

ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template

Committee:	CORPORATE SCRUTINY
Date:	14 MARCH 2022
Subject:	SCORECARD MONITORING REPORT - QUARTER 3 (2022/23)
Purpose of Report:	TO CHALLENGE PERFORMANCE
Scrutiny Chair:	COUNCILLOR ROBERT LL JONES
Portfolio Holder(s):	COUNCILLOR ROBIN W WILLIAMS
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Local Members:	n/a

1 - Recommendation/s

- 1.1** This is the third scorecard report of 2022/23. It portrays the position of the Council against its wellbeing objectives.
- 1.2** The report highlights some of the positive stories with respect to the quarter 3 performance. Some of these highlights include:
- 1.2.1** The percentage of households (with children) prevented from becoming homeless
 - 1.2.2** The Adult Services indicators all being above target for the quarter
 - 1.2.3** The planning applications determined within timescale
 - 1.2.4** The percentage of NERS clients whose health have improved as a result of the scheme
- 1.3** This is a positive story at the end of Q3 and is the best performing third quarter against the performance management section targets since the existence of the scorecard report.
- 1.4** The Committee is requested to scrutinize the scorecard and note the areas of improvement together with the areas which the Leadership Team are managing to secure further improvements into the future.

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. The Council's performance at the end of Q3 is positive throughout. What arrangements are in place to recognize the successes?
2. What progress monitoring arrangements are in place for the performance indicators that are under performing at the end of Q3?
3. The Council's performance against the attendance at work performance indicator is Amber at the end of Quarter 3. How does this compare with the Council's previous performance?
4. What arrangements are in place to ensure alignment between the new Council Plan 2023-28 and the Corporate Scorecard? What changes will need to be introduced?

5 – Background / Context

5.1 The Isle of Anglesey County Council have arrangements put in place, arrangements which allow us to effectively 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.

5.2 Our Transitional Plan for 2022/23 identifies the local needs and wellbeing priorities and sets out our aims for the period until the new Council Plan 2023-2028 is operational from April 2023.

5.3 This scorecard monitoring report is used 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.

5.4 It provides the intelligence to enable the Council to take a proactive approach to performance management and as such, the report identifies any mitigating actions agreed by the Leadership Team to drive and secure improvements into the future.

5.5 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 November.

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

n/a

7 – Financial Implications

The end of Q3 financial position is noted in the report.

8 – Appendices:

Appendix A - Scorecard Quarter 3

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

- 2022/23 Scorecard Monitoring Report - Quarter 2 (as presented to, and accepted by the Executive Committee in November 2022).

SCORECARD MONITORING REPORT – QUARTER 3 (2022/23)

1. INTRODUCTION

- 1.1 The Isle of Anglesey County Council have arrangements in place which allow us to effectively 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 Transitional Plan for 2022/23 identifies the local needs and wellbeing priorities and sets out our aims for the period until the new Council Plan 2023-2028 is operational from April 2023.
- 1.3 This scorecard monitoring report is used to monitor the performance of our identified Key Performance Indicators (KPIs). It consists of a combination of locally and nationally set indicators. It highlights how we are delivering the Councils' day to day activities. It provides the intelligence which enables a proactive approach to be adopted regarding performance management and as such, the report identifies any mitigating actions agreed by the Leadership Team to drive and secure improvements into the future.
- 1.4 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 2023.

2. CONTEXT

- 2.1 The performance monitoring KPIs are aligned to the Councils' current three wellbeing objectives. They have been consulted upon with residents, partners and local businesses and following agreement with the Isle of Anglesey County Council on the 9th March, they will remain in place for the next 5 years aligned to the new Council Plan 2023-28. The wellbeing objectives are:
 - 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 is not 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).
- 2.3 Any targets within the report are reviewed annually and are agreed upon with each service, including differing quarterly targets where required based on historical performance and trends.

