

ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	CORPORATE SCRUTINY / EXECUTIVE COMMITTEE
DATE:	24 NOVEMBER 2014 / 1 DECEMBER 2014
SUBJECT:	SCORECARD MONITORING REPORT - QUARTER 2 (2014/15)
PORTFOLIO HOLDER(S):	COUNCILLOR ALWYN ROWLANDS
HEAD OF SERVICE:	BETHAN JONES
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LOCAL MEMBERS:	n/a

A - Recommendation/s and reason/s

- 1.1 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 –
- 1.1.1 *Sickness Management - further embed good management processes and practices with regards to by learning from each other during 2014/15 so as to improve further on our sickness rates, costs and management as an Authority.*
- 1.1.2 *Re-visit the methodology and timeframe of undertaking professional development reviews and to align it with the corporate planning framework accordingly ensuring management undertake the duty to appraise staff in a timely and consistent manner.*
- 1.1.3 *The management of risks associated with underperforming areas of work which if ignored could and would become an issue for the day to day management of Council provision – the need to press ahead and clarify direction with regards to the transformation of our leisure provision will remain a priority.*
- 1.1.4 *The introduction of indicators related to the delayed transfer of care is requested to be considered for inclusion due to its developing regional importance.*
- 1.1.5 *Financial Management – increased monitoring of the financial management position of the Authority over the coming months.*
- 1.1.6 *An investigation into the number of FTE's recorded is requested to increase an understanding of staffing levels and their resource implications.*

1.2 The Executive Committee is asked to accept the mitigation measures associated with any area of concern outlined above taking into consideration the views of the Corporate Scrutiny Committee so that continued improvements can be gained during the third quarter.		
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 decision is not one that has been reserved to full council under the Local Government Act 1972 (s.101), and has not been delegated to an officer under section 13(2) of the Local Government Act 2000, and accordingly, this is an executive decision by default.		
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)	Requested two further mitigation measures outlined in 1.1.4 & 1.1.6
2	Finance / Section 151 (mandatory)	No comment
3	Legal / Monitoring Officer (mandatory)	No comment
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	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 2, 2014/15 & Scorecard		
FF - Background papers (please contact the author of the Report for any further information):		
<ul style="list-style-type: none"> 2014/15 Scorecard monitoring report - Quarter 1 (as presented to, and accepted by, the Executive Committee on 8th September 2014). 		

SCORECARD MONITORING REPORT – QUARTER 2 (2014/15)

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, a performance report was drafted and published by the end of October, which demonstrated annual progress against achieved objectives for the year 13/14.
- 1.2 In addition to this, the scorecard was developed 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.

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. To that end, this year's indicators included within the scorecard have been decided through a process of engagement and consultation with the Pennaethiaid, SLT, the Executive and Shadow Executive.
- 2.2 As a result, certain indicators will need further time for reporting processes to be fully embedded prior to all indicators being reported. It is noted that these processes will be further embedded post Q2 evaluation.
- 2.2 The scorecard (Appendix 1) portrays the current end of quarter 2 position and will be considered further by the Executive Committee on the 1st December, 2014.

3. CONSIDERATIONS

- 3.1 This is the second 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 those indicators.
- 3.2 It is important to note that the formulation of this year's scorecard which requested further trend analysis, a look back at previous year's performance and the acknowledgement of specific indicators in relation to the quartile positioning is assisting the quarterly analysis and enables performance to be considered using a number of different comparator elements.

3.3 PEOPLE MANAGEMENT

- 3.3.1 With regards to People Management, it is encouraging to note that our Q2 sickness rates (*indicator 1 on scorecard under people management*) has continued with its improvement on previous year's position of 12.38 days per FTE in the year.
- 3.3.2 This improvement is evidenced at the end of Q2 with the result standing at 5.12 days lost due to sickness per FTE (see Table (i)). Whilst this is marginally above the corporate target of 5 days after six months, this in comparison with last year's Q2 result of 5.75 days is an improvement across the Council. Q2 sickness rates in comparison with Q1 during 14/15 also demonstrates an overall improvement which is evidenced by Q1 rate of 2.78 against a Q2 rate of 2.34.

3.3.3 The 2.34 days lost due to sickness during Q2 is on par with what occurred during 13/14 (2.35 days per FTE) and as such can be used to assist our forecasting of end of year position (see table (i) below).

