

ISLE OF ANGLESEY COUNTY COUNCIL

COMMITTEE:	CORPORATE SCRUTINY / EXECUTIVE COMMITTEE
DATE:	12.5.14 / 19.5.14
TITLE OF REPORT:	CORPORATE SCORECARD Q4
PORTFOLIO HOLDER:	COUNCILLOR ALWYN ROWLANDS
LEAD OFFICER:	DEPUTY CHIEF EXECUTIVE
CONTACT OFFICER:	BUSINESS PLANNING & PROGRAMME MANAGER
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 continues to develop and embed, reflecting those changes that have been undertaken to traditional systems and practices within the Council. As a result, certain elements will need further time prior to all indicators being fully reported.
- 2.2 The scorecard (Appendix 1) portrays the current end of quarter 4 position and will be considered further by the Executive Committee on the 19th May 2014.

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 was noted that our **sickness rates** (*indicator 1 on scorecard*) portrayed a better position at the end of Q3 as compared to the same time last year. The same position remains at the end of Q4 with the result standing at **12.38** days lost due to sickness per FTE (see Table (i)). Although, this is behind our corporate target of 10 it represents a significant improvement of approximately 2 days for each FTE by the end of this financial year, when compared with 2012/13 data.

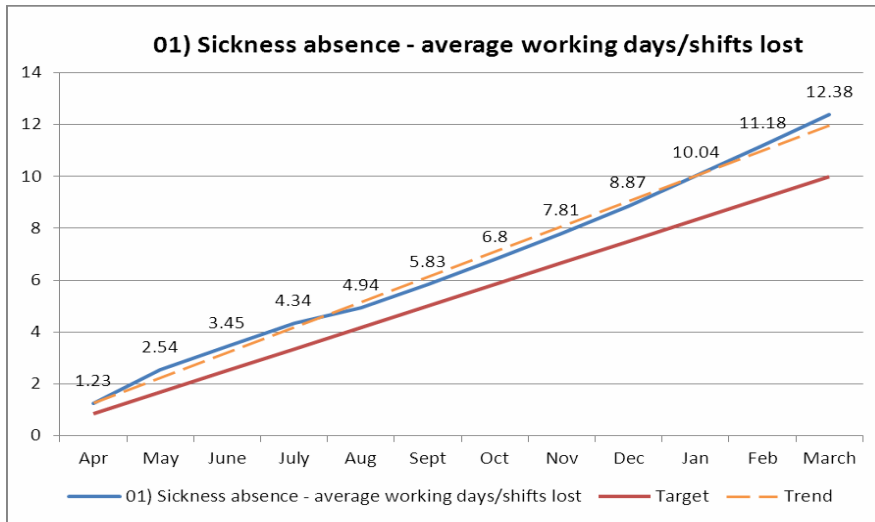


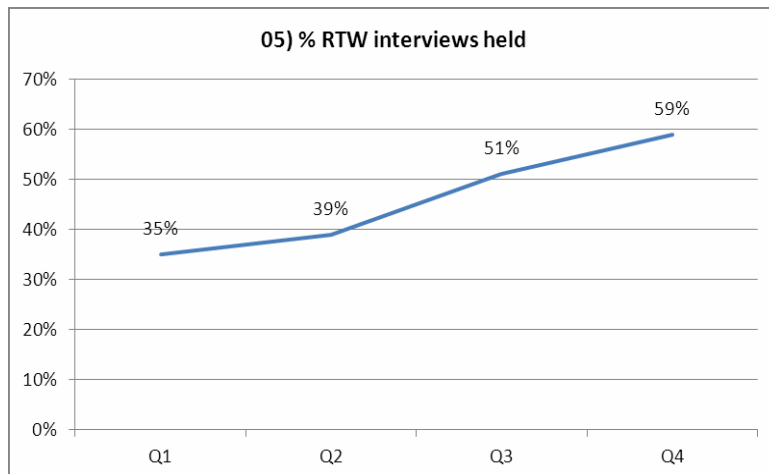
Table (i)

3.2.2 Further evaluation work on sickness absence will be undertaken during Q1 of 2014/15 to identify lessons learnt from 2013/14 and enable improving practices to be adopted across services.