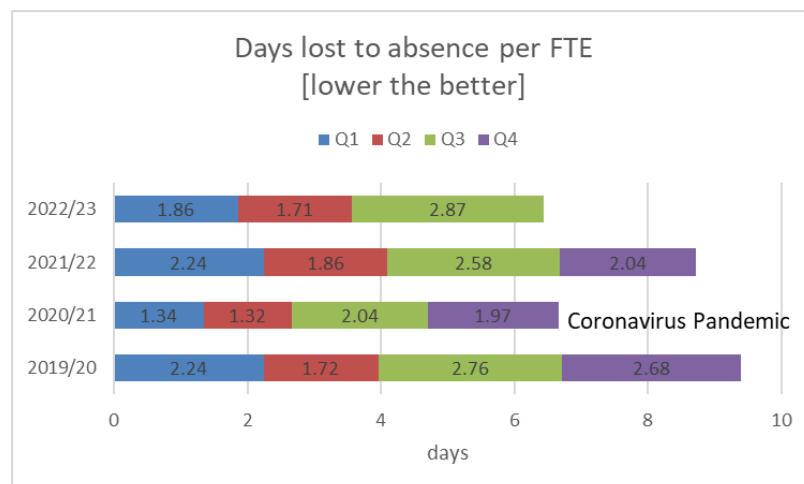
- 2.4 The results within the scorecard are all cumulative and as such the trends column will inform the performance trends from quarter to quarter throughout the year.
- 2.5 The RAG status for each section of the scorecard, with the exception of financial management which is done from a professional opinion perspective, can be found below:
- 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

3. CORPORATE HEALTH PERFORMANCE

- 3.1 The majority (75%) of the indicators with targets monitored in this section are performing well against targets (Green or Yellow RAG). Some of the highlights are noted below.
- 3.2 At the end of Q3 the Council's attendance KPI is now Amber against its target. 6.51 days have been lost to absence per FTE in the period against a target of 6.19 days lost to absence per FTE.

The performance during the period of October to December is a decline on the performance of the last three years for the same period (as indicated in green on the graph below). However, coronavirus related absences have been included in the Q3 absence data for the first time as it is no longer viewed as an exception. Excluding the coronavirus data would have resulted in a performance of 6.31 days absence per FTE and being yellow against target.

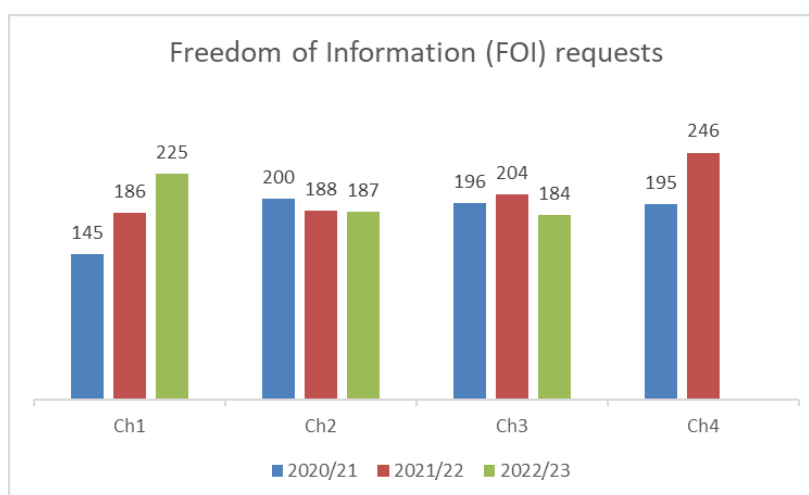
Despite its inclusion, it remains a better performance overall at this stage of the reporting year compared to 2021/22, which excluded coronavirus related absence, and also the pre coronavirus performance from 2019/20. This is encouraging and demonstrates the will of the staff to be present in order to delivery for our residents.



3.2.1 The indicators currently monitored within the Customer Service section do not highlight any cause for concern with the indicators continuing to perform well against targets. The exceptions are indicators 04b and indicator 09.

3.2.1.1 Indicator 04b which is known and recognised to be challenging due to the complicated nature of the complaints and the multi-agency response often required. The total % of written responses to complaints within 15 days (Social Services) is Red with a performance of 68% against a target of 80%. 16 of the 22 complaints received were discussed with the complainant within 5 working days, and 5 of the 6 late written responses were agreed with the complainant in advance of being identified late as noted in the complaint protocol.

