# ISLE OF ANGLESEY COUNTY COUNCIL

COMMITTEE:	CORPORATE SCRUTINY COMMITTEE
DATE:	3 <sup>rd</sup> FEBRUARY 2014
TITLE OF REPORT:	CORPORATE SCORECARD Q3
PORTFOLIO HOLDER:	COUNCILLOR ALWYN ROWLANDS
LEAD OFFICER:	DEPUTY CHIEF EXECUTIVE
CONTACT OFFICER:	<b>BUSINESS PLANNING &amp; PROGRAMME MANAGER</b>
PURPOSE OF REPORT:	FOR INFORMATION & SCRUTINY OF SCORECARD

### 1. INTRODUCTION

**1.1** This scorecard was developed to identify and inform readers of progress against indicators which explicitly demonstrates the successful implementation of the Council's day to day work.

### 2. CORPORATE SCORECARD

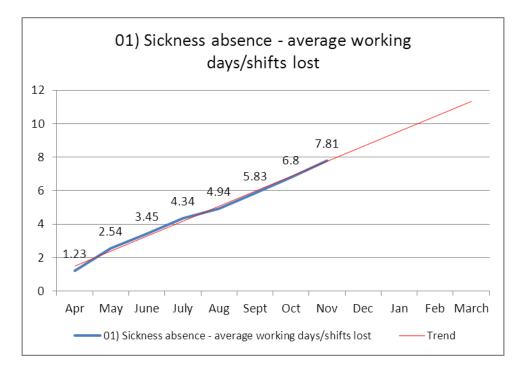
- 2.1 The scorecard itself continues to be in a developing period. Significant changes have been undertaken to traditional systems and practices within the Council and the work of embedding these continues. As a result, certain elements will need further time to embed themselves prior to all indicators being communicated.
- **2.2** The scorecard (Appendix 1) portrays the current end of quarter 3 position and will be considered further by the Executive Committee on the 10<sup>th</sup> February, 2014 inclusive of Corporate Scrutiny Committee comments.

#### 3. CONSIDERATIONS

**3.1** As this is the first year of collating and reporting performance indicators in a co-ordinated manner the Council is starting to see trends establish themselves with regards to a number of indicators.

### 3.2 PEOPLE MANAGEMENT

**3.2.1** With regards to People Management, it is noted that our **sickness rates** (*indicator 1*) portrays a better position at the end of Q3 as compared to the same time last year. As a result, it is estimated that our end of year position will be approximately 11.7 days of sickness per FTE. Although, this is behind our corporate target of 10 it is estimated that we will see a significant improvement of approx. 2.75 days for each FTE at the end of this financial year when compared with 2012/13 data. (see attached graph)

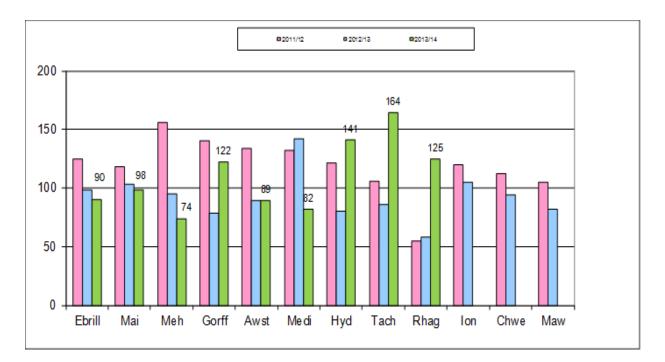


- **3.2.2** Associated with sickness rates is the management of sickness. And an integral part of this process within the Council is staff's compliance with corporate sickness policies which include **return to work interviews** (*indicator 5*).
- **3.2.3** The Council is starting to embed this working practise across its services and following this years' investment (in a sickness coordinator's role) we are seeing significant corporate improvement since the last quarter with the cumulative number of RTW increasing from 39% (Q2) to 51% (Q3). This meant that the RTW rate for the previous 3 months was 67%.
  - 3.2.3.1 In addition, improvement can be seen in specific services also. For example, Lifelong Learning has seen an improvement from (cumulative figure) 1% to 26% and Adults from 51% to 61% in the number of RTW undertaken. This equates to a monthly performance during November by the Services of 68% and 74% respectively.