3.2.3 Associated with sickness rates (as noted previously in Q3 reports) is the management of sickness. 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 on scorecard*).

3.2.4 The Council continues to embed this working practice across its services and employing a dedicated sickness coordinator has seen a steady corporate improvement over the last three quarters, with RTW interviews increasing from 34% (Q1) to 59% (Q4) as indicated in Table (ii) below.

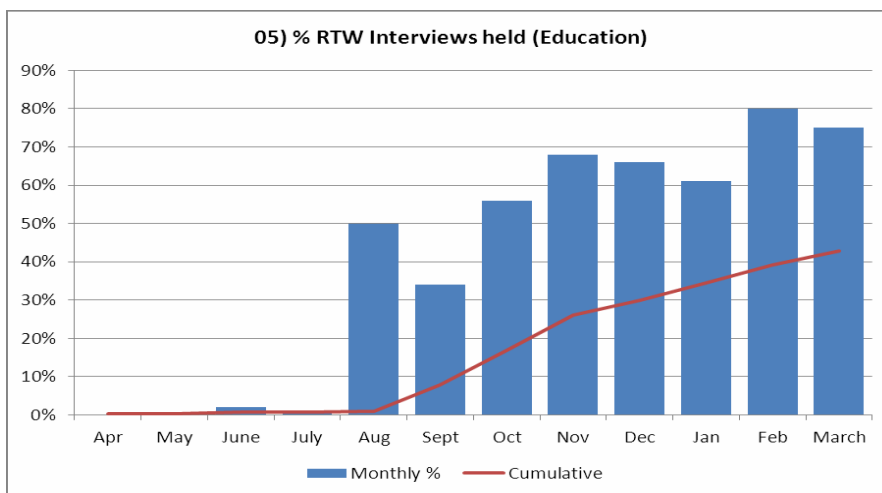
Table (ii)



3.2.5 In relation to sickness absence figures that are over target by a fairly significant margin, we can see from available data that Adult Services (inclusive of Provider Unit) stands at 21.38, Children Services on 13.55 and Environment & Technical Services stands at 12.49.

3.2.6 Similarly, RTW interviews where some improvement is needed is Education (43% which now also includes school data), Children’s Services (59%) and Adult Services (66%) but each of these have seen a considerable improvement over the past year with Education as an example (indicated in Table (iii) below) improving from a very low base at the start of the year to a position when the practise is becoming embedded during Q3 and Q4.

Table (iii)



3.2.7 As noted in Q3 and again here at the end of Q4 we need to continue with this overall improvement and embedding these processes into the new financial year 2014/15 to improve further on our sickness rates as an Authority.

3.3 PERFORMANCE MANAGEMENT

3.3.1 As regards the Management of Performance – with regards to **Adult Services** indicators, reference should be made to one of the 4 indicators (*03 SCA/018b - the % of carers of Adults who had a review/assessment of their needs*) which shows as RED on the scorecard. This has further declined from 68% in Q3 to 63% in Q4 against a target of 85%. It should however be noted that whilst this is again lower than our overall outturn for 2012/13 (75%) it would still see us in the top quartile nationally according to 2012/13 figures (anything above 56%) and demonstrates the challenging task set for the service this year.

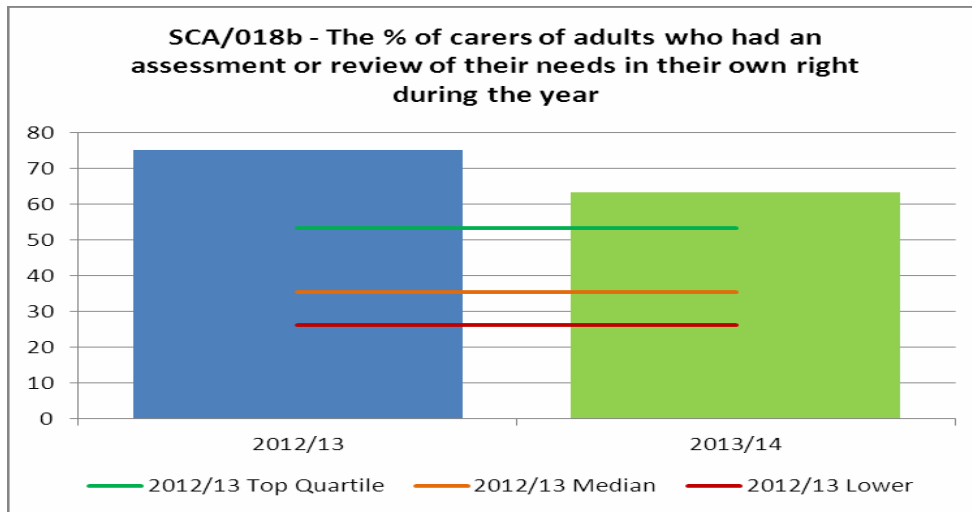


Table (iv)