3.2.1.2 It is acknowledged that further work is needed with regards to indicator 09 – the % of FOI requests responded to within timescale – which demonstrates that 71% of the responses were within timescale against a target of 80%. This performance is similar to the performance demonstrated in the Q2 scorecard report.



3.3 The financial management section currently projects an underspend of £1.970m for the year ending 31 March 2023.

3.4 The main financial areas of concern relate to:-

3.4.1 There are significant underlying overspends which are of concern and difficult to manage as they are demand led statutory services. Adult Services is expected to overspend by £613k but this masks significant underlying overspends which are currently funded by grant and the social care pressures reserve for 2022/23. Without these sources of funding the service would be overspent by more than £3m. Children's services is expected to overspend by £996k mainly due to out-of-County placements and other services for Looked after Children. Both social care services have had significant budget increases in more recent years but the demand continues to increase. The Cartrefi Clyd (Small Group Homes)

models that the Children and Families Service are implementing will help alleviate some of these pressures.

- 3.4.2 The cost of living crisis will ultimately result in an increase in the demand for Council services (Homelessness, Debt Advice, Mental Health Support, Children and Families Service) and may lead to a reduction in income in services such as leisure, culture, planning, parking fees, as people reduce their spending on non-essential items. These potential changes in demand for services may have a negative impact on the Council's financial position.
- 3.5 Although the overall position for services is a forecasted small overspend, the underlying position is masked by the use of reserves and the receipt of one off grants and by temporary factors such as vacant posts and income exceeding targets and these factors may not appear in 2023/24. Without these items it is likely that service budgets would be significantly overspent in 2022/23.
- 3.6 The forecast underspend on the Capital Programme 2022/23 is £15.223m, with this being potential slippage into the 2023/24 Capital Programme. The funding for this slippage will also slip into 2023/24 and this has been factored into the Treasury Management Strategy Statement, Capital Strategy and Capital Programme for 2023/24.
- 3.7 Further information on financial management can be seen in the 'Revenue Budget Monitoring Report for Q3', the 'Capital Budget Monitoring for Q3' and the 'Housing Revenue Account Budget Monitoring for Q3' reports which were discussed in The Executive meeting on the 2nd March.
- 3.8 This demonstrates reasonable assurance can be provided through the use of the scorecards analysis that the Council's day to day activities in managing its
- people
 - finances and
 - serving its customers

are delivering against their expectation to a standard which is appropriate.

It also provides the basis and the evidence of a good performance management ethos which is reflected in the fact that the indicators from that perspective are also demonstrating satisfactory performance.

4. PERFORMANCE MANAGEMENT

- 4.1 At the end of Q3 it is encouraging to note that the majority (91%) of the performance indicators are performing above target or within 5% tolerance of their targets. Three indicators have underperformed against their targets during Q3 and are highlighted on the scorecard as being Red or Amber.