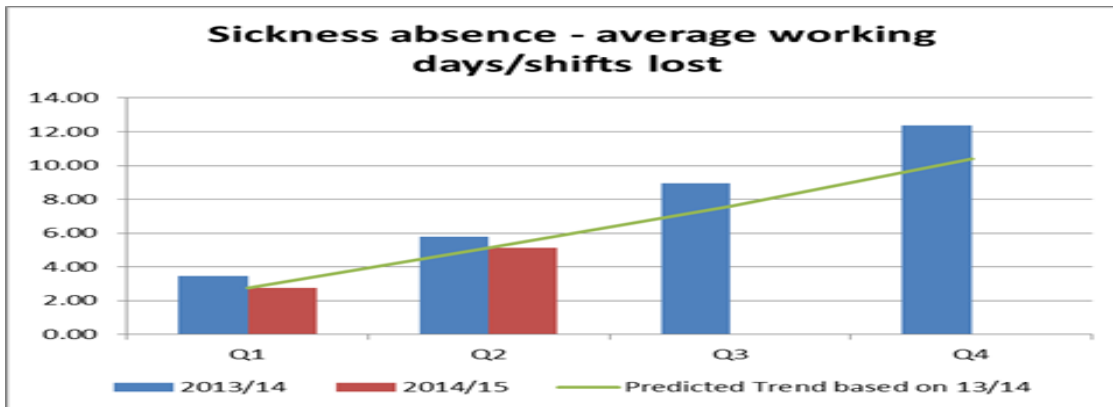


Table (i)

3.3.4 Taking into consideration the comparator data outlined in the above table (i), if the Council continues to perform in accordance with 13/14 sickness trends it is forecasted that our end of year sickness rate would equate to approximately 10.38 days per FTE which again would demonstrate a marked improvement on 13/14 figures.

3.3.5 Whilst this is a positive step in the right direction it would however, still demonstrate considerable room for improvement when compared with the other Local Authorities in Wales. It is currently envisaged our performance would be placed in the lower median / lower quartile based on 14/15 performance.

3.3.6 Sickness rates this year have been identified as an indicator of national significance and have been categorised as a Public Accountability Measure (PAM) by Welsh Government. This means that its performance will be used as comparator data which will be used to provide a story for sickness levels across local authorities in Wales for 14/15.

3.3.7 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*).

3.3.8 The Council continues to embed this working practice across its services and employing a dedicated sickness coordinator has undoubtedly seen a corporate improvement since last year. This has been further embedded during the second quarter, with Return To Work (RTW) interviews increasing from a year end (13/14) position of 59% to a cumulative figure of 81% achieved following a Q2 performance of 82% as indicated in Table (ii) below.

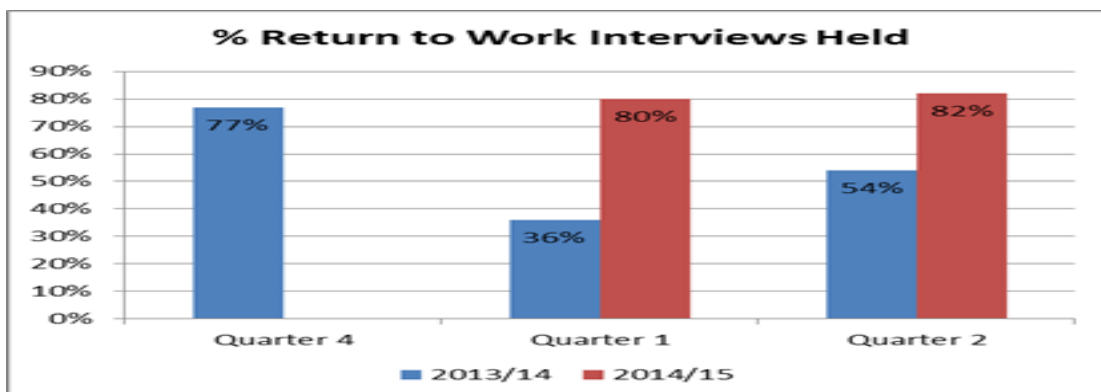


Table (ii)