- 3.3.2** It was noted from the scorecard for Q3 that 2/3 of the **Children's** indicators had deteriorated since the previous quarter. Of these indicators, 25% were still performing well against target. It was also stated that whilst an obvious cause for concern this was something that the service were expecting and had been tracking through their Service Improvement Board. It was also noted that this decline had occurred at a time when there had been a considerable increase in referrals to the service (increase of over 200 referrals during Q3 when compared with Q3 2012).
- 3.3.3** At the end of Q4 the indicators that had shown a decline in Q3 had shown some improvement, and whilst some were still below their target this indicates that the scrutiny of service performance and subsequent mitigating responses are having a positive effect in addressing some of the issues.
- 3.4** The decline which was noted in indicator (11 on scorecard) SCC/43a in Q3 is an example of this as the outturn for Q4 is 72% against a target of 75% as opposed to 71% in Q3. However, this is lower than the overall out-turn for 2012/13 (81%) and based on current information would see us in the lower quartile nationally.
- 3.5** The underperformance against the target indicator (10 on scorecard) for statutory visits (SCC/025) reported in Q3 has seen a similar improvement. By Q4, the outturn had risen to 91% against a target of 95% when compared to the outturn for Q3 of 86%. It is important to note again that although we have not achieved our annual target that we are above the Wales average of 83% in Wales for 2012/13. We are therefore still performing well against the national figure but highlight the fact we are behind our local and challenging target as indicated below in Table (v).

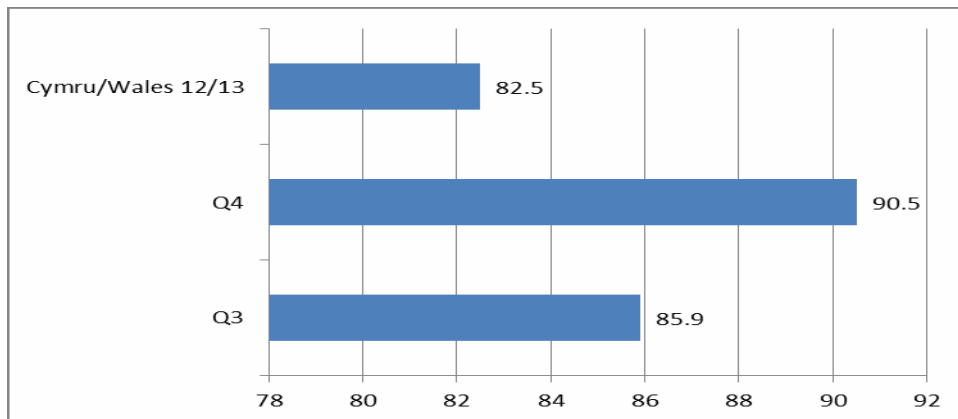


Table (v)

3.5.1 The improvement can be attributed to the service having reviewed its processes and establishing new systems to reconcile performance and hold Managers and staff to account

3.5.2 Whilst **Housing** indicators are all shown as green and on or above target, and have shown a considerable improvement both in year and against the outturn for 2012/13, it should be noted that two of those indicators would still see Anglesey in the bottom quartile nationally. Both (12-*HHA/002 average number of days between homeless presentation and discharge of duty* and (14-*HHA/017b average number of days all homeless households spend in temporary accommodation*) would still be in the bottom quartile according to 2012/13 data. Improvement from 740 days to 646 days (*for indicator 12 on scorecard*) and from 1224 days to 621 days (*for indicator 14 on scorecard*) represents a good improvement, but in 2012/13 we were 265 days and 326 days respectively behind the nearest authorities for both these indicators. The reasons for this are well known to the service and our regulators.

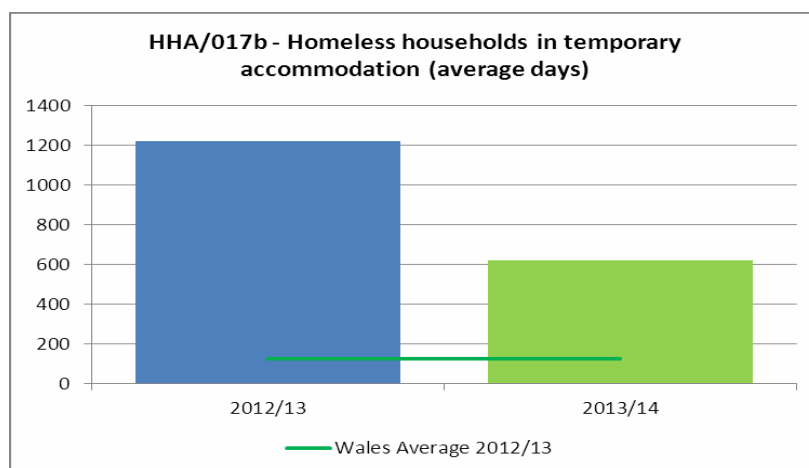


Table (vi)

3.5.3 It is highlighted that **Libraries**, whilst again showing a performance of either on or close to target on the scorecard, has seen a decline in the two indicators when compared to 2012/13 outturn. Both (19-*LCL/001b – number of visits to public libraries during the year per 1,000 population*) and (20-*LCL/004 – number of*

library materials issued during the year per 1,000 population) have seen a relatively small decline of 1.5% and 3% respectively.

3.5.4 The indicator for visits to sports & **Leisure** centres where visitors have partaken in physical activity (22 – LCS/002b) has seen an improvement during the year achieving not only a positive performance against target but also an 8% improvement year on year.

3.5.5 Note that the information regarding **Education** indicators (31-35 on the scorecard), remain unchanged from Q3 as they are either Yearly or Termly targets which have already been reported and commented upon.

3.6 CUSTOMER SERVICE

3.6.1 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.

3.6.1.1 The improvement from 10 seconds to 9 over the term of Q3 has been maintained for Q4 which again shows that we are moving in the right direction as regards customer care.

3.6.2 It is noted that as regards **Complaints** (*indicators 1-3*) that 61 official complaints were received by the council during 2013/14 and 79% of those complaints were answered in a timely manner. This is an improvement on the number of cumulative complaints received in 2012/13 which was 79 for the year (a decrease of 23%).

3.6.3 Mitigating measures to address late responses have already been identified in previous reports, such as the need for better communication between departments as well as with the public, and the need to avoid delays in forwarding information to relevant services and to formulate policies for specific equality issues. The need for stringent checks on rent payments was also identified inclusive of process/system training 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 19th May 2014.

GETHIN MORGAN - BUSINESS PLANNING AND PROGRAMME MANAGER
25 April 2014

People Management

Title	Actual	Target	RAG
01) Sickness absence - average working days/shifts lost	12.38	10.00	Red
02) No of staff with attendance of 100%	Available in May		
03) Short Term sickness (days)	16537.69		
04) Long Term sickness (days)	12274.78		
05) % of RTW interview held	59.00	90.00	Red
06) % of stress related sickness	10.00		
07) No. of occupational health referrals	362.00		
08) No. or workplace injuries	315.00		
09) % of PDR's completed within timeframe	Available in June		
10) Number of staff authority wide, including teachers and school based staff (FTE)	2365.88		
11) Number of staff authority wide, excluding teachers and school based staff(FTE)	1394.98		
12) Local Authority employees leaving (%) (Turnover) Annual	Available in May		
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)	6.00		
16) No. of disciplinary investigations (not proved)	0.00		
17) Local Authority employees made redundant	10.00		
18) No. of Agency Staff	18.00		
19) No. of Permanent grant funded posts	24.00		
20) No. of Temporary grant funded posts	128.75		
21) No. of collaborative posts supported (not hosted)	19.00		
22) No. of collaborative posts (hosted)	21.00		
23) Designated home workers	2.00		
24) % of staff with email facility	52.00		

Customer Service

Title	Actual	Target	RAG
01) No. of Successful complaints	15.00		
02) No. of unsuccessful complaints	46.00		
03) % of Complaints responded to within timescale	79.00	100.00	Red
04) No of compliments	2820.00		
05) No of Concerns	92.00		
06) No of customer focus groups held	TBD		
07) No. of Ombudsman referrals	2.00	2.00	Green
08) Customer satisfaction rating	Not enough data to calculate - from April 2014		
09) Rate of reduction in telephone calls received (channel switching)	Not enough data to calculate - from April 2014		
10) Rate of reduction in letters received (further channel switching)	Not enough data to calculate - from April 2014		
11) Average time taken to answer telephone (sec)	9.00	9.00	Green
12) % of telephone calls abandoned Copy	14.40	14.65	Green
13) Customer response times (up to 3 for each service)	TBD		
14) Efficiency gains by channel switching	TBD		
15) No of incidents of a physical or verbal nature towards employees (H&S)	180.00		

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 target. Please also note that figures provided are provisional and could change before final submission

People Management

Sickness Absence related figures are for April to February only

Ref 1. Sickness Absence over target - Adult & Provider Service (21.38), Childrens Services (13.55), Environment & Technical (12.49)

Ref 5. - % RTW interviews - Education (43%), Childrens Services (59%), Adult Services (65%). (Please note calculation is marginally incorrect due to issues with long term sickness)

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

Financial Management

No data was available for Quarter 4

Financial Management

Title	Spend (£000)	Variance (£000)	RAG
01) Projected end of year position (over spend)			
02) Spend v Profile (Over spend) Childrens Services			
03) Spend v Profile (Over spend) Housing			
04) Spend v Profile (Over spend) Provider Unit			
05) Achievement against efficiencies (over/under) Service 1			
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			

No financial information was available for Quarter 4 due to the end of the financial year

Performance Management

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	53.61	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	18.16	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	63.20	85.00	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	73.90	75.00	Amber
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	89.04	95.00	Amber
06) SCC/006: the % of referrals during the year on which a decision was made within 1 working day	98.77	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	92.22	90.00	Green
08) SCC/042a: The % of initial assessments completed within 7 working days	90.86	85.00	Green
09) SCC/014: The % of initial child protection conferences due in the year which were held within 15 working days of the strategy	92.66	100.00	Amber
10) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	90.54	95.00	Amber
11) SCC/43a: The % of required core assessments completed within 35 working days	71.68	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	750.00	Green
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	621.60	750.00	Green
15) Council Tax collection rate	96.90	97.00	Amber
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	43.00	50.00	Green
19) LCL/001b: The no. of visits to public libraries during the year, per 1,000 per population	281910.00	287000.00	Amber
20) LCL/004: The no. of library materials issued, during the year per 1,000 population	310321.00	290000.00	Green
21) No. of attendances (young people) at sports development / outreach activity programmes	129721.00	97450.00	Green
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	614140.00	508740.00	Green
23) £X private investment secured	636603.00	300000.00	Green
24) £X public investment secured	8180000.00	500000.00	Green
25) 3% increase in tourism visits (%)	-1.50	3.00	Red
26) Attendance - Primary (%)	94.40	95.10	Amber
27) Attendance - Secondary (%)	93.20	92.50	Green
28) No. of Permanent Exclusions	0.00	5.00	Green
29) No. of days lost to temp exclusion - Primary	104.00		
30) No. of days lost to temp exclusion - Secondary	223.50		
31) KS3 - % pupils achieving CSI	81.50	75.80	Green
32) KS4 - % 15 year olds achieving L2+	54.20	59.80	Amber
33) KS4 - % 15 year olds achieving L2	83.20	76.10	Green
34) KS4 - % 15 year olds achieving L1	97.40	98.40	Amber
35) KS4 - % 15 year olds achieving CSI	50.60	58.60	Amber
36) THS/012: The % of principal roads (A), non-principal (B) roads and non-principal (C) roads that are in an overall poor condition	11.20	11.50	Green
37) CMT/001: The % of total length of Rights of Way which are easy to use by members of the public	59.00	55.00	Green

MONTHLY

QUARTERLY

ANNUAL