- 3.2.3.2 It's important to note that the Lifelong Learning data on RTW now includes school data which is provided to the service on a regular basis.
- **3.2.4** If this improvement rate continues, we will see a substantial improvement to the annual figure as the process is embedded within working practice.
- **3.2.5** Having said this, it is obvious that we have a way to go to improve this embedding process which will be the Council's objective as we approach end of 2013/14 and onwards into the new financial year.

# 3.3 PERFORMANCE MANAGEMENT

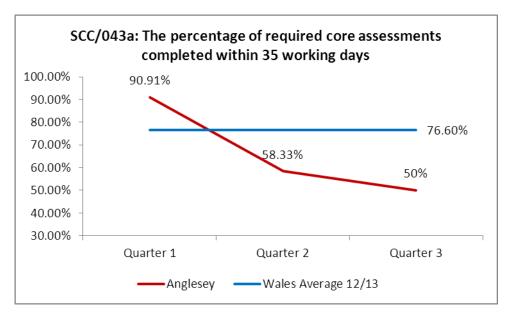
- **3.3.1** As regards the Management of Performance we can note from the scorecard that 2/3 of the **Children's** indicators have deteriorated over the 3rd quarter. Although a cause for concern for the service this was something that they were expecting and have been tracking over the months through their Service Improvement Board
- **3.3.2** An important point to note is that this decline has occurred at a time when there has been a considerable increase in referrals to the service. There has been an increase of over 200 referrals during Q3 this year when compared with Q3 2012 (see graph below).



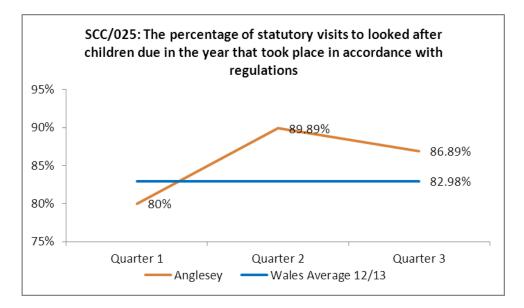
# **3.3.3** The service is currently exploring the reasons and rationale for this sudden increase and considering matters such as –

- 3.3.3.1 New team members
- 3.3.3.2 Changes to thresholds by new Team Managers

- 3.3.3.3 This work will be completed by undertaking a review of front door arrangements during Q4.
- **3.4** A significant decline was noted in indicator (11) SCC/43a and the service is investigating reasons for this seasonal variation which saw Q2 figures (with 12 core assessments) appear significantly different from quarter 3 (which showed 26 core assessment). The same pattern was apparent last year also.



- **3.4.1** During this quarter a duty management system has been put in place which has necessitated the need to change working practise. This may have led to a short term impact on performance. In the medium term this change should contribute to improving performance.
- **3.5** There was significant underperformance against the target indicator (10) for statutory visits (SCC/025). It is important to note that although we've performed relatively poorly against our annual target to date (95%), the average performance was 82.5% in Wales last year (as see on graph below). We are therefore still performing well against the national figure but highlight the fact we are behind our local (challenging) target.



- **3.5.1** Underperformance of this indicator has been occurring since the 2nd quarter when performance was highlighted in RED at that time, and the service has been able to prevent further deterioration with core improvement beginning to appear. This improvement is slower than anticipated and is linked to staff turnover during the quarter.
- **3.5.2** The service has now reviewed its processes and has established new systems to reconcile performance and hold Managers and staff to account
- **3.6** Note that regarding **Education** indicators (*31-35 on the scorecard*), achievement against targets has been extremely encouraging
  - **3.6.1** with the percentage of pupils reaching Key Stage 3 achieving CSI 81.5%.
  - **3.6.2** with the percentage of children reaching key Stage 4 achieving L2 (83.2%) and L1 (97.4%)
- **3.7** The above figures show that the Island's pupils' attainment regarding these indicators reflect the Council's level of 5th best in the country with L1 achievement being the best in Wales.
- 3.8 In addition to this, attainment of our pupils at key stage 4 in L2 + reached 54.2% [good progress since 2012 (52.2%)] but the performance was over 5% below the annual target. This equated to the Council's performance being 10<sup>th</sup> throughout the country.
  - **3.8.1** The reasons for this underperformance (which is underperformance by a secondary school in Mathematics and another in English) has been identified by the Council and the schools and further monitoring is being done to improve performance so that we meet our targets regarding L2 + in key stage 4 this year.