- 3.3.9** In relation to sickness absence figures – each service has been attributed a different sickness target based on historical sickness data / trends. These targets have been calculated in a way which makes targets more achievable and as a result meaningful to the Services as a whole. If all targets are met, the Council will meet its sickness absence target of 10 days per FTE.
- 3.3.10** However, to date, the services who are under-performing against service targets are Children’s Services, Environment & Technical and Planning & Public Protection and further monitoring of these services during Q3 will be undertaken. The under-performance against targets for these services during Q2 are as a result of high instances of long term sickness.
- 3.3.11** Whilst the Council performs better as against its sickness target year on year, it is noted that the notional cost of sickness for Q2 is in excess of £500k.
- 3.3.12** Similarly, RTW interviews where improvements are needed from Q2 data against the corporate target of 80% are –
- Adults (69%)
 - Children’s Services (70%)
 - Transformation (75%)
 - Economic and Community Regeneration (76%)
- 3.3.13** Improvements from Q1 have been evidenced in Children’s (59%) and Economic & Community Regeneration (63%) and it is envisaged that such improvements will continue.
- 3.3.14** A worrying trend which appears from the data collated for Q2 is the % of staff who received professional development reviews within timeframe (*indicator 9 under People Management*). Q2 data which reflects annual data shows a performance of only 53% of all staff within the Authority who were provided a review. This figure is calculated using a sample of only 10% of staff and as such caution needs to be taken in considering the implications.
- 3.3.15** However bearing in mind that the methodology and calculation is consistent from 13/14 to 14/15, in figure terms, this means that approximately 1,240 staff were not appraised. This is an underachievement against target and demonstrates a worsening performance from the previous year where 64% of staff received such reviews.
- 3.3.16** Those services which are performing at a lower level than the previous year are as follows –
- 3.3.16.1** Highways % Waste Management
 - 3.3.16.2** Adults
 - 3.3.16.3** Children’s
 - 3.3.16.4** Resources
 - 3.3.16.5** Transformation
 - 3.3.16.6** Economic & Community Regeneration
- 3.3.17** At a time of increasing financial constraints when alignment of individuals work with corporate priorities are an essential part of staff involvement and ownership over the Council’s aims and objectives, the corresponding figure demonstrates a worrying trend which requires from management the need to re-visit the methodology and timeframe of undertaking PDR’s and to aim to align it with the corporate planning framework.
- 3.3.18** As processes develop it is envisaged that the current round of PDR’s (14/15) should be evidenced and logged onto the new / revised Human Resource system which will further evidence and embed the process and also gain a comprehensive picture of the annual state of play regarding achievement of PDR’s across the Authority.

3.3.19 As noted in Q1 (14/15) and taking into consideration the improvements made over the past quarter it is acknowledged by the Senior Leadership Team that in order to continue with this overall improvement there is a need to –

3.3.19.1 further embed good management processes and practices with regards to by learning from each other during 2014/15 so as to improve further on our sickness rates, costs and management as an Authority.

3.3.19.2 re-visit the methodology and timeframe of undertaking professional development reviews and to align it with the corporate planning framework accordingly ensuring management undertake the duty to appraise staff in a timely and consistent manner. It also envisaged that documented reviews will be evidenced via the HR system and that a focus regarding slippage and current use of the review system is recorded at the November Pennaethiaid meeting.

3.3.19.3 Investigate further the number of FTE's recorded so as to increase an understanding of staffing levels and their resource implications across the Authority.

3.4 FINANCIAL MANAGEMENT

3.4.1 This is the second quarter since the inception of the scorecard where financial information has been collated and reported on. It is acknowledged that this report provides only a brief picture of the end of quarter position and that all indicators haven't been reported. Further detail can and should be gained from the quarter two financial monitoring report already tabled at the November Executive Committee meeting.

3.4.2 It is noted however, from the information reported that the service whereby there is a significant variance and overspend against profile in relation to 2nd quarter spend is Resources. The main reason for the £546k overspend was due to the use of Agency staff within the Accountancy team. However, the number of agency staff is being reduced with the majority finishing their contracts on 31st October, 2014. Additionally, the Section 151 Officer post has recently been advertised.

3.4.3 In addition, it is noted that Learning has an underspend at the end of Q2. This was mainly due to central education's underspending on home tuition, primary school meals, and out of county costs. These underspends identified at the end of Q2, are forecasted to be countered by costs relating to consultancy services provided by Cynnal. The resultant forecast underspend in 2014/15 for Learning is £263k.