- 4.2 Indicators related to our wellbeing **Objective 1** where we are working to ensure that the people of Anglesey can thrive and realise their long-term potential, are performing well with all indicators being either green or yellow against their targets.
- 4.3 Some examples of the good performance within this objective seen during the quarter include:
- 4.3.1 100% of pupils have been assessed in Welsh at the end of the Foundation Phase (indicator 4). This is encouraging and meets the expectations from the council's Welsh in Education Strategic Plan.
 - 4.3.2 61 properties have been brought back into use against a target of 25 (indicator 11). Once again the use of the Council Tax Premium has proved fruitful here and it's positive that there are 61 less empty properties within our communities.
 - 4.3.3 80% of clients attending the NERS programme believed that the programme has made a positive impact on their health (indicator 10).
- 4.4 Indicators for wellbeing **Objective 2** where we are supporting vulnerable adults and families to keep them safe, healthy and as independent as possible are also performing well against their targets with two indicators being Amber.
- 4.5 Examples of good performance in those indicators performing well include:
- 4.5.1 The Adult Services indicators (Indicators 16 to 19) are all Green against targets once again for the third quarter in a row.
 - 4.5.2 The Homelessness indicators (Indicators 26 + 27) for the Housing Service have also demonstrated good performance with both Green against targets for the third quarter in a row.
- 4.6 Indicator 23 - The average length of time for all children who were on the CPR during the year, and who were de-registered during the year – is AMBER with a performance of 287 days against a target of 270 days.
- The performance is an improvement on the 312 seen at the end of Q2 and is now only 17 days away from target. This is encouraging and demonstrates that the mitigation measures identified previously are having an impact and performance is improving.
- 4.7 Indicator 28 – The average number of calendar days taken to deliver a Disabled Facilities Grant – is Amber with a performance of 182 days against a target of 170 days.
- This performance is a decline on the 173 days seen at the end of Q2, however it is an improvement on the 188 days reported at the end of Q3 2021/22.
- The reasons for the decline in performance for this indicator include:
- Difficulties in gaining access to some properties due to client's concerns and anxieties following the coronavirus pandemic.

- Difficulties finding contractors to undertake the work. Currently there are only 6 contractors on the Island that install the adaptations.

It's likely that the target days will need to be increased in 2023/24 as a result of these difficulties. The DFG Policy will be reviewed during Q1 2023/24 which will include drawing up a service level agreement and agreeing key performance indicators for the delivery of DFG adaptations.

4.8 The performance of indicators to monitor our wellbeing **Objective 3** where we work in partnership with our communities to ensure that they can cope effectively with change and developments whilst protecting our natural environment has also been good at 80% above targets.

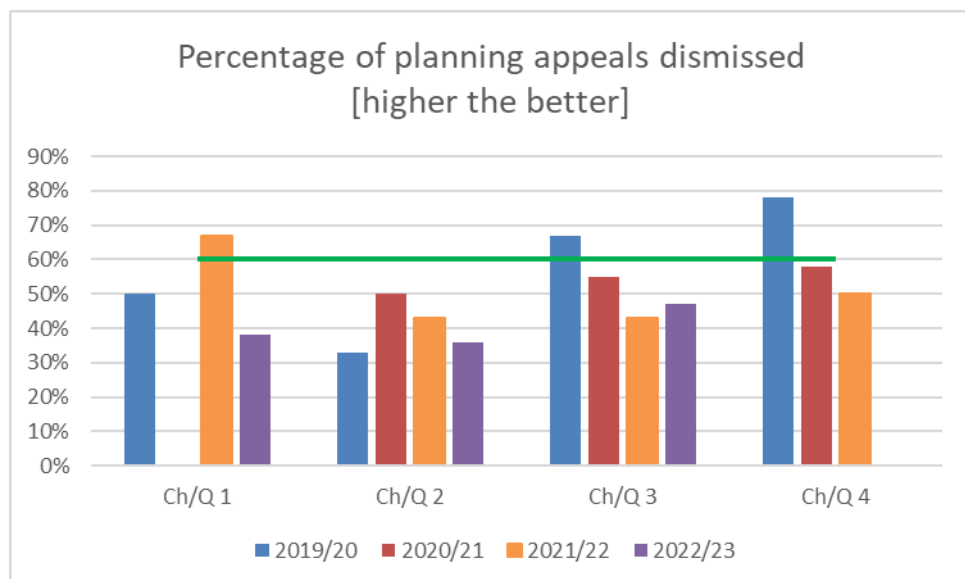
4.9 The indicators that have performed well in the quarter include:

4.9.1 A number of waste management indicators (Indicator 31, 33 and 34) are Green against targets during the year. 96% of our streets surveyed in the quarter were clean of any waste.

4.9.2 Planning applications determined within timescale improved during the quarter and is now green against target for the first time since Q3 2019/20. This is encouraging and due to the hard work and the improvements implemented by the Regulation and Economic Development service staff.