#### 3.9 CUSTOMER SERVICE

- **3.9.1** Regarding Customer Management, improvement is noted in the **rates of telephone calls** (*indicator 11*) that are answered and the time they are expected to be answered.
  - 3.9.1.1 this improvement (from 10 seconds to 9 over the term of Q3) may be a result of an email to all staff on the 21st of October identifying Customer Care project expectations of the need to answer phone calls in a timely manner.
- **3.9.2** it is noted that as regards **Complaint** (*indicators 1-3*) that 46 official complaints have been received by the council so far this year, and 76% of these complaints have been answered in a timely manner. This is a substantial decrease on the number of cumulative complaints received in 2012/13 which was 79 in a year.
  - 3.9.2.1 There have been 11 late responses by different services during the year but lessons have been learnt as a result of all complaints received which recognize the need for
    - 3.9.2.1.1 Improved inter departmental communication
    - 3.9.2.1.2 Improved communication between the Council and the Public
    - 3.9.2.1.3 The need for policies to provide guidance and direction on specific equality issues.

## **4.RECOMMENDATIONS**

- **4.1** The Committee is requested to scrutinise the scorecard and note areas which may give rise to concern regarding Council performance.
- **4.2** The Committee is asked to identify the mitigation measures associated with these areas so that they can be communicated to the Executive Committee at their meeting on 10th February, 2014.

# GETHIN MORGAN - BUSINESS PLANNING AND PROGRAMME MANAGER 23 JANUARY 2014

Corporate Scorecard - Quarterly

People Managem	ent		
Title	Actual	Target	RAG
01) Sickness absence - average working days/shifts lost	7.81	6.40	🛃 Red
02) No of staff with attendance of 100%	783.00		
03) Short Term sickness (days)	11111.00		
04) Long Term sickness (days)	7503.00		
05) % of RTW interview held	50.70	90.00	🚹 Red
06) % of stress related sickness	8.34		+
07) No. of occupational health referrals	249.00		
08) No. or workplace injuries	228.00		
09) % of PDR's completed within timeframe		80.00	
10) Number of staff authority wide, including teachers and school based staff (FTE)	2365.88		
<ol> <li>Number of staff authority wide, excluding teachers and school based staff(FTE)</li> </ol>	1394.98		
12) Local Authority employees leaving (%) (Turnover) Annual	A	Innual	
13) No. of formal grievances (proved / upheld)	0.00		
14) No. of formal grievances (not proved / not upheld)	0.00		
15) No. of disciplinary investigations (proved)	4.00		
16) No. of disciplinary investigations (not proved)	0.00		
17) Local Authority employees made redundant	3.00		
18) No. of Agency Staff	23.00		+
19) No. of Permanent grant funded posts	26.00		
20) No. of Temporary grant funded posts	120.75		
21) No. of collaborative posts supported (not hosted)	16.00		
22) No. of collaborative posts (hosted)	20.00		
23) Designated home workers	1.00		
24) % of staff with email facility	48.00		

Customer Service					
Title	Actual	Target	RAG		
01) No. of Successful complaints	12.00				
02) No. of unsuccessful complaints	34.00		<b></b>		
03) % of Complaints responded to within timescale	76.00	100.00	Red		
04) No of compliments	2246.00		1		
05) No of Concerns	67.00		•		
06) No of customer focus groups held					
07) No. of Ombudsman referrals	1.00	1.00	- Green		
08) Customer satisfaction rating	Not enough data to calculate - from April 2014				
09) Rate of reduction in telephone calls received (channel switching)					
10) Rate of reduction in letters received (further channel switching)					
11) Average time taken to answer telephone (sec)	9.00	9.00	▲ Green		
12) % of telephone calls abandoned Copy	14.12	14.65	🚹 Green		
13) Customer response times (up to 3 for each service)					
14) Efficiency gains by channel switching	TBD				
15) No of incidents of a physical or verbal nature towards employees (H&S)	135.00		↓ I		

#### Notes

#### **Performance Management**

Please note that the RAG score doesn't show benchmarking against other local authorities only the score in comparison with the local