3.4.4 Social care was £581k underspent for the first half of the year, with this forecast to increase to £645k for the year as a whole. The main areas of forecast underspend are Services for the Elderly and the Provider Unit due to savings on employee costs, over achievement of income and reduced repairs and maintenance costs.

3.4.5 The Services for the Elderly is a volatile area and a substantial amount of work has been performed to improve the projections over all client groups as well as re-aligning budgets between Residential Care and Home Care to follow demand. This work has now been completed and a more consistent picture should be seen going forward.

3.4.6 It is also noted within this report that there are significant variances in the income v targets across the Authority. This is mainly due to the need to re-profile income targets within the financial management system so as to negate any quarterly discrepancies which may be recorded. Such work is planned for Q3&4.

3.4.7 A notional cost of sickness reported at the end of Q2 is also approximately £1m but due to the reduction in sickness absence rates, it is forecasted that the total (notional) cost of sickness is

envisaged to decrease for the current financial year based on previous years figures (in excess of £2m).

3.4.8 Whilst certain areas are of concern to the Senior Leadership Team, the financial position will be scrutinised further on a more regular basis over the autumn months with a view of identifying worrying trends and real concerns so that mitigating measures can be put in place as soon as practically possible thereafter.

3.5 PERFORMANCE MANAGEMENT

3.5.1 With regards to the management of performance, one indicator within Adult Services show an underperformance –

3.5.1.1 (i) *03 - SCA/018b - the % of carers of Adults who had a review/assessment of their needs* which shows as RED on the scorecard. Whilst performing as a red indicator at the end of Q2 the early indications of improvements noted in the Q1 report were obviously realised. The result for Q2 of 58.3% whilst remaining low compared to the target has shown a considerable improvement from the previous quarter of 36.8% (see Table (ii) below).

Of the 209 clients not yet assessed, 100 (48%) have refused an assessment and 109 (52%) are awaiting an assessment or review. The Welsh average for 12/13 was 38.7% (13/14 figures yet to be released) and performance close to our target would it is envisaged from previous years performance place Anglesey in the upper quartile nationally.

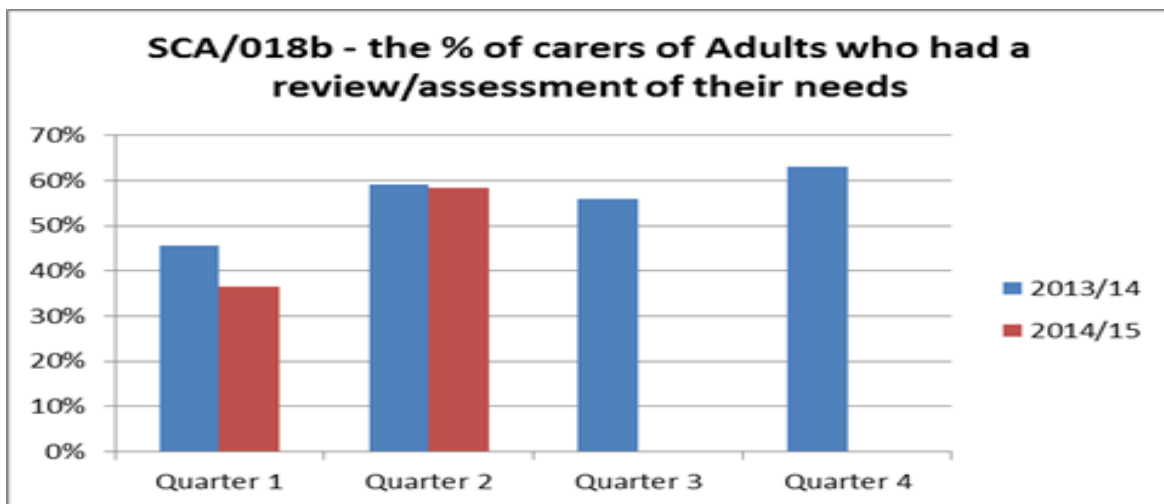


Table (ii)

3.5.1.2 An indicator which shows as Green on the scorecard and is anticipated to improve year on year is that of *05 - SCA/019 – the % of adults protection referrals completed where the risk has been managed*. However, it is apt to draw the Committee's attention to the fact that improved performance may continually result in positioning in the lower quartile unless performance can improve further to a rate of approximately 92.5 which would (based on past year's performances) place Anglesey in the lower median quartile.