4.10 The only indicator which is underperforming during this quarter is:

4.10.1 Indicator 36 – the percentage of planning appeals dismissed – with a performance of 47% against a target of 65%. This is an improvement on the 32% during Q2 and a slight improvement on the same period during 2021/22 where 43% were dismissed.



This indicator relates to a small number of planning appeals, the number of which can fluctuate greatly from one quarter to the next. Two of the three appeals during the quarter were dismissed resulting in a total of six out of the thirteen appeals being dismissed for the year to date.

The Council continues to ensure that planning decisions are 'robust' and well-founded, however the Council has no influence over an appeal decision. We will continue to monitor appeal decisions on similar applications to identify if a pattern is developing that would require a different interpretation of our policies.

4.10.2 In conclusion, from a performance management perspective, the scorecard demonstrates continued improvement with 91% of the performance indicators performing above target or within 5% tolerance of their targets.

4.10.3 Whilst this is to be celebrated it is also important to note that of those indicators 35% are seeing a declining trend quarter upon quarter. This trend should be acknowledged by all related services and every effort made to ensure the declining trend doesn't continue into Q4.

5. RECOMMENDATIONS

5.1 The report highlights some of the positive stories with respect to the quarter 3 performance. Some of these highlights include:

- The percentage of households (with children) prevented from becoming homeless
- The Adult Services indicators all being above target for the quarter
- The planning applications determined within timescale
- The percentage of NERS clients whose health have improved as a result of the scheme

5.2 **This is a positive story at the end of Q3 and is the best performing third quarter against the performance management section targets since the existence of the scorecard report.**

5.3 The Committee is requested to scrutinise the scorecard and note the areas of improvement together with the areas which the Leadership Team are managing to secure further improvements into the future.

6. GLOSSARY

6.1 Below is a list of acronyms used within the report and Scorecard

6.1.1 KPI – Key Performance Indicator

6.1.2 Q1 – Quarter 1

6.1.3 Q2 – Quarter 2

- 6.1.4 Q3 – Quarter 3
- 6.1.5 Q4 – Quarter 4
- 6.1.6 RAG Status - 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
- 6.1.7 Trend - Trend arrows represent quarter on quarter performance
- 6.1.8 FTE – Full Time Equivalent
- 6.1.9 FOI – Freedom of information
- 6.1.10 HRA – Housing Revenue Account
- 6.1.11 NEET – Not in Education, Employment or Training
- 6.1.12 DTL – Difficult to Let
- 6.1.13 NERS – National Exercise Referral Scheme
- 6.1.14 CPR – Child Protection Register
- 6.1.15 IOACC – Isle of Anglesey County Council