Financial Management	t		
Title	Spend (£000)	Variance (£000)	RAG
01) Projected end of year position (over spend)		211	
02) Spend v Profile (Over spend) Childrens Services			
03) Spend v Profile (Over spend) Housing			]
04) Spend v Profile (Over spend) Provider Unit	- Further Fi	nancial informa	tion
05) Achievement against efficiencies (over/under) Service 1	was not a	vailable for Qua	arter 3
06) Achievement against efficiencies (over/under) Service 2	-		-
07) Achievement against efficiencies (over/under) Service 3	-		-
08) Income v Targets – Under / Overachieving	-		-
09) Spend on externally commissioned services (£)	-		-
10) Spend on externally commissioned services (% of budget)			-
11) Spend v Salary (£)			-
12) Spend v Salary (% of budget)			-
13) Cost of agency staff (£)			-
14) Cost of sickness absence (Notional cost)			
15) Grants Income – Welsh Government			
16) Grants Income - European			-
17) Grants Income – Other			

Performance Management

Fertormance Managen	ient			
Title	Actual	Target	RAG	
01) SCA/002a: The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over at 31st March	51.24	55.00	▲ Green	
02) 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	18.56	20.00	▲ Green	
03) SCA/018b: The percentage of carers of adults who had an assessment or review of their needs in their own right during the year	68.80	85.00	<b>₩</b> Red	
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 service	75.40	75.00	▲ Green	
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	88.24	95.00	🛃 Amber	
06) SCC/006: the % of referrals during the year on which a decision was made within 1 working day	98.38	100.00	Amber	
07) SCC/011a: The % of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker	89.26	90.00	🛃 Amber	M O
08) SCC/042a: The % of initial assessments completed within 7 working days	90.91	85.00	🛃 Green	N T
09) SCC/014: The % of initial child protection conferences due in the year which were held within 15 working days of the strategy	94.74	100.00	Amber	H L Y
10) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	85.91	95.00	Amber	
11) SCC/43a: The % of required core assessments completed within 35 working days	70.83	75.00	🛃 Amber	
12) HHA/002 The average number of days between homeless presentation and discharge of duty for households found to be statutorily homeless	646.00	600.00	Amber	
13) HHA/016 The average number of days all homeless families with children spent in bed and breakfast.	0.00	50.00	🖃 Green	
14) HHA/017b the average number of days that all homeless households spent in other forms of temporary accommodation	619.80	600.00	Amber	
15) Council Tax collection rate	84.80	84.60	🛃 Green	
16) Closure of accounts according to Schedule	Yes	Yes	- Green	
17) Budget information to Services monthly	Partly	Yes	- Amber	
18) No of corrections made to Payroll during period	32.00	35.00	<b>⊥</b> Green	
19) LCL/001b: The no. of visits to public libraries during the year, per 1,000 per population	192995.00	215000.00	Amber	
20) LCL/004: The no. of library materials issued, during the year per 1,000 population	235718.00	220000.00	🛃 Green	
21) No. of attendances (young people) at sports development / outreach activity programmes	90909.00	78450.00	Green	Q
22) 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, per 1,000 population	440919.00	367655.00	▲ Green	U A R T
23) £X private investment secured				Ē
	418961.00	225000.00	- Green	
24) £X public investment secured	418961.00 680000.00	225000.00 500000.00	- Green	R L
<ul><li>24) £X public investment secured</li><li>25) 3% increase in tourism visits (%)</li></ul>			- Green	R L Y
	680000.00	500000.00	Green	R L Y
25) 3% increase in tourism visits (%)	680000.00	500000.00 3.00 95.10	<ul> <li>Green</li> <li>Red</li> <li>Amber</li> </ul>	R L Y Annı
25) 3% increase in tourism visits (%) 26) Attendance - Primary (%)	680000.00 -1.50 94.40	500000.00 3.00	Green  Red  Amber  Green	R L Y Annı
<ul> <li>25) 3% increase in tourism visits (%)</li> <li>26) Attendance - Primary (%)</li> <li>27) Attendance - Secondary (%)</li> <li>28) No. of Permanent Exclusions</li> </ul>	680000.00 -1.50 94.40 93.20 0.00	500000.00 3.00 95.10 92.50	<ul> <li>Green</li> <li>Red</li> <li>Amber</li> </ul>	R L Y Annu T E R M
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target

#### **People Management**

Sickness Absence related figures are for April to November only

Ref 1. Sickness Absence over target - Provider Unit (14.46), Adult Services (10.61), Childrens Services (8.50)

Ref 5. % RTW interviews calculation is marginally incorrect due to issues with long term sickness - Education (26%), Childrens Services (48%), Adult Services (61%), Provider Unit (61%)

Ref 19-22. Grant Funded Posts and Collaborative Posts - excludes data from Schools

#### **Financial Management**

No further financial data was available for Quarter 3