3.5.2 The scorecard also draws attention to the performance of the Children's indicators –

- 3.5.2.1** (i) *12 - SCC/043a – The % of required core assessments completed within 35 working days* has seen a significant improvement since quarter 1 and is approaching the target set by the service at the outset of the year.
- 3.5.2.2** (ii) *11 – SCC/041a – The % of eligible, relevant and former relevant children that have pathway plans as required* (an NSI which is used for comparator purposes by the WG) is performing below target and is ragged as AMBER for Q2 at rate of 82.76%. It is also deteriorating in performance from Q1. Having said this, it is currently performing better than the previous year's out-turn but the Committee needs to be mindful that in order to improve on our quartile positioning the performance needs to exceed a performance of at least 88% (based on 13/14 figures) in order to reach the lower median quartile.

3.5.3 Improved performance can be evidenced in the over-achievement against target of indicator 19 (*LCS/002b visits to local authority sport and leisure centres*). At a time of financial constraints such a development can only be of benefit to both the service and Council and is further evidenced in the service's financial position at end of Q2.

3.5.4 The other indicators which at end of Q2 are demonstrating an underperformance are –

3.5.4.1 (i) *14 – HHA/017a:- The average number of days all homeless families with children spent in bed and breakfast.* This shows an underperformance of 52.7% compared with a target of 42% but is considerably better placed when compared with its 13/14 out-turn of 90.8%.

3.5.4.2 (ii) *37 – Leisure Project:-* which needs further exploratory work by Officers prior to deciding on a structured way forward to fit with corporate expectations. This will remain a priority for Q3.

3.5.4.3 Data for the following indicators were not available for Q2 –

(i) *16 – LCL/001b: The no. of visits to public libraries during the year, per 1000 population*

(ii) *17 - LCL/004: The number of library materials issued, during the year per 1,000 population*

and every effort will be made to rectify this position for Q3 consideration.

3.5.5 The performance of our waste service in collecting refuse from households across the island continues to perform well. It is drawn to the attention of the committee that whilst 108 missed bin collections have been recorded during Q2, this is in comparison with an overall figure of approx. 2.2million collections' island wide which equates to a missed bin collection rate of approximately 0.005%.

3.5.6 Other performance management indicators are operating within tolerances and as such are being monitored regularly by our corporate performance management arrangements with exceptions being brought to the attention of the Senior Leadership Team regularly.

3.5.7 However, due to the increasing importance placed on the delayed transfer of care regionally, it is requested by the SLT that such indicators can be collated for inclusion in the Q3 report.

3.6 CUSTOMER SERVICE

3.6.1 Regarding Customer Management, improvement is noted in the number of complaints received against target. By the end of Q2 32 complaints were received against an expectation of 32 and of these complaints 10 were either upheld or partially upheld, the remainder were unsuccessful. Again, this demonstrates a slightly better position than 13/14 where in total 65 complaints were received.

- 3.6.2** The management of complaints according the Q1 data demonstrates that they are acknowledged and responded to within timescale. If this trend continues then we'd anticipate seeing considerably less number of complaints received by the Council. This obviously depends on our overall management of arising issues and trying our utmost to become customer, citizen and community focused as noted in the Corporate Plan 2013-17.
- 3.6.3** With regards to adopting a customer centred approach one area which Officers have demonstrated a difficulty in achieving target is that of responding to FOI requests within timeframe – 59% performance against a target of 80%.
- 3.6.4** These requests totalled 230 over Q2 and cumulatively resulted in 467 requests this calendar year. It includes 2357 questions requiring a response. This demonstrates what could be a major resource implication for services if the rate continues or increases across the Council.
- 3.6.4.1** The majority of these requests as reported in Q1 are made from –
- 3.6.4.1.1 The Media
 - 3.6.4.1.2 Private Applicants
 - 3.6.4.1.3 And other private companies
- 3.6.4.2** Further and more detailed information can be gained from <http://www.anglesey.gov.uk/council-and-democracy/data-protection-and-foi/council-access-to-information-statistics/>

