

Mitigation – to improve the issues during Q4 the service will –

- Continue to promote reading and borrowing through engaging in Reader Development Activities.

(ii) 13 – Number of days lost to temporary exclusion – Secondary is RED on the scorecard with a performance of 155.5 days lost compared to the annual target of 94 days lost.

There have been many serious incidents in 2 schools over the period. The Education Officer has carried out awareness-raising sessions with both schools and has given additional resources, namely time with a specialist teacher for both schools.

Mitigation – to improve matters during Q4

- The Education Officer will visit the schools to undertake a follow up visit to the awareness-raising sessions.

2.4.6 One indicator continues to show an underperformance from Q2 in Q3 within <u>Economic & Community Regeneration</u> –

(i) *19 – LCS/002b – The number of visits to local authority sport and leisure centres during the year where visitors will be participating in physical activity* is **RED** on the scorecard. The result of 324k against a target of 383k.

Participation numbers are lower than anticipated however the service set a challenging target at the start of the year. Severe weather has also impacted upon Leisure Centre Participation figures during Q3. There was damage to Amlwch, Holyhead and Llangefni Leisure Centres during the period of severe weather in Q3.

Mitigation – the following will be implemented during Q4:

- It is expected that the number of participants at Leisure Centres at the end of Q4 will have increased as a result of the offer of new classes and Direct Debit Packages

2.4.7 Four indicators within the <u>Housing Service</u> shows an underperformance, all of which were discussed in the Q2 Scorecard Report –

(i)   20 - % of tenants satisfied with responsive repairs; Q3 - 88.5%, Target 92%; **AMBER**

Training for all operatives on the completion of Tennant Satisfactory Questionnaires (TSQs) is on-going. In addition, the delay in migration to EE from Vodafone has affected dynamic connectivity for accurate data transfer resulting in a potential loss of records. Trend for the KPI is up, this trend should continue for Q4 of 2015/16

Mitigation - A review of all operatives' returns will be carried out and further Tool Box Talks (TBT) arranged to ensure data is correctly captured

(ii)   21 – Average number of housing repair jobs completed per operative per day; Q3 – 3.2, Target – 6; **RED**
&
(iii)   22 - Productivity of workforce - % of time which is classified as productive; Q3 – 71.8%, Target – 75%; **AMBER**

Format for capturing number of jobs completed is under review as void property and day to day multi trade/multi Schedule of Rates orders are currently counted as single jobs within the KPI calculation. In addition cyclical servicing works orders are not contained within the calculation for the KPI. An element manual adjustment will be required.

Training for all operatives on the correct use of mobile devices implemented to improve capturing of timed activities. In addition, the delay in migration to EE from Vodafone has affected dynamic connectivity for accurate data transfer resulting in a potential loss of records.

Mitigation –. A Schedule of Rates will be built into the data collection system for future records. A further improvement should be seen in Q4.

(iv)   The average no. of calendar days to let lettable units of accommodation (excluding DTL's); Q3 – 38.4, Target – 25; **RED**

There is has been an improvement in the number of days properties are let. A new process is now in place and being implemented and is working well. However the service is still seeing a trend where properties are being refused mainly for personal reasons, and the time it takes to work through the housing waiting list.

Mitigation – to improve this for Q4 the following will be actioned -
- A review of all applicants on the waiting list is to be undertaken and all applicants will be interviewed. This review will improve the quality of data that is currently held and help the service better understand its customer base.

2.5   CUSTOMER SERVICE

2.5.1 Regarding Customer Complaints Management, by the end of Q3 45 Complaints were received and 4 Stage 2 Complaints in Social Services. All of the complaints have received a response and of these complaints 10 were upheld in full, 5 were partially upheld whilst the remaining 30 were not upheld.

2.5.2 During Q3 the Ombudsman upheld 2 complaints made about Childrens Services. There were 2 Ombudsman reports received in October and the service agreed 2 Action Plans based on the recommendations on both reports. One action plan has been completed during Q3 while progress is ongoing on the other.

2.5.3 The SLT recommends –
- The continued implementation of the action plan in response to the Ombudsman Reports.

2.5.4 There were 63 concerns recorded from April to December and of these concerns 33 related to Waste Management, 11 for Planning, 11 for Resources, 5 for Leisure, 2 for Housing and 1 for Highways. The majority of the Waste Management concerns relates to phone calls not being answered due to staffing shortages

2.5.5 In the Q2 Scorecard Report, the SLT recommended "a review of Waste Management Customer Services to be undertaken during Q3 to ascertain why there are a high number of concerns and also identify suitable solutions to the issues affecting its' current performance." This review has taken place during Q3 and there are positive discussions being held with regards to some of the solutions identified in the review.

2.5.6 The % of FOI requests responded to within timescale performed at 63.5% at the end of Q3 compared to 65% for the same period in 2014/15. It should be noted that this is still some way short of the target of 80%.

2.5.7 There were 605 FOI requests to the council between April and December with a total of 1951 questions needing to be responded to within timescale. This compares favourably with the 655 requests and 3122 questions needing to be responded to during the same period in 14/15.