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q3 2021/22

Rheoli Perfformiad / Performance Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Targed BI / Yr Target	Canlyniad 21/22 Result	Canlyniad 20/21 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)			91%			-	-
2) Percentage of pupil attendance in secondary schools (termly) (Q3)			86%			-	-
3) Percentage of Year 11 leavers not in Education, Training or Employment [NEET] (annual) (Q4)						2.60%	4.2%
4) Percentage of pupils assessed in Welsh at the end of the Foundation Phase (annual) (Q3)	Gwyrdd / Green	↑	100%	100%	100%	-	-
5) Percentage of year 11 pupils studying Welsh [first language] (annual) (Q3)	Gwyrdd / Green	→	68%	67.5%	67.5%	68%	65%
6) Percentage of Quality Indicators (with targets) achieved by the library service (annual) (Q4)						-	-
7) Number of visits to leisure centres	Melyn / Yellow	↓	392k	400k	546k	388k	189k
8) Percentage of food establishments that meet food hygiene standards	Gwyrdd / Green	→	98%	95%	95%	98%	98%
9) Percentage of NERS clients who completed the exercise programme	Gwyrdd / Green	↑	71%	50%	50%	47.5%	-
10) Percentage of NERS clients whose health had improved on completion of the exercise programme	Gwyrdd / Green	↓	80%	80%	80%	84%	-
11) Number of empty private properties brought back into use	Gwyrdd / Green	↑	61	25	50	91	94
12) Number of new homes created as a result of bringing empty properties back into use	Gwyrdd / Green	→	1	1	3	1	9
13) Landlord Services: Average number of days to complete repairs	Gwyrdd / Green	↓	13.46	18	18	13.89	8.1
14) Percentage of tenants satisfied with responsive repairs (annual) (Q4)						-	-
Amcan 2 - Cefnogi oedolion a theluoedd bregus er mwyn eu cadw'n ddiogel, yn iach ac mor annibynnol â phosibl							
15) Rate of people kept in hospital while waiting for social care per 1,000 population aged 75+ (Q4)						-	-
16) The percentage of adult protection enquiries completed within statutory timescales	Gwyrdd / Green	↑	91.34%	90%	90%	94.78%	92.31%
17) The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	Gwyrdd / Green	↑	64.41%	62%	62%	64.85%	60.36%
18) 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 [Local Indicator]	Gwyrdd / Green	↓	17.11	19	19	14.33	15.36
19) 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	↑	98.60%	93%	93%	96.10%	98.20%
20) Percentage of child assessments completed in time	Melyn / Yellow	↓	88%	90%	90%	87.15%	86.87%
21) Percentage of children in care who had to move 3 or more times	Gwyrdd / Green	↑	6.72%	7.50%	10%	9.79%	12.34%
22) The percentage of referrals of children that are re-referrals within 12 months [Local Indicator]	Gwyrdd / Green	↑	15%	15%	15%	5.74%	32.00%
23) 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)	Ambr / Amber	↑	287	270	270	318	258
24) The percentage of referrals during the year on which a decision was made within 1 working day	Gwyrdd / Green	↓	98.35%	95%	95%	99.10%	99.56%
25) The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations	Gwyrdd / Green	↑	91.71%	90%	90%	85.99%	87.74%
26) Percentage of households successfully prevented from becoming homeless	Gwyrdd / Green	↓	88.24%	80%	80%	80.95%	74.74%
27) Percentage of households (with children) successfully prevented from becoming homeless	Gwyrdd / Green	↑	97%	85%	85%	92.00%	75.47%
28) Average number of calendar days taken to deliver a Disabled Facilities Grant	Ambr / Amber	↓	182	170	170	172.3	169
29) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	Gwyrdd / Green	↓	34.8	40	40	28.7	45.6
30) Landlord Services: Percentage of rent lost due to properties being empty	Melyn / Yellow	↓	1.85%	1.70%	1.70%	1.66%	1.98%
Amcan 3 - Gweithio gyda'n cymunedau er mwyn sicrhau eu bod yn gallu ymdopi'n effeithiol â newid a datblygiadau tra'n gwarchod ein hamgylchedd naturiol							
31) Percentage of streets that are clean	Gwyrdd / Green	↑	96%	95%	95%	95.50%	92.00%
32) Percentage of waste reused, recycled or composted	Melyn / Yellow	↓	63.9%	64%	64%	62.39%	62.96%
33) Average number of working days taken to clear fly-tipping incidents	Gwyrdd / Green	→	1	1	1	0.25	0.95
34) Kilograms of residual waste generated per person	Gwyrdd / Green	↑	155kg	165kg	220kg	223kg	214kg
35) Percentage of all planning applications determined in time	Gwyrdd / Green	↑	90%	90%	90%	79%	79%
36) Percentage of planning appeals dismissed	Coch / Red	↑	47%	65%	65%	50%	58%
37) Percentage of planning enforcement cases investigated within 84 days	Gwyrdd / Green	↓	87%	80%	80%	84%	74%
38) Percentage of A roads in poor condition (annual)	Gwyrdd / Green	↑	2.6%	3%	3%	3%	4.60%
39) Percentage of B roads in poor condition (annual)	Gwyrdd / Green	↑	2.6%	4%	4%	2.80%	3.80%
40) Percentage of C roads in poor condition (annual)	Gwyrdd / Green	↑	7.6%	9%	9%	8.20%	8.50%
41) Council fleet approx. consumption of fossil fuels (tCO2e)			381.15			486.85	385
42) The number of miles travelled by the Council fleet (miles)			1,278,994			1,524,961	1,254,419
43) The number of miles travelled by the Council Gray/Employee fleet (miles)			676,360			786,247	-
44) Net change in Greenhouse Gas Emissions (tCO2e) - Council fleet (Annual) (%)						+ 26%	-