4. RECOMMENDATIONS

- 4.1** 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 –
- 4.1.1 Sickness Management - further embed good management processes and practices with regards to by learning from each other during 2014/15 so as to improve further on our sickness rates, costs and management as an Authority.
 - 4.1.2 re-visit the methodology and timeframe of undertaking professional development reviews and to align it with the corporate planning framework accordingly ensuring management undertake the duty to appraise staff in a timely and consistent manner. It also envisaged that documented reviews will be evidenced via the HR system and that a focus regarding slippage and current use of the review system is recorded at the November Pennaethiaid meeting.
 - 4.1.3 The management of risks associated with underperforming areas of work which if ignored could and would become an issue for the day to day management of Council provision – the need to press ahead and clarify direction with regards to the transformation of our leisure provision will be a priority.
 - 4.1.4 The introduction of indicators related to the delayed transfer of care is requested to be considered for inclusion due to its developing regional importance.
 - 4.1.5 Financial Management – increased monitoring of the financial management position of the Authority over the coming months.
 - 4.1.6 An investigation into the number of FTE's recorded is requested to increase an understanding of staffing levels and their resource implications.

4.2 The Committee is asked to accept the mitigation measures associated with any area of concern outlined above so that they can be communicated to the Executive Committee at their meeting on 1st December, 2014.

Corporate Scorecard C-Q2

Customer Service	Actual	Target	RAG	Trend	13/14 Result
01) No of Complaints received	32	33	Green	↓	65
02) No of Complaints upheld	10	8	Amber	↑	15
03) % of Complaints acknowledged within 5 working days	100%	100%	Green	→	-
04) % of written responses within 20 days	100%	100%	Green	→	-
05) Number of concerns	27	46	Green	↓	92
06) Number of compliments	260	-	-	↑	-
07) No. of Ombudsman referrals upheld	0	1	Green	→	-
08) Mystery Shopper Scores 0-4	-	-	-	-	-
09) Mystery Shopper Scores 5-7	-	-	-	-	-
10) Mystery Shopper Scores 8-10	-	-	-	-	-
11) Average time taken to answer telephone (sec)	9	15	Green	→	-
12) % of telephone calls abandoned	14%	15%	Green	↓	-
13) % of correspondance acknowledged to within 5 working days (mystery shopper)	-	-	-	-	-
14) % of correspondance repied to within 15 working days (mystery shopper)	-	-	-	-	-
15) % of FOI Requests Responded to Within Timescale	59%	80%	Red	↑	-
16) Number of FOI Requests Responded to Within Timescale	146	-	-	↑	-

People Management	Actual	Target	RAG	Trend	13/14 Result
01) Sickness absence - average working days/shifts lost	5.12	5	Amber	↑	12.38
02) No of staff with attendance of 100% (6 Months)	-	-	-	-	-
03) Short Term sickness	5519.77	-	-	↑	-
04) Long Term sickness	6457.68	-	-	↑	-
05) % of RTW interview held	81%	80%	Green	↑	59%
06) % of stress related sickness	6%	9%	Green	↑	10%
07) No. of occupational health referrals	182	-	-	-	362
08) No. or workplace injuries	123	157	Green	↓	315
09) % of PDR's completed within timeframe	53%	80%	Red	↓	64%
10) Number of staff authority wide, including teachers and school based staff (FTE)	2341	-	-	-	2366
11) Number of staff authority wide, excluding teachers and school based staff(FTE)	1400	-	-	-	1395
12) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	-	-	4.4%
13) Local Authority employees made redundant (compulsory)	26	-	-	-	-
14) No. of Agency Staff	26	-	-	↓	18
15) No of grant funded posts	122.5	-	-	→	128.75
16) % of staff with email facility (annual)	54%	-	-	→	-

Financial Management	Spend (£)	Variance (%)	RAG	Trend	13/14 Result
01) Projected end of year position	127,126,000	456,000	Green	-	-
02) Spend v Profile (Under spending) Education	3,222,000	-167,000	Green	-	-
03) Spend v Profile (Under spending) Social Services	13,648,000	-581,000	Amber	-	-
04) Spend v Profile (Over spending) Resources	2,002,000	546,000	Amber	-	-
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 – (Overachieving) Adult Services	-202,053	-7%	Green	↓	-
09) Income v Targets – (Overachieving) Env & Tech	-394,044	-27%	Green	↓	-
10) Income v Targets – (Overachieving) Housing	233,975	-2%	Green	↓	-
11) Aged debt analysis across all categories of debt	-	-	-	-	-
12) Spend v Salary (£)	12,785,508	-	-	-	-
13) Spend v Salary (% of budget)	-	-	-	-	-
14) Cost of agency staff (£'000)	536,034	-	Green	↓	-
15) Cost of sickness absence – direct & indirect (Notional cost)	1,051,000	-	Green	↑	-
16) Grants Income – Welsh Government	-	-	-	-	-
17) Grants Income - European	-	-	-	-	-
18) Grants Income – Other	-	-	-	-	-