2.5.8 During Q2 the Tenant Auditing Group (TAG) undertook an audit of the Council as part of the Customer Service Excellence Project. The aim of the mystery shop was to ensure all services within the council are adhering to the Customer Care Charter.

2.5.9 TAG presented the Audit report to the Customer Service Excellence Board in November. The board have accepted the recommendations and have agreed a process to action the recommendations.

2.5.10 During Q3 a process has been put in place within services to ensure that the way we respond to letters is professional and replicated throughout the council. The remaining recommendations will be implemented over the next few months as part of the Customer Service Excellence project.

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 People Management - continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs

within timescales as to further improve on our sickness rates, costs and management as a Council.

3.1.2 Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the Q3 finance report considered at this meeting.

3.1.3 Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during Q4.

3.1.4 The SLT recommends – The continued implementation of the action plan in response to the Ombudsman Reports.

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

Corporate Scorecard C-Q3

Gofal Cwsmer / Customer Service	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	Canlyniad 14/15 Result
01) No of Complaints received (excluding Social Services)	45	49	Gwyrdd / Green	⇨	65
02) No of Stage 2 Complaints received for Social Services	4	-	-	-	-
03) Total number of complaints upheld / partially upheld	15	-	-	-	-
04) Total % of complaints acknowledged within 5 working days	100%	100%	Gwyrdd / Green	⇨	100%
05) Total % of written responses to complaints within 20 days	72%	80%	Ambr / Amber	⬇	100%
06) Number of concerns (excluding Social Services)	63	-	-	-	71
07) Number of Stage 1 Complaints for Social Services	38	-	-	-	-
08) Number of Ombudsman referrals upheld	2	4	Gwyrdd / Green	⇨	-
09) Number of Compliments	580	-	-	-	-
10) % of FOI requests responded to within timescale	63.5%	80%	Coch / Red	⬇	-
11) Number of FOI requests received	605	-	-	-	-
12) Average 'rings' taken to answer telephone (1 Ring = 3 Sec)	3	5	Gwyrdd / Green	⇨	-
13) % of telephone calls not answered	12%	15%	Gwyrdd / Green	⇨	-
14) % of written communication replied to within 15 working days of receipt (Mystery Shop - Q2)	67%	-	-	-	-
15) % of written responses in the customers language of choice (Mystery Shop - Q2)	100%	-	-	-	-
16) % of telephone calls answered bilingually (Mystery Shop - Q2)	77%	-	-	-	-
17) % of staff that took responsibility for the customer query (Mystery Shop - Q2)	90%	-	-	-	-

People Management	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	14/15 Result
01) Sickness absence - average working days/shifts lost	8.4	7.5	Coch / Red	⬆	11.53
02) Short Term sickness - average working days/shifts lost per FTE	3.41	-	-	-	-
03) Long Term sickness - average working days/shifts lost per FTE	4.99	-	-	-	-
04) % of RTW interview held	84%	80%	Gwyrdd / Green	⬇	85%
05) % of stress related sickness	8%	9%	Gwyrdd / Green	⇨	5%
06) Number of employees that have hit trigger points requiring a Attendance Review Meeting (ARM)	-	-	-	-	-
07) Number of staff authority wide, including teachers and school based staff (FTE)	2321	-	-	-	2336
08) Number of staff authority wide, excluding teachers and school based staff(FTE)	1310	-	-	-	1362
09) % of PDR's completed within timeframe	76%	80%	Ambr / Amber	⬆	53%
10) Local Authority employees leaving (%) (Turnover) (Annual)	6%	-	-	-	-
11) Local Authority employees made redundant (compulsory)	13	-	-	-	-
12) Local Authority employees made redundant (voluntary)	5	-	-	-	-
13) No. of Agency Staff	22	-	-	⇨	21
14) % of staff with DBS Certificate (if required within their role)	98%	-	Gwyrdd / Green	⬇	-

Rheolaeth Ariannol / Financial Management	Gwariant / Spend (£)	Amrywiant / Variance (%)	CAG / RAG	Tuedd / Trend	14/15 Result
01) Forecasted end of year outturn	£124,620,000	0.00%	Gwyrdd / Green	-	-
02) Salary Year to Date Variance	£603,786	1.87%	Coch / Red	-	-
03) % of Budget spent on Salary	-	39.60%	-	-	-
04) Cost of agency staff	£718,283		Coch / Red	-	-
05) Cost of consultancy	£1,637,877		Ambr / Amber	-	-
06) Notional cost of sickness absence	£1,711,590	-	Coch / Red	-	-
07) Budget v Actuals (Transformation)	£338,853	10.73%	Coch / Red	-	-
08) Budget v Actuals (Childrens Services)	£249,112	5.11%	Coch / Red	-	-
09) Budget v Actuals (Economic & Community Regeneration)	£95,083	4.28%	Gwyrdd / Green	-	-
10) Achievement against efficiencies (Resources)	-£70,000	86.42%	-	-	-
11) Achievement against efficiencies (Childrens Services)	-£116,000	63.04%	-	-	-
12) Achievement against efficiencies (Adult Services)	-£80,000	19.66%	-	-	-
13) Income v Targets (excluding grants) (Housing)	£1,025,885	39.75%	Coch / Red	-	-
14) Income v Targets (excluding grants) (Resources)	£38,602	31.03%	Coch / Red	-	-
15) Income v Targets (excluding grants) (Childrens Services)	£75,961	19.67%	Coch / Red	-	-
16) % of Council Tax collected (for last 3 years)	98.8%	-	-	-	-
17) % of Business Rates collected (for last 3 years)	98.7%	-	-	-	-
18) % of Sundry Debtors collected (for last 3 years)	97.0%	-	-	-	-
19) % Housing Rent collected (for the last 3 years)	97.5%	-	-	-	-

Rheoli Perfformiad / Performance Management	Canlyniad / Actual	Targed / Target	CAG / RAG	Tuedd / Trend	Canlyniad 14/15 Result	Canlyniad 13/14 Result	Chwartel 14/15 Quartile
01) SCA/002b: The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	20.52	22	Gwyrdd / Green	⬆	22	23.28	Isaf / Lower
02) SCA/018a: The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	92.3	93	Gwyrdd / Green	⬇	93	92.87	Canolrif Isaf / Lower Median
03) LI/18b The percentage of carers of adults who requested an assessment or review that had an assessment or review in their own right	86.2	93	Ambr / Amber	⬆	93		-
04) SCA/018c: The % of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a	96.3	96	Gwyrdd / Green	⬇	96	96	-
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	91.8	90	Gwyrdd / Green	⬇	90	91.92	Isaf / Lower
06) SCC/002: During the year, the percentage of children looked after at 31 March, who have experienced one or more changes of school, during the periods of being looked after, which were not due to transitional arrangements	16.18	15	Ambr / Amber	⬆	15	18.5	Isaf / Lower
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	86.54	100	Ambr / Amber	⬇	100	93.53	Upper
08) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required	79.17	90	Ambr / Amber	⬇	90	78.26	Isaf / Lower
09) SCC/43a: The % of required core assessments completed within 35 working days	76.29	85	Ambr / Amber	⬆	85	77.88	-
10) Attendance - Primary (%)	95.3	94.5	Gwyrdd / Green	-	94.5		Canolrif Isaf / Lower Median
11) Attendance - Secondary (%)	-	93.3	-	-	93.3		Canolrif Isaf / Lower Median
12) No. of days lost to temp exclusion - Primary	18.5	18.75	Gwyrdd / Green	⬆	25		-
13) No. of days lost to temp exclusion - Secondary	155.5	70.5	Coch / Red	⬇	94		-
14) KS4 - % 15 year olds achieving L2+	56.9	56	Gwyrdd / Green	⬆	56		-
15) EDU/015a: The percentage of final statements of special education need issued within 26 weeks including exceptions	-	-	-	-			-
16) EDU/015b: The percentage of final statements of special education need issued within 26 weeks excluding exceptions	-	-	-	-			-
17) LCL/001b: The no. of visits to public libraries during the year	216k	209k	Gwyrdd / Green	➡	285k		Isaf / Lower
18) LCL/004: The no. of library materials issued, during the year	214k	225k	Ambr / Amber	⬆	305k		-
19) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation	0		-	➡			-
20) % tenants satisfied with responsive repairs	88.5	92	Ambr / Amber	⬆	92		-
21) Average number of housing repair jobs completed per operative per day	3.2	6	Coch / Red	⬆	6		-
22) Productivity of workforce- % time which is classified as productive	71.8	75	Ambr / Amber	⬆	75		-
23) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	35.2	25	Coch / Red	⬆	25		-
24) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	96.6	94	Gwyrdd / Green	-	95	96.3	Canolrif Isaf / Lower Median
25) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	99	94	Gwyrdd / Green	-	95	95.9	Canolrif Isaf / Lower Median
26) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	58.8	58	Gwyrdd / Green	⬇	58	55.2	Canolrif Isaf / Lower Median
27) WMT/004b: The percentage of municipal waste sent to landfill	21.6	40	Gwyrdd / Green	⬆	41	43.2	Isaf / Lower
28) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	-	-	-	-			THS/012 -Isaf / Lower
29) No. of attendances (young people) at sports development / outreach activity programmes	95k	60k	Gwyrdd / Green	⬆	85k	144k	
30) LCS/002b: The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity	324k	383k	Coch / Red	⬇	540k	531k	Canolrif Uchaf / Upper Median
31) No of new apprenticeships (Quarter 2)	-	-	-	-			
32) Adult Social Care Programme	-	-	Ambr / Amber	⬇		Gwyrdd / Green	-
33) Leisure Transformation Project	-	-	Gwyrdd / Green	➡		Gwyrdd / Green	-
34) Library, Culture and Youth Transformation Programme	-	-	Gwyrdd / Green	➡		-	-
35) School Modernisation Programme	-	-	Gwyrdd / Green	➡		Gwyrdd / Green	-