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 Trend arrows represent quarter on quarter performance

Appendix A - Cerdyn Sgorio Corfforaethol - Corporate Scorecard Ch-Q3 2022/23

Gofal Cwsmer / Customer Service	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 21/22 Result	Canlyniad 20/21 Result
Starter Gofal Cwsmer / Customer Service Charter						
01) No of Complaints received (excluding Social Services)	Gwyrdd / Green	↑	30	55	55	43
02) No of Stage 2 Complaints received for Social Services			3	-	9	6
03) Total number of complaints upheld / partially upheld			10	-	20	8
04) Total % of written responses to complaints within 20 days (Corporate)	Gwyrdd / Green	↓	86%	80%	80%	88%
05) Total % of written responses to complaints within 15 days (Social Services)	Coch / Red	↓	68%	80%	66%	75%
06) Number of Stage 1 Complaints for Social Services		↓	22	-	41	24
07) Number of concerns (excluding Social Services)		↑	249	-	189	104
08) Number of Compliments		↑	396	-	658	662
09) % of FOI requests responded to within timescale	Coch / Red	↓	71%	80%	79%	79.4%
Newid Cyfrwng Digidol / Digital Service Shift						
10) No of Registered Users on AppMôn / Website		↑	57.5k	-	51k	33.5k
11) No of reports received by AppMôn / Website		↓	30k	-	66k	58k
12) No of web payments		↓	15k	-	21k	18.5k
13) No of telephone payments		↓	6k	-	11k	7k
14) No of 'followers' of IOACC Social Media		↑	99k	-	92k	42k
15) No of visitors to the Council Website		↓	224k	-	634k	1.03M

Rheoli Pobl / People Management	CAG / RAG	Tuedd / Trend	Canlyniad / Actual	Targed / Target	Canlyniad 21/22 Result	Canlyniad 20/21 Result
01) Number of staff authority wide, including teachers and school based staff (FTE)			2267	-	2202	2180
02) Sickness absence - average working days/shifts lost	Ambr / Amber	↓	6.54	6.19	8.73	6.68
03) Short Term sickness - average working days/shifts lost per FTE			3.2	-	3.70	1.94
04) Long Term sickness - average working days/shifts lost per FTE			3.31	-	5.03	4.74
05) Local Authority employees leaving (%) (Turnover) (Annual) (Q4)			-	-	10%	6%

Rheolaeth Ariannol / Financial Management	CAG / RAG	Tuedd / Trend	Cyllideb / Budget	Canlyniad / Actual	Amrywiad / Variance (%)	Rhagolygon o'r Gwariant / Forcasted Actual	Amrywiad a Ragwelir / Forcasted Variance (%)
01) Budget v Actuals	Gwyrdd / Green	↓	£109,024,000	£107,510,000	-1.39%		
02) Forecasted end of year outturn (Revenue)	Gwyrdd / Green	↑	£158,367,000			£156,786,000	-1.00%
03) Forecasted end of year outturn (Capital)		↓	£39,256,000			£28,924,000	-26.32%
04) Income v Targets (excluding grants)	Gwyrdd / Green	↓	-£9,638,068	-£10,906,375	13.16%		
05) Amount borrowed		↑	£12,052,000			£5,570,000	-53.78%
06) Cost of borrowing		↑	£4,152,796			£4,028,065	-3.00%
07) % of Council Tax collected (for last 3 years)	Melyn / Yellow	↓		97.8%			
08) % of Business Rates collected (for last 3 years)	Gwyrdd / Green	↑		99.2%			
09) % Housing Rent collected (for the last 3 years)	Melyn / Yellow	⇒		100.1%			
10) % Housing Rent collected excl benefit payments (for the last 3 years)	Melyn / Yellow	⇒		100.4%			