Performance Management	Actual	Target	RAG	Trend	14/15 Target	13/14 Result	3/14 Quartil
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	54.19	55	Green	↑	55	54.41	Lower
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	17.17	19	Green	↑	19	18.16	Upper Median
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	58.3	70	Red	↑	70	63.2	Upper
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	97.9	75	Green	↑	75	73.9	Upper Median
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	91.3	90	Green	↓	90	88.9	Lower
06) SCC/004: The percentage of children looked after on 31 March who have had three or more placements during the year	1.32	8	Green	↓	8	7.79	Upper Median
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	94.76	100	Green	↓	100	91.63	Upper
08) SCC/042a: The % of initial assessments completed within 7 working days	97.55	85	Green	↓	85	90.86	Upper
09) SCC/014: The % of initial child protection conferences due in the year which were held within 15 working days of the strategy	96.49	100	Green	↑	100	92.66	Lower Median
10) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	94.65	100	Green	↓	100	90.54	Upper Median
11) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required	82.76	100	Amber	↓	100	77.78	Lower
12) SCC/43a: The % of required core assessments completed within 35 working days	80.95	85	Green	↑	85	71.68	Lower
13) HHA/002 The average number of days between homeless presentation and discharge of duty for households found to be statutorily homeless	224	600	Green	↑	600	531	Lower
14) HHA/017a The average number of days all homeless families with children spent in bed and breakfast.	52.7	42	Red	↓	42	90.8	Lower
15) HHA/017b the average number of days that all homeless households spent in other forms of temporary accommodation	219.5	650	Green	↑	650	621.6	Lower
16) LCL/001b: The no. of visits to public libraries during the year, per 1,000 per population	-	-	-	-	281k	219k	Lower
17) LCL/004: The no. of library materials issued, during the year per 1,000 population	-	-	-	-	310k	309k	Lower Median
18) No. of attendances (young people) at sports development / outreach activity programmes	54k	48k	Green	↑	102k	97.5k	-
19) 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	298k	277k	Green	↑	620k	614k	Upper Median
27) THS/011c: The % of non-principal (C) roads that are in an overall poor condition	-	-	-	-	TBD	17.6	Lower
28) Jobs Created	23.5	16	Green	↓	25	41	-
30) The number of actual missed bin collections	108	240	Green	↓	480	152	-
32) HLS/010c: Average number of days to complete routine void repair	10	30	Green	↓	30	19.3	-
31) PLA/004c: The percentage of householder planning applications determined during the year within 8 weeks	86	85	Green	↓	85	-	-
35) School Modernisation Programme	-	-	Green	↑	-	-	-
36) Older Adult Social Care Programme	-	-	Green	↑	-	-	-
37) Leisure Project	-	-	Red	↔	-	-	-
38) Library Project	-	-	Amber	↑	-	-	-
39) Adoption and compliance with a timetable for close of accounts and production of Statement of Accounts	Yes	Yes	Green	↔	Yes	Yes	-
22) No. of Permanent Exclusions	0	0	Green	-	0	0	-
20) Attendance - Primary (%)	-	-	-	-	94.5	94.6	-
21) Attendance - Secondary (%)	-	-	-	-	93.3	93.4	-
23) No. of days lost to temp exclusion - Primary	-	-	-	-	-	37.5	-
24) No. of days lost to temp exclusion - Secondary	-	-	-	-	-	140.5	-
25) KS4 - % 15 year olds achieving L2+	-	-	-	-	56	53.4	-
26) KS4 - % 15 year olds achieving L1	-	-	-	-	96.2	96	-
29) No of new apprenticeships under 'Prentisiaeth Menai'	-	-	-	-	-	-	-
33) % of repairs (BMU) completed first time	-	-	-	-	-	-	-
34) Outcome Agreements	-	-	Amber	-	-	